London Borough of Hammersmith & Fulham

h&f hammersmith & fulham

Health, Inclusion and Social Care Policy and Accountability Committee
Agenda

Wednesday 8 July 2020 at 4.00 pm
This meeting will be held remotely

MEMBERSHIP

Administration	**Opposition**
Councillor Lucy Richardson (Chair) Councillor Jonathan Caleb-Landy Councillor Bora Kwon Councillor Mercy Umeh	Councillor Amanda Lloyd-Harris
Co-optees	
Victoria Brignell - Action on Disability, Action On Disability Jim Grealy - H&F Save Our NHS, H&F Save Our NHS Keith Mallinson - Healthwatch Roy Margolis Jen Nