London Borough of Hammersmith & Fulham

# Health, Inclusion and Social Care Policy and Accountability Committee

## Minutes

### Wednesday 8 July 2020

**PRESENT**

**Committee members:** Councillors Lucy Richardson (Chair), Bora Kwon and Amanda Lloyd-Harris

**Co-opted members:** Victoria Brignell - Action on Disability (Action On Disability), Jim Grealy - H&F Save Our NHS (H&F Save Our NHS), Roy Margolis and Jen Nightingale

**Other Councillors:** Ben Coleman

**Officers and guests:** Mark Jarvis, Head of Governance, H&F CCG, Diane Jones, Chief Nurse and Director of Quality, NHS North West London Collaboration of Clinical Commissioning Groups (NWL CCGs); Dr Nicola Lang, Acting Director of Public Health; Professor Tim Orchard Imperial, CEO, Imperial College Healthcare NHS Trust; Lisa Redfern, Strategic Director of Social Care

Councillor Lucy Richardson began the meeting with a minute's silence to remember those who died of Covid-19. Acknowledging the work of the National Health Service (NHS), Councillor Richardson thanked clinicians, key workers and volunteers, and all those involved in responding to this global issue.

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Jonathan Caleb-Landy and Mercy Umeh, and Co-optee Keith Mallinson.

**2. DECLARATION OF INTEREST**

There were no declarations of interest.

## 3. MINUTES OF THE PREVIOUS MEETING

**RESOLVED**

The minutes of the previous meeting held on Wednesday, 4 March 2020 were agreed as an accurate record.

## 4. SUMMARY OF ADULT SOCIAL CARE'S RESPONSE TO COVID-19 AND ITEM 6: STAFF AND RESIDENT TESTING IN CARE HOMES

**RESOLVED**

At the request of the Chair that Items 4 and 6 be considered together.

Item 4: Summary of ASC's Response to Covid-19

Lisa Redfern provided a summary of key work undertaken by Adult Social Care and Public Health, jointly working with the NHS and H&F CAN volunteers. This had been a time of significant challenge, but excellent work had emerged which had saved lives and protected residents. There had been much learning gained by Council staff and volunteers working jointly and effectively at pace on several areas in an agile manner.

The Council had worked hard to provide social care and support for residents. Four months ago, a situation where people could telephone if they were lonely or isolated, seven days per week, could not have been envisaged and this was a remarkable achievement. Lisa Redfern expressed how proud she was that local volunteers had triumphed demonstrating what could be done with the right attitude. This paved the way and offered a blueprint for working collaboratively in the future.

The Council had improved relationships working closely with the NHS which led to a great deal of innovation and improved relationships. There had been many gaps in the provision of PPE (personal protective equipment, and unclear test and tracing protocols, but the successful delivery of local solutions had won the day. There was an urgent need for social care reform and the pandemic had exposed weaknesses in the care system demonstrated by the crises in care homes.

Covid-19 had shown there had been no regard for care home staff and residents or staff. Social care reform was not just a matter of funding; it was about ensuring parity of esteem between health and social care provision. Lisa Redfern was of the view that there had been no "protective ring" around care homes implemented by central government. Testing patients discharged from hospital into care homes had formed part of the H&F, local solution.

Lisa Redfern expressed concern that test and tracing nationally appeared rudderless. Locally, a team had been established by Linda Jackson and Dr Nicola Lang to work with environment colleagues and staff at Imperial College Healthcare NHS Trust.

Professor Tim Orchard concurred and felt that to state that there was a "protective ring" around care homes stretched the truth. Work that had been done with care homes and clinicians around infection control based at Charing Cross hospital had been very helpful. He recounted the experience of Lombardy which pre-pandemic had one of the best, acute healthcare systems in Europe but had run out of beds in March 2020. In addition to dealing with PPE shortages there had been a shift in focus, and they were forced to make decisions about which patients could be treated in intensive care units (ICU). In principle, he was of the view that discharging patients was not a concern if they did not have symptoms, but, recognised that the circumstances of patient discharge had not been properly thought through.

Professor Orchard also acknowledged that local action had made a difference. Professor Orchard illustrated the scale of the situation and reported that to date, the Trust had dealt with almost 1300 cases of Covid-19 and that of those, 427 had unfortunately died. At the height of pandemic (before and after Easter) 360 cases had been treated and of these, 132 had been ventilated. Under normal circumstances, there were 68 ventilator beds and 88 high dependency beds so that there had been double the number of ventilator beds in use which had required extensive work to set up.

