HEALTH & ADULT SOCIAL SERVICES
STANDING SCRUTINY PANEL

Date: Wednesday, 30th April 2014.

Time: 7.00pm.

Venue: Committee Room 3, Ealing Town Hall.

MEMBERSHIP: Councillors: Gulaid (Chair), Anderson, Bakhai, Byrne, D. Crawford, Eileen Harris, Iskanderian, Kang, Anita Kapoor (Vice-Chair), Rennie, Stafford, Summers and Lauren Wall.

AGENDA

1. Apologies for Absence

2. Urgent Matters
   Any urgent matters that the Chair has agreed should be considered at the meeting.

3. Matters to be Considered in Private

4. Declarations of Interest
   To receive any declarations of personal and prejudicial interests in any of the items to be considered at the meeting, and any notifications of dispensations.

5. Minutes (06.03.2014)
   To agree the minutes of the previous meeting of the Committee held on 6th March 2014.

6. Matters Arising
7. Review of Health & Wellbeing Board 2013/2014  
(Report by the Interim Director, Public Health)

8. Care Homes in Ealing  
(Report by the Head of Scrutiny & Committees)

(Report by the Head of Scrutiny & Committees)

MARTIN SMITH  
Chief Executive  
22nd April 2014

NOTE: In the event of an emergency your attention is drawn to the evacuation instructions displayed on the wall by the entrance to the Committee Room. First aid advice will also be found here.

Please note that the filming or recording of proceedings is not permitted unless prior approval has been obtained in accordance with the Council’s filming protocol.
AGENDA ITEM: 5

HEALTH AND ADULT SOCIAL SERVICES
STANDING SCRUTINY PANEL

MINUTES

Thursday 6 March 2014

PRESENT: Councillors: Gulaid (Chair); Ahmed (Substitute for Cllr Summers), Anderson, Bakhai, Byrne, D. Crawford, Dhami (Substitute for Cllr Rennie), Kang, Anita Kapoor (Vice-Chair), Stafford and L. Wall.

Co-opted Members: Mr DS Bhasin, Mr Alan Cook.

LBE Officers Present:
Stephen Day – Director of Adult Services, LBE
Dwight McKenzie - Scrutiny Review Officer, LBE
Leanda Richardson – Head of Integrated Commissioning, LBE
Lee Teasdale – Democratic Services Officer, LBE

Also Present – Outside Bodies:
Dr Serena Foo - Ealing Clinical Commissioning Group GP Lead for Mental Health
William Lynn – Deputy Chief Executive, Ealing Hospital
Kathryn Magson – Chief Operating Officer, Ealing CCG
Dr Mohini Parmar – Chair, Ealing CCG
Jo Paul – Community Services Director, Ealing Hospital
Andrew Pike – Head of Communications, Ealing CCG
Dr Mark Spencer – Medical Director, NHS North West London
Paul Stanton – Director of Human Resources, Ealing Hospital

1. **Apologies for Absence**
   (Agenda Item 1)

   Apologies were received from Councillor Eileen Harris.

2. **Urgent Matters**
   (Agenda Item 2)

   There were none.

3. **Matters to be Considered in Private**
   (Agenda Item 3)

   There were none.

4. **Declarations of Interest**
   (Agenda Item 4)

   Councillor Anita Kapoor advised that she was employed as a healthcare consultant.
5. **Minutes (23.01.14)**  
(Agenda Item 5)

Resolved: It was agreed that the minutes of the previous meeting of the Panel held on 23 January 2014 be agreed as a true and correct record.

6. **Matters Arising**  
(Agenda Item 6)

Councillor Bakhai made reference to page nine of the previous minutes in which he had requested that figures be made available detailing how many patients from Ealing had been directly impacted by the 18 week treatment issues. It had been advised that this information was to be made available within a week. The Scrutiny Review Officer advised that he would arrange for the figures to be made available.

In relation to page seven of the previous minutes, Councillor Kapoor raised concerns that no figures had been provided for monies spent on the ‘Stronger Together’ merger to date. The relevant officers would be contacted for the figures.

Councillor Gulaid noted that on page five of the previous minutes; the Office of Government Commerce (OGC) had been due to check that the six recommendations made on the ‘Stronger Together’ process were still on track. William Lynn, the Deputy Chief Executive of Ealing Hospital, advised that the OGC had delayed their review and had not yet advised of the date that it would now take place.

Resolved: That

(i) The North West London Hospital Trust be contacted to accrue figures for the Panel on Ealing residents affected by the 18 week referral to treatment failings;

(ii) figures on the total spend for the ‘Stronger Together’ merger to date be provided to the Panel; and

(iii) the update on the ‘Stronger Together’ position regarding the OGC recommendations review be noted.

7. **Brent, Ealing and Harrow Community Services**  
(Agenda Item 7)

Jo Paul, the Community Services Director for Ealing Hospital and Paul Stanton, the Director of Human Resources for Ealing Hospital, presented an annual update to the Panel which assessed progress made by the Integrated Care Organisation (ICO) against the priorities identified in the 2012/2013 Quality Account and analysed current performance against a number of specific measures.

Five key priorities had been identified in the 2012/2013 Quality Account. These were:

- Improving patient satisfaction and engagement
- Continued development of the urgent care pathway
- Promoting harm free care
- Safeguarding of vulnerable adults and children
- Supporting ‘Out of Hospital’ strategy for patients with long term conditions
Points particularly highlighted included the implementation of enhanced seven day working over winter and the establishment of 22 additional nurse and therapy led beds of Clayponds to support the management of patients discharged from neighbouring trusts.

Also highlighted was the over 50% reduction in rates of grade 3 and grade 4 pressure ulcers.

Awareness and understanding around issues of safeguarding for both adults and children had been raised. Safeguarding training now achieved the minimum 90% level for all community staff.

The Chair thanked the officers for their report and invited Panel Members to comment and ask questions.

Councillor Kapoor commended the work done on pressure ulcers, and queried what had been done to see such a reduction in figures. Specialist support to the Tissue Viability Nursing Service had been key, with timely access was provided to equipment when people needed it and work had been done with the Council’s Reablement Team to increasing understanding of the surrounding issues.

Councillor Stafford asked whether there were more detailed monthly recording measures kept than those included on the report. He was advised that a considerable range of material was kept with many indicators being reviewed on a monthly and ‘year to date’ basis. Councillor Stafford asked that copies of the latest versions of these be provided to the Panel.

Co-optee Alan Cook stated that the provision of 22 ‘extra’ beds at Clayponds was misleading, as the previous closure of the Jasmine Ward had led to the beds becoming available. It was stated that whilst the CCG had decommissioned the Jasmine Ward, hard work had taken place to bring the beds back into use as nursing therapy beds.

Resolved: That

(i) the annual update on community services in Brent, Ealing and Harrow be received; and

(ii) copies of the full sets of monthly and ‘year to date’ indicators be provided to the Panel.

8. Update on Maternity Services at Ealing Hospital and Shaping a Healthier Future (Agenda Item 8)

Dr Mark Spencer, the Medical Director of NHS North West London, Dr Mohini Parmar, the Chair of Ealing Clinical Commissioning Group (ECCG) and William Lynn, the Deputy Chief Executive of Ealing Hospital presented a report which updated the Panel on the future of maternity service provision at Ealing Hospital.
Whilst the quality of care provided by maternity services were at a good level, there were concerns as there had been a decrease in the volume of deliveries from 2849 in 2012/2013 to a forecasted 2498 in 2013/2014. It was noted that this forecast had risen with a recent increase, but it would still remain an on-going concern.

Councillor Stafford asked if there was a cut-off point at which the unit would no longer be able to continue. Mr Lynn advised that whilst there was no arbitrary set figure, a figure below 2400 would be seen as unviable.

Councillor Stafford also queried whether studies had been undertaken to understand why there had been recent reduction. It was advised that whilst Ealing had seen the biggest drop in figures, drops in the volume of deliveries had been seen at all maternity wards across North West London. There was not considered to be any overriding reason as to why Ealing had seen such a drop, though it was felt that recent rumours that the maternity unit was ‘about to close’ could have had an impact. The recent stabilisation of figures was felt in part to have been a knock-on effect from the positive feedback received after the opening of the re-furbished midwifery unit.

Councillor Kapoor agreed that the closure rumours will have likely had some impact. She queried whether ECCG members were influencing residents to make use of the Ealing Hospital Maternity Unit.

Dr Parmar advised that the patients needed to be advised of all available choices without subjectivity, so that they could make the correct choice based on their personal needs. She advised that most patients were well researched and had a good idea of where they would like to attend. It was also reminded that the recent lower rates of admission did not reflect any changes to referral patterns.

Councillor Kang questioned the recent lower birth rates, stating that local primary schools were seeing a significant increase in requests for places. He was advised that several years ago, a spike in births had been seen, which was now being reflected in primary schools admissions, but at the current time it was statistically proven that they were dropping.

Councillor Bakhai queried what was being done in order to market the unit to the public. It was advised that the marketing team had engaged with the public at a lot of community sites, including local shopping centres.

Councillor Stafford asked that it be ensured that prior to any form of service change, a report be brought before the Health and Adult Social Services Panel. This was agreed by those present.

The Chair then invited several members of the public in attendance at the meeting to ask questions of the presenting officers.

Professor Clara Lowy, a resident of Acton, she had considerable concerns regarding the intended provision of paediatric care at community based sites. She considered that the training offered to GP’s had been of a low quality and that more comprehensive training had been offered but turned down due to the expense. She had written a letter to ECCG voicing her concerns but had never received a response.
Dr Parmar apologised for the lack of response to Professor Lowy’s letter, she advised that she had not seen the letter, but would find out what had happened and arrange for a response accordingly. She understood the concerns raised about appropriate training, and she assured that correct levels of training would be of paramount importance. The Chair advised that he would like to have sight of the reply and know the outcomes.

Sarah Boston, an Ealing resident, expressed concerns regarding the long-term plan to close the unit as per the intentions of the Shaping a Healthier Future initiative. She was concerned about the ease of access to other locations and the lack of ‘continuity’ in the proposals.

Dr Spencer confirmed that the long-term plan would be to close the unit, as agreed by the Secretary of State. In the long-term it was envisaged that reduced funding meant that the unit would not be able to maintain the quality necessary for a top-level service. It was assured that the process would be gradual, with full community engagement, and that no progress towards closure would be made before capacity could be available at other units.

Councillor Bakhai expressed concerns about staff transferring to other units in the knowledge that the Ealing unit will be closing. Paul Stanton advised that this potential issue was being circumnavigated. A ‘preference form’ was being instigated, on which current Ealing staff would be able register where they would like to transfer to in future. Once their choices are secured, the staff will not have the same concerns about having to find employment in an alternative unit.

Ealing Resident Tony Brewer expressed concern about Ealing Hospital’s ability to cope with demand should there be a bad winter in which many elderly residents could be affected. He also queried the current vacancy rates which were considered to be too high.

Jo Paul advised that Ealing Hospital had taken on 32 students this year and would look to take more on next year. The possibility of hiring fully qualified public health nurses from Denmark was also being considered as they were available and interested in working in the UK.

The Chair thanked all contributors for their input and stated his wish for the process of moving maternity services away from Ealing Hospital be done at a measured pace with a clear ‘road-map’ and no sudden dismantling of services.

**Resolved:** That

(i) the update on maternity services at Ealing Hospital and Shaping a Healthier Future be noted; and

(ii) it be requested that any future developments on maternity services at Ealing Hospital be brought before the Panel.
9. **Adult Safeguarding**  
(Area Item 9)

Stephen Day, the Director of Adult Services, provided the Panel with the Safeguarding Adults Annual Report, and highlighted some of the key issues arising from it. These included:

- The Ealing Safeguarding Adults’ Partnership Board had recently reviewed its Terms of Reference to incorporate the recommendations in the Care Bill, which was at the final stages of the legislative process and likely to come into force in 2015. The Care Bill would place Adult Safeguarding Boards on a statutory footing.

- Some London Safeguarding Adults Partnership Boards were challenged by Metropolitan Police engagement and the issue was being taken forward at a London level. It was considered less of an issue in Ealing, where there was regular Metropolitan Police representation at meetings.

- There had been an increased emphasis on working with the local Fire Brigade to raise awareness and identify vulnerable adults who were at risk of domestic fires.

- There had been a focus on the Dignity in Care agenda, to improve the care of vulnerable adults in nursing homes and hospital settings.

The key priorities for the financial year 2013/2014 included:

- The profile for safeguarding adults would continue to be raised across the borough with a focus on early intervention.

- Work would be undertaken using data returns to identify apparent underreporting of safeguarding incidents.

- The Ealing Safeguarding Adults Partnership Board would continue to function cohesively to drive the Safeguarding Adults agenda forward for Ealing.

- Partner agencies would be worked with closely to ensure that all continue to maximise awareness of abuse and ensure that any potential barriers in reporting abuse were addressed.

- Quality assurance processes would be reviewed in light of on-going changes within Health and Social Care to ensure that they remained relevant and effective.

- Training would continue to be reviewed to enable practitioners to improve their practice.

- Further work on ensuring that adults at risk and any family members were as involved in decision making about their situation as they are able to, would be undertaken.
• Work would be ongoing to ensure the recommendations of the Care Bill were implemented.

The Chair thanked the Director of Adult Services for his report and invited Members to comment and ask questions.

Councillor Stafford noted that the level of safeguarding adults’ alerts had increased from 749 in 2011/2012 to 800 in 2012/2013. As with previous years, it was considered that the increases had been related to the increased publicity for reporting procedures. He asked how officers could be sure that this was the case.

He was advised that whilst it could never be completely assured that the increase were related to increased publicity, there were graphs to indicate that this was very likely and in-line with reporting trends across the country.

Councillor Stafford then noted that whilst most wards had seen 20-25% of their issues related to local Care Homes, the Greenford Broadway ward had seen 100% of issues related to local Care Homes. He wondered why this was the case.

The Grange Care Home within the ward had seen repeated issues which were now being rectified under new management and close working with the CQC. But it was agreed that it was unusual for no issues outside of the care home to have been reported, as there was nothing particular about the demographics of the ward to make them unlikely to take advantage of reporting procedures. It was advised that this would be monitored.

Co-optee Alan Cook wondered why a map was no longer available within the report. He also considered that it would be helpful if changing trends by ward could be highlighted. It was agreed that the map would be included in future additions and that changing trends by ward would be reported.

Councillor Lauren Wall queried the increase that had been seen in the Hobbayne ward, Councillor Anita Kapoor also asked for more details on the Elthorne figures. It was advised that the safeguarding team would look into it and report back to them.

Councillor Kapoor expressed concern about the reporting of suspected mistreatment issues in Care Homes. She asked whether it could be made mandatory for photographs to be taken by officers of any suspected issues.

She was advised that officers could not take responsibility for evidence gathering, and that the police and GP’s would have to take the investigative lead, but Council Officers would work with them to co-ordinate the investigation.

Councillor Bakhai noted that of 83 allegations made against ICO staff, 58 had related to pressure ulcers, he wondered why, given their prevalence, that they weren’t given their own category.

National categories had been used for the comparative indicators, but it was considered that a separate category for pressure ulcers could be considered.

Councillor Kang expressed concern about the underreporting of incidents in the Southall Green ward, and asked what was being done to rectify the issue.
Local radio was to be used, with promotional spots to be issued in all local languages; local mosques would also be worked with.

The Chair concluded the item and stated that a further review would take place once the Care Bill was in place.

Resolved: That

(i) the Adult Safeguarding Annual Report be received;
(ii) the map be reintroduced to future reports;
(iii) trends by ward be included on future reports;
(iv) further information on alerts reported in Hobbayne and Elthorne Wards be reported back to their respective Ward Councillors;
(v) the possibility of pressure ulcers having their own reporting category be considered; and
(vi) the Adult Safeguarding Team be asked to bring a further report in light of the implementation of the Care Bill.

10. Review of Shifting Settings of Care
(Agenda Item 10)

Leanda Richardson, the Head of Integrated Commissioning, Dr Serena Foo, the ECCG GP Lead for Mental Health, Kathryn Magson, the Chief Operating Officer of ECCG and Dr Mohini Parmar, the Chair of ECCG, presented a report updating Panel Members on the ECCG plans for developing mental health services, with a particular focus on Shifting Settings of Care and the transfer of patients to primary care management.

GP practices were being encouraged to sign up to the Shifting Settings of Care scheme. Participation in the programme was conditional on GPs attending at least one of the training sessions. Early take up had been encouraging with 31 practices having signed up since mid-January. The aim was to encourage 70% of GP practices to sign up by September 2014.

Nine training sessions had taken place to date and staff from 68 practices had attended. Further training was being arranged. Practice Nurses had been briefed with further specific training planned for the administration of depot injections. Practice Managers had also been briefed and further specific training was planned for reception and administrative staff.

Resources had been identified for four Primary Health Care Workers to support the programme. The Team Leader had been in post since October 2013, with three other workers recruited since, two of whom were locum staff. Their role was to help GP practices to prepare and support the patients transferred.
Regarding progress in patient transfers, as of 14 February 2014, 687 patients had been transferred; the majority of whose needs were such that they had not required any additional support. Now that the Primary Health Care Workers were in post and GPs and other primary care staff were trained, arrangements were starting to be made to transfer patients who would require more support.

It was estimated that there were at least another 400 patients who were still to be transferred. In light of this, the Shifting Settings of Care programme would continue through into 2014/2015.

The original report to Scrutiny had indicated that there were estimated productivity savings for the NHS in the region of £1 million, though it was noted that some of this resource would need to be reinvested to provide additional support in primary care. For 2013/2014 investment had been budgeted at £200k. This was set against estimated efficiency savings of £1.1 million. The scheme would continue into 2014/2015, for which investment costs and associated productivity savings were currently being worked up.

The Chair thanked the officers for their report and invited Panel Members to comment and ask questions.

Councillor Bakhai asked for more information on the remaining 400 patients transfers and asked for confirmation that they would be transferred within the next year.

It was advised that since most of the lower level cluster 1 and 2 patients had been transferred now, so most of those remaining had a higher level of need and would have to be worked with closely. It was confirmed that this was the second year of a two year programme and it was felt that the deadlines could be managed.

Councillor Byrne had concerns over the GP telephone ‘hotline’. She considered that the name was misleading for a service that was only offered for five hours a week, she expressed concern about patients with emergency needs that couldn’t call within the window of those five hours.

It was agreed that the name would need reconsideration. It was assured that consultants could be contacted by their mobile phones at any other time in the case of urgent issues; this line was purely dedicated time each week when consultants were guaranteed to have a free window in which to immediately discuss issues with GPs.

Resident Professor Clara Lowy expressed concern that many GPs did not have the adequate expertise to help patients with more acute needs. Dr Parmar advised her that local GPs were starting to work in networks to come together and refer issues between each other, where those with the right level of expertise could step in where necessary. Professor Lowy stated that information such as this should be made clear in pamphlets available in GP surgeries. Dr Parmar stated that further information would be provided when the networks were fully operational

Resolved: That

(i) the update on Mental Health Services ‘Shifting Settings of Care’ be received;
Panel Members be asked to feed back with any further recommendations they may have for the second year of the Shifting Settings of Care programme; and

ECCG be asked to provide more information about how to access services across GP networks when they are up and running.

11. Care Home Review
(Agenda Item 11)

The Scrutiny Review Officer and the Director of Adults Services presented the draft conclusions emerging from the Panel’s review of care homes in the borough, around which, the final report would be based.

