

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Draft Minutes



Wednesday 22 July 2020

PRESENT

Committee members:

Councillor Ben Coleman - Cabinet Member for Health and Social Care (Chair), LBHF

Dr James Cavanagh - Chair of the Governing Body, H&F Clinical Commissioning Group

Janet Cree - Managing Director, H&F Clinical Commissioning Group

Councillor Larry Culhane - Cabinet Member for Children and Education, LBHF

Toby Hyde - Deputy Director of Transformation, Imperial College Healthcare NHS Trust

Inspector Mark Kent – Inspector, AW Safeguarding Partnership Hub, Metropolitan Police

Dr Nicola Lang - Acting Director of Public Health, LBHF

Jacqui McShannon - Director of Children's Services, LBHF

Lisa Redfern - Strategic Director of Social Care, LBHF

Healthwatch - Maisie McKenzie, Operations Manager at Healthwatch H&F

Jaime Walsh, Director of Operations for Healthwatch and Engagement Services

Nominated Deputies Councillors and members in attendance:

Councillor Sue Fennimore – Deputy Leader of H&F Council

Councillor Patricia Quigley – Assistant to the Cabinet Member for Health and Adult Social Care, LBHF

Councillor Lucy Richardson – Chair, Health, Inclusion and Social Care Policy and Accountability Committee, LBHF

Other attendees:

Residents

Jacelyn Daly – Mutual Aid Groups

Health services

Carol Lambe – Head of Commissioning and Delivery, H&F CCG, NWL Collaborative

Deborah Parkin – Head of Primary Care, H&F CCG

Caroline Durack – H&F GP Federation

Council

Linda Jackson - Director of Covid 19

Nicola Ashton - Strategic Commissioner

Peter Hannon. - Head of Neighbourhood Services
Jonathan Mathews - Health Partnerships Manager
Peter Smith - Head of Policy and Strategy

1. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Vanessa Andreae, Vice-Chair, H&F CCG, Glendine Shepherd, Assistant Director, Housing Management, LBHF, and Sue Spiller, Chief Executive officer, Sobus. Apologies for lateness were received from Janet Cree, Managing Director of H&F CCG.

2. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3. **MINUTES AND ACTIONS**

RESOLVED

1. That the minutes of the previous meeting held on 9 September 2020 were agreed; and
2. The actions were noted and there were no matters arising raised.

4. **LEARNING FROM COUNCIL - NHS JOINT WORKING DURING COVID - UPDATE AND NEXT STEPS**

Lisa Redfern and Toby Hyde provided a joint, verbal overview of a study underway looking at collaborative work between the Council and health partners in response to the Covid-19 pandemic.

Lisa Redfern said that the study was interviewing key officers from the wider health and social care systems, highlighting successes and identifying lessons learned. The report was likely to look at the following.

1. **The development of testing capacity** – Imperial had addressed resource challenges at North West London Pathology through advice and guidance on how testing could be expanded and the use of robotic technology. Residents should receive quicker and improved access to testing, which had been woefully slow nationally.
2. **Testing in care homes** – Quicker and improved testing for residents and staff who had found it difficult to access local testing. Nine specialist teams had worked together on this. Since early April, residents had been tested four times. Staff recognised the need to deal sensitively with those residents suffering from long-term conditions such as dementia despite working at pace. Testing was implemented that would not have been otherwise available, improving outcomes for residents and staff.
3. **Additional support for care homes** – Community-based teams had been strengthened. The NHS and community voluntary organisations had played an important role in strengthening resilience within the community.

Toby Hyde commended the work of the Council, health partners such as the CCG and local community and voluntary organisations in response to the pandemic. The interviews revealing three things:

- Everyone had been clearly motivated by a collective sense of purpose to overcome institutional barriers. These had frustrated those who had been trying for many years to develop integrated ways of working that would benefit residents.
- The importance of pre-existing, trusting local relationships, which had enabled a swift and proactive response to the pandemic without the need for a process of checks and balances at every step of the process. Frontline staff had led this work, facilitated and supported collectively by partner organisations.
- New ways of working were now firmly embedded. This meeting of the Board being held virtually was an example. A key part of this was the removal of historic financial barriers, although some of this might prove transient. There were important lessons about the extent to which financial barriers could be used as an excuse rather than an enabler of change within the local health and care system, particularly considering how finances worked across the system. We needed to adopt a taxpayer mindset rather than thinking about organisational finances.