This had been an intense period and a difficult situation for the ICUs but there had also been very sick patients on the wards. Professor Orchard briefly described "happy hypoxia", a condition where a patient's oxygen level became dangerously low resulting in them unwittingly feeling relatively well because of the lack of carbon dioxide but perilously close to death.

Professor Orchard concluded that It had been a very positive experience to work with Adult Social Care colleagues. Mark Jarvis echoed Professor Orchards comments and reiterated that the CCG had welcomed improved and effective partnership working arrangements which had facilitated more agile decision making and strengthened partnership between the CCG and the Council.

Victoria Brignell commended the Council on its distribution of PPE to the local community responding to requests with same day delivery. In response to her query about payments to care and support staff who had been asked to self-isolate. Lisa Redfern confirmed that the provision of £200 per week had been devised locally without restriction.

Councillor Lloyd-Harris said that she was impressed with the speed and agility of the Council and enquired if PPE could be provided at libraries so that residents could purchase e.g. masks. Linda Jackson confirmed that they had offered partners access to the Council's purchasing channel so PPE could be purchased at the same price.

The Leader of the Council, Councillor Stephen Cowan, was keen to maintain support to those that were currently shielding with plans to distribute 9000 plastic visors and masks so that they would have the confidence to go out and about.

This had been discussed with the CCG and local retailers to establish purchase points and the Council had also raised the issue with Transport for London whom they had arranged to meet with. It was confirmed that the Council had stockpiled PPE provision for a short period.

Councillor Kwon sought further information about access issues to testing, given that there were different processes depending on e.g. whether you were NHS staff, drive through testing or doing home kit tests. She asked if and how the issues had been resolved and what the plans for testing were. Professor Orchard explained that North West London Pathology undertook testing for trusts across NWL and had dramatically increased capacity to 3000 tests per day in addition to 500-1000 anti-body tests. Internally, Covid-19 tests were available to staff on request and about 9000 NHS staff had requested anti-body testing which was on-going.

It was thought that this would be completed within the next two weeks despite an issue with insufficient numbers of phlebotomy staff available to obtain blood samples for testing. For residents who become unwell at home with suspected symptoms, it was suggested that they were tested locally rather than go into a hospital. The Trust was also identifying patient pathways for treatment that were low risk to minimise the risk of infection and maintain control. There was now regular testing of asymptomatic staff in these treatment areas so that this could offer an early warning to exposure.

It was also recognised that there was a significant number of people generally who were asymptomatic. It was found that 0.23% of NHS staff tested were asymptomatic which had reduced from 2-3%. Timings for results Pillar 1 (internal) testing were good in NWL, with swabs being returned within 24 hours. Test results for high risk patients were provided within the hour.

Item 6: Staff and Resident Testing in Care Homes

Councillor Richardson welcomed Diane Jones to the discussion, to comment on her work regarding testing in care homes. Diane Jones highlighted the joint approach undertaken with the CCG and GP's working closely with the Council following concerns identified regarding a particular care home supporting residents with specialist, NHS continuing care packages.

These had first been raised by GPs early on who had found that the care home was struggling to implement measures and ensure the safety of staff and residents. A gap analysis identified further risks and solutions were developed to mitigate that risk which included staff training to manage Covid-19, infection control and training to use PPE safely. Measures were also put in place to help support leadership and to develop staff resilience in dealing with Covid-19.

Roy Margolis offered heartfelt thanks to Lisa Redfern, Diane Jones, Professor Tim Orchard and NHS colleagues on their commitment and work in response to the pandemic which he commended. He explained that his background experience and interest lay in digital health and asked about testing and tracing solutions.

Dr Nicola Lang explained that the contact and trace system was set up by Department of Health and lay outside Council control. The advice to anyone with symptoms was to call 119 and, following a call handler assessment, a home test kit would be despatched. The three-tier system was briefly explained. Tier 3 calls would be initially screened and escalated to tier 2, handlers who were retired clinicians, and then to tier 1. Overall there was data developing that offered a good picture as to who was getting tested.