The Director of Adults Services thanked Panel Members and the Scrutiny Review Officer for conducting the report and welcomed the outcomes arising from the draft report.

Councillor Kapoor stated that she wished to see a recommendation which expressed the ‘need for evidence’ when it came to suspicions of mistreatment. The Scrutiny Review Officer confirmed that a discussion would take place in order to determine how best to express such a recommendation.

Councillor Bakhai made reference to draft recommendation 15, which stated:

Ealing Council should encourage borough schools to work in partnership with care homes in facilitating school visits to homes. However the Council should issue guidelines to schools that students visiting homes should be properly orientated and supervised.

He wondered whether the recommendation could be made broader to incorporate more general volunteering, he mentioned the usefulness of ‘Volunteer Link’. He also considered that a strategy which stated a vision for how to approach future demands and the effects they will have on budgets.

The Director of Adults Services agreed that further volunteering considerations could be incorporated into the recommendations. With regards to strategy he stated that a ‘Market Position Statement’ was being developed which would communicate important information on future demands to the public.

Karen Robinson, representing AGE UK Ealing reminded the Panel that whilst making use of volunteers was very welcome, there were associated costs in making sure they were adequately trained.

Resolved: That

(i) The draft conclusions arising from the Review of Care Homes be agreed;

(ii) an additional recommendation stating the ‘need for evidence’ regarding suspicions of mistreatment be drafted; and

(iii) recommendation 15 be amended to incorporate further volunteering groups.
12. **Updated Work Programme 2013/2014**  
(Agenda Item 12)

The Chair drew the Panel’s attention to the ‘Annual Report on Social Care Services (Adults Services) Complaints’ report which had been provided to the Panel for information. He requested that should Panel Members have any comments, they feed back to the Scrutiny Review Officer.

The Scrutiny Review Officer advised the Panel that the ‘Public Health’ item had been removed from the Agenda owing to the re-scheduling of the Health and Wellbeing Board’s meeting from 11 March 2014 to 27 March 2014. The draft Public Health Annual Report which was being prepared in time for that meeting was delayed and was thus not available to be seen by Health and Adult Social Services Scrutiny. Panel Members stated their displeasure at the delay. The Scrutiny Review Officer stated that he would look further into the reasoning behind the delay and would endeavour to arrange for the report to be brought to the next meeting of the Panel.

The other items to be considered at the next meeting of the Panel would be:

- Review of the Health and Well Being Board’s performance
- Care Homes Major Review – Final Report
- The Panel’s final review and report to Council.

**Resolved:** That

(i) the updated work programme be noted;

(ii) the information report ‘Annual Report on Social Care Services (Adults Services) Complaints’ be received; and

(iii) the Scrutiny Review Officer be asked to gather further information for the Panel on the delay of the Public Health Report.

13. **Date of Next Meeting**  
(Agenda Item 13)

Councillor Stafford advised the Panel that he would need to tender apologies for the following meeting.

**Resolved:** It was noted that the next scheduled meeting of the Panel takes place on Wednesday 30 April 2014.

Councillor Abdullah Gulaid,  
Chair.

The meeting ended at 9:10pm.
Contains Confidential or Exempt Information | No


Meeting: Health & Adult Social Services Standing Scrutiny Panel 30th April 2014

Service report author: Dr Bal Kaur

Scrutiny officer: Dwight McKenzie, Scrutiny Review Officer, 0208 825 8227, McKenzieD@ealing.gov.uk

Cabinet Responsibility: Health and Adult Services - Councillor Walker

Director Responsibility: Helen Harris, Director of Legal and Democratic Services harrish.gov.uk 020 8825 6159

Brief: To consider how the HWWB has operated in its first year as a properly constituted committee

Recommendations: 1. To comment on the first year of the HWWB 2. To make suggestions, if necessary, for the year 2014/2015
1. Review of Health & Wellbeing Board 2013/2014

The Health and Wellbeing Board (HWB) having existed in shadow form during 2012/2013 became a properly constituted Council body this municipal year. At their last meeting, on 27th March they considered a review of their year- the report is attached as appendix 1.

At the meeting itself the minutes indicate reasonable satisfaction with progress

"The Board gave consideration to a report from Christiana Torricelli, which reviewed the work of the Board over the past 12 months, and which acknowledged various milestones, including consideration given to improvements in communications, reporting, and the identification of topics for future partnership working.

The Chair thanked Christiana Torricelli for her report, which he said will allow the Board to focus on key issues and health priorities in the borough.

The Chair said that he looked forward to receiving the next review in 12 months time.

Resolved: (i) The Board noted the report which reflected on the Board’s work over the past 12 months, noting milestones in establishing the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board.

(ii) That the Board agree to support a review by the Health and Wellbeing Programme Manager aimed at improving the data, presentation and content of quarterly updates of progress towards the Priorities of the Health and Wellbeing Strategy. This includes consulting theme leads, relevant partnership boards, the JSNA Lead, Performance Team and reported back to the Board in the June meeting.

(iii) That the Board agree to support work to clarify the purpose and relationships between the Health and Wellbeing Board, Partnership Boards and the HWB, including the Reference Group, and LSP in relation to work towards the Health and Wellbeing Strategy, reported back to the Board during the scheduled July meeting.

(iv) That the Board agree to review the current work, or forward plan to ensure that Statutory responsibilities (including the JSNA) are met, and that regular updates of progress towards Priorities take place. In addition to any revisions going forward, the work plan should include proposals to help build a more robust JSNA, reflecting local needs and aimed to provide a strong platform for the revision of the Health and Wellbeing Strategy in 2016."

1.2 Relationship with Health Scrutiny

While it is clear that this relationship could develop, one of the pre-conditions would be to ensure a flow of communication between the bodies. Thus while all agendas, reports and minutes are freely available in the public domain members might wish to propose the following

- All Health Scrutiny Members to be on the specific HWB mailing list for agendas, minutes and reports
- All HWB Members to be on the specific Health Scrutiny mailing list for agendas, minutes and reports
• The current work programme for each body to be attached as an informative appendix to the work programme report at the end of a body's meeting.

• Participate in the current HWB Project to create resources for health related partnership boards to explain the relationships and connections between them for the public. This is also being brought to the Local Strategic Partnership Board to gain their support.

The Panel is asked to consider a further number of points

• Partners are involved both with HWB and Health Scrutiny – are the different roles and responsibilities fully understood and could these be better defined?
• Do both bodies understand their relationship, if any and are there possibilities for greater involvement?
• Do Partners, in considering the path of an issue factor in Health Scrutiny where appropriate
• Do the Panel take a view of the success or otherwise of the HWB over the year?
• Do the Panel have any suggestions for the way the HWB operates in the forthcoming year and are there any areas to be covered of particular interest

2. Legal Implications
None arising directly from this report though in the event of recommendations being directed to a decision making body these would be accompanied with full legal implications.

3. Financial Implications
Support to the scrutiny panels is contained within allocated budgets. Value for money will be achieved through early and effective planning of the Panel’s work programme. In the event of recommendations being directed to a decision making body these would be accompanied with full financial implications.

4. Other Implications
None

5. Background Papers
None
### Pre-publication sign-off

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Date sent</th>
<th>Date response received</th>
<th>Comments appear in report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Report History

<table>
<thead>
<tr>
<th>Decision type:</th>
<th>I. Urgency item?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-key decision</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorised by Cabinet member:</th>
<th>Drafted:</th>
<th>Report deadline:</th>
<th>Date report sent:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report no.:</th>
<th>Report author and contact for queries:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dwight McKenzie 020 8825 8227</td>
</tr>
</tbody>
</table>
Appendix 1

Contains Confidential or Exempt Information  | No
---|---
Title  | Health and Wellbeing Board Annual Review
Responsible Officer(s)  | Dr Bal Kaur, Director Public Health 0208 825 6335 Kaurb@ealing.gov.uk
Author(s)  | Christiana Torricelli, Health and Wellbeing Programme Manager
Portfolio(s)  | Councillor Patricia Walker Health and Adult Services
For Consideration By  | Health and Wellbeing Board
Date to be Considered  | 27th March 2014
Implementation Date if Not Called In  | 
Affected Wards  | All
Keywords/Index  | Early Intervention, Alcohol, Obesity, Out of Hospital Strategy, Ageing Well, Health and Wellbeing Strategy

Purpose of Report:

To Review the work of the Board over the past 12 months, acknowledge milestones, consider and approve improvements in communications, reporting and identifying topics for future partnership working.

1. Recommendations –

Members are asked to:

1.1 Review this report to reflect on the Board’s work over the past 12 months, noting milestones in establishing the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board.

1.2 Support a review by the Health and Wellbeing Programme Manager aimed at improving the data, presentation and content of quarterly updates of progress towards
the Priorities of the Health and Wellbeing Strategy. This includes consulting theme leads, relevant partnership boards, the JSNA Lead; Performance Team and reported back to the Board in the June meeting. Referenced in section 2.8 to 2.10.

1.3 Support work to clarify the purpose and relationships between the Health and Wellbeing Board, Partnership Boards and the HWB, including the Reference Group, and LSP in relation to work towards the Health and Wellbeing Strategy, reported back to the Board during the scheduled July meeting. Referenced in section 2.13 to 2.16.

1.4 To review the current work, or forward plan to ensure that Statutory responsibilities (including the JSNA) are met, and that regular updates of progress towards Priorities take place. In addition to any revisions going forward, the work plan should include proposals to help build a more robust JSNA, reflecting local needs and aimed to provide a strong platform for the revision of the Health and Wellbeing Strategy in 2016. Referenced in section 11.1 to 11.4.

2. Reason for Decision and Options Considered

2.1 During the first meeting of the Health and Wellbeing Board in non-shadow form on 23 May 2013, the official Terms of Reference, Health and Wellbeing Strategy and a forward work programme were approved.

2.2 Following these approvals, it was agreed that the strategy would be implemented and monitored by the Board, undertaking a cycle of reviews on the progress made towards each individual Priority area. This was to be done alongside quarterly monitoring of key high level indicators, to help identify areas for strategic support across the partnerships.

2.3 Since this time, the Board has reviewed over 50 reports (outside of regular reporting requirements of the board minutes, work programme, etc) updates on services, proposed strategies and action plans addressing the 5 named priorities as well as other areas of local partnership working on health and care issues. Appendix 1 - Topics Discussed by Priority with Actions.

2.4 As part of our work programme, the Board received “deep dive” presentations for individual Priority areas. These were comprehensive, and included: the mapping out of current provision, identifying areas of partnership working to address need and add capacity, and also to identify specific leads for each one to implement specific strategies and action plans forward with regular reporting on progress made. It also named strategic leads for each one. Through this:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Lead</th>
<th>Strategy/Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Early Years Intervention (0-5)</td>
<td>Children and Young People’s Board</td>
<td>Early Intervention Strategy</td>
</tr>
<tr>
<td>2 Childhood Obesity</td>
<td>Public Health through Healthy Weight/Healthy Lives (HWWHL) Steering Group.</td>
<td>Healthy Weight/Healthy Lives</td>
</tr>
<tr>
<td>3 Alcohol Misuse</td>
<td>Public Health Head of Drugs and Alcohol</td>
<td>Ealing Alcohol Strategy</td>
</tr>
<tr>
<td>4 Older People and Healthy Ageing</td>
<td>Ealing Borough Council Director of Adult Services</td>
<td>Individual Action Plans, Commissioning and the Better Care Fund</td>
</tr>
</tbody>
</table>
2.5 Work is currently underway to produce Fact Sheets for each Priority. These outlining theme leads, partners and unpinned strategies. An example of this is attached as Appendix 2- Priority Fact Sheets.

2.6 Through the named leads, quarterly narrative updates have been presented to the Board alongside specific performance indicators, aimed at shaping a picture for the progression of the overall strategy. One of these is included in the papers for this meeting as Item 7, Priorities Update.

2.7 Things we should be proud of:

- Setting up a Children and Young People’s Commissioning Board to ensure that young people’s health and wellbeing issues receive detailed consideration, and that a coordinated approach is taken towards service delivery.
- The CCG presented detailed reviews of the quality and safety of its main providers.
- On behalf of the Board and Partners, we signed the Disabled Children’s Charter for Health and Wellbeing Boards which supports the improving the quality of life and outcomes for disabled children, young people and their families.
- A successful bid is adding value towards the work of Priority 2, Childhood Obesity. Additionally, a new care pathway has been developed for children and their families.
- By naming Alcohol Misuse a Priority, the Board has helped to bring more attention to this issue. A new facility has been secured to add more treatment and community based recovery services for Ealing.
- The Board agreed the final commissioning intentions of the ECCG, which was developed in line with needs identified in the JSNA, and the 5 Priorities agreed within the Health and Wellbeing Strategy.
- The development of integrated care plans for both the Pilot Pioneer Status and Better Care Fund Bids.

2.8 Measuring and monitoring our work. The Priorities for the Health and Wellbeing Strategy are based on data from another new Statutory responsibility for the Council, the Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Strategy is based on the 2012 report. Over the past year, updates on individual chapters have been made in lieu of an annual report. This has been a capacity issue, however, a recent appointment of a Locum Public Health Consultant to lead on the JSNA has been made to facilitate a refresh of report.

2.9 Ealing Borough Council’s Performance Team have been helping to keep the Board updated on the progress of the strategy and providing data for the named indicators in each Priority area. This has been done quarterly alongside narrative updates for Theme Leads. While the information has been provided, each indicator may have a different reporting timescale. The information for some indicators are collected annually vs others where quarterly reporting is possible.

2.10 Support a review by the Health and Wellbeing Programme Manager aimed at improving the data, presentation and content of quarterly updates of progress towards the Priorities of the Strategy. This includes consulting theme leads, relevant partnership boards, the JSNA Lead, Performance Team to be reported back to the Board in June.
2.11 **Joining things up.** Members of the Health and Wellbeing Board are at the forefront of enhancing and expanding partnership delivery of Ealing’s Health and Social Care provision. An example of this can be seen in the development of proposals for the Pioneer Bid and the Better Care Fund. When these plans are approved, budgets will be pooled, and we will be working on a new level of service delivery across the health, statutory and voluntary service sectors. This will directly impact priorities of Strategy.

2.12 **Working with Partners.** Work against priorities of the Strategy has been assisted through existing partnership boards and strategies and providers. Many of these have been in place as part of the previous Health and Wellbeing Board set up under Ealing’s Local Strategic Partnership (LSP). These include:

- Ealing Executive Group
- Children and Young People’s Board
- Learning Difficulties Partnership Board
- Safeguarding Adults Partnership Board
- Mental Health Partnership Board
- Learning Difficulties Partnership Board
- Dementia Programme Board
- Older People/ Long Term Conditions Partnership Board
- Carers Partnership Board
- Safer Ealing Partnership
- Drug and Alcohol Partnership Board
- Healthy Weight, Healthy Lives Steering Group
- Children’s Commissioning Advisory Board

2.13 A Reference Group has also been established. The role of this group is to help inform the work of the Board as well as gather local intelligence for the JSNA. Members of this group include representatives from the voluntary and charitable sector and features heavy participation form both Ealing Community Voluntary Sector (ECVS) and HealthWatch Ealing.

2.14 The role and reporting structure of Partnership Boards as defined under the LSP and now as they exist under the Health and Wellbeing Board has not been revised. There also is a request from the Reference Group for a clearer definition of their role in helping to advance the Health and Wellbeing Strategy.

2.15 **Recommendation:** Support work to clarify the purpose and relationships between the Health and Wellbeing Board, Partnership Boards and the HWB, including the Reference Group, reported back to the Board during the scheduled July meeting.

3 **Key Implications**

None

4 **Financial**

None

5 **Legal**

There are no legal implications arising from this report.

6 **Value for Money**
7 Sustainability Impact Appraisal

Not Applicable

8 Risk Management

Not Applicable

9. Community Safety

Not Applicable

10. Links to the 5 Priorities for the Borough

- Securing Public Services
- Delivering Value for Money

11. Equalities, Human Rights and Community Cohesion

11.1 The Board has met responsibilities placed under S149 Equality Act 2010 in exercise of its functions.

11.2 However, it should be noted that gaps in the preparation of the JSNA were identified during the Equality Analysis of the draft Health and Wellbeing Strategy (2013). It was suggested that these be addressed through: the JSNA process going forward, regular reviews of the work towards named priorities of the Health and Wellbeing Strategy, and the setting a work plan to ensure that the Board will be in a strong strategic position for the renewal of the strategy in 2016.

11.3 Work is underway to include more intelligence and data from a local level through participation from Ealing’s voluntary and Community Sector. HealthWatch Ealing has been assisting in this process, which includes members of the Reference Group and ECVS.

11.4 Recommendation. To review the current work, or forward plan and draft a proposal with timelines for going forward to ensure that we are:

11.4.1 Meeting our Statutory responsibilities (including the production of the Health and Wellbeing Strategy and JSNA).
11.4.2 Receiving regular updates on progress towards named Priorities, local health needs and existing health inequalities in the Borough.
11.4.3 Building on the intelligence included within the JSNA, working towards a refresh of information reflecting more local and communities based needs assessments for the drafting of the next Health and Wellbeing Strategy (2016).

12. Staffing/Workforce and Accommodation implications:
13. Property and Assets

None

14. Any other implications:

None

15. Consultation

None

16. Timetable for Implementation

The current Health and Wellbeing Strategy has been approved and runs from 2013 – 2016.

17. Appendices

18. Background Information

Ealing's Health and Wellbeing Board (HWB), a statutory responsibility was set up in response to (amongst other changes to the way health and care is delivered), the Health and Social Care Act 2013. This Board is tasked with implementing and monitoring a Joint Health and Wellbeing Strategy (JHWS) which addresses local health inequalities identified through gathering information on the health needs of our local population through the Joint Strategic Needs Assessment (JSNA), an additional responsibility for the Board. Other duties include:

- Ensuring that all relevant partners have regard to the JHWS and JSNA when exercising commissioning functions.
- Developing solutions to complex challenges outlined in the JSNA and JHWS.
- Promoting integration and partnership working across areas, including joining up commissioning plans across organisations.
- Working together to agree the best use of resources and coordinate them to deliver against agreed priorities.
- Reviewing the performance against, and be collectively accountable for key health outcome indicators, specific to performance frameworks within the NHS, Local Authority and Public Health.

This is a new partnership board with representation from elected Members of Ealing Borough Council, Ealing Clinical Commissioning Group, NHS England, local acute health trusts, Ealing Community Network, HealthWatch Ealing, the Director of Public Health, and the Executive Director of the Borough’s Children and Adult’s Services directorate.

On 24 May 2013, the Board approved its Terms of Reference, Forward Plan and Health and Wellbeing Strategy 2013-2016. The three Strategy names 5 Priorities for the combined Board partnership to address. These include:

1. Early Years Intervention
2. Childhood Obesity
3. Alcohol Misuse
4. Older People and Healthy Ageing
5. Out of Hospital Services

Under the HWB and JHWS umbrella, partnership boards with wider memberships help advance work towards the 5 strategic priority areas as well as Ealing’s ongoing health and care services, services for local communities and the public at large. These include:

- The Health and Wellbeing Reference Group, bringing together key partners to inform the strategy, decisions, work and performance management arrangements of the HWB.
- Performing in a consultative and advisory role towards specific outcomes:
  - Learning Disability Partnership Board
  - Older Persons/Long Term Conditions Partnership Board
  - Mental Health Partnership Board
  - Safeguarding Adults’ Partnership Board
  - Carers Partnership Board
  - Drug and Alcohol Task Group,
    (Theme Lead for Priority 2, Alcohol)
  - Children and Young People Board,
    (Theme Lead for Priority 1, Early Years Intervention 0-5s).

