

Health & Wellbeing Board

Draft Minutes



Tuesday 29 June 2021

Committee members:

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

Councillor Larry Culhane, Cabinet Member for Children and Education

Philippa Johnson, Director of Operations, Central London Community Healthcare NHS Trust, and Integrated Care Partnership Director for Health and ICP co-chair

Jacqui McShannon, Director of Children's Services, LBHF

Lisa Redfern, Strategic Director of Social Care, LBHF and ICP co-chair

Detective Inspector Luxan Thurairatnasingam, Metropolitan Police

Nominated Councillors in attendance:

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

Nominated representative in attendance:

Nadia Taylor, Your voices, Healthwatch (H&F)

Other attendees:

Resident

Peggy Coles, Dementia Action Alliance

Stuart Downey, Chair, Dementia Action Alliance

Jim Greal, HAFSON

Merril Hammer, HAFSON

Jane Wilmot, volunteer, Your Voices Healthwatch (H&F)

Health services

Janet Cree, Chief Operating Officer / Programme Director CYP & Maternity at Central, West, Hammersmith & Fulham – NWL Collaborative CCG

Henry Leak, Head of Complex Care, NWL Collaborative CCG

Council

Kim Smith, Chief Executive, H&F

Jo Baty, Assistant Director of Mental Health, Adult Social Care

Amana Gordon, Operational Director Children and Young Peoples Service, Children's Services

Matthew Hooper, Chief Officer, Safer Neighbourhood

Linda Jackson, Director of Covid 19

Mandy Lawson, Assistant Director Education and Disabilities, Children's Services

Alison Sabaroche, Head of Service, Youth Offending Services

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Toby Hyde, Dr Nicola Lang, Councillor Lucy Richardson and Glendine Shepherd. Apologies for lateness were received from Janet Cree and Nadia Taylor.

2. ROLL CALL DECLARATIONS OF INTEREST

The Chair confirmed members in attendance and there were no declarations of interest reported.

3. MINUTES AND ACTIONS

A minor correction to the minutes was noted, where a resident attendee was recorded twice.

RESOLVED

That the minutes of the meeting held on 24 March 2021 were agreed as an accurate record.

Matters Arising – Vaccination Update

Linda Jackson provided the Board with an update about the progress of vaccinations in the borough which recorded the lowest uptake across the borough within North West London. A successful vaccination event at Chelsea Football Club, 'Super Saturday' had administered 6200 vaccinations with 45% of those being residents of the borough. There had been a positive response to pop up sites on local estates primarily using the AstraZeneca vaccine due to storage requirements. The Novotel site delivered Pfizer and AstraZeneca vaccines but not all the slots had been fully utilised. Weekly meetings continued with CCG colleagues and discussed plans for example to increase the number of pharmacists approved to administer vaccines. This was also an issue being followed up with the strategic North West London Board.

Sue Roostan continued that they were keen to mirror pop up events and a five week plan was in place leading up to 19 July. The Borough Vaccination Plan was a joint team effort between the local authority, CCG, GPs, and primary care and remained a live and iterative document. The latest pop up had been more successful than previously, and another Super Saturday was arranged for 17 July.

Jane Wilmot asked if engagement with community groups had been co-produced to improve uptake and in addition, also asked about vaccines being administered to school children. Linda Jackson confirmed that there had been community engagement, but that this had not been co-produced, by H&F definition. Community engagement resident groups and work with community champions had informed and influenced the borough's approach. There was now a sense that people felt that it was time to focus on delivering the vaccine and allow people to make their own, informed decisions about vaccination.

Jane Wilmot referenced the virtual Co-production Huddle workshops facilitated by Imperial College NHS Healthcare Trust. There had been a recommendation to support GP practices with conversations about co-production and how they could provide better support. Sue Roostan stated that advice had been provided to GP practices. In response to the question about vaccinating children the Department of Health had not issued approval for this to date. Delivery of the vaccine continued to align with Joint Committee for Vaccination and Immunisation (JCVI) national eligibility criteria.

There had been huge challenges in gaining approval from National Health Service England (NHSE) for pop up sites and H&F were behind many other boroughs in North West London (NWL). The Board was assured that that health colleagues were working hard to lobby NHSE to support residents and NHS workers of the borough.

Sue Spiller observed that efforts to co-produce had been hindered by a huge reluctance by groups to be seen to be advocating for vaccination, given the level of reluctance within communities. DI Luxan Thuraiatnasingam commented that a lower vaccination rate could be contributed to the high number of unregistered foreign nationals in inner city clusters although this was mitigated by not needing an NHS number for vaccination. Kim Smith endorsed the view that the council and CCG had attempted to engage with voluntary and community groups building on existing networks. Despite continued work in partnership, which was welcomed, having quarantine hotels in a small, densely populated, inner city borough had meant a lack of control over some factors which presented heightened risks.