Mark Jarvis echoed earlier comments, particularly with reference to the active involvement of the CCG, many of whose staff had been redeployed and which had worked closely with the Council and care homes, taking a whole systems approach. Cllr Coleman acknowledged the work of the CCG and mentioned that the Council had offered free car parking for NHS and social workers.

Cllr Coleman sought clarification regarding financial barriers. Toby Hyde explained that the mindset adopted during the pandemic was to approach it as a shared endeavour and make the best use of available financial resources and expertise. Previously, due to the complexity of financial structures, there was a separation of health and social care funding which made collective working historically difficult. It was hoped that new ways of working post-Covid-19 would overcome barriers such as those associated with hospital discharge. Financial structures made it difficult to discharge patients who had spent long periods in hospital and who did not require ongoing medical care. This was not an issue specific to H&F. Reconfiguring this practice would make better use of taxpayer resources in addition to being beneficial to individuals and their families.

Lisa Redfern agreed. She highlighted there had been approximately a 50% reduction in discharged patients. In terms of overall learning, there had been a “can do attitude” within the wider health and care system. Despite initial difficulties with the NHS struggling to comply with “national diktats”, multi-disciplinary teams had gone into care homes. After becoming aware in early April that care home residents were being discharged from hospital without being tested, the Council had had no alternative but to close care homes to new admissions. It had then tested all residents and all staff, including those that were asymptomatic. It was recognised that this action was unusual. Some

staff had been reluctant about testing because of the potential loss of income so the council had guaranteed them up to £200 pw if they had to self-isolate. Lisa Redfern stated that there was no national protective ring around care homes and that, following central government failings, the Council and its partners had taken local action which had saved lives.

RESOLVED

That the report be noted.

5. H&F CAN: COMPASSIONATE COMMUNITIES - UPDATE AND NEXT STEPS

Linda Jackson explained the Council's dual approach of supporting local action and working at pace from the very start of the pandemic. A prime example was the amazing response of the local community - residents, the local workforce and businesses. This had provided huge support to families and communities. Another major example was the H&F Community Aid Network (CAN) established by the Council together with two telephone hotlines for shielded and non-shielded residents. Some 9,000 shielded residents plus many others had been supported by over 2,300 residents who had volunteered.

A dedicated website had received over 18,000 hits, and there had been over 6,000 calls to the helplines. Adult Social Care (ASC) had included a "Conversation Matters" element to make daily contact with people who felt socially isolated. This had supported 148 people.

Self-organising Mutual Aid Groups (MAGs) of residents had worked to support shielding residents, telephoning people who felt lonely or isolated, and helping with daily shopping and food. The Council had coordinated with them. The collective and unstinting efforts of local foodbanks, the Smile Brigade and numerous individuals and groups had achieved a huge amount for the benefit of residents. The UNITED in Hammersmith & Fulham charity had helped distribute funds, which had been fast tracked to support people in poverty or those with learning disabilities, and this work would be ongoing as people continue to be supported through the expected economic downturn.

Among future challenges was how primary care networks (PCNs) and GPs continued to support shielded groups. There were evolving plans on strengthening the MAGs' legacy and increase community resilience, bringing businesses, residents and the voluntary sector together with the Council and health partners.

Cllr Patricia Quigley said she had been shielding throughout the pandemic and commended Linda Jackson and her colleagues, expressing her thanks for what the Council had achieved, including its agile and speedy response to requests to provide PPE. Cllr Quigley was critical of the government's response, which she felt had placed disabled people at risk.

Jacolyn Daly, a MAGs administrator, explained how the MAGs had quickly mobilised by ward, using WhatsApp to communicate. Co-ordinators met

frequently, worked well and at pace with the Council, and developed and implemented ideas quickly. The MAGs were highly local, and people appreciated getting help from a neighbour. The process had worked seamlessly especially once they had linked up with H&F CAN, for example by creating a broad network of contacts between the Council, NHS and local pharmacies.