**Consultation**

<table>
<thead>
<tr>
<th>Name of consultee</th>
<th>Post held</th>
<th>Date sent to consultee</th>
<th>Date response received</th>
<th>Comments appear in paragraph:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Archibald</td>
<td>Executive Director Children and Adults</td>
<td></td>
<td></td>
<td>e.g. 5. Legal</td>
</tr>
<tr>
<td>Michael Taylor</td>
<td>Finance</td>
<td></td>
<td></td>
<td>e.g. 4. Financial</td>
</tr>
<tr>
<td>Jane Batalona</td>
<td>Legal Services, LBE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bal Kaur</td>
<td>Director of Public Health, LBE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cllr Bell</td>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cllr. Walker</td>
<td>Vice Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Report History**

Decision type: | II. Urgency item?

Page 24 of 102
<table>
<thead>
<tr>
<th>Key decision</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report no.:</td>
<td></td>
</tr>
<tr>
<td>Meeting</td>
<td>Early Intervention P1</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| 23 May 2013  | • Demographic Changes in Child Pop report.  
                • Set up of Children and Young People's Commissioning Partnership Board |                 |            |                                   |                   | • TOR/Forward Plan  
                • Public Health Outcomes Framework  
                • ECGC Quality Issues  
                • AOB – Pioneer Bid (supported) | • Quality Issues to return at July Mtg. (done, no incidents to report). |
| 30 July 2013 | • Scrutiny review: 'Impact of alcohol misuse on Ealing.' |                 |            |                                   |                   | • Out of Hospital Strategy report  
                • Shaping a Healthier Future | • Update in 12 months on progress of DCC.  
                • Ask Children and Young People's Comm Prtshp to update HWB on implementation of Children and Family Bill Recs.  
                • Draft PNA to HWB by July 2014  
                • Older Person's Theme for Sept meeting |
| 10 Sept 2013 | • Annual In Depth  
                • Adult Mental  
                • Funding Transfer NHS |                 |            |                                   |                   | • London Medical |
<table>
<thead>
<tr>
<th>Meeting</th>
<th>Early Intervention P1</th>
<th>Child Obesity P2</th>
<th>Alcohol P3</th>
<th>Other Topics</th>
<th>Actions Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th Nov 2013</td>
<td>Ealing Safeguarding Children Board (ECSB) – Annual Report and Business Plan</td>
<td></td>
<td></td>
<td>Diabetes Update</td>
<td>'deep dive review' on childhood obesity priority in January 2014</td>
</tr>
<tr>
<td>14th Jan 2014</td>
<td>Early intervention Strategy (agreed - 1/4ly reports to Board)</td>
<td>Healthy Weight – Healthy Lives Strategy Action Plan 2012-2016 (Leading on priority, the HWB agreed that the HWHL steering group can amend the</td>
<td></td>
<td>Adult Autism</td>
<td>June Deep Dive is Early Intervention</td>
</tr>
</tbody>
</table>

- **Annual In-Depth Review Priority 4 – 'Older People and Healthy Ageing'**
  - Review
    - Ageing Well Action Plan
    - Adult Mental Health
    - Dementia Board
    - Adult Svcs Local Acct
  - Health
    - Dementia Board
    - Shaping a Healthier Futures Update
  - England to EBC.
    - Integration/Pioneer Bid
    - CCG Decommissioned svcs
    - CCG Qual Issues Update

- Committee's request for Board membership be considered during annual review, early 2014
| action plan and further develop the child obesity referral pathway. | progress of Out of Hospital Strategy for March meeting |
Appendix 2- Priority Fact Sheets

Health and Wellbeing Strategy
Priority 1: Early Years Intervention

Who is leading on this priority?

Children and Young People’s Board

This partnership is chaired by the Cabinet Member for Children and Young People and includes representatives from a wide range of key stakeholders, including: health services, elected members, head teachers, community and voluntary groups. The board is responsible for Ealing’s Children and Young People’s Plan and also for developing and improving children’s services addressing inequalities, social exclusion and responsibilities to safeguard children.

Early Intervention and Prevention Strategy and Action Plan

Priorities
1. Intervening early and preventing escalation of need and problems at every stage of a child and young person’s life.
2. Coordinating the response to suit the families’ needs.
3. Committing to the successful delivery and expansion of the early education and learning programme for vulnerable and disadvantaged 2-year-olds.
4. Involving and engaging vulnerable children, young people and their families, in making decisions about their needs. Creating individualized, family-focused services and interventions.
5. Delivering successful outcomes for families meeting the Think Family Plus criteria, including gaining employment, reducing youth offending, antisocial behaviours, improving educational attendance and reducing the cost to the public purse by 2015.
6. Managing resources to accelerate rates of progress for pupils arriving at school, improving levels of attainment, and reducing the variation in outcomes across schools. This includes the new Special Educational Needs (SEN) reforms.
7. Being well informed about the needs and demands of families in Ealing, using evidence of effective interventions to inform future commissioning and planning.

What Services Are Involved?
- Schools
- Extended Services to Schools
- Children’s Centres
- Health Services
- Children’s Specialist Community Nursing Services (CSCNS)
- Ealing Alternative Provision (EAP) DETAS
- Primary Behaviour Service
- Behaviour and Inclusion Service
- The Exclusions Service
- Youth and Connexions
- Ealing Parenting Service
- Strong local voluntary and community services support
- Supported Action for Families in Ealing (SAFE 0-18)
- Young carers
- Single point of contact, the on-going development of Ealing Children’s Integrated Response Service (EIRLS) a multi-agency triage service and a single route to a range of support from family and community services
- The Youth Justice Service (YJS)
- Think Family Plus in Ealing, or the ‘troubled families programme’
- Primary Intensive Intervention Programme (PIIP). Part of the wider Looked After Children (LAC) strategy.
- Ealing Service for Children with Additional Needs (ESCAN)
- Early Intervention Project
- Therapeutic Short Breaks
- Workforce Development
Subject of Report: Review of Care Homes in Ealing - Draft Final Report

Meeting: Health & Adult Social Services Standing Scrutiny Panel 30 April 2014

Service report author: See below

Scrutiny officer: Dwight McKenzie, Scrutiny Review Officer
mckenzied@ealing.gov.uk
020 8825 8227

Cabinet Responsibility: Health and Adult Services - Councillor Patricia Walker

Director Responsibility: Helen Harris, Director of Legal and Democratic Services
harrish@ealing.gov.uk 020 8825 8159

Brief: To comment on the Panel's draft final report on care homes in the borough, making amendments as appropriate.

Recommendations:
1. To comment on, amend as necessary, and agree the final report. The Panel is also asked to consider to which body they would like to refer the report.

2. For the Chair and Vice Chair to approve a final version of the Report for Council Cabinet meeting of June 2014

The Panel’s draft final report on care homes in Ealing is attached (Appendix ). Panel Members are asked to consider the report and recommendations, making amendments as necessary.

**Next steps**
The Panel is asked to consider which body or bodies it would like to forward its report to. Many of the recommendations are applicable to Ealing Council’s Adult Services thereby putting it within the remit of the Portfolio Holder for Health and Adult Services.

As a result, the Panel may wish to take this opportunity to refer the report to the Health and Wellbeing Board, subject to that board agreeing to admit the report onto its work programme.

Consideration of the report at the HWBB would allow the Council and key partners within Ealing’s Clinical Commissioning Group, Care Quality Commission, Healthwatch and service providers to discuss the findings and recommendations together, in an open forum. It is also is an opportunity to continue to build a positive working relationship with the Board.

Alternatively it may refer the report to the CCG’s Board, on which the Director of Public Health sits, and to the Portfolio Holder/Cabinet.

2. **Legal Implications**
None arising directly from this report.

3. **Financial Implications**
All recommendations applicable to the Council will be delivered within existing service budgets.

Support to the scrutiny panels is contained within allocated budgets. Value for money will be achieved through early and effective planning of the Panel’s work programme.

4. **Other Implications**
None.

5. **Background papers**
None.
Pre-publication sign-off

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Date sent</th>
<th>Date response received</th>
<th>Comments appear in report paragraph:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keith Fraser</td>
<td>Head of Scrutiny and Committees</td>
<td>22.04.14</td>
<td>22.04.14</td>
<td></td>
</tr>
<tr>
<td>Cllr Gulaid</td>
<td>Panel Chair</td>
<td>22.04.14</td>
<td>22.04.14</td>
<td></td>
</tr>
<tr>
<td>Cllr Anita Kapoor</td>
<td>Panel Vice-Chair</td>
<td>22.04.14</td>
<td>22.04.14</td>
<td></td>
</tr>
</tbody>
</table>

Report History

<table>
<thead>
<tr>
<th>Decision type:</th>
<th>I. Urgency item?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-key decision</td>
<td>No</td>
</tr>
</tbody>
</table>

Authorised by Cabinet member: Not applicable

Date report drafted: Not applicable

Report deadline: Not applicable

Date report sent: Not applicable

Report no.: Report author and contact for queries:
Dwight McKenzie, Scrutiny Review Officer
mckenzied@ealing.gov.uk
Tel: 020-8825 8227
This page is intentionally blank
1. INTRODUCTION

In considering a topic for a major review in 2013/14, and after consulting the borough’s stakeholders and analysing the borough’s Joint Strategic Needs Assessment, the Panel decided to scope a possible review of “Care Homes in Ealing”. In deciding on this review, the Panel was mindful of the Council’s responsibility in “Securing Public Services” and a Council priority to protect and develop health services to meet the borough’s needs. In this context the Panel decided that a review of care homes in the borough was both pertinent and timely in light of the fact that there had been no such review by the Council in the recent period.

This Report’s primary focus is on providing an overall understanding of care homes in the borough through overview of prior reports submitted to the Panel as a part of the review; i.e.

- Overview of care in England, and insight into the Government’s agenda as relates to care provision- 4th September 2013
- Overview of commissioning process- 5th November 2013
- Insight into the customer experience in care- 23rd January 2014
- Insight into the provider experience in providing care- 23rd January 2014

The Report outlines identified good practice in care home service provision, but also identifies areas wherein there is scope for improvement. Recommendations are put forward based on the Panel’s review and discussion of care home service provision in the borough.

2. Care Home Service Provision- England and Wales

The care home market within which care homes in Ealing operate is one that is constantly changing and has received much media, government and public scrutiny in the recent period owing to shortcomings in care service provision. The “mid Staffordshire NHS Foundation Trust Public Inquiry”; i.e. Francis Report (2010) (which looked at failings in care at the Mid-Staffordshire NHS Foundation Trust), and the Departments of Health’s Review “Transforming care: a national response to the Winterbourne View Hospital” (which looked into abuse suffered by people in care at the Winterbourne View Hospital), are important indicators of the level of scrutiny recently focussed on the market and of the need for vigilance in ensuring that best service is afforded to those in need of care.

The Council is responsible for ensuring that care homes meet the needs of residents to whom the Council owes a duty to provide accommodation.

In addition the Care Bill currently going through Parliament will place the Council under a duty to promote a diverse and high quality market of care and support services (including prevention services) with a view to ensuring that people have a variety of
providers and high quality services to choose from and have sufficient information to make an informed decision about how to meet the needs in question.

Under the Bill LA’s will be under a duty, for as long as they consider it necessary to ensure that needs for care and support continue to be met when service providers who are regulated by the Care Quality Commission fail.

The proposed duty will apply in respect of adults and carers whose needs are being met by the provision of services in the area of a local authority and applies in relation to needs which the local authority is not already meeting at the point of the provider failure i.e. where people are themselves paying for services to meet their needs, or where another local authority is paying for services to meet their needs or are ordinarily resident in and having their needs met by another local authority.

### 3. Care Home Service- Quality Care

The care home market is characterised by varied standards. However the standard which matters the most is that outlined in the Governments’ “Putting People First: A Shared vision and commitment to the transformation of Adult Social Care”, and the Health and Social Care Act 2008 (Regulated Activities), the latter which guides how the Care Quality Commission (CQC) regulates and inspects against 16 key standards related to the quality and safety of care.

In considering quality care within the above legislative context, there is cause for concern in respect to the quality of care being provided to people in need of care. This is borne out by the Department of Health’s own acknowledgement in “Quality, care providers and the workforce Accompanying IA for the White Paper “Caring Quality for the future: reforming care and support” (2012) which identifies:-

- Lack of sufficient number of adequately skilled and motivated staff in the care sector
- Cases of commissioning which focus too much on short term savings at the expense of wider value for money and the sustainability of the local market
- Lack of information for users on the quality of available support and for providers on what services are needed locally
- Lack of coherent legal framework to promote co-ordination between local agencies on safeguarding

Care home quality concerns have also been identified by the CQC at the national level including:-

- Record keeping
- Medicines management
- Standards on the care and welfare of people
• Meeting people’s nutritional needs
• Cleanliness and infection control

4. Imperative for Quality Service in Care Homes
At the national and local level, there are three main imperatives for an improvement in the quality of care afforded to people in care homes. Population demographic changes which has been characterised by a growing and ageing population especially in London (Greater London Authority Populations Projections 2013) means that the future demand for care and support will rise. This is especially pertinent to Ealing, which already has London’s 3rd largest population, the proportion of which particularly within the age group 65+ is projected to grow over the next 20 years owing to greater life expectancy (Greater London Authority Population Projections 2013).

The second imperative to improve the quality of care in care homes is owing to the fact that not only is the country’s general population increasing, but associated health demands will also increase. As pointed out by Ealing Council’s “Joint Strategic Needs Assessment 2012-2013” with a reduction in mortality rates, longer life expectancy can bring with it increased numbers of people aged over 65 with long term conditions disabilities and mental health conditions requiring increased social care. It is important that the right support be available to older people, and which affords management and or control of their health conditions.

The third imperative for ensuring that care homes provide quality care is due to the fact that people’s expectations of how public services should be delivered are also changing. As pointed out by the West London Alliance “Older people have higher expectations and are now no longer content to be passive recipients of social care in registered homes” (Market Position Statement- C Care Homes, West London Alliance, July 2013).

5. Ealing Care Home Market
Within Ealing, the care home market is characterised by numerous providers (individuals, partnerships, limited companies) of varying size (residential homes offering 3-4 places to large purpose built units offering 150 plus places) offering varying services (residential, residential dementia, nursing, nursing dementia). The Council’s engagement with the market is heavily characterised by a Private Finance Initiative (PFI) contractual arrangement, and a sub-regional procurement partnership (Barnet Council, Brent Council, Ealing Council, Harrow Council, Hillingdon Council and Hounslow Council); i.e. West London Alliance. Notwithstanding engagement with this market, Ealing Council aims to support people to live in the community rather than in a care home wherever possible. The Council ranks in the top quartile of London Councils with the least number of new people being placed into care homes for the period 2010-2013.
6. Ealing Care Homes- Issues and Challenges

There are numerous challenges and issues associated with care homes in the borough providing a quality care service to the borough’s residents. Invaluable identification of these was made in Review of Care Homes Reports prior presented to the Panel which focused on the “commissioning process”, “customer experience” and “provider experience”. Among the many identified are:-

- Pending cuts to council’s basic allocation from central government by 15% in real terms by 2015/16; i.e. £1 billion deeper than signalled in the spending round
- Variation in the quality of care purchased a lack of information on both the demand and supply aside
- Challenges around the recruitment and retention of staff
- Provider concerns that commissioners focus too much on price rather than individual outcomes and value for money; i.e. Council focus on cost can undermine potential for innovation and flexibility

7.1 Customer Experience

In respect of the customer service offered and by consequence the customer service received by residents within care homes in the borough, results of a survey conducted of care home residents as a part of the Panel’s review of care homes, suggests that the customer experience is positive (while noting the need for care and limitations in making generalisations). Majority views expressed suggested that “Dignity in Care” for residents was being met in addition to a suitable physical environment, daily life, cultural and care needs. Notwithstanding the survey’s results, there is always scope for improvement in respect of quality care provision. It is expected that all providers of care homes in the borough will be accepting of this point as the drive for care improvements should be a constant and ongoing aim and drive on the part of all providers and stakeholders in the care home market. It is within this context that this Report’s accompanying recommendations is designed to contribute.

7.2 Provider Experience

The market within which care home providers operates is changing, and the expectations placed on care home providers by the Care Quality Commission and by the Council’s through its contractual arrangements are numerous and necessary. This is evidenced by the fact that the population (locally, regionally and nationally) is changing, and also that government policy also has been prone to change. Consequently care home providers must be willing and have the capacity to adapt to change if they are to remain viable business entities or to serve the public effectively.

Stark among these changes at the local level as posited by the West London Alliance are:-

1. Providers being encouraged to build extra care and supported housing
2. Expected demand for nursing places and planned reductions in residential places
3. Partnerships for new models for targeted care covering high quality end of life care
4. Embedded new model of personalised support within care homes
5. Investment in health and social care training and development and in new ways of working for care home staff

A provider experience survey conducted by the Council as a part of this review revealed that the provider experience within Ealing is positive. However the results also suggested that in respect of quality care provision and inherent stakeholder relationships, there is scope for improvement. It is this within context that this Report’s accompanying recommendations is designed to contribute.

7.3 Structure of Review

The Panel undertook a short review as part of its normal work programme. As a part of this the Panel reviewed literature such as relevant strategy documents, condition and performance of services, Joint Strategic Needs Assessment, Care Quality Commission Inspection Reports, and Department of Health reports. In addition, the Panel gathered information from a series of evidence gathering meetings as follows:-

- A survey and focus group of care home residents, complimented by visits to a number of care homes including Chestnut Lodge, Elm Lodge, Acton Care Centre, Manor Court, Visitation of Our Lady, Grange, Kolbe House and St. Davids Nursing Home
- A survey of the providers of care homes in addition to visits to Chestnut Lodge, Elm Lodge, Acton Care Centre, Manor Court, Visitation of Our Lady, Grange, Kolbe House and St. Davids Nursing Home
- Information garnered from meetings with the Acting Compliance Manager, London Team 1, Care Quality Commission
- Information gathered from a meeting of the Care Providers Forum
- Information garnered from meetings held with Adult Services Managers
- Information garnered from meetings held with Healthwatch Ealing
2. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Section 1:

R1 Greater partnership working between care home providers and consumer representative groups, specifically Healthwatch to improve care home customer service standards (Dignity in Care).

Inclusive of this is greater facilitation/accommodation by care home providers of periodic inspections of care homes by Healthwatch.

Demographic changes mean that future demand for care and support will rise significantly. Also changing as evidenced by the customer service survey undertaken as a part of this review, are people’s expectations of how public services should be delivered. Simply put “older people have higher expectations of public services and are no longer content to be passive in the quality of their delivery. The care market now and will increasingly be characterised by people who expect services to be organised around their needs. For this to be achieved there has to be partnership working on the part of care market stakeholders to ensure that required quality improvements are effectively identified. Specifically this means care home providers working with Healthwatch and other consumer champions in identifying and addressing quality issues.