Huge success had been achieved with mobile vaccine buses going into local housing estates, supported by preparation and Community Aid Network (CAN) volunteers. In addition, the diversity of the clinical and administrative teams ensured excellent representation which had been welcomed by residents. The arrival of the bus prompted positive interest and responses in targeted areas where take up was known to be low. Linda Jackson reported that some of those that might have been undecided about the vaccination had cautiously observed the arrival of the bus and then resolved to be vaccinated. The bus had forged a positive and invaluable connection with communities.

Councillor Coleman commented that the borough appeared to be regarded as less of a priority than other boroughs and had received poor support from the Home Office with regards to quarantine hotels. This was a resource that needed to work strategically within a robust testing regime and was only successful due to the intervention of the Director of Public Health, Dr Nicola Lang and the borough's infection control team mitigating the inadequate response of Whitehall and the NHS nationally.

Councillor Coleman enquired about preparations for flu vaccinations, if a bus could be used, and could this be done at the same time as Covid vaccination. Janet Cree explained that preparation for flu vaccination would begin in September, but no information was available yet regarding the sequencing or order of vaccinations nor about booster vaccinations. It was noted that there

had been improved vaccine uptake within the population by groups who were at risk of flu and that the option of using buses would be further explored.

Councillor Coleman commended officers and colleagues across the three boroughs who had worked tirelessly with health colleagues to deliver Super Saturday. He particularly recognised Chelsea Football Club and thanked them for their tremendous and invaluable support of this work, for the benefit of H&F residents.

ACTIONS: The Chair to write to the Secretary of State for the Home Office to set out the boroughs concerns regarding quarantine hotels; and that flu vaccination be included as a business item on the Board's September Agenda

4. APPOINTMENTS TO THE BOARD

Councillor Coleman welcomed Philippa Johnson, a pharmacist by profession and currently Director of Operations for Central London Community Healthcare Trust (CLCH) and currently responsible for delivering Adult community services in 4 boroughs of NW London. She currently led the Integrated Care Partnership (ICP) as co-chair. DI Luxan Thurairatnasingam, Metropolitan Police, was also welcomed to the Board. An officer within the Public Protection Hub, he had oversight of the Predatory Offender Unit, Multi Agency Safeguarding Hub (MASH), Police Conference Liaisons Team and the Mental Health Team.

RESOLVED

That Philippa Johnson and Detective Inspector Luxan Thurairatnasingam be appointed to the Board.

5. THE YOUTH CRIMINAL JUSTICE SYSTEM

Councillor Coleman welcomed Alison Sabaroche from the Youth Offending Service (YOS) and Children's Services colleagues who led a presentation about the service. The aims, objectives and outcomes were framed by four key performance indicators (KPIs) which were: to reduce first time entrants to the youth justice system; reduce reoffending; minimise the use of custody suites in H&F; and a fourth key focus was to reduce the disproportionate and over representation of black and Asian minority groups within the youth justice system.

Headline figures setting out the overall health outcomes for such groups indicated that they were likely to have experienced either one or a combination of factors including low income, hidden disabilities, and poor housing. Approximately 19% of the YOT cohort were identified as having special educational needs or disabilities, and 37% had speech and language concerns. 47% of young people had some form of contact with children and adolescent mental health services. YOS worked with partners to achieve better outcomes focusing on KPIs to deliver initiatives such as Street Doctors training and working with a 7-borough disproportionality group.

Mandy Lawson continued that there was a broad, partnership approach to prevent H&F young people from entering the YOS. The council was working with H&F clinical commissioning group (CCG) in undertaking a whole system review of mental health children's services, with funding from NHS England and input from the West London NHS Trust. This was a significant area of work with a key focus on ensuring the mental health needs of young people were fully met. It was reported that fifteen H&F schools had access to the mental health trailblazer program. The council was currently investing in and recruiting for a speech and language support service for school aged children without educational healthcare plans and a brief outline was provided about the diagnostic pathway for early ASD (autistic spectrum disorder) intervention. The partnership approach included work with colleagues across the council to ensure that post-school provision and pathways were in place and signposted to help meet the aspirations of young people.

Sue Spiller commented that fear from within black and Asian minority ethnic communities indicated a huge reluctance to engage with statutory services and sought details about engagement. Alison Sabaroche responded that most staff YOS chose to work with adolescents and naturally had a skillset that allowed them to work well with families that struggled to engage. YOS also worked with community organisations so there was a focused and hyperlocal approach to support children, who benefitted from feeling rooted within their communities. Lisa Redfern provided an ICP perspective and how this could help support a mental health pathway which was currently underdeveloped. Jacqui McShannon concurred and stated that this had been recognised by the whole system review, including low level access to mental health support out of hours and at weekends, and the referenced trailblazer programme. Increasingly, children and young people preferred the term "emotional health and wellbeing", rather than 'mental health' due to the associated stigma. It was noted that funding for mental health pathways ensured clarity and greater accountability, with both in and out of borough placements and that the review was a comprehensive piece of work.