Jacolyn Daly suggested three aims for the MAGs now:

- Sustain what had been achieved so far. Conversations were needed around social prescribing and the importance of longevity in the work, getting different people involved in community activity and taking the pressure off social care teams.
- The MAGs were keen to support people who were about to finish shielding by helping them to venture out again, having the confidence and strength to interact with neighbours and go shopping or just for a walk.
- Support testing and tracing by setting up a buddying system that could be accessed when people were required to isolate for 12/14 days, with daily support for meeting day-to-day subsistence needs.

Cllr Coleman described how the Council had reached out to the MAGs early on and supported their work without trying to take over, for example by setting up a simple system to reimburse volunteers for shopping expenses quickly on presentation of a receipt. The Council had also worked closely with the H&F Foodbank, who had been extraordinary in their efforts to feed families and individuals in need. United in H&F had been utilised as a funding resource and had supported many local charities.

He commended the GP Federation and GPs, along with PCN link workers, the third sector and new community groups such as the Smart Brigade which had sprung up and done extraordinary things to help hundreds of residents. The borough now had a unique body of over 2,300 volunteers, hundreds of MAGs volunteers and PCN link workers/social prescribers. This needed to be co-ordinated as part of the recovery process.

Cllr Lucy Richardson asked about a bigger piece of work to 'lock' the work into the Borough. Linda Jackson explained that a working sub-group was planned to identify patterns, garner learning for supporting volunteers and enhance existing support.

Cllr Coleman asked the Board to confirm its interest in having a sub-group to look at building on what had worked well and identify what could be improved so as to build a compassionate and resilient community. The group could include the council, health system colleagues including PCNs, resident representative, and the third sector and community groups. He hoped the sub-group's work would bring about specific changes and action.

Linda Jackson agreed to report progress to the next Board meeting.

RESOLVED

In co-production with residents and other stakeholders, to develop an action plan to ensure a collaborative, compassionate and resilient community in H&F, building on the close working between the council, residents, health services and community and voluntary organisations during the Covid-19 pandemic.

6. **IMPACT OF COVID ON BLACK, ASIAN MINORITY ETHNIC (BAME) COMMUNITIES - UPDATE AND NEXT STEPS**

Peter Smith provided an overview of the recommendations in Public Health England's report, *Beyond the Data: Understanding the impact of COVID-19 on BAME groups*. The pandemic had exposed shocking inequalities that indicated that BAME groups were disproportionately affected by Covid-19. Work had already begun on developing an action plan to deliver the recommendations in the Borough. The Council was deeply committed to reducing health inequalities for BAME groups and to achieving concrete outcomes.

Cllr Coleman reported that he and Cllr Sue Fennimore had met recently with Somali community leaders, who had talked about their community's reluctance to engage with the NHS and clinicians.

Caroline Durack recommended two Community Voice videos of conversations about experiences of Covid-19 on BAME workforce and communities:

- Voices for Change: <https://youtu.be/HQkq6mZERpU>
- Communication, Perceptions and (mis) information: <https://youtu.be/lv6GUqVK6UY>

Dr Lang noted that meetings she had had recently with Somali families had confirmed a nervousness about the NHS generally. The intention was to address this through genuine community engagement.

Janet Cree agreed that organisations such as Community Voices were working to address fear of the NHS and said it was important to link into ongoing work with the NHS around this to ensure it was not perpetuated.

Cllr Coleman noted that many reports on issues affecting BAME communities had been produced but few implemented. He suggested that the Board take a "whole system" towards implementing the PHE report in full in H&F. He asked for the Board's support for Dr Lang to lead a sub-group of the Board to achieve this, working jointly with health partners, residents and BAME groups.

RESOLVED

In co-production with residents and stakeholders, to develop a joint council-NHS action plan to tackle BAME health inequalities by implementing in full the recommendations of the Public Health England report, *Beyond the Data: Understanding the impact of COVID-19 on BAME groups*.

7. PRIMARY CARE UPDATE

Janet Cree introduced a primary care update. She noted that detailed slides were available.

Mark Jarvis said a “total digital triage model” had been introduced which enabled patients to contact their GPs by telephone or video so they did not need to go into the practice. Face-to-face contact continued as needed and core hours had been maintained during the restricted pandemic period.