Healthwatch Ealing is a new independent consumer champion for health and social care in Ealing created to gather and represent the views of the public in Ealing. The organisation makes sure that the views of the public and people who use services are taken into account. The Panel notes that Healthwatch has been given specific legal responsibilities within the care market. The Social Care Act 2012 empowers Healthwatch to help and support Clinical Commissioning Groups (CCGs) and Council Social Care Departments to make sure that services are designed to meet citizens’ needs. Care home providers who provide care services on behalf of Social Care Departments will be best able to provide for care demands if they engage with organisations championing these needs. This point is underscored by the West London Alliance’s (WLA) requirement for provider “regular engagement with service users, their family…representatives/advocates” (Market Position Statement C- Care Homes). It is also underscored by the UK Government’s “Putting People First, a shared vision and commitment to the transformation of Adult Social Care” which defines quality in care in homes as care home managers ensuring that “existing services respond to identified local needs”.

Greater partnership working is also good practice as outlined by the Social Care Institute in “Personalisation: a Rough Guide”. Good practice in care provision of necessity now has to involve (i) new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services, (ii) developing local partnerships for social inclusion and community development. Engagement with Healthwatch by care providers is therefore reflective of and inducive to good practice in care provision.

Certain providers of health and social care services are under duty to allow Healthwatch to enter and view premises they own or control, and to observe the carrying on of
activities on these premises. Accordingly a practical manifestation of a greater working relationship between care providers and Healthwatch should be the easier facilitation by providers of visits to care homes by Healthwatch. Meetings held with Healthwatch during this review revealed that the organisation is very desirous of greater collaborative working with care home providers.

**R2 Designation and identification of “Dignity in Care Champions” to promote and encourage best practice in care home customer service.**

“Dignity in care” describes the values and actions for high quality care services that respect people's dignity, and is currently being championed by NHS bodies evidenced by the “10 Point Dignity Challenge”. As the challenge describes values and actions for high quality services that respect people’s dignity, within the care market it is a further benchmark for quality service. Dignity Champions spearhead and encourage efforts to ensure people have a good experience of care when they need it. Consequently, Ealing Council should lead the answer to this challenge, by the appointment at both an Officer and Councillor level, clearly designated “Dignity in Care Champions” within the Council.

The “Dignity in Care Challenge” also involves changing and improving the culture of care services and as a result there is scope for not only greater involvement in this challenge by the Council, but to lead in this regard through specific designation of a Champion(s).

This need for Champions is evidenced by information garnered by the Panel during the customer service survey of residents in care homes. Healthwatch’s observation while also taking part in the survey and focus group of residents conducted gave rise to the following expressed observations by Healthwatch:-

| We felt that personal care could have been better. Some of the residents looked as if their hair hadn’t been washed recently. One man had food down him. Another hadn’t shaved in a while. These may not all be significant, it is just worth mentioning. |

During the Survey and focus group conducted, the following view was also expressed by residents:-

| A nun comes in for the Roman Catholics. But other than that, there is no cultural variety, and very little religious support. There is no room for quite time with other people and the staff do not notice different people’s needs. |
The above indicates that all care home providers need to be accepting of the fact that the drive for care improvements needs to be a constant on-going aim. This will be greatly encouraged through clearly designated Champions in the Council with whom providers can directly liaise and work in partnership. Champions in the Council would complement the work of Adult Services in the area of adult social care.

R3 The Council encourage Healthwatch to create a “Good Practice Guide” for care service in Ealing developed from and marketed through a series of workshops involving a range of stakeholders including the Care Quality Commission (CQC).

A “Good Practice Guide” if modelled around dignity in care and from the patient/resident’s view could provide a blueprint by which care homes could raise their level of customer service and become models of best practice.

The CQC is statutorily responsible for setting standards for care homes in England and Wales. It would therefore not be for the Council to add to the plethora of guidance already produced by the CQC, and already embedded service specifications in Council contracts with care providers.

However Healthwatch Ealing (Ealing Link) as a consumer champion in 2013 produced a “Best Practice Guide for GPs: Patients View”, which is highly commendable. Production of a similar guide for care homes could have a positive effect with respect to the care market within the borough, and the cultural practice of providers in raising care standards above CQC requirements. This Guide could highlight those areas of particular sensitivity to patients and especially things that might be missed by regulators. Value could also be added to this guide if it received and incorporated input from the CQC and CCG and Care Providers Forum. Healthwatch is receptive to undertaking a “Good Practice Guide” for care service.

R4 Greater Council steer of stakeholders in the care market towards partnership working in quality care service provision. This specifically includes periodic participation of the CQC, Healthwatch in the “Care Providers Forum

In playing a positive and instrumental role in care home market in the borough, key areas of interest for Ealing Council have to include:-

1. to secure better outcomes,
2. improved experience of care for users and carers,
3. more consistent quality of care and
4. supporting providers in the supply of an effective workforce
It is the Council as commissioners of service that has a role to shape these areas. Additionally it is the Council through its engagement with various stakeholders in aspects of care for e.g. (i) the CQC as relates to regulation, (ii) care home providers as regards placements, that is best positioned to engender partnership working among parties. As a repository of information crucial to understanding and managing care needs in the borough, evidenced by the Council’s publication of the Joint Strategic Needs Assessment it is also the Council that is best positioned to take on a steer responsibility.

In steering partnership working, the Panel is conscious that there is already a “Think Local, Act Personal” partnership agreement developed in January 2011 by the Council with partners in the adult social care market. However a renewed Council engagement and steer will take account of the effectiveness/success of the partnership to date, and fulfil the next steps as outlined in the partnership’s agenda which is “develop a new set of benchmarks so local partners can check progress” (Think Local, Act Personal, January 2011). For example, owing to the many recent changes undergone by the CQC in structure and regulatory approach, a reviewed and renewed partnership would be an appropriate response to these changes especially as CQC inspections are now to a far greater extent intelligence led.

Note is made by the Panel that the Ealing Safeguarding Adults Partnership Board already exists and is a multi-agency group established to lead safeguarding adults work in the borough. However the focus of this Board is specific to safeguarding. A new and or additional working relationship is needed in respect of quality care provisioning on a whole in care homes. This point is made pertinent by the Department of Health which has identified that care providers face many challenges including a lack of coherent framework to promote co-ordination between local agencies (Accompanying Impact Assessment for the White Paper “caring for our future: reforming care and support”).

At the national level, the Department of Health, Local Government Association, and the Association of Directors of Adult Social Services have established a partnership and made a commitment to work together on a joint programme to inform and implement reform to adult care and support. This action should be and needs to be replicated at the local level within Ealing and led by the Council.

The importance of Council steer in partnership working is also underscored by a need for leadership initiative evidenced by feedback received during the Council’s survey of providers. In this survey a view expressed was that:-

<table>
<thead>
<tr>
<th>I feel that the care services in Ealing do not have enough information about each other. There is a lack of communication between the services and a considerable amount of 'passing the buck'.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There will always be a scope for improvement no doubt. However, the working partnership with LBE and CQC is good (I would not say strong).</td>
</tr>
</tbody>
</table>
In meetings held with Healthwatch as part of this Review, a desire was expressed by the organisation for continued invitations to attend Health Scrutiny meetings. This was a practice adopted by the Panel throughout the year whenever “care home review” was an Agenda item. However this practice can be expanded upon, with Healthwatch being invited to present its Annual Healthwatch Report to the Panel. This Report and presentation would be a source of invaluable care market information. This invitation is especially in light of and would be in keeping with the Social Care Act 2012 which empowers Healthwatch to give authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services. The Act also empowers Healthwatch to help and support Clinical Commissioning Groups and the Council’s Social Care Departments to make sure that services are designed to meet citizens’ needs.

Value of this reporting is owing to Healthwatch responsibilities:-

a) promoting, and supporting, the involvement of local people in the commissioning, provision and scrutiny of local care services;

b) enabling local people to monitor the standard of provision of local care services; whether, and how, local care services could be improved; and to review for those purposes, the commissioning and provision of local care services;

c) obtaining the views of local people about their needs for, and their experiences of, local care services;

d) making—views known, and reports and recommendations about how local care services could or ought to be improved,

e) to persons responsible for commissioning, providing, managing or scrutinising local care services and to the Healthwatch England committee of the Care Quality Commission

f) providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services

The Panel for its part under the Act, once views are made known or reports or recommendations made known to it by Healthwatch will, in exercising any function relating to care services, have regard to the views, reports or recommendations.

Healthwatch must publish a report of its findings in seeking to secure the objectives mentioned above by 30th June after the end of the financial year concerned; and a copy of it sent to specified bodies including the Council; the National Health Service Commissioning Board; the CCG, an Overview and Scrutiny committee of the Council and the CQC.
R6 Ealing Council’s Adult Services to engage with other London Councils so as to ascertain whether the Council’s approach to care home service provision and inspections is best practice. Where necessary to identify and adopt new practices as appropriate.

West London Alliance (WLA) membership has benefitted Ealing Council; i.e. cost management and savings through joint commissioning of services and greater home capacity for care place provision. Beyond the WLA, engagement and possibly learning from other local authorities could reveal valuable models in care home service provision and inspection. The WLA is a good example as to the benefits of this approach, as for its part the WLA welcomes “innovative approaches that add value and improve the quality of local care home support for people in need” (Service Specification, Older People Residential and Nursing Care Home Placements, WLA).

Through lessons learnt from national examples regarding care, the Council will be able to identify opportunities outside the local area, while reflecting and reviewing practices within the local area.

R7 Ealing Council be active in assessing and managing the potential risks of increased demands for social care and cost pressures that might be associated with the Care Bill

The Care Bill currently before Parliament is intended to transform the national health and social care system. The Bill marks the biggest transformation of care in over 60 years, and will replace numerous legislation into a single modern law. However with hindsight, it is known that big transformation programmes have failed in the past not least in health reforms. This spectre looms in light of the fact that an individual’s exact care needs can be unpredictable, and as pointed out by the Dilnot Commission (2011) around 40% of the adult population are unaware that they would be responsible for any future care costs (Fairer Funding for All, Commission on Funding of Care and Support, July 2011). With this in mind Commissioning on the part of the Council will have to take into account value for money and the long term viability of the local care home market.

As it is Ealing Council that will have to deliver on the ground reforms associated with the Care Bill, and thereafter determine their success, Ealing Council as an act of prudence needs to undertake an assessment of potential pressures associated with the Bill so as to be able to manage risks. Only once the actual impact of the Care Bill is known, can the Council then effectively manage its care resources accordingly. Through this process Ealing Council can be a vanguard for transformation, drive innovation and improvement, and work in partnership with other organisations, and in multi-disciplinary/inter-organisational teams. In going forward, the Council will also be able to perfect performance management for staff internally and providers externally.
Ealing Council’s Adult Social Services should consider what further support assistance can be offered to care providers with the training and development of their staff. This might include the Council engaging with vocational training institutions on its own or as a part of the West London Alliance, regarding the design and costing of care course packages such as National Vocational Qualification (NVQ).

Ealing Council should actively encourage more care home workers to achieve an NVQ qualification, and care homes to provide training updates for nursing, care and ancillary staff employed within homes.

The necessity of having quality trained staff within the care market is acknowledged nationally. However the Department of Health and CQC are concerned as to the skills and qualifications of some workers within the care home market, and it is a concern which must be heeded by Ealing Council as the local market does not operate in isolation from the wider market.

The Governments “Putting People First” defines quality care as ensuring that staff “live and breathe” a culture that actively promotes personalised services and the CQC has standards of staffing as an indicator of care quality. However despite these standards there are clear staffing challenges faced by the market, a point underscored by information obtained with the surveys undertaken by the Panel as a part of this review. The Department of Health has identified a “lack of sufficient numbers of adequately skilled and motivated staff in the care sector” (Accompanying Impact Assessment for the White Paper “caring for our future: reforming care and support, Department of Health 2012). This problem is likely to be exasperated as the market for residential services will change over the coming years to one with a high level of specialisation requiring associated specialist skilled staff.

Consequently there has to be investment within the care home market for training, and the development of new ways of working for staff. For providers, this is while still ensuring that staff are informed and trained in policy and procedures regarding medication, manual handling, safeguarding, dementia, Deprivation of Liberty Safeguards, Mental Capacity Act, and all areas arising from legislation relevant to care requirements.

The Survey of residents in care revealed the following concerns on the part of Ealing’s residents who were asked as to whether their care home treated them as an individual by offering personalised care:

Nursing staff do, but the other staff are questionable

Further to this, when care residents were asked if staff were helpful and friendly and whether staff showed an interest in their welfare:

There were mixed opinions to this question. Most people said that the staff were very good and that they always knew where the staff were and that they’re very helpful. Some said that the staff were always changing and that this caused problems. They preferred if staff stayed put so that they could get to know them.
Staff motivation and commitment to staying in the care market will only be brought about through continuous professional development, and this is something to which all care providers should be committed. It is acknowledged that for care providers time and budget can limit training options/opportunities. These are barriers which the Council will have to be helpful and pro-active in overcoming. Online training for example represents

Staff motivation and commitment for the delivery of improved care in homes will only be brought about through continuous professional development, and this is something to which all care providers should be committed. It is acknowledged that for care providers time and budget can limit training options/opportunities. These are barriers which the Council could be helpful and pro-active in overcoming. Online training for example represents a time and financially efficient way in which to provide training. At the managerial level, and one to which the Council could be supportive, is the National Skills Academy for Social Care’s expressed view that a sector wide accreditation system is beneficial to adult social care. Ealing Council could therefore encourage providers to identify and access this type of accreditation for their care staff.

Through better and affordable training, those employed in social care can develop leadership capacity, strengthen their organisation and service, adapt to work in the new social care landscape, learn about new models of systems leadership, and be able to work across boundaries to deliver services.

R10 Ealing Council should encourage and lobby for the creation of a clear professional career path within the care market.

Quality trained staff within the care market, has to be complimented by qualified and motivated trained staff within the market. The care market has been found to be in need of a clear career path for those employed in the market. This is important if the professional aspirational needs of those employed in the market are to be realised and addressed. The gravity of the problem is evidenced by the Department of Health’s observation that “adult social care is not currently perceived as an attractive career opportunity, further underscored by a Longitudinal Care Study which pointed to assumptions about care work and the low status of social care in society as wider barriers to applying and remaining in the market (Quality, care providers and the workforce Accompanying IA for the White Paper “Caring for our future: reforming care and support IA No: 7063), Department of Health, July 2012).

Enhanced worker capacity needs to be brought about within the care market, and it should no longer be reliant on a “work force that has low qualifications” (Quality, care providers and the workforce Accompanying IA for the White Paper “Caring for our future: reforming care and support IA No: 7063, Department of Health 2012) as evidenced by 36.9% of the workforce having no qualifications (NMDS-SC September 2011 dataset).

In correcting the above problem, at a foundation, this has to include making more accessible and available practical and pertinent training courses such as NVQ qualifications e.g. NVQ 3- Health and Social Care and Dementia Care, NVQ 4- Health
and Social Care Adults, and NVQ 5- Leading and Managing Services to Support End of Life and Significant Life Events

However in responding to CQC inspection failures on the part of many care homes nationally, the training afforded to individuals employed in the care market has to also be strategically targeted. Common care quality failures as evidenced by the CQC’s report “State of Health Care and Adult Social Care in England, 2011/12”, relate to record keeping, medicines management, standards in care and welfare of people, meeting people’s nutritional needs, cleanliness and infection control. In response a care home provider should therefore not merely focus on “passing an inspection the second time around”, but rather ensure that staff are equipped with the capacity to constantly deliver quality and improvements in these particular areas via greater participation in the NHS Training Programme.

The provision of foundation care training such as in NVQ, targeted training such as in the NHS Training programme, and end of life training such as “end of life care qualifications”, together evidence opportunities for a care career pathway. This pathway has to be better joined up and made more transparent within the care market. The Council should encourage greater dialogue on the part of all relevant training to providers and stakeholders in making this a reality.

R11 Ealing Council should encourage payment of the “living wage” rather than the “minimum wage” by care providers

An issue which has the capacity to undermine quality care provision in care homes, is the poor remuneration which is afforded to those employed in the market, especially at the level of care and ancillary staff. Low remuneration might be the norm for a market characterised by many low skilled employees. However as the care market becomes increasingly specialised, higher level skills will be required if service supply is to meet changing demands. However increasingly skilled labour for the care home market has to be complimented by increased remuneration afforded to staff. It is also necessary to prevent labour exodus from the care home market, and to encourage people to enter into and to consider care as a career.

The Panel is greatly concerned as to the number of care providers who flout minimum wage rules at the national level. Whereas this might not be the case in Ealing, the Ealing care home market is interlinked with the wider regional and national market (e.g. West London Alliance, Choice Agenda, Pan London Partnership). In 2013, Her Majesty’s Revenue and Customs (HMRC) found that “almost half of private firms caring for the elderly have been paying workers less than the national minimum wage” (Social Care Providers Flouting Minimum Wage Rules, Tax Inspections Find, The Guardian, November 2013). This is especially a concern as “low pay will lead to poor care for the most vulnerable in society” (Guardian, November 2013), and further worrying as it was “the highest level of non-compliance identified in this sector in the last 5 years” (Guardian, November 2013) with “half of the law breaking was specifically attributable to residential care service providers” (Guardian, November 2013).

The Panel notes that the “Low Pay Commission” has attributed cuts in Council funding as contributing to this behaviour on the part of care providers. This view is echoed by the Chair of UK Healthcare Association who has stated that “It is a disgrace that social
care is so poorly funded that employers struggle to keep ahead of the minimum wage” (Guardian, November 2013). In contrast the “Local Government Association” has argued that “the problem lay with how contracts were bid for. Councils…were not seeking to contract services at rates costed below minimum wage” (Guardian, November 2013).

Solution to this problem however rests not with the apportioning of blame, but in the strict holding to account of those guilty of wrong in the incorrect payment of care workers. The government should therefore take very tough action on care providers who break the law by paying below the minimum wage.

<table>
<thead>
<tr>
<th>R12</th>
<th>Ealing Council continue its membership of the West London Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>R13</td>
<td>Ealing Council should be better understanding of the commissioning concerns of care providers and explore alleviation of concerns</td>
</tr>
</tbody>
</table>

The West London Alliance has accrued for Ealing Council benefits such as (i) choice of approved providers, (ii) value for public funds, (iii) value for customers in terms of cost and service quality. This is important as declining budgets and increasing care demands is a reality faced by Ealing Council and local authorities in London and across England and Wales. Through working with other local authorities; i.e. West London Alliance, the Council can (1) secure improved care experience for carers and users, (2) more consistent quality of care. The WLA has benefited the borough. As the care needs and numbers of the borough’s population grows, it is through the WLA that supply is best met. It is also through the WLA that the Council is able to satisfy key commissioning principles of choice, value for money, and location; i.e. placement takes account of customer’s preferred locality.

Ealing’s continued membership of the WLA is also important for safeguarding reasons. There can be a risk to adults whose care arrangements are complicated by cross-boundary considerations. Yet such arrangements are inevitable especially in light of the Governments’ “Choice Agenda”. For this reason close partnership working with neighbouring authorities as in the WLA is to the Council's benefit and should be continued.

However although Ealing Council benefits greatly (cost savings) in its commissioning practice as part of the WLA, the Council could be receptive to making potential or actual benefits for providers with this practice more apparent (subject to information confidentiality associated with contract terms and conditions of services), while also seeking to understand any commissioning concerns or reservations of providers. That there is need for this is underscored by feedback received from care home providers during the provider survey. In response to whether “current commissioning practice enables value for money in care service provision and sustainability of local care providers responses received included:-
Well, yes value for money for the local council but definitely not for the care provider, especially for a small independent home like ours. We have not had a year on year increase in fees for the past 4-5 years now. Yet, the care cost has seen an increase year on year. It is extremely difficult and I am certain independent care providers cannot sustain this for long.