DI Luxan Thuraiatnasingam commented that the police were regarded as a reactionary service but there was an increased understanding of how to effectively address youth offending through a focus on prevention and partnership working. A RAG (red, amber, green) rating process was in place to share concerns about children who had been identified as at risk, across the MASH, safeguarding hub and multiagency partnerships, and to devise robust support interventions for families. Kim Smith observed that Covid-19 experiences had generated significant opportunities for hybrid working. Bereavement and trauma arising from Covid-19 or knife crime could inform out of hours and weekend services. A wider role for the Board could be to explore and understand community resilience, a required and collective responsibility. She continued that there had been partnership working with voluntary organisations funded to support black and minority ethnic families and communities.

An early interventionist approach to support families and prevent children entering the criminal justice system (CJS) was advocated, recognising the

importance of close partnership working between schools and health partners with young people and their families. Sue Spiller suggested a checklist approach was suggested to clearly signpost triggers for referral. DI Luxan Thuraiatnasingam cautioned that it was important to distinguish between children under 16 within system and those over 16, or school leavers and those regarded as 'not in education, employment or training' (NEET) and that often access to support systems was hindered by a lack of information.

Philippa Johnson welcomed the points articulated to address a multifaceted problem which required a range of resources. Councillor Coleman recognised that there was a correlation between special educational need and entering the CJS. Many children will have experienced difficulties by the time they reached 16 and Councillor Coleman asked what support schools required to identify children earlier. Jacqui McShannon responded that there was a link between excluded pupils and those entering YOS. They worked closely with schools to try to prevent this but recognised that a lack of resources made this challenging. A significant reduction in youth resources in the past ten years also correlated to an increased risk of criminal exploitation of children. Philippa Johnson emphasised that it was important to identify risk factors to tailor prevention measures accurately. Alison Sabaroche agreed that the aim was to achieve early intervention. The family support offer also considered disproportionality within it and actively aimed to seek out families that don't normally access YOS services.

In terms of what was needed, Alison Sabaroche sought a shared commitment to look at provision and implement a workstream gap analysis to consider early intervention. Councillor Coleman and Board members welcomed Philippa Johnson's suggestion that the issue be further explored by the ICP group within a development workshop and the findings reported back to the Board.

RESOLVED

1. That the ICP further explores the suggestion of a multi-agency partnership approach to provide early intervention measures to enhance the family offer and look at what resources can be identified to support this; and
2. That the report be noted.

6. HAMMERSMITH & FULHAM INTEGRATED CARE PARTNERSHIP UPDATE

Philippa Johnson and Lisa Redfern provided a joint presentation as co-chairs of the ICP board. There are four campaign groups: Health & Wellbeing, Frailty, Mental Health and Diabetes. It was recognised that certain parts of the health and social care system were still experiencing sustained pressure. A key focus was the inclusion of and engagement with patient voices. The general direction of travel was good with work being undertaken using scarce resources, however, new funding was coming into the primary care and this was the starting point of a long journey of change.

Merril Hammer commented that despite the involvement of HAFSON, there was no reference to the organisation within the report regarding engagement work, and a notable absence of the “patient voice” and the involvement of local people. Jane Wilmot highlighted the focus on co-production and sought details (to be provided outside the meeting) about how seriously this was being considered by the ICP and Lisa Redfern assured her that this would be provided. Using the example of the vaccine bus, Jim Grealy pointed out that this had served the dual purpose of delivering information about the vaccine and administering the vaccine itself, and, offered reassurance, creating trust.

Deploying buses as a way of signposting services and sharing information about patient pathways offered a creative and innovative solution to reach not convinced groups. Philippa Johnson welcomed the oversight provided by HAFSON and Healthwatch and was committed to getting engagement right.

Councillor Coleman observed that there was a genuine commitment to collective, partnership working and to deliver innovative services creatively, illustrating this point with the work on dementia as an excellent example.

RESOLVED

1. That the ICP provide an update to the Board regarding the development of engagement with residents, as a theme for the next board meeting;
and
2. That the report be noted.

7. WORK PROGRAMME

The Board noted the work programme and suggestions arising from under Agenda Items 3, 5 and 6, for inclusion at future meetings.

8. ANY OTHER BUSINESS

Councillor Coleman welcomed Stuart Downey, a local H&F solicitor and chair of the Dementia Action Alliance (DAA). The DAA brought together representatives from agencies and organisations from across the community including police, fire, health, and carers. A report had previously been provided to the Board and the intention now was to finalise a report setting out a dementia strategy. The report, which was almost complete, would be presented at the next meeting of the Board and would offer recommendations that could be taken to the ICP, co-produced between the community and service providers. Stuart Downey thanked colleagues who had contributed to the development of the report and its recommendations, which would be the first residents report to make joint recommendations to both the local authority and the NHS.

9. DATES OF NEXT MEETINGS

The date of the next meeting of the Board was noted as Tuesday, 21 September 2021.

Meeting started: 6pm
Meeting ended: 8.17pm

Chair

Contact officer: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
☎: 07776672816
E-mail: bathsheba.mall@lbhf.gov.uk