Jim Grealy commended the Borough's efforts to keep residents safe, the way in which resources had been mobilised to support this and how the Council had worked with Imperial and health partners. With reference to page 16, line 4, he sought further clarifications of the definitions used, in terms of care homes and vulnerable "local" residents, and whether this was much broader, across North West London.

Lisa Redfern responded that Council officers had participated in daily, local NHS Gold meetings. This had led to a swift problem - solving approach. Lisa Redfern paid tribute to Dr Lang, who, despite being new to the Borough arriving at the just before the start of the pandemic had demonstrated a "can do attitude", forming strong working partnerships at the outset. Dr Lang was described as a "breath of fresh air" who had created a strong network, who "bucked the trend" and developed a local, innovative response to the crises. Without the partnership with Imperial several weeks would have been lost in developing that response.

Jim Grealy asked if local government funding and the mobilisation of resources would support the expected second wave and how this continue to be delivered going forward. Lisa Redfern confirmed that the H&F Administration was committed to providing whatever it took to combatting the challenges of the pandemic but that all partner organisations and agencies were facing huge financial challenges. Much of this would depend on guidance from central government.

Councillor Coleman added that senior Council officers and health partners had done what was necessary but it was quite concerning that the Secretary of State for Housing, Communities and Local Government, Robert Jenrick, appeared to have backtracked on assurances that local government would be recompensed and supported regarding the expenditure claims that arose from dealing with the pandemic.

The Council would continue to challenge central government to deliver on promised assurances of support. Councillor Coleman stated that the Council, despite strong resistance, had taken a unique decision to close care homes to admissions which had not been replicated elsewhere. Buoyed by the support of colleagues at Imperial, an infection control team had supported a care home in Chiswick. The Council spent approximately £2 million on procuring and distributing PPE and described how the they had worked with volunteers, community groups and mutual aid groups to achieve this. He applauded the work undertaken in bringing this network together, which could be strengthened and maintained.

Jen Nightingale recounted her experience of the pandemic and how she had been redeployed to work in an intensive care unit. Given the significant trauma that could result from dealing daily with Covid-19 related illness and death, she asked what psychological support and counselling was available to staff and community volunteers.

Lisa Redfern explained that the Council's occupational health team had offered open ended counselling to the Council workforce, care home and domiciliary staff. Professor Orchard explained that the Trust had implemented a range of support options. Clinical psychology teams had been deployed to support staff dealing where required, together with staff counselling. However, he cautioned that the response to trauma often materialised later and that enforcing unwelcomed support could worsen the situation. Counselling would continue to be available and accessible at a point at which individuals had been able to process their experiences. The wellbeing offer to staff was critical.

**RESOLVED**

That the verbal reports were noted.

## 5. PUBLIC HEALTH UPDATE FOR HISPAC

Dr Lang provided an update on the work carried out by Public Health which covered three main areas: care home testing, testing in schools and Covid-19 BAME issues. Dr Lang expressed her thanks to the support provided by Imperial clinicians that had stepped up to work collaboratively across nine different specialities to help form multi-disciplinary teams which included professors, virologists, senior matrons, paediatricians and epidemiologists. The group had been generous with their time and expertise, for which Dr Lang expressed her thanks.

A rigorous testing regime was established which included repeat testing. The work of the group had solidified and produced considerable guidance in response to a unique situation, with patients being discharged and readmitted to a care home. The generosity of all those involved became an immensely powerful force that had unified around a common purpose to find a solution to an urgent situation.

Describing the work on testing with schools, five H&F primary schools in a national Covid-19 study which Dr Lang regarded as a helpful corollary around increased school attendance. A piece of work to address the concerns around the disproportionate numbers of BAME groups affected by Covid-19. This included work with H&F GPs, smart messaging on YouTube planned on Type 2 diabetes. Dr Lang and colleagues had also met with a local Somalian group and began to engage with faith groups, facilitated with the help of Aysha Esakji (Community Coordinator, Safer Neighbourhood and Registrar services, Housing).

Councillor Lloyd-Harris sought further details about the national school's study that the five H&F primary schools were participating in.

The selection criteria in choosing the schools to participate included the percentage of BAME pupils. Keith Fernandez (Workforce Development Officer, Children's Services) had moved quickly to analyse BAME data to identify suitable schools.