I feel that there is a rising expectation of services delivered by us. Funding by the Council does not adequately meet these expectations.

No, not at all

From the commissioners point of view the current practice must represent very good value for money. From the commissioned service providers point of view it is an ongoing concern as to how we are to deliver a good service with continually reducing income against a rising cost of living. There has been a critical point approaching for many providers as the value in real terms of their business continues to drop.

The Department of Health has identified as a concern nationally the lack of information for providers on what services are needed locally. A common care quality problem as identified by the Department is a lack of information for users on the quality of available support and for providers on what service are needed locally (*Quality, care providers and the workforce Accompanying IA for the White Paper “caring Quality for our future: reforming care and support*). The provider survey conducted as a part of this review also revealed a degree of concern at the local level that care services do not have enough information.

If this is the case, then the care market will not be able to deliver the best possible outcomes for individuals, carers and residents. Consequently Commissioners, regulators and NHS bodies have to work together to ensure high levels of user satisfaction and confidence in and for the local market. A by product of this will be more strategic and integrated commissioning, linked to wider areas such as health and housing services. With deeper engagement, enabled will be better understanding of demand and supply and identified need for different forms of care. It will also aid future market management of residential and nursing care to address the challenges of quality, integrated care and support, legislative reform, demographic change and wider market performance and viability.
Ealing Council’s Adult Social Services should to the extent possible assist care homes to anticipate new demands on service configuration, and support the market to adapt accordingly.

Ealing Council is a repository of borough data especially as regards population. Greater accessibility of this data and of legislative developments regarding care will aid care homes adapt to change. The provider survey revealed a desire for greater information as relates to care services.

The critical value of information to the effective functioning of the care market is underscored by the Department of Health which has indicated that evidence suggests that there are a number of barriers that prevent the care market from operating as it could. And as such the market may not be delivering the best possible outcomes for individuals, carers of their families. One of these barriers is a lack of information on both the demand supply side (Accompanying Impact Assessment for the White Paper “caring for our future: reforming care and support”, Department of Health 2012). The Department has also made it clear that individuals, commissioners and providers should focus on access to clear, transparent information about the quality of care they are buying, or providing, including the experience of users and carers.

Put succinctly there is an identified need for a new level of engagement within the care home market, on the part of all stakeholders especially between Local Authorities and care home providers, and NHS so as to enable the understanding of demand and supply and identify need for different forms of care. This is needed to support future market management of residential and nursing care to address the challenges of quality, an increasing focus on integrated care and support, legislative reform, demographic change and the wider economic context. A case in point is as relates to the Council’s production of the Joint strategic Needs Assessment which there is scope for its wider distribution beyond merely its inputting on the Council’s website.

All Boroughs have different challenges in identifying suitable, high quality provision of services locally. At present the information that is shared with providers is often fragmented and does not provide a clear picture to the market. As demographic, strategic and operational drivers continue to change it is increasingly important that the market is using the best information available to shape the supply of available services. Only by ensuring an effective and efficient market will the Council be able to achieve savings necessary in the coming years.

Ealing should ensure that any service specifications developed in the future, provide for robust requirements for homes to demonstrate and deliver high standards of care.

The care market is changing and the Council’s care service specifications must also adapt in sync with care market changes such as those identified by the WLA “Market Position Statement C- Care Homes”. Inclusive of this is a strategic direction towards high level specialisation requirement. This is essential in light of the CQC’s observations that with the increase in the number of people with co-morbidities and the rising number of people with dementia, there will be a need for more nursing care within social care settings.
However with adapting to market changes, the Council also has to be mindful that regulation has a cost. Providers for example already have to pay for registration, and invest in training, policies and systems to ensure compliance with national standards. Costs are also incurred in ensuring conformity to standards as determined by multiple inspection and regulation regimes to which providers are subject including health and safety inspections, as well as CQC and local authority requirements. Some authorities for example add additional standards into contracts and may also require providers to use specific electronic recording and monitoring systems, again introducing additional costs. Ensuring compliance and reporting for these different regimes is a cost in itself and can have the consequence of excluding smaller companies from such arrangements and aspects of care provisioning.

R17 Ealing Council should encourage borough schools to work in partnership with care homes in facilitating school visits to homes. However the Council should issue guidelines to schools that students visiting homes should be properly orientated and supervised

R18 Ealing Council should encourage educational institutions to promote care as a career among young people

The care home setting is a community, both of itself and within the community within which it is located. Accordingly the Council should be encouraging of care home providers actively seeking out opportunities for engagement with the wider community. This action on the part of the Council would make it adherent to the government’s vision for “Putting People First”. It would also aid improved mental health and also deliver on “key ways to wellbeing”; i.e. connect, be active, and keep learning (Five Ways to Wellbeing, NHS Confederation, New Economics Foundation, July 2011)

An area, within which there is specific scope and opportunity for development and which the Council should be encouraging is in care home engagement with schools. This has a number of benefits including helping to bridge society’s generational gap. Through this interaction, young people could potentially benefit from lessons in history delivered orally and informally. Those in care would also benefit from being brought up to date with community/societal trends and changes. This interaction would also have an added benefit of helping young people becoming responsible adults. However an extremely valuable benefit is that it would introduce young people to the care market, potentially prompting consideration on the part of young people to consider a career in the market. This consideration should be encouraged by educational institutions and apprenticeship opportunities in care explored and made available. Healthwatch is advocate of this type of engagement.

R19 Ealing Council should encourage care home providers to explore varied avenues for broad community engagement with care homes.

Whereas schools are an identified asset for care home community engagement, this engagement is not limited to schools as there are other notable potential avenues. For
example “Age Collective” is a nationwide initiative aimed at inspiring museums to support the wellbeing of older people in their local communities. It promotes museums as natural partners for organisations involved in older people’s health, wellbeing and social care. Many museums provide on-site and outreach activities for older people with varied care needs, enabling quality social care and learning opportunities. Museums can be signposted as places for older visitors to visit, and welcoming spaces for carers and care staff. Under Age Collective, museums can tailor their activities to offer bespoke services to meet local needs. Services can be locally driven offering something different and something for those in care through their diverse collections. Activities can be organised for groups, or individuals can be referred thereby meeting the needs of personalisation agendas and reaching those at risk of being socially isolated.

Identifying and taking advantage of these types of opportunities would help to improve the quality of life of care home residents.

<table>
<thead>
<tr>
<th>R20</th>
<th>Ealing Council should explore utilisation of “Spice Time Credits” to encourage community voluntary contribution to care homes through engagement with residents.</th>
</tr>
</thead>
</table>

“Spice Time” credits is a social currency developed initially in South Wales and now being rolled out across England and Wales. In England, Spice are currently developing large scale community and social care projects across London. With Spice Credits people are thanked/rewarded for contributing time to their community. They then “spend” time credits to access events, training, and leisure services or to thank others in turn. Services and local community groups identify current and new opportunities for people to give their time. Time credits encourage people to get involved in local community organisations and to give more time, increasing community action, and strengthening local networks. Earning and spending time credits can build confidence and support health and wellbeing. Time credits encourage professionals to work in new ways, collaborating with service users and citizens to think about how services can be run in co-productive ways that encourage participation by the whole community, sharing skills and assets. This can encourage a greater sense of community integration and enable improvements in service delivery as they are shaped by those who use them.

Spice and “The Young Foundation” are hoping to develop Uplift Time Credits in 4 Local Authorities - Lancashire, Lewisham, Wiltshire and West-Norfolk. This scheme in its aim has much merit, and should be explored by the Council for feasibility, possible local promotion and adoption.

<table>
<thead>
<tr>
<th>R21</th>
<th>Ealing Council should require that the Adult Service’s Care Providers Forum be used to a greater extent to share information as to care services and demand trends in Ealing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>R22</th>
<th>Ealing Council’s Adult Services should identify additional mediums/forums by which there can be greater engagement with community organisations involved in care e.g. Healthwatch, owing to their knowledge of the care market, care needs, and contribution to the welfare of residents in care</th>
</tr>
</thead>
</table>
The provider survey revealed a high regard and utility for the Council’s Care Providers Forum. Further use to the extent possible of this forum for communication will empower service providers within the care home market. The value of this was revealed by the survey of providers which provided the following feedback:-

**Yes, we feel the partnership working is good between Ealing Council and ourselves. The owners and managers meet every two months in Perceval House. However I feel the care services development could be more meaningful if care providers had input in changing the shape of future services in their sector. Currently we have to reorganise our service delivery to comply and manage new strategies and systems into which we have had no input.**

Accordingly mediums for similar engagement with other stakeholders could engender goodwill for the Council amongst these groups. The need for this approach is owing to the fact that all care home residents have a voice, and this voice should be expressed or expressed on their behalf in varied mediums especially as in some homes there are no resident committees or associations as garnered from feedback received during the survey of care homes:-

**The care home is very small, so it’s not needed.**

**Yearly survey gets feedback from relatives. Don’t have a committee**

This identified communication and representational gap could be addressed through wider and additional forums.

**R23 Ealing Council should communicate to the Care Quality Commission a desire that the CQC be more pro-active within the borough and to increase the number of care homes inspected locally so as to ensure greater care home conformity to required care standards.**

With greater resources dedicated to the borough, the CQC could increase its care home inspections and ensure better general maintenance of care home service standards.

The provider survey conducted as a part of this review, revealed varying views as to the robustness of CQC inspection in the borough:-

**I think so. I feel though standards are the same, interpretation of the standards can vary from inspector to inspector. At present, I feel CQC's standards are robust for the current care market.**

Yes, the re-introduction of unannounced inspections is welcome. Inspections are now also more focused rather than trying to cover too much in too space a time.

**Really needs continuance regarding CQC inspections – still to date some homes are compliant but others are not and cannot determine the reasons why**
The CQC is the regulator for health and social care responsible for assuring safety and quality, setting clear standards for care providers, and operating on an inspection led model. The size of the CQC’s challenge cannot be underestimated as it faces a market of 250,000 adult social care locations and 1 million people using adult social care services. With respect to this market the CQC is required to inspect all care homes at least once a year.

Recently the CQC has been undergoing organisational and a strategic change in respect of how it undertakes its responsibilities. This has included:-

- the appointment of a Chief Inspector of Social Care
- a more robust test for organisations applying for registration with the CQC
- new standards
- action taken when unsafe and poor care is seen
- strengthened focus on Mental Health, Mental Health Act and Mental Capacity Deprivation of Liberty safeguards
- keeping people informed about the quality and safety of care

Common concerns publicised by the CQC are:-

- The safety of people in most vulnerable circumstances
- Quality of staffing in a range of services
- Cooperation between providers – as people move between hospital and social care, including discharge
- Care for people with complex health and care needs – such as dementia, people with learning disabilities
- Range of quality issues in domiciliary care services
- Dignity and respect for people – e.g., when eating and drinking
- Medicines management - in and out of care homes

The above information especially that providing insight as to what is happening within the organisation, should be communicated by the CQC to providers, and the Council should make this point clear to the CQC. However what should also be made clear by the Council to the CQC, is the Council’s concern that the CQC team for Ealing also has responsibility for two other boroughs with the implication that there is great limitation on the CQC's resources which can be dedicated to Ealing.

R24 Ealing Council should organise an annual “Care Fair” where all care market stakeholders; Adults Services, National Health Service, Care Quality Commission, Care Providers and resident and care representative groups can take part by showcasing/marketing their services, and present on and discuss issues pertinent to the care market

With so many organisational stakeholders, users and issues involving care home service provision in the borough, an umbrella event wherein all could be brought...
together, would be of benefit to the borough. This would be of particular value if other local authorities involved in the West London Alliance were invited to participate in this event. As the Panel is unaware of any such event having been initiated by any other local authorities, this innovative approach will allow the addressing of issues, dissemination of information, stakeholder identification, and interaction of many and varied stakeholders in the care home market. It could also potentially become a best practice modelled by other local authorities.

| R25 Ealing Council to recommend that, where possible photographic evidence is taken of any injury incurred by a care home resident whenever they are admitted to a hospital and or other health facility for treatment, and by the facility upon admission |

Within care homes, the care of residents is entrusted to staff expected to have the highest levels of professionalism and compassion. However despite this, there have been a number of incidents across England and Wales wherein standards of behaviour have been below that which is expected. Within this context, whenever a resident is admitted to a hospital or any health facility with suspect or unexplained injuries/markings, photographic evidence of the injury/marking should be taken by that health facility whenever possible and a referral made to the Council under Adults Safeguarding Procedures.
During visits to several care homes in the borough as a part of this review, Panel members were observant of a number of practices which were deemed to contribute to a positive customer experience on the part of those in care. Adoption of these practices outlined above, by care home providers would contribute to a positive customer experience on the part of those in care, and should be encouraged by the Council.
3. BACKGROUND INFORMATION

There are many sources of diabetes information available – below are some of the key sources used in this review:

1. 10 Point Dignity Challenge, National Dignity Council, March 2013
2. 2011 Census Factsheet, Ealing Council
3. Best Practice Guide for GPS: Patients View, Ealing Link
4. Care Bill, Secretary of State for Health, May 2013
6. Ealing Addendum to Pan London Safeguarding Adults Policy & Procedures, Ealing Safeguarding Adults Partnership Board, June 2012
7. Fairer Funding for All, Commission on Funding of Care and Support, July 2011
11. Mid Staffordshire NHS Foundation Trust Public Inquiry, February 2013
13. Putting People First: A shared vision and commitment to the transformation of Quality, care providers and the workforce, Accompanying IA for the White Paper “caring for our future: reforming care and support” IA No.: 7063, Department of Health, July 2012
14. Review of Care Homes in Ealing, Report to Health & Adult Social Services Standing Scrutiny Panel, September 2013
15. Review of Care Homes in Ealing, Report to Health & Adult Social Services Standing Scrutiny Panel, November 2013
17. Service Specification, Older People Residential and Nursing Care Home Placements, West London Alliance
19. Spice Time Credits: Case Studies, Spice Innovations, The Young Foundation
22. Think Local, Act Personal, Ealing Council, January 2011
23. Transforming care: A national response to Winterbourne View Hospital, Department of Health, December 2012
24. West London Alliance Marker Position Statement- C Care Homes, West London Alliance, July 2013
25. West London Market Position Statement- C Care Homes, West London Alliance, July 2013
<table>
<thead>
<tr>
<th>Recommendation/Conclusion</th>
<th>Officer or Partner Comment</th>
</tr>
</thead>
</table>
| **1** Greater partnership working between care home providers and consumer representative groups, specifically Healthwatch to improve care home customer service standards (Dignity in Care).  
Inclusive of this is greater facilitation/accommodation by care home providers of periodic inspections of care homes by Healthwatch. |                                                                                           |
| **2** Designation and identification of “Dignity in Care Champions” to promote and encourage best practice in care home customer service. |                                                                                           |
| **3** The Council encourage Healthwatch to create a “Good Practice Guide” for care service in Ealing developed from and marketed through a series of workshops involving a range of stakeholders including the Care Quality Commission (CQC). | This has to be considered in terms of how it fits with the Council’s contractual arrangement with Healthwatch  
It has to be considered as to whether Healthwatch would be willing or able to create this Guide without varied or additional funding from the Council |
<p>| <strong>4</strong> Greater Council steer of stakeholders in the care market towards partnership working in quality care service provision. This specifically includes periodic participation of the CQC, Healthwatch in the “Care Providers Forum” |                                                                                           |
| <strong>5</strong> Health &amp; Adult Social Services Standing Scrutiny Panel to include as a part of its annual Work Programme reports from voluntary stakeholder organisations in care service provision e.g. Healthwatch |                                                                                           |
| <strong>6</strong> Ealing Council’s Adult Services to engage with other London Councils so as to ascertain whether the Council’s approach to care home service provision and inspections is best practice. Where necessary to identify and adopt new practices as appropriate |                                                                                           |</p>
<table>
<thead>
<tr>
<th>Recommendation/Conclusion</th>
<th>Officer or Partner Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7</strong> Ealing Council be active in assessing and managing the potential risks of increased demands for social care and cost pressures that might be associated with the Care Bill</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Ealing Council’s Adult Social Services should consider what further support assistance can be offered to care providers with the training and development of their staff. This might include the Council engaging with vocational training institutions on its own or as a part of the West London Alliance, regarding the design and costing of care course packages such as National Vocational Qualification (NVQ).</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Ealing Council should actively encourage more care home workers to achieve an NVQ qualification, and care homes to provide training updates for nursing, care and ancillary staff employed within homes</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> Ealing Council should encourage and lobby for the creation of a clear professional career path within the care market.</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td><strong>11</strong> Ealing Council should encourage payment of the “living wage” rather than the “minimum wage” by care providers</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td><strong>12</strong> Ealing Council continue its membership of the West London Alliance</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td><strong>13</strong> Ealing Council should be better understanding of the commissioning concerns of care providers and explore alleviation of concerns</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td>Recommendation/Conclusion</td>
<td>Officer or Partner Comment</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14 Greater strategic engagement on the part of Ealing Council with the NHS bodies including</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii)</td>
</tr>
<tr>
<td>Ealing's Clinical Commissioning Group and care home providers to enable development and</td>
<td>already assumed in previous recommendations or (iii) go beyond what the Service is</td>
</tr>
<tr>
<td>use of market intelligence; i.e. care demand and supply and future need for different</td>
<td>obliged or resourced to undertake</td>
</tr>
<tr>
<td>forms of care</td>
<td></td>
</tr>
<tr>
<td>15 Ealing Council's Adult Social Services should to the extent possible assist care homes</td>
<td></td>
</tr>
<tr>
<td>to anticipate new demands on service configuration, and support the market to adapt</td>
<td></td>
</tr>
<tr>
<td>accordingly</td>
<td></td>
</tr>
<tr>
<td>16 Ealing should ensure that any service specifications developed in the future, provide</td>
<td></td>
</tr>
<tr>
<td>for robust requirements for homes to demonstrate and deliver high standards of care</td>
<td></td>
</tr>
<tr>
<td>17 Ealing Council should encourage borough schools to work in partnership with care homes</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii)</td>
</tr>
<tr>
<td>in facilitating school visits to homes. However the Council should issue guidelines to</td>
<td>already assumed in previous recommendations or (iii) go beyond what the Service is</td>
</tr>
<tr>
<td>schools that students visiting homes should be properly orientated and supervised</td>
<td>obliged or resourced to undertake</td>
</tr>
<tr>
<td>18 Ealing Council should encourage educational institutions to promote care as a career</td>
<td>Officers Recommend Rejection- Recommendation is either (i) a political decision, (ii)</td>
</tr>
<tr>
<td>among young people</td>
<td>already assumed in previous recommendations or (iii) go beyond what the Service is</td>
</tr>
<tr>
<td></td>
<td>obliged or resourced to undertake</td>
</tr>
<tr>
<td>19 Ealing Council should encourage care home providers to explore varied avenues for</td>
<td></td>
</tr>
<tr>
<td>broad community engagement with care homes.</td>
<td></td>
</tr>
<tr>
<td>20 Ealing Council should explore utilisation of “Spice Time Credits” to encourage</td>
<td>Officers Recommend changed wording to “Ealing Council should be asked to encourage</td>
</tr>
<tr>
<td>community voluntary contribution to care homes through engagement with residents.</td>
<td>community voluntary contributions to care homes activities”</td>
</tr>
<tr>
<td>Recommendation/Conclusion</td>
<td>Officer or Partner Comment</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>21</strong> Ealing Council should require that the Adult Service’s Care Providers Forum be used to a greater extent to share information as to care services and demand trends in Ealing</td>
<td>Officers Recommend Rejection - Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td><strong>22</strong> Ealing Council’s Adult Services should identify additional mediums/forums by which there can be greater engagement with community organisations involved in care e.g. Healthwatch, owing to their knowledge of the care market, care needs, and contribution to the welfare of residents in care</td>
<td>Officers Recommend Rejection - Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td><strong>23</strong> Ealing Council should communicate to the Care Quality Commission a desire that the CQC be more pro-active within the borough and to increase the number of care homes inspected locally so as to ensure greater care home conformity to required care standards.</td>
<td></td>
</tr>
<tr>
<td><strong>24</strong> Ealing Council should organise an annual “Care Fair” where all care market stakeholders; Adults Services, National Health Service, Care Quality Commission, Care Providers and resident and care representative groups can take part by showcasing/marketing their services, and present on and discuss issues pertinent to the care market</td>
<td>Officers Recommend Rejection - Recommendation is either (i) a political decision, (ii) already assumed in previous recommendations or (iii) go beyond what the Service is obliged or resourced to undertake</td>
</tr>
<tr>
<td><strong>25</strong> Ealing Council to recommend that where possible photographic evidence is taken of any injury incurred by a care home resident whenever they are admitted to a hospital and or other health facility for treatment, and by the facility upon admission</td>
<td>Ealing Council has no power to require a medical facility to do this or an individual service user to agree to this practice. The practice could however be promoted via the Adult’s Safeguarding Board/Pan London Adults Protection Procedures</td>
</tr>
<tr>
<td><strong>R26</strong> Ealing Council should encourage care homes to:-</td>
<td>Careful consideration has to be given as to what the Council is able to offer given proposed cuts to library services which could include mobile library service Officers Recommend Rejection - this could be covered by any standards of care which the Service might develop through</td>
</tr>
<tr>
<td>Recommendation/Conclusion</td>
<td>Officer or Partner Comment</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2. place greater emphasis on ambiance within borough care homes. Good practices include</td>
<td>Healthwatch. These standards should be geared to what customers should expect, rather than</td>
</tr>
<tr>
<td>(i) sensory rooms with soft lighting and calming music, rooms with residents’ photographs</td>
<td>reiterate CQC requirements to care homes themselves.</td>
</tr>
<tr>
<td>on the door of each room, and corridors/floors given well known London street names.</td>
<td></td>
</tr>
<tr>
<td>3. learn from the revised edition of the Lighting Guide to Communal Buildings published</td>
<td></td>
</tr>
<tr>
<td>by the Society of Light and Lighting 2013</td>
<td></td>
</tr>
<tr>
<td>4. improve arrangements for offering a variety of physical and social activities to</td>
<td></td>
</tr>
<tr>
<td>residents to promote physical and mental wellbeing</td>
<td></td>
</tr>
<tr>
<td>5. enable access to means of communication reflective of living in a mass communication</td>
<td></td>
</tr>
<tr>
<td>age. Internet, cable/freeview television stations should be made available in care home</td>
<td></td>
</tr>
<tr>
<td>rooms at best, or communal areas at least. This can have the effect of ensuring that</td>
<td></td>
</tr>
<tr>
<td>residents are up to date on community, regional, national and international affairs</td>
<td></td>
</tr>
<tr>
<td>6. library services to residents such as via the utilisation of a mobile library. The</td>
<td></td>
</tr>
<tr>
<td>Council’s Adult Social Services should also engage with the Library Service in making</td>
<td></td>
</tr>
<tr>
<td>library resources available at care homes in the borough.</td>
<td></td>
</tr>
<tr>
<td>7. make available a private phone facility for residents in at best individual rooms, or</td>
<td></td>
</tr>
<tr>
<td>at least in a specifically designated room for this purpose</td>
<td></td>
</tr>
<tr>
<td>8. install physical bannisters throughout the homes where possible so as to help with</td>
<td></td>
</tr>
<tr>
<td>resident mobility within a home, and independent living</td>
<td></td>
</tr>
</tbody>
</table>