A dedicated escalated care clinic, sometimes referred to as a “hot hub” had been set up at Brook Green Medical Centre for patients who potentially had Covid-19 but were able to travel safely to the clinic and be seen. This ran from end April to end June and had now relocated to St Charles Health and Wellbeing Centre. Brook Green had previously provided a traditional weekend plus hub service and this would eventually resume as far as possible.

The aim was to return primary care to as near a normal service as possible while recognising that continued support would be required for residents who potentially have Covid-19. Extended access to services had been maintained in addition to weekend plus services.

Mark Jarvis said routine treatment referrals to secondary care had been paused but in moving to the recovery phase the CCG was considering how secondary care services could be safely resumed and new guidance was being formulated.

The CCG had worked closely with the Council and colleagues to support shielded residents. It had also supported colleagues with testing and had supported volunteers where possible. The CCG had put in place significant and enhanced support for four CCG-commissioned care homes, with GPs and a clinical lead providing additional support with guidance through remote monitoring, with a telephone helpline available 8am to 12 midnight, 7 days a week. A multi-level disciplinary frailty team had been established, involving colleagues from a range of health specialities. Care homes had also been supported with guidance on medication reviews and assistance with prescribing.

Deborah Parkin highlighted the good practice that had occurred, which included some excellent breaking down of organisational barriers. This was attributed to the need to work at pace and the daily meetings with senior Council colleagues. Staff were to be commended for their considerable work in setting up the hot hubs during the weekend of the lockdown (21-22 March). This include Information Technology staff, who provided technical advice and support and enabled the “total digital triage model” platforms to be set up in each GP practice.

Janet Cree reiterated that the primary care response to the pandemic had meant that patients had not needed to wait to be seen and that face-to-face

consultations had been provided where needed. There had been an evolution in the service, which was now much more responsive.

Cllr Coleman welcomed the Council's strong relationship with the PCNs and GP Federation and long-standing relationship with the CCG. The pandemic crisis had demonstrated clearly that it was necessary for frontline work to be led locally.

RESOLVED

That the report be noted.

8. CONTACT TRACING AND PREVENTION PLAN FOR HAMMERSMITH & FULHAM

Dr Lang said the government had required local authorities to submit an outbreak control plan by end June. H&F's seven-point action plan ranged from community engagement to ensuring that vulnerable people had the right support if required to self-isolate. Separate plans focused on homeless people and schools. The Council had carried out tabletop exercises with different outbreak scenarios to ensure it could respond effectively.

A recent exercise on special schools had involved colleagues from Environmental Health and Imperial. This had been very welcome and enhanced what was normally a "dry" learning exercise. H&F had chosen to expand the exercises to encompass a preventative approach. This required targeted communication and engagement work to ensure the Council was actively listening and that health messages were clearly and consistently conveyed. This would be taken forward by a sub-group of the Health and Wellbeing Board chaired by Cllr Coleman. Cllr Coleman confirmed the preventative approach and said the first meeting would take place shortly.

Cllr Coleman asked about the protocols for local data collection and how gaps in test and trace such as incomplete resident contact details from central government could be addressed. Dr Lang said that this situation was fast moving and as of the previous evening the national position had changed so that the Council was now able to access patient identifiable data which contained a full residential address. If four cases arose in the same post code area it was possible to establish whether they shared the same household or the same locality.

Cllr Coleman welcomed the way that Public Health and Imperial had planned to work around the national data gap by developing a local plan for the Council to access complete local data. Dr Lang said this was because of the strong level of trust between the Council and health colleagues, and the involvement of the Council's expert Business Intelligence Team. The valuable work on data sharing with Dr Julian Redhead and Dr Axel Heitmüller would continue regardless of national developments.

Across NW London, matters would be monitored and taken forward by a weekly Covid-19 surveillance group chaired by Dr Mohini Parmar (Chair of Ealing CCG). The group aimed to strengthen links between colleagues as it continued to monitor Covid-19 infection exceedance levels and act as an early warning system.

Cllr Coleman asked what the benefit might be if the UK had a track and trace app as in Ireland, Germany and Gibraltar. Dr Lang noted that countries such as South Korea and Vietnam which had great success in containing the virus had a high level of digital literacy and a functioning and effective app in place from the beginning of the pandemic. She said that an app was a helpful addition to manual testing, although not a substitute.

RESOLVED

That the report be noted.