Councillor Coleman stated that the Health and Wellbeing Board had set in train several strands of work that targeted the impact of health inequalities on BAME groups and stated that report from Public Health England and its recommendations would be taken forward by the Council. Local work would be undertaken to consider the evidence that would indicate the positive impact of Mutual Aid Groups, H&F CAN and community groups and how this was harnessed to support residents.

Jim Grealy commended the work undertaken on BAME and Covid-19 related concerns and the remarkable support offered by Imperial. The levels of deprivation and poverty experienced by BAME groups in poorer parts of the Borough had been recognised as contributory factors in the high rates of Covid-19 amongst BAME groups and Jim Grealy asked about the kind of work that could be undertaken to alleviate poverty. He also expressed an interest in any advice offered to shielding groups regarding mental health and wellbeing.

Dr Lang concurred that deprivation was a huge factor, coupled with overcrowded housing. The Office for National Statistics had analysed data indicating a link between the lack of outdoor space (garden) and BAME groups. People who lacked access to an outdoor space were more likely to converge outside in public spaces. The impact of a low income on the wider determinants of health was important as it became harder to self-isolate, if for example you lacked outdoor space. Dr Lang referred to the work of Jan Parnell (Assistant Director, Education) and her team in encouraging children to aspire to high profile occupations through careers guidance at school.

Linda Jackson described the extensive work undertaken to support approximately 9000 people who were shielding within the Borough, who currently received varying levels of support. For those that had accepted that they wanted to be helped, a programme of support had been developed between ASC and Children's Services to help people step back into society. This formed part of an on-going conversation ("Conversation Matters" programme, alluded to earlier by Lisa Redfern) with telephone help, and calls lasting up to 30-40 minutes, email and on-going support which was continuing.

Peer support had been provided by approximately 900 volunteers who had been DBS checked (Disclosure and Barring Service) and accompanied people as they went shopping for the first-time following lockdown restrictions being lifted. Equally, the support can be swiftly reinstated if lockdown restrictions were re-established.

Councillor Coleman reiterated concern about low income or zero hours work and deprivation, and the impact on those who felt forced to use public transport as they returned to work.

Transport for London (TfL) had given assurances that hygiene standards on public transport had been maintained through increased frequency of cleaning and the enforcement of the requirement to wear a mask while travelling on public transport (he acknowledged the inherent difficulties of this) which was essential in protecting vulnerable BAME and low income groups. Mark Jarvis commented that the CCG took the issue of health inequality seriously and the fundamental importance of addressing this, both locally and at NWL level.

Councillor Lloyd-Harris urged the Council to reconsider the need to retain public, open spaces for residents. Councillor Coleman responded that a Parks Commission had recently been established and which would welcome engagement and resident involvement from across the community. A growing misapprehension that a park was available exclusively for one "type" of resident needed to be challenged but it was clear that there was an overlap between good mental health and access to a green space.

**ACTION:** A letter from the Committee to TfL regarding the enforcement of the requirement to wear a mask when using public transport and to challenge travellers who were not in compliance with the restriction.

**RESOLVED**

That the report was noted.

## 6. IMPLEMENTATION OF TEST AND TRACE

Lisa Redfern provided a verbal update on arrangements to implement test and trace protocols.

When the concern around the vulnerability of care homes had become apparent, a programme board had been established about two months ago, which included Dr Lang, Linda Jackson (Chair), colleagues from environmental health teams to collectively address this. A local system had been successfully implemented.

Lisa Redfern queried as a fundamental failure why the UK had not nationally adopted a test and trace app model, as implemented in places such as Germany. There were still cases of people being discharged from hospital (regardless of support needs) without being tested and therefore lacked information as to whether they were infected by Covid-19. She firmly believed that the lack of a functioning app would limit test and trace protocols as tracking one case of Covid-19 took considerable input.

Linda Jackson provided more detail about the work of the programme board which included officers from across the Council. The group was required to formulate detailed local outbreak control plans which would focus on support

for vulnerable groups such as rough sleepers, care home residents, anywhere where there were high numbers of people would congregate.

Working with Imperial colleagues, they had exceeded the brief and had additionally developed plans for e.g. travellers, sheltered housing or residents in homes of multiple occupation. National information had been poor on this and sharing data for safety reasons to inform the plans was not regarded as a breach of data confidentiality and Linda Jackson was confident that this would meet public expectation as the minimum standard required to ensure people were kept safe.