Meeting: Health & Adult Social Services Standing Scrutiny Panel 30th April 2014

Service report author: See below

Scrutiny officer: Dwight McKenzie, Scrutiny Review Officer, 0208 825 8227, McKenzieD@ealing.gov.uk

Cabinet Responsibility: Health and Adult Services- Councillor Patricia Walker

Director Responsibility: Helen Harris, Director of Legal and Democratic Services harrish@ealing.gov.uk 020 8825 8159

Brief: The work programme is the way the Panel manage their priorities. It comprises (i) major policy reviews initiated and managed by the Panel and (ii) issues the Panel need to consider as part of its oversight role of health and adult services within the borough. The Panel reviews the Work Programme at every meeting to ensure flexibility to cover new issues as they arise.

Recommendations: 1. To comment and/or agree the draft Final Report (Appendix 1)
2. Make recommendations for next year’s Scrutiny Work Programme (Appendix 2)
1. **Panel Work Programme**
   This report provides an outline of the Panel Work Programme (Appendix 3) for the 2013 - 2014 period and proposals for the 2014 – 2015 Scrutiny Programme.

   We do not know what scrutiny as a whole will cover next year, but Members are asked to suggest topics for the whole Programme.

2. **Legal Implications**
   None arising directly from this report though in the event of recommendations being directed to a decision making body these would be accompanied with full legal implications.

3. **Financial Implications**
   Support to the scrutiny panels is contained within allocated budgets. Value for money will be achieved through early and effective planning of the Panel’s work programme. In the event of recommendations being directed to a decision making body these would be accompanied with full financial implications.

4. **Other Implications**
   None

5. **Background Papers**
   None

---

**Pre-publication sign-off**
<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Date sent</th>
<th>Date response received</th>
<th>Comments appear in report paragraph:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keith Fraser</td>
<td>Head of Scrutiny &amp; Committees</td>
<td>22/04/14</td>
<td>22/04/14</td>
<td></td>
</tr>
<tr>
<td>Cllr. Abdullah Gulaid</td>
<td>Panel Chair</td>
<td>22/04/14</td>
<td>22/04/14</td>
<td></td>
</tr>
<tr>
<td>Cllr. Anita Kapoor</td>
<td>Panel Vice-Chair</td>
<td>22/04/14</td>
<td>22/04/14</td>
<td></td>
</tr>
</tbody>
</table>

**Report History**

<table>
<thead>
<tr>
<th>Decision type:</th>
<th>I.  Urgency item?</th>
<th>Non-key decision</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authorised by Cabinet member:</th>
<th>Date report drafted:</th>
<th>Report deadline:</th>
<th>Date report sent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report no.:</th>
<th>Report author and contact for queries:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dwight McKenzie 020 8825 8227</td>
</tr>
</tbody>
</table>
Totally blank
1. INTRODUCTION

1.1 The 2013/14 year was one wherein the Panel spent a significant amount of time scrutinising programmes of change and issues pertinent to this in the local health service, whilst balancing this with regular scrutiny of the performance of service providers. It has also undertaken a focused review into care homes in the borough. I would like to thank the organisations, residents, and Council officers who contributed to the Panel’s work throughout the year and made this end year report possible. I would also like to commend the Panel’s Members including the Co-optees whose dedication and grasp of health and related issues enabled in-depth and effective scrutiny of issues by the Panel.

1.2 A brief overview of the Panel’s activities in 2013/14 follows below.

1.3 The Panel continued its engagement with the high-profile and controversial “Shaping a Healthier Future” programme (SAHF). SAHF is NHS North West London’s (NWL) proposed programme of reconfiguring health services across an area which comprises 8 boroughs and a combined population of over 1.9m people, about 45,000 people attend Ealing’s A&E each year. SAHF concentrate A&E services at St. Mary’s in Paddington, Chelsea and Westminster, West Middlesex, Hillingdon and Northwick Park hospitals. If implemented, there will be significant changes to services offered by hospitals in NW London, including Ealing Hospital. Urgent care centres will replace the A&E in Ealing, Charing Cross, Hammersmith and Central Middlesex hospitals. As regards SAHF the Panel was dissappointed in Ealing Council’s unsuccessful challenge to SAHF proposals by way of a Judicial Review in October 2013.
We hosted the Joint Health Overview Scrutiny Committee (JHOSC) meeting on 20th February 2014 which was attended by Councillors from seven boroughs and with a packed public gallery.

At this meeting, Agenda items discussed were (i) Shaping a Healthier Future Enablers, (ii) Whole System Integrated Care, (iii) Primary Care Transformation, (iv) Acute Reconfiguration, (v) Local Hospital Update, (vi) Communications & Engagement.

The Ealing Clinical Commissioning Group (CCG) outlined its vision that Ealing Hospital becomes recognised as a “centre of excellence for diabetes” as part of SAHF.

Main points resolved at this meeting:-

1. Terms of Reference adopted
2. JHOSC’s continuation until March 2018 to match the planned implementation timeframe for SAHF

1.5 The meeting, on 4th June, saw the Panel spending most of the time focusing on the “Shifting Settings of Care” proposals with a number of representatives from Ealing’s Clinical Commissioning Group (CCG). There was a long and detailed discussion which the Panel found extremely helpful. This discussion allowed the Panel to play a useful role at the early stage of a service’s development. It is hoped that this continues on some of the other proposals in the pipeline.

**RECOMMENDATION:-**

- That the Ealing Clinical Commissioning Group provides a further update to the Panel at an appropriate time.

1.6 At its meeting of 25th July, the Panel received an update on the progress of plans for the merger between Ealing Hospital NHS Trust (EHT) and North West London NHS Hospitals Trust (NWLHT). Simon Crawford (Responsible Officer for the Merger) presented the update, and outlined significant milestones in the merger, summary of changes resulting from 2013 NHS Reforms, governance arrangements for stakeholder engagement, and steps for future joint working. So far these Trusts have spent around £11.3 million, of a projected merger implementation and transformation cost of £26.4m.

**RECOMMENDATION:-**

- That the Panel formally review the revised business case for merger at the appropriate point.

1.7 At the meeting on 24th September, the Panel spent considerable time reviewing the West London Mental Health (WLMHT) Trust’s efforts at securing foundation trust status. Steve Shrubb (Chief Executive- WLMHT) made a presentation which provided justifications and described plans for achieving foundation trust status. The Panel was fortunate to have also received presentations from Doug Larner (Executive Director- Mind in Ealing) and a
written submission from Loud & Clear Mental Health Advocacy, which were broadly in support of the WLMHT efforts.

1.8 The meeting also discussed, at length, the performance of local acute hospitals. William Lynn (Deputy Chief Executive- Ealing Hospital NHS Trust), Professor Janice Sigsworth (Director- Imperial College NHS Trust) and Kathryn Hughes (Acting Head of Performance-Imperial College NHS Trust) made presentations. The Panel found the discussions informative as they provided valuable insight into current experiences, and future plans of these organisations.

1.9 The Panel further received an update from Ram Sooriah (Acting Compliance Manager- Care Quality Commission) into the CQC’s “Raising Standards, putting people first 2013 - 2016” which provided an overview of the CQC’s national strategy for the period. The presentation was well received and the Panel extended an invitation to the CQC to return at a later date to present on localised issues.

**RECOMMENDATION**

- Information be provided to the Scrutiny Review Officer by the Acting Compliance Manager of the CQC detailing the procedures for non-compliant locations

- Information be provided to the Scrutiny Review Officer by the Acting Compliance Manager of the CQC providing further information about Ealing care homes

1.10 At this meeting the Panel also considered two urgent Agenda Items. The first was on Urology Services, and the second was on Dermatology services London Hospital’s NHS Trust to discuss the known decommissioning of cancer services. Tania von Hospenthal (Chair), Dr Sheru George and Dr Farhana Ravat of the British Association of Dermatologists (BAD) presented to the Panel a brief submission regarding the impact of potential changes being considered by the CCG in Dermatology services in the borough. Following discussion, the Panel felt that a joint meeting between the BAD and CCG and facilitated by the Chair and Vice Chair of the Panel would be helpful in identifying and discussing these concerns.

**RECOMMENDATION**

- a meeting be arranged to take place between the Chair and Vice-Chair of the Ealing Borough Council Health and Adult Social Services Scrutiny Panel, representatives of the British Association of Dermatologists and representatives of the Ealing Clinical Commissioning Group

- following the meeting, the Ealing Borough Council Health and Adult Social Services Scrutiny Panel Members be informed of the outcome, including whether it be considered that the item should be deliberated at a meeting of the Health and Adult Social Services Scrutiny Panel

In light of the Panel’s recommendation, a meeting was subsequently held on 22nd November between representatives from BAD, CCG and the Chair and
Vice Chair of the Scrutiny Panel. The Chair informed the Panel of the outcome of this meeting at the Panel’s meeting of 5th December:-

**OUTCOME**

- BAD would provide a Dermatologist for the CCG Teledermatology & Teledermoscopy Steering Group. The Steering Group would particularly look at the specification details for these services.

- BAD would provide activity data for CCG to review, regarding BAD’s views on the impact on all North West London providers using the specification as provided.

- The Teledermatology and Teledermoscopy Services Steering Group would look at data around patients with different skin types, especially dark skin pigmentation, and the safety of Teledermatology in these groups.

1.11 At the 5th November the Panel also received a presentation from the CCG on its Commissioning Intentions for 2014/15. In the presentation, the Panel was made aware of :-

- Key Aims of the Commissioning Strategy currently guiding the CCG
- work undertaken by the CCG during 2012-2013 year and being undertaken for the 2013-2014 period
- CCG plans for the 2013-2014 period and 2014-2015 year
- CCG’s performance in delivering targets against its Commissioning plan

Dr. Mohini Parmar (Chair-CCG) informed of commissioning intentions which had been formulated within the Ealing Health & Wellbeing Strategy 2012-2016. She also stressed that the CCG was fully engaging with the North West London Integrated Care Programme (ICP) which had been an important platform where GPs, social services, community nursing teams, mental health specialists, and hospital consultants met to discuss issues so as to improve care and outcome for individuals. It was also pointed out that the ICP would be used by the CCG to develop an ambitious approach to health and social care integration across. The Panel was also advised as to a number of strategies currently being developed by the CCG including a “patient experience strategy” which would be used to inform decisions for commission care decisions, a “primary care strategy” which would recognise the variety of primary care available in Ealing. This latter strategy would also reflect a rethink of the mechanism to implementing “out of hospital strategy” and Quality Innovation Productivity and Prevention Plans. The Panel was also updated by Dr. Parmar that GP out of hours service was currently being re-tendered. Further made clear to the Panel was that the CCG’s five areas of commissioning focus for 2014-2015 are (1) Orthopaedics, (2) Diabetes, (3) Dermatology, (4) Gynaecology and (5) Cardiology, and that in commissioning actions, the CCG was being guided by the following strategic principles:-

- Shaping a Healthier Future
- Whole Systems Integration
- 7 Day Working
Keeping Patients Well and Out of Hospital
Strategically Transporting How we Deliver Care
Cost Effective, Evidence based and Timely Care

1.12 Shaping a Healthier Future (SaHF) was another issue discussed by the Panel and involved Dr. Mohini Parmar, Rob Larkman (Chief Officer, CCG) and Dr. Mark Spencer (Associate Medical Director, NHS England and SAHF Clinical Lead). giving the Panel an update on “Shaping a Healthier Future, and specifically highlighted elements of the 5 years plan up to 2018”, Dr. Spencer updated the Panel on what the health landscape in Ealing was likely to be in light of Jeremy Hunt’s (Secretary of State - Health) decision regarding A&E services and advised that a full report regarding the matter would only be available in the summer of 2014. The Panel in its discussion raised a number of issues requiring clarity including how many blue light ambulances currently went to Ealing hospital. A particular Panel concern expressed was that SAHF’s “Decision Main Business Case” had shown a significant shortfall of 103, 105 in its calculation of patient numbers across the five North West London hospitals. Dr. Spencer committed to review and feedback on these issues at a later date. Further Panel concerns raised related to the poor performance of the A&E service at Northwick Park hospital. David McVittie (Chief Executive, North West London Hospitals Trust) was on hand at the meeting to re-assure that systems were being put in place at Northwick Park to address performance failings. He also updated that it was hoped that the merger between Ealing Hospital and North West London Hospitals Trust would be approved in spring 2014.

RECOMMENDATION
- Current statistics on “blue light” ambulance visits to Ealing Hospital be fed back to the Panel by the Ealing Clinical Commissioning Group (CCG)
- Concerns raised regarding the possible disparity of patient numbers in the Shaping Healthier Future Decision Making Business Case be investigated and reported back on by the Ealing Clinical Commissioning Group
- Rough revised costing reflecting the outcomes of the hospitals announcement by the Secretary of State be provided by the Panel

1.13 The Panel’s meeting, on 5th December had a packed agenda including a wide ranging discussion on West London Mental Health Trust (WLMHT), Dementia Strategy and Dementia Services Re-Design, an update on Urology Services, Imperial College Healthcare’s application for Foundation Trust Status.

1.14 The meeting started with the West London Mental Health Trusts (WLMHT) efforts at transforming mental health services in the area. A high level WLMHT team led by Leeanne McGee (Executive Director, Local Services & High Secure Services), Helen Mangan (Deputy Director, Local Services/Head of Partnerships), and Dr Michael Phelan (Clinical Director, Local Services) presented to the Panel. The presentation focused on associated key projects including (1) Shifting Settings of Care, (2) Urgent Care and Assessment, (3) Long Term condition co-morbidity, (4) Child & Adolescent Mental Health Services, (5) Cognitive Impairment and Dementia, (6) Liaison Psychiatry
Services, (7) Whole System Integration Pilot. The presentation provided insight into WLMHT’s activities in transforming mental health service provision within a wider strategic context, considering social challenges, system challenges and financial challenges. The Panel were then advised on plans to reduce inpatient beds. There was planned closure in 2013/2014 of a total of 17 beds. Nine of these would be in Ealing, with the ‘Starlight’ ward due to be closed in January 2014.

Members considered the WLMHTs targeted savings of £40 million over the next 21/2 years across North West London and how it was to be achieved. While noting the presentation, the Panel made clear its concern as to whether money was being efficiently spent by the Trust such as in the refurbishment of temporarily facilities. This discussion informed the below Panel recommendations

RECOMMENDATION

- the WLMHT’s actions in transforming mental health service provision be endorsed

- following completion of the repatriation mapping exercise, information be fed back to the Panel.

1.15 The next major discussion focused on Dementia Strategy & Dementia Services Re-design in Ealing. Leanda Richardson (presented on this item. However the Panel also had presentations from Dr. Sujoy Mukherjee (Consultant Psychiatrist & Lead Clinician, Cognitive Impairment & Dementia, WLMHT) and Karen Robinson (Chief Executive, Age UK Ealing). Ms. Richardson informed the Panel of the Dementia Programme Board’s decision to prioritise the following projects (1) Improving diagnosis rates for people with dementia,(2) Preventing crises and hospital admissions by improving support for people with dementia in the community, (3) Improving care for people with dementia in hospital, (4) Improvising residential and nursing home care for people with dementia, (5) Developing a dementia friendly community. One particular area of concern highlighted by the Panel was that progress against targets was not satisfactorily outlined. The Panel took the view that in going forward there was scope for better engagement of Age UK regarding changes in this regard by the Ealing Council/Ealing CCG team. Following discussion and presentations, the following recommendations were made by the Panel:-

RECOMMENDATION

- the Panel be provided with timescales on upcoming priorities when available

- the Panel request that AGE UK be invited to form a working dialogue with the Programme Board

- the Panel be provided with a list of the stakeholders involved in the Programme Board

- a report be brought back before the Panel in six to nine months advising of progress made on priorities.
1.16 As a part of the Panel’s “Review of Care Homes in Ealing”, during the period October to November, visits were made to a number of care homes by Panel Members, Council Officers, and representatives from Ealing Healthwatch and Age UK Ealing. Care homes visited included Chestnut Lodge, Downhurst, Grange Care Centre, Kolbe House, Manor Court, St. David’s Home, Visitation of Our Lady, and Acton Care Centre so as to determine and assess the customer experience in care.