9. TESTING ON DISCHARGE TO PEOPLE RECEIVING COMMUNITY SUPPORT

Dr Lang provided a brief overview of testing on discharge arrangements for those continuing to receive community support. Anyone who was admitted to hospital would be tested, either by a GP or, if a high care package was in place, at the hospital.

Dr Lang noted there was complex and different guidance on: readmission and returning to a care home; a completely new admission; and admission to e.g. sheltered housing. Lisa Redfern clarified that testing from hospital to care homes had been in place for some time. Guidance for testing people with complex needs who were being supported in their own home had only recently been implemented. There was however anecdotal evidence to indicate that some people were still not being tested.

Toby Hyde said the key point was that the Covid-19 status of any patient should be established and that the patient should be managed appropriately. Cllr Coleman said he was aware of at least one such case where the Covid-19 status of a patient with support needs had been unknown. He agreed to forward details to health colleagues.

Cllr Lucy Richardson enquired about staff who were not part of an individual's household unit but employed by frail or disabled people through direct payments. Would they have access to testing when these people were discharged from hospital? Lisa Redfern explained that for many weeks from 17 March the Council had held daily telephone calls with providers. Letters were sent to people in receipt of direct payments saying who to contact and how to arrange for testing, and how to get regular deliveries of PPE.

From the start of the pandemic, the importance of maintaining communication links with approximately 500 people in receipt of direct payments had been clearly understood and information and guidance regularly shared. To date,

the Council had procured approximately 5 million items of PPE had been procured at a cost of over £2 million.

RESOLVED

The report to be noted.

10. WORK PROGRAMME

1. Covid-19's impact on young people's mental health

Dr Lang said she had contacted Children's mental health commissioner Anjana Chakraborty she had also had preliminary discussions with Jan Parnell (LBHF, Assistant Director of Education), Sam Lord (Transitions Consultant) and Carol Cook (Early Years Team). Ongoing work included a borough mapping exercise undertaken by Jan Parnell's team. A meeting was also planned for mid-August with the CCG, who currently commissioned "Kooth" (online counselling and support for young people) with a view to taking a more fruitful collective approach.

Dr Lang said the intention was to compare what the Council was buying with what the CCG was commissioning. Jacqui McShannon added that they wanted to include the voice of young people. She mentioned the excellent consultation work undertaken with the Youth Council, together with the Compassionate Community recovery plan. This had included a video which addressed concerns that children had about returning to school together with a huge piece of work on a "compassionate curriculum" as part of the recovery plan. This could be presented at the next meeting of the Board.

Cllr Coleman mentioned a recent conversation with a young person who co-ordinated a local MAG and who was questioning their value of their schooling, given the virus's impact on further education and employment. Jacqui McShannon said their work would focus on young people up to the age of 18 years but that they were also interested in joint commissioning for mental health. The intention was to work with the CCG and bring to the Board a separate piece of work on joint commissioning for those transitioning into adult services.

Talking about the specific needs of young people whose mental health may have been affected by Covid-19, Cllr Coleman asked what the Council and health partners could do as large, anchor institutions to promote opportunities such as internships. Jacqui McShannon was unsure if this could be included within this specific piece of work but agreed that it should be included within joint service planning with partners and possibly as part of the Council's Industrial Strategy.

Cllr Richardson said the Health, Inclusion and Social Care Policy and Accountability Committee (HISPAC) was currently developing a piece of work on supported employment for young people. Support from both Dr

Lang and Jacqui McShannon would be welcome in bringing this to the September meeting of HISPAC in a way that co-ordinated with the Board's work. Cllr Coleman suggested that the employment work be included as part of the report being brought to the Board on the mental health of young people. Jacqui McShannon said The Economy department was leading work on the Industrial Strategy which Children's Service was contributing to, looking at post 16 opportunities and apprenticeships. The supported employment work was sizable and warranted being a separate piece.

Jacqui McShannon asked how health partners would contribute to the work on understanding the health impact of Covid-19. Janet Cree said a meeting was planned with Ms McShannon for the following week. Work on the recovery programme was being undertaken collectively across NWL. This would also focus on mental health and would link in with the work across the health sector.

Cllr Coleman said it was important that the Board identified any opportunities for joint working to help achieve greater health outcomes for H&F residents.

RESOLVED

That a Children's Services report to the Board on: (i) work undertaken with schools on local community resilience and recovery plans; and (ii) work currently being developed with the CCG on the joint commissioning of mental health services for young people transitioning to adult services, be provided.

2. Digital inclusion - GPs online

Cllr Coleman noted that the new opportunities for patients to present and be triaged online was a positive experience for many but might not be for everyone. There was question about how to maintain access for all to GPs.

Janet Cree said a piece of work was underway to to bring together GPs, PCNs, health partners and community groups to explore access to digital consultation services and to ensure that online triage conversations did not disadvantage those with limited digital access. Mark Jarvis said that digital poverty and digital exclusion were concerns that would be included as work developed and had already been picked up through the CCG's work with the Patient Reference Group. Work had also commenced with SOBUS to understand patient access to services, working with the Borough's community and engagement team.

Mark Jarvis said the CCG shared Cllr Coleman's views on mapping out the current provision and was keen to work collectively towards a piece of work to address this. Deborah Parkin agreed and said virtual services were an adjunct for those patients for whom face-to-face consultations were unsuitable.

Jaime Walsh said this was an important matter that warranted the involvement of Healthwatch, which played a pivotal role as a point of contact for patients. A project plan had been developed which was currently being explored collectively with health colleagues.

Janet Cree said part of the approach across NWL was to standardise the model and make more effective use of resources and to enhance existing provision. She acknowledged that there might be a preference for virtual services but that resources would need to be in place to support those who found this unsuitable.

Toby Hyde said Imperial was currently in the process of submitting a research grant application to fund research on this and had co-designed a project with Open Age. A workshop was due to be held which would look at the delivery of primary and secondary care services for older people and at how virtual consultations would affect different population groups.

Caroline Durack said that there was evidence to suggest that many people ignored text messages and that how information was communicated and managed was an important part of the digital conversation.

Cllr Coleman suggested that it would be helpful to develop collectively in a co-produced way a codified set of standards for online consultation to reassure patients about expectations. This might be provided to practices as a best practice model.

Deborah Parkin said all GP surgeries now had a digital platform which allowed GPs to offer a broad spectrum of primary care services and which had been effectively used during the pandemic. The model might not remain in its current form (which was developed to prevent patients coming into surgeries) but was expected to evolve. A nationally funded, long-term work programme for digital services had been implemented, for which national standards had been agreed. It was clear that this was not intended to replace face-to-face provision but to support it. She agreed it would be useful to have ongoing discussions with patient participation groups but clarified that this work had been in development over many years. This had culminated in the swift implementation of an online model during the pandemic within 48 hours.

Toby Hyde said there had been a huge increase in digital consultations both in primary and secondary care, which he acknowledged raised issues around digital inclusion. Moving to digital consultations was a huge culture change for many patients and created a great opportunity to reduce the NHS carbon footprint and as regarded accessing advice. He referenced the excellent work of Open Age, which had started coaching sessions that had taught people how to use Zoom and conference call technologies and addressed concerns about digital inclusion. This was a learning process and the model of care had moved from being

predominantly face-to-face to a virtual model within 48 hours. This had significant implications for the way in which services were currently provided but it was acknowledged that there would remain a subset of residents who would struggle to engage with virtual consultations and digital services.

In summarising, Cllr Coleman acknowledged Janet Cree's point that it was not for the HWB to develop a set of legal standards but proposed that the Board led on reviewing standards, given that the development of a model set of standards was an iterative process that would require further refinement. The Board agreed that Healthwatch would lead on bringing together the collective work being undertaken on this issue.

RESOLVED

That Healthwatch coordinate a project with the Council, the CCG GPs and residents to ensure that online consultations do not exclude any residents from accessing a GP. This work to include consideration of best practice standards and guidance for online GP consultation.

11. ANY OTHER BUSINESS

Cllr Coleman said the council was working towards becoming a dementia friendly council and had already established a dementia action alliance group led local businesses and residents, with a view to developing a dementia strategy. Dementia data sharing was suggested as a future agenda item and Linda Jackson agreed to develop this further with the CCG.

RESOLVED

A future agenda item for the Board on dementia data sharing to be developed with the CCG

12. DATE OF NEXT MEETING

Wednesday, 30 September 2020.

Meeting started: 10am
Meeting ended: 12.04pm

Chair

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