They had tested the outbreak control plans and worked closely with NHS colleagues and GPs to develop them further so that plans could be quickly activated. A communications strategy had been planned which involved the Leader writing to residents of the Borough, language translations and being proactive in advocating the importance of test and trace so that vulnerable communities could be protected. Dr Lang had also proactively engaged with local faith groups to that information about test, trace and prevention was being communicated.

Dr Lang described her work with Public Health England. Each day, data was provided with the anonymised and sparse details of any cases identified within the Borough. The incomplete data on each patient resulted in a fragmented picture of people who had tested positive. Dr Lang briefly outlined Pillar 1 to 4 tiers and the complexities of the testing arrangements, but the difficulties of data sharing meant that it was harder and more time consuming to identify residents.

Bringing together Imperial and Public Health information alleviated data sharing issues, uniting patient details with the post code and building the identity of the Covid-19 positive individual. Pillar 1 testing included those who had tested positive through the NHS, either in a hospital or at a GP site. Pillar 2 were tests conducted through drive through hubs or with a home testing kits. Both pillar 1 and 2 data were provided but anonymised. The advantage of this combined data being provided to the Council meant that in theory, officers could find the person and offer support.

Councillor Richardson submitted a question about digital isolation on behalf of Healthwatch Hammersmith & Fulham: what plans there were to ensure that seldom heard communities and people who did not have access to the digital equipment or internet received information about the test and trace programme. Dr Lang outlined the engagement work undertaken with a local Somali community group. There was a recognised concern about the lack of access to smart phones and devices and being digitally excluded. They had tried to identify who had access to digital and ensure that there is more dialogue facilitated within communications rather than just providing information.

Victoria Brignell commented that as Chair of Action on Disability, she supported the Council and the intention to co-produce. She referenced the

recovery plan, paragraph 10.2 and asked about the Council's commitment to coproduction and to elaborate on the phrase "Covid-19 response mode".

Linda Jackson welcomed the offer of support and outlined how this had been taken forward with input and oversight from Kevin Caulfield and Tara Flood (Strategic Leads, Co-Production) to ensure that the recovery plan was driven by co-production.

Linda Jackson continued, and outlined how the past three months had been the critical response phase of the Covid-19 pandemic where for example, libraries and parks had been closed. A challenge which arose from developing the recovery model was to understand what the new offer would look like. It was also important to understand that the pandemic was not over and that a second wave of cases was expected. Dependent on the different stages of recovery, different levels of alertness were required to ensure a swift re-calibration of resources when needed so that the Council could return to delivering critical frontline services and PPE.

Councillor Richardson observed that it was essential that the Council and health partners engaged with vulnerable members of the community and ensure an inclusive approach allowing all voices to be heard and listened to. Jim Grealy added that further pressure on the government would be necessary to get a working app in place ahead of the winter period where the risk of Covid-19, coupled with the flu season would see rising rates of illness. This would be critical to ensure that all the positive work undertaken so far was not undermined.

Roy Margolis referred to an article about a German app, developed in partnership with Apple and Google, which he agreed to forward to members of the Committee. Councillor Coleman commented that efforts were being made to set up a local test and trace system which could have been progressed during the lockdown. Two sets of data had been provided, from drive by testing and from the hospital but this was limited information. However, despite the piecemeal information there was an expectation that the Council would deliver a local solution.

Councillor Coleman expressed concern that the UK should be able to utilise existing apps available in Ireland, Germany and Gibraltar and questioned why no progress had been made nationally on this issue and the lack of a government response. He stated that this was an issue that he had planned to raise through the West London Alliance and required a local solution. Councillor Kwon pointed out that contract test and tracing in countries such as Vietnam, Singapore and South Korea were not reliant solely on app technology. The downloading of an app did not necessarily indicate success but was corroborated and supported by local, high levels of human tracing with people being contacted by telephone, by call handlers.

**ACTION:** To raise the issue of the lack of a national, functioning app with other West London scrutiny committee chairs

**RESOLVED**

That the verbal report be noted and that the action as set out be implemented.

## 7. WORK PROGRAMME

Councillor Richardson invited members to contribute suggestions for the work programme and offered the option of meeting virtually.

**RESOLVED**

That the report be noted.

## 8. DATES OF FUTURE MEETINGS

The date of the next meeting of the Committee was noted as 2 September 2020

Meeting started: 4pm
Meeting ended: 6.10pm

Chair .....

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