1.17 The Panel also considered an update of Urology cancer service provision in the borough since decommissioning, for which a presentation was made by Dr. William Lynn (Deputy CEO, Ealing Hospital). Dr. Lynn talked about meetings being held between Ealing Hospital Trust and Northwest London Hospital Trust aimed at agreeing (1) specific details of new patient pathways, (2) call rotas for consultant and non-consultant staff, and (3) working through the HR/financial details of a Service Level Agreement (SLA). Dr. Lynn also explained the impact of these changes on patient flows; i.e. non urgent referrals patients with suspected cancer, patients requiring elective urological treatment for benign conditions and emergency urology. Next steps in Urology service provision at Ealing hospital was also explained including finalising of the SLA. A commitment was made by Dr. Lynn and accepted by the Panel that it be updated every 3-4 months once the new joint service has started (expectedly in January 2014 at the earliest).

RECOMMENDATION

- a further report be brought to a future meeting once the service is implemented; and
- information on transfers and referrals across the sites, outpatient attendances and operative procedure information be fed back to the Panel

1.18 As a written report the Panel also considered and endorsed Imperial College Healthcare NHS Trust’s Foundation Trust Application.

1.19 The Panel meeting of 23rd January 2014, included a wide ranging discussion on Cardiology service provision in the borough, the pending merger of Ealing Hospital and North West London Hospital, 18 week Referral to Treatment Target, SaHF update, and the Panel’s continued review of care homes in Ealing.

1.20 Kathryn Magson (Chief Operating Officer- CCG), together with Alex Frogoyannis (Clinical Lead for Cardiology- CCG) presented a report detailing how CCG had been looking to improve the quality of cardiology outpatient services for Ealing residents, improving clinical outcomes and delivering sustainable services for the future. The Panel in its discussion of this item raised a number of points requiring clarity including as relates (i) although commending of the principles, the costs of increasing the number of locations (hubs) within the borough where patients can be seen by a cardiologist, (ii) the timeline for implementation of “one stop shops” and their location and accessibility, (iii) whether hubs were to be used for other services once established, (iv) whether an equality impact assessment had been conducted, (v) Hub impact on diabetic centers.
current the open in the borough. The many and varied issues identified by the Panel gave rise to the following recommendation:-

**RECOMMENDATION**

- an update report detailing progress made on the hubs be brought to the Panel in due course.

1.21 Simon Crawford (Senior Responsible Officer for the Merger Programme), and William Lynn (Deputy Chief Executive- Ealing Hospital) presented a report updating the Panel on the development of a revised business case for the merger of Ealing Hospital NHS Trust (EHT) and the North West London Hospitals NHS Trust (NWLHT) to be initiated in early 2014-2015. The Panel was informed that the new business case for the merger had been agreed by both Trusts’ Boards in November 2013 and subsequently submitted to the TDA for their approval by March 2014. The hope was expressed to the Panel that a formal go-ahead would be given by the Secretary of State for Health in May or June 2014 and that the merger would take place in July 2014. In reviewing the Report and presentation the Panel discussed whether (i) contingency plan had been developed by the Trusts in the event the merger not taking place,, (ii) the costs incurred for the merger to date and where money had to date been expended. Concern was expressed by the Panel as to a total cost of £11.3 million having to date been spent in preparing for the merger, with no Service having as yet been actually merged. Within the wider context of the merger, the Panel expressed concern as to the number of borough residents who would be affected if Urology Service was no longer to be available at Ealing hospital, and asked for further clarification on patients that would be affected by proposed changes.

**RECOMMENDATION**

- a breakdown of figures relating to the money spent to date on the merger process be provided to the Panel

- current workload data in relation to Urology Services be provided to the Panel

1.22 Chris Pocklington, Chief Operating Officer- North West London Hospital Trust and Ealing Hospital presented a report which provided an update for the Panel on the challenges faced by the North West London Hospitals Trust (NWLHT) in relation to the “18 week Referral to Treatment Target” (RTT) and the data quality issues found within the organisation. In its discussion the Panel was alarmed and disappointed that in February 2013, routine validation of inpatient waiting lists, revealed that approximately 60% of patients on the list did not have an open 18 week pathway. This implication of this revelation was that within the hospital, the entire length of a patient’s wait, from the original referral from the GP onwards was not being correctly counted by the hospital.

In its deliberation of the matter the Panel focused on accountability for this failing within the hospital, how credibility could be guaranteed by the hospital in going forward, numbers and types of patients who had been affected, whether any patients had been seriously adversely affected by the failure, and the cost incurred by the hospitals as a result of errors. So as to assure itself that the
hospitals failure had been addressed effectively, the Panel decided on the following recommendations:-

- figures on patients from Ealing affected be provided to the Panel
- a report be brought back to the Panel in due course highlighting progress

1.23 The Panel received a report on the latest Shaping a Healthier Future (SAHF) and Out of Hospital Strategy (OoHS) developments, presented by Kathryn Magson (Chief Operating Officer- CCG) and Andrew Pike (Head of Communications-CCG). Main points of highlight were :-

- CCG’s continued support to providers including Ealing Hospital in the development of the Outline Business Cases
- CCG’s working with a range of stakeholders to co-design the most appropriate range of services at Ealing Hospital
- Continuing implementation work given the need to transition A&E services at hospitals
- Continued work on the development and implementation of OoHS’s which would see an additional £190m spent every year in North West London on services in the community by 2017/2018
- Workforce transformation: transition principles, future roles and detailed understanding of the required workforce shift
- Clinical management: transition timelines and clinical risk management

A summary update was also provided on OoHS related developments including the continued establishment of GP networks, investing in new care pathways and clinics for diabetes, the commissioning of a new accessible care service for nursing home residents, the investment of £1.2m in additional winter services and the initiation of the Intermediate Care Ealing (ICE) service. Consequently The Panel resolved the following:-

**RECOMMENDATION**

- information detailing how much of the £190m additional spend would be available to Ealing be provided to the Panel.

1.24 On 6th March, Panel discussions focused on Brent, Ealing & Harrow Community Services, Maternity Services, Adult Safeguarding and Shifting Settings of Care.

1.25 Jo Paul (Community Services Director- Ealing Hospital) and Paul Stanton (Director of Human Resources- Ealing Hospital), presented an annual update to the Panel which assessed progress made by the Integrated Care Organisation (ICO) against the priorities identified in the 2012/2013 Quality Account, and current performance against a number of specific measures. The Panel was advised of the key areas for Community Services; i.e. Improving patient satisfaction and engagement, continued development of the urgent care pathway, Promoting harm free care, Safeguarding of vulnerable adults and children, Supporting ‘Out of Hospital’ strategy for patients with long term conditions. The Panel commended areas of the Service’s community work.
However the Panel was keen to understand whether more detailed monthly recording measures were kept by the Service, than those provided in the report.

**RECOMMENDATION**
- Copies of the full sets of monthly and ‘year to date’ indicators be provided to the Panel.

1.26 The Panel received a report from Dr. Mark Spencer (Medical Director- NHS North West London), Dr. Mohini Parmar (Chair- CCG) and William Lynn (Deputy Chief Executive- Ealing Hospital) on the future of maternity service provision at Ealing Hospital. On this particular Agenda item, members of the public were allowed by the Panel to participate in the discussion. To the Panel it was confirmed that this service would be discontinued at the hospital, but that this would be in a few years rather than months. The Panel raised a concern that current Maternity services staff would be affected as staff would transfer to other units in light of the pending Maternity service closure at the hospital. At this meeting concerns expressed by the public included training afforded to GPs, ease of access of alternate locations for maternity service.

**RECOMMENDATION**
- it be requested that any future developments on maternity services at Ealing Hospital be brought before the Panel.

1.27 Also at the March meeting, Stephen Day, the Director of Adult Services, provided the Panel with the Safeguarding Adults Annual Report. Highlighted key issues included a focus on the Dignity in Care agenda to improve the care of vulnerable adults in nursing homes and hospital settings. Also Made clear to the Panel were priorities for the 2013/14 financial year including (i) focus on early intervention, (ii) using data returns to identify apparent underreporting of safeguarding incidents, (iii) partnership working to maximise awareness of abuse and ensure any potential barriers in reporting abuse were addressed, (iv) review of quality assurance processes to ensure relevance and effectiveness, (v) continued training of practitioners to improve practice, (v) further work to ensure adults at risk and any family members were involved in decision making about their situation, (vi) ensuring recommendations of the Care Bill were implemented. In its discussion, the Panel made it clear that it would be helpful if changing trends by ward could be highlighted. It also expressed concern about the reporting of suspected mistreatment issues in Care Homes, an why given that 83 allegations made against ICO staff, 58 had related to pressure ulcers, why, given their prevalence they weren’t given their own category.

**RECOMMENDATION**
- the map be reintroduced to future reports
- trends by ward be included on future reports
- further information on alerts reported in Hobbayne and Elthorne Wards be reported back to their respective Ward Councillors
• the possibility of pressure ulcers having their own reporting category be considered

• the Adult Safeguarding Team be asked to bring a further report in light of the implementation of the Care Bill

1.28 At this meeting the Panel also received a follow up “Shifting Settings of Care”. Leanda Richardson (Head of Integrated Commissioning, CCG) Dr. Serena Foo (CCG GP- Lead for Mental Health), (Kathryn Magson- Chief Operating Officer, CCG) and Dr. Mohini Parmar (Chair-CCG) updated Panel Members on the ECCG plans for developing mental health services and the transfer of patients to primary care management. Following this discussion, the Panel decided the following:-

RECOMMENDATION
• Panel Members be asked to feedback with any further recommendations they may have for the second year of the Shifting Settings of Care programme

• ECCG be asked to provide more information about how to access services across GP networks when they are up and running

1.29 The Panel’s final meeting, on 30th April, will look at Public Health / Health & Wellbeing Board, consider the final Care Homes Review report and the Panel’s End Year Report. They will also draw up a provisional programme for the following year.

2. THE PANEL’S WORK PROGRAMME
2.1. To comply with its Work Programme the Panel:-

• Met 8 times through the year
• Examined 18 separate substantive agenda items
• Questioned representatives from outside organisations and Council Officers
• Undertook evidence gathering activities for the Review of Care Homes
• Made recommendations and undertook dialogue with Council Services, Clinical Commissioning Group, Hospital Trusts

2.2 Reviews

The Panel’s review of Care Homes in Ealing was mindful of the Council’s responsibility in “Securing Public Services” and a Council priority to protect and develop health services to meet the borough’s needs. In this context the Panel decided that a review of care homes in the borough was both pertinent and timely in light of the fact that there had been no such review by the Council in the recent period.

The review’s primary focus was on providing an overall understanding of care homes in the borough through overview of prior reports submitted to the Panel as a part of the review; i.e.
- Overview of care in England, and insight into the Government’s agenda as relates to care provision- 4th September 2013
- Overview of commissioning process- 5th November 2013
- Insight into the customer experience in care- 23rd January 2014
- Insight into the provider experience in providing care- 23rd January 2014

The Review’s final Report to be published on the 22nd April will outline any identified good practice in care home service provision, but also areas wherein there is scope for improvement. Recommendations are put forward based on the Panel’s review and discussion of care home service provision in the borough.

2.3 Scrutinising Change

1. **Shifting Settings of Care**- June 2013 and March 2014 meetings
2. **Shaping a Healthier Future**- June 2013, July 2013, September 2013, November 2013, January 2014, and March 2014 meeting
3. **Full Business Case for the merger between EHT and NWLHT**- July 2013 and January 2014 meeting
4. **Mental Health Trust Foundation Status**- September 2013 meeting
5. **Imperial College Hospital NHS Trust Foundation Status**- December 2013 meeting
6. **Urology**- December 2013 meeting
7. **Dementia Strategy & Dementia Services Re-design**- December 2013 meeting
8. **Maternity Services**- March 2014 meeting

2.4 Accountability and Oversight

1. **Major Review: Care Homes**- July 2013, September 2013, November 2013, January 2014, March 2014 and April 2014 meeting
2. **Local Acute Hospital Trust Performance**- September 2013 meeting
3. **Care Quality Commission**- September 2013 meeting
4. **Commissioning Intentions 2013/14**- November 2013 meeting
5. **West London Mental Health Trust**- December 2013 meeting
6. **Cardiology**- January 2014 meeting
7. Brent, Ealing and Harrow Community Services- March 2014 meeting
8. Adult Safeguarding- March 2014 meeting
9. Scrutiny Of Health & Well Being Board- April 2014 meeting
10. 18 Week Referral to Treatment Target- January 2014 meeting

.3: KEY OUTCOMES AND LEARNING POINTS

Outcomes

1. Recommendations arising from the review of care homes – it is hoped this will feed into the Council’s, Care Quality Commission’s, NHS Bodies, and other stakeholder’s work in this area

2. Participation in the JHOSC considering Shaping a Healthier future

3. Scrutiny and support of the dementia services programme

4. Reinforced public accountability for local Hospital Trusts and community services by raising performance concerns

5. Constructive debate with West London Mental Health Service about its change programmes

6. Positive relationship maintained with Ealing Commissioning Consortium, and input into commissioning intentions

7. Positive relationship maintained with other local authorities especially within North West London

8. Provided public re-assurance that Adult Social Care complaints and concerns are dealt with, and comparative data on performance with other boroughs

9. Provided public re-assurance for Adult Safeguarding function.

10. Constructive debate with Clinical Commissioning Group and Hospitals Trusts about their change programmes

11. Positive relationship maintained with Ward Forums, resident representative groups such as Age UK, and consumer champions such as Healthwatch allowing their input into the Panel’s Scrutiny work

12. Provided public re-assurance that health concerns and issues are reviewed and addressed
13. Provided public re-assurance for scrutiny oversight function

Learning Points

1. Value of devoting adequate meeting time to issues - on average each meeting had three substantive items for discussion which ensured a thorough and effective review of subject matters at each meeting.

2. More than three substantive items per meeting has the potential to undermine effective scrutiny of items.

3. Value of being adaptive and responsive to change - the Panel added Maternity, 18 Week Referral to Treatment Target, Care Quality Commission, Urology, Imperial College NHS Trust Foundation Status, to the Work Programme so as to respond to developments within the wider community.

4. It is possible to combine positive relationships with officers and external bodies and carry out ‘critical friend’ scrutiny function - maintaining that balance.

5. Steep learning curve/knowledge base for health and adult social service issues
4: **ATTENDANCE**
The Panel met eight times in the year *(April to be added)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Attended</th>
<th>Apologised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justin Anderson</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Nigel Bakhai</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Theresa Byrne</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Daniel Crawford</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Abdullah Gulaid</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Eileen Harris</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Ara Iskanderian</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Swarn Kang</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Anita Kapoor</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Ed Rennie</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Gregory Stafford</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Chris Summers</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Lauren Wall</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-optees</th>
<th>Attended</th>
<th>Apologised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Cook</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>D.S. Bhasin</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Invited witnesses
The Panel invited the following representatives of other organisations to attend their meetings. The Panel are very grateful for their help.

<table>
<thead>
<tr>
<th>Internal Attendees</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordon Crighton</td>
<td>Operations Manager, Adults’ Services</td>
</tr>
<tr>
<td>Pauline D’cunha</td>
<td>Older People Services Manager</td>
</tr>
<tr>
<td>Stephen Day</td>
<td>Director of Adult Social Services</td>
</tr>
<tr>
<td>Lorna Fleming</td>
<td>Integrated Commissioner</td>
</tr>
<tr>
<td>Keith Fraser</td>
<td>Head of Scrutiny and Committees</td>
</tr>
<tr>
<td>Dr William Maimaris</td>
<td>Public Health</td>
</tr>
<tr>
<td>Alan Mountain</td>
<td>Service Manager, Safeguarding Adults</td>
</tr>
<tr>
<td>Leanda Richardson</td>
<td>Head of Integrated Commissioning (Adults)</td>
</tr>
<tr>
<td>Jacky Yates</td>
<td>Head of Major Projects with Lead Responsibility to SP Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>External Attendees</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Beckett</td>
<td>Executive Director, Dementia Concern</td>
</tr>
<tr>
<td>Barbara Byrne</td>
<td>Director of Finance &amp; Deputy Chief Executive, West London Mental Health NHS Trust</td>
</tr>
<tr>
<td>Dr Raj Chandok</td>
<td>Vice Chair, Ealing Clinical Commissioning Group</td>
</tr>
<tr>
<td>Simon Crawford</td>
<td>Ealing Hospital Trust, Responsible Officer for the Stronger Together Merger</td>
</tr>
<tr>
<td>Dr Serena Foo</td>
<td>Ealing Clinical Commissioning Group GP Lead for Mental Health</td>
</tr>
<tr>
<td>Alex Frogoyannis</td>
<td>GP and Clinical Lead, Cardiology, Ealing CCG</td>
</tr>
<tr>
<td>Dr Sheru George</td>
<td>Dermatology Consultant, British Association of Dermatologists</td>
</tr>
<tr>
<td>Kathryn Hughes</td>
<td>Acting Head of Performance, Imperial College Healthcare NHS Trust</td>
</tr>
<tr>
<td>Rob Larkman</td>
<td>Chief Officer, Ealing Clinical Commissioning Group</td>
</tr>
<tr>
<td>Doug Larner</td>
<td>Executive Director, MIND (Ealing and Hounslow)</td>
</tr>
<tr>
<td>Suzanne Lyn-Cook</td>
<td>Director, Healthwatch Ealing</td>
</tr>
<tr>
<td>William Lynn</td>
<td>Deputy Chief Executive, Ealing Hospital</td>
</tr>
<tr>
<td>Kathryn Magson</td>
<td>Chief Operating Officer, Ealing CCG</td>
</tr>
<tr>
<td>Leanne McGee</td>
<td>Executive Director of High Secure Services, West London Mental Health Trust</td>
</tr>
<tr>
<td>External Attendees</td>
<td>Organisation</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>David McVittie</td>
<td>Chief Executive, North West London Hospitals NHS Trust</td>
</tr>
<tr>
<td>Dr Sujoy Mukherjee</td>
<td>Consultant Psychiatrist and Lead Clinician, Cognitive Impairment &amp; Dementia, West London Mental Health Trust</td>
</tr>
<tr>
<td>Delia O’Rourke</td>
<td>Commissioning and Development Manager, Ealing CCG</td>
</tr>
<tr>
<td>Beryl Pankhurst</td>
<td>Representative, Healthwatch Ealing</td>
</tr>
<tr>
<td>Dr Mohini Parmar</td>
<td>Chair of the Ealing Clinical Commissioning Group</td>
</tr>
<tr>
<td>Jo Paul</td>
<td>Community Services Director, Ealing Hospital</td>
</tr>
<tr>
<td>Dr Michael Phelan</td>
<td>Clinical Director, West London Mental Health Trust</td>
</tr>
<tr>
<td>Andrew Pike</td>
<td>Head of Communications, Ealing CCG</td>
</tr>
<tr>
<td>Chris Pocklington</td>
<td>Chief Operating Officer, North West London Hospital Trust and Ealing Hospital</td>
</tr>
<tr>
<td>Karen Robinson</td>
<td>Joint Chief Executive, AGE UK Ealing</td>
</tr>
<tr>
<td>Steve Shrubb</td>
<td>Chief Executive, West London Mental Health NHS Trust</td>
</tr>
<tr>
<td>Professor Janice Sigsworth</td>
<td>Director of Nursing, Imperial College Healthcare NHS Trust</td>
</tr>
<tr>
<td>Ram Sooriah</td>
<td>Acting Compliance Manager, Care Quality Commission</td>
</tr>
<tr>
<td>Dr Mark Spencer</td>
<td>Ealing Clinical Commissioning Group</td>
</tr>
<tr>
<td>David Stacey</td>
<td>Director of Business and Strategy, West London Mental Health NHS Trust</td>
</tr>
<tr>
<td>Paul Stanton</td>
<td>Director of Human Resources, Ealing Hospital</td>
</tr>
<tr>
<td>Tania von Hospenthal</td>
<td>Clinical Services Manager, British Association of Dermatologists</td>
</tr>
</tbody>
</table>
# APPENDIX 2

## HEALTH AND ADULT SOCIAL SERVICES: SCRUTINY WORK PROGRAMME

### POSSIBLE OUTLINE TIMETABLE 2014/15

<table>
<thead>
<tr>
<th>Date</th>
<th>Agenda Items</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. June 2014</td>
<td>Terms of Reference 2014/15 and Co-option arrangements</td>
<td>Identify priority issues, including confirmation of topic for major review</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td>In July 2014</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review: Slot 1</td>
<td>Initial scoping: key issues and evidence</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td>Confirm outline timetable</td>
</tr>
<tr>
<td>3. September</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review Slot: Slot 2</td>
<td>1st evidence session</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td>Confirm revised timetable</td>
</tr>
<tr>
<td>November 2014</td>
<td>Commissioning Intentions 2014/15</td>
<td>To present local commissioning intentions for the following year</td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review: Slot 3</td>
<td>2nd evidence session</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td>Confirm revised timetable</td>
</tr>
<tr>
<td>December 2014</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review: Slot 4</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Agenda Items</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Panel Work Programme</strong></td>
<td><strong>Confirm revised timetable</strong></td>
</tr>
<tr>
<td><strong>2014-2015</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. January 2015</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review: Slot 5</td>
<td>3\textsuperscript{rd} evidence session</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td><strong>Confirm revised timetable</strong></td>
</tr>
<tr>
<td>7. February 2015</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review- Slot 6</td>
<td>4\textsuperscript{th} evidence session</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td><strong>Confirm revised timetable</strong></td>
</tr>
<tr>
<td>8. March 2015</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthwatch Annual Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Safeguarding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review: Slot 7</td>
<td>Draft Conclusions and Recommendations</td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td><strong>Confirm revised timetable</strong></td>
</tr>
<tr>
<td>9. April 2015</td>
<td>Scrutiny Review of Health &amp; wellbeing Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Review: Final Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panel final review and report to Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panel Work Programme</td>
<td></td>
</tr>
</tbody>
</table>
Overarching Concerns

1. Lack of detailed financial data made available to the Panel regarding the merger of Ealing Hospital Trust and North West London Hospital Trust.
   - As a matter of urgency, this information must be provided to the appropriate Panel by the Trusts during the 2014/2015 Work Programme

2. Frequent slippage in the merger of the Ealing Hospital Trusts and North West London Hospital Trusts

3. Lack of cognitive therapy for patients in the borough

4. Greater information needed regarding the Clinical Commissioning Group’s (CCG) Out of Hospital Strategy (OoHS).
   - Information regarding (i) specification and timetable of service transfer from acute care to primary care, (ii) costing for the transfer of services within the overall strategy, should be provided in future to the appropriate Panel

5. Adequate strategic transport planning has not been built into the OoHS.
   - No change to Hospital services should be done until data such as patient journey data is obtained and utilised in planning
   - Additional information and associated spend on the OoHS should be provided by the CCG in future to the appropriate Panel

6. Maternity services will in future not be provided at Ealing hospital

Overarching Recommendations

1. Care Quality Commission should have a best practice model for care homes, which care providers should strive for so as to raise individual standards

2. Ealing hospital be a “centre of excellence” for diabetes and cardiology services as per Shaping a Healthier Future reconfiguration plans

3. West London Mental Health Trust provide greater detail and clarity in respect of how a targeted £ 40 million in savings is to be achieved over the next 2 ½ years. This information should be provided in future to the appropriate Panel.
4. Ealing Hospital Trust provides (i) clear identification as to what services will be shared across the boroughs of Brent, Ealing and Harrow and (ii) clarity as to how services are to be differentiated. This information should be provided in future to the appropriate Panel.

5. Adult Services makes it a priority that all Councillors are provided a copy of a “safeguarding pack” including contact information for relevant organisations.

6. Age UK be allowed to have a representative on the Health Scrutiny Panel as a Co-optee.
Appendix 2 - Initial Suggestions for Possible Panel Themes (or Topics)

<table>
<thead>
<tr>
<th>NO</th>
<th>Theme / Topic</th>
<th>Initial Questions for Considering</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1  | Residential Care Service provision | Is residential care service adequate to demand?  
Is the Council’s Adult Service/NHS bodies effective in ensuring quality residential care service?                                                                                                                                                                    |  
- BBC investigative report “Councils in England ‘pay too little for home care” (4/12/14) potentially impacting quality care.  
- BBC article “Disgraceful, short care visits on rise, says charity” (07/10/13) reveals that  
- Care Bill will require Councils to focus on an individual’s wellbeing when they’re organising care on their behalf, and so very short visits for personal care would not meet this standard,”  
- Follow on review of care service provision in the borough |
| 2  | Care Quality Commission Update | How does the CQC operate in the borough?  
How do recent CQC strategic and organisational changes impact the borough?                                                                                                                                                                      |  
- CQC has been undergoing major strategic and organisation change including appointment of Chief Inspectors for hospitals, social care and support, and consider appointing a Chief Inspector for primary and integrated care.  
- Based around Health Scrutiny Panel 2013-14 Recommendation |
<table>
<thead>
<tr>
<th>NO</th>
<th>Theme / Topic</th>
<th>Initial Questions for Considering</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Better Care Fund</td>
<td>What is outlined in Ealing’s Better Care Funding (BCF) plan?</td>
<td>• £3.8 billion BCF (formerly Integration Transformation Fund) was announced by the Government in the June 2013 Spending Round, to transform integrated health and social care. NHS will make available a further £200 million in 2014/15 to accelerate this transformation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What’s are the identified health and wellbeing outcomes to be achieved with the BCF?</td>
<td>• Ealing submitted its BCF plan to the Secretary of State-Health by April 30th 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What is the justification for particular outcomes and measurement of success?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Female Genital Mutilation</td>
<td>How pervasive is Female Genital Mutilation (FGM) within the borough, and how reliable is data recording?</td>
<td>• 31 NHS Trusts reveal that 3,939 women and girls were treated for “Female Genital Mutilation” (FGM) during the period 2009 - 2013. Of these Trusts, Ealing Hospital NHS Trust had the 3rd highest number of treatments (633 patients), behind St George's Healthcare NHS Trust (795 patients) and Guy’s &amp; St. Thomas’ NHS Foundation Trust (1,146 patients) (BBC News today, Wednesday 19th March 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the barriers to communication and community engagement against FGM?</td>
<td>• Department of Health announced that, from April, all NHS hospitals will be able to record if a patient has undergone FGM or if there is a family history of it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the strategies and resources are being utilised in its combatting?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Theme / Topic</td>
<td>Initial Questions for Considering</td>
<td>Comments</td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>Child Safeguarding</td>
<td>What are current issues/challenges around child safeguarding in the borough?</td>
<td>• 160 Ofsted inspections of local authorities revealed to see how effectively they safeguarded children revealed less than 40 per cent operating at a satisfactory level; i.e. 3% were considered outstanding and just 36% good. <em>(Education Secretary speech on child protection on 19th November 2012 at the Institute of Public Policy Research).</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are Council policies and procedures fit for purpose?</td>
<td>• Ministry of Justice is considering introducing a new offence of emotional cruelty to children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How is partnership working organised around safeguarding?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sexual Health</td>
<td>Are sexual health services in the borough adequately meeting population demand and societal challenges?</td>
<td>• HIV Needs Assessment and the Public Health Outcomes Framework <em>(Public Health England)</em> highlight the need to review local service provision. NHS Ealing last assessment done in 2009 <em>(JSNA).</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does local service provision meet (i) population needs, (ii) specific areas, (iii) specific groups, (iv) ensure that interventions commissioned are evidenced based, deliver clear outcomes and provide value for money?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Gynaecology</td>
<td>What are the services valuable in the borough?</td>
<td>• Ealing Clinical Commissioning Group intends to continue to support of gynaecology services within acute settings. It also intends to evaluate levels of follow up outpatient activity within acute settings and promote discharge to primary care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What will be the impact of <em>Shifting Settings of Care/Shaping a Healthier Future</em> on service provision?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Disability Access to Health Services</td>
<td>What is the view and experiences of disabled people (end users) access to health services in the borough?</td>
<td>• This would be in sync with GLA’s Health priority topics for 2014/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Healthwatch recommendation</td>
</tr>
<tr>
<td>NO</td>
<td>Theme / Topic</td>
<td>Initial Questions for Considering</td>
<td>Comments</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9</td>
<td>Musculoskeletal (MSK) Services</td>
<td>How is patient data and service performance measured in MSK service?</td>
<td>• Ealing CCG intends to expand the service in 2013/14 and reduce consultant to consultant referrals, pain clinic and rheumatology as part of its Commissioning Intentions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Why is MSK data not routinely recorded in primary care, when it is the top clinical reason for visits and it accounts for an estimated 30% of GP consultations?</td>
<td>• CCG will contribute to a review of MSK services across Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups</td>
</tr>
<tr>
<td>10</td>
<td>Technology in Health Service Provision</td>
<td>What are the barriers to introducing technology integrated care pathways?</td>
<td>• NHS “Health Online Programme” makes use of technology to transform service. It is planned that people will have online access to health records by 2015. Re-launch of “Choose and Book” aims to make electronic referrals universally and easily available to patients and health professionals for secondary care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What technology has the CCG introduced or is considering to introduce to improve patient care?</td>
<td>• CCG’s has a strategy of one electronic patient record across all care settings. as part of its Commissioning Intensions 2014-2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• IT strategy being developed for whole systems implementation within “Shaping a Healthier Future” strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• CCG is to bring together key organisations across health and social care for commissioning decisions about national information and technology services</td>
</tr>
<tr>
<td>NO</td>
<td>Theme / Topic</td>
<td>Initial Questions for Considering</td>
<td>Comments</td>
</tr>
<tr>
<td>----</td>
<td>--------------</td>
<td>------------------------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| 12 | Diabetes     | What progress has been made in transforming Ealing Hospital into a centre of excellence for diabetes as part of “Shaping a Healthier” plans? What progress has the CCG made in commissioning comprehensive community based Diabetes service? | • CCG plans to continue commissioning community based Diabetes service as part of its Commissioning Intentions 2014-2015  
• Prevalence projections indicate an expanding and unmet demand to manage and long term condition and diagnose patients early ([CCG Commissioning Intentions Report 2014-2015](#))  
• Follow up of Recommendations- Health Scrutiny Review of Diabetes in Ealing 2012-2013 |
<table>
<thead>
<tr>
<th>Item no</th>
<th>Details</th>
<th>Comments / Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting 1</strong> 04 June 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Terms of Reference 2013/14</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Shifting Settings of Care</td>
<td>To review the early stages of a proposal</td>
</tr>
<tr>
<td>3</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>4</td>
<td>Identify priority issues, including confirmation of topic for major review.</td>
<td>Panel Work Programme</td>
</tr>
<tr>
<td>5</td>
<td>Work Programme</td>
<td></td>
</tr>
<tr>
<td><strong>Meeting 2</strong> 25 July 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Full Business Case for the merger between EHT and NWLHT</td>
<td>Update on activities</td>
</tr>
<tr>
<td>2</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Shaping a Healthier Future</td>
<td>Update</td>
</tr>
<tr>
<td>4</td>
<td>Major Review: Care Homes Slot 1</td>
<td>Initial scoping: key issues &amp; evidence</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>Confirm outline timetable</td>
</tr>
<tr>
<td><strong>Meeting 3</strong> 24 September 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Local Acute Hospital Trust Performance</td>
<td>Ealing, Imperial College &amp; North West London</td>
</tr>
<tr>
<td>2</td>
<td>Care Quality Commission Presentation</td>
<td>Update on Activities &amp; Performance Review</td>
</tr>
<tr>
<td>3</td>
<td>Mental Health Trust Foundation Status</td>
<td>Update on proposed plan</td>
</tr>
<tr>
<td>4</td>
<td>Major Review: Care Homes Slot 2</td>
<td>1st evidence session</td>
</tr>
<tr>
<td>4</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td><strong>Meeting 4</strong> 05 November 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Commissioning Intentions 2013/14</td>
<td>To present local commissioning intentions for the following year</td>
</tr>
<tr>
<td>Item no</td>
<td>Details</td>
<td>Comments / Brief</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>2</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>3</td>
<td>Major Review: Care Homes Slot 3</td>
<td>2(^{nd}) evidence session</td>
</tr>
<tr>
<td>4</td>
<td>Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td>Item no</td>
<td>Details</td>
<td>Comments / Brief</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Meeting 5 05 December 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>West London Mental Health Trust</td>
<td>Update on activities and performance review</td>
</tr>
<tr>
<td>2</td>
<td>Imperial College Hospital NHS Trust Foundation Status</td>
<td>Update of efforts to acquire foundation trust status</td>
</tr>
<tr>
<td>3</td>
<td>Urology</td>
<td>Update on Urology Cancer Service provision since decommissioning</td>
</tr>
<tr>
<td>4</td>
<td>Dementia Strategy &amp; Dementia Services Re-design</td>
<td>Update &amp; Performance Review (Re-scheduled from 5th November 2013)</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td><strong>Meeting 6 23 January 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>EHT/NWLHT Merger</td>
<td>Update</td>
</tr>
<tr>
<td>2</td>
<td>Spare (proposed Review of Retinopathy Services)</td>
<td>To examine the nature and quality of service provided to diabetic patients with ophthalmology problems in the borough</td>
</tr>
<tr>
<td>3</td>
<td>Major Review: Care Homes</td>
<td>3rd &amp; 4th evidence session, as 3rd session re-scheduled from 5th December 2013</td>
</tr>
<tr>
<td>4</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>5</td>
<td>Cardiology</td>
<td>Review of Cardiology Service in Ealing</td>
</tr>
<tr>
<td><strong>Meeting 7 06 March 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Maternity Services</td>
<td>Update on Maternity Services at Ealing Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Brent, Ealing and Harrow Community Services</td>
<td>Performance report – including integrated care pilot performance</td>
</tr>
<tr>
<td>3</td>
<td>Spare (proposed Review of Shifting Settings of Care)</td>
<td>Review of CCGs Business Case for Shifting Settings of Care. Update on local integrated management groups for care pathway</td>
</tr>
<tr>
<td>4</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>5</td>
<td>Adult Safeguarding</td>
<td>Annual Report (Re-scheduled from 5th December 2013)</td>
</tr>
<tr>
<td><strong>Meeting 8 30 April 2014</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item no</td>
<td>Details</td>
<td>Comments / Brief</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Scrutiny of Health &amp; Well Being Board</td>
<td>Review of Board's Performance</td>
</tr>
<tr>
<td>2</td>
<td>Major Review Care Homes</td>
<td>Final Report</td>
</tr>
<tr>
<td>3</td>
<td>Panel final review and report to Council</td>
<td>End Year Report</td>
</tr>
<tr>
<td>Item no</td>
<td>Details</td>
<td>Comments / Brief</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Meeting 2</strong> 25 July 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Full Business Case for the merger between EHT and NWLHT</td>
<td>Provisional Timing</td>
</tr>
<tr>
<td>2</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>4</td>
<td>Major Review: Care Homes Slot 1</td>
<td>Initial scoping: key issues &amp; evidence</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>Confirm outline timetable</td>
</tr>
<tr>
<td><strong>Meeting 3</strong> 24 September 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Local Acute Hospital Trust Performance</td>
<td>Ealing, Imperial College &amp; North West London</td>
</tr>
<tr>
<td>2</td>
<td>Spare</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Major Review: Care Homes Slot 2</td>
<td>1st evidence session</td>
</tr>
<tr>
<td>4</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td><strong>Meeting 4</strong> 05 November 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Commissioning Intentions 2013/14</td>
<td>To present local commissioning intentions for the following year</td>
</tr>
<tr>
<td>2</td>
<td>Update on dementia strategy</td>
<td>?</td>
</tr>
<tr>
<td>3</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>4</td>
<td>Major Review: Care Homes Slot 3</td>
<td>2nd evidence session</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td><strong>Meeting 5</strong> 05 December 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>West London Mental Health Trust</td>
<td>Update on activities and performance review</td>
</tr>
<tr>
<td>2</td>
<td>Adult Safeguarding</td>
<td>Annual report</td>
</tr>
<tr>
<td>3</td>
<td>Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td>4</td>
<td>Major Review: Care Homes Slot 4</td>
<td>3rd evidence session</td>
</tr>
<tr>
<td>5</td>
<td>Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td>Item no</td>
<td>Details</td>
<td>Comments / Brief</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Meeting 6 23 January 2014</td>
<td>1 EHT/NWLHT Merger</td>
<td>Update</td>
</tr>
<tr>
<td></td>
<td>2 Brent, Ealing and Harrow Community Services</td>
<td>Performance report – including integrated care pilot performance</td>
</tr>
<tr>
<td></td>
<td>3 Major Review: Slot5</td>
<td>4th evidence session</td>
</tr>
<tr>
<td></td>
<td>4 Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td></td>
<td>5 Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td>Meeting 7 06 March 2014</td>
<td>1 Public Health</td>
<td>Review of First Year- Comments on Draft Annual Report</td>
</tr>
<tr>
<td></td>
<td>2 Spare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Integrated Care Pilot?</td>
<td>Performance Review</td>
</tr>
<tr>
<td></td>
<td>4 Shaping a Healthier Future</td>
<td>An update if necessary</td>
</tr>
<tr>
<td></td>
<td>5 Major Review Care Homes</td>
<td>Working towards conclusions</td>
</tr>
<tr>
<td></td>
<td>6 Panel Work Programme</td>
<td>To agree any updates for future meetings</td>
</tr>
<tr>
<td>Meeting 8 30 April 2014</td>
<td>1 Scrutiny Of Health &amp; Well Being Board and Public Health Annual Report?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Major Review Care Homes</td>
<td>Final Report</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Panel final review and report to Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Topics for next Year</td>
<td></td>
</tr>
<tr>
<td>Unallocated Items</td>
<td>1 Update on Dementia service redesign work</td>
<td>Some work on this will commence at some stage in the coming year and it is important for the Panel to get involved in the early discussions</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Item no</td>
<td>Details</td>
<td>Comments / Brief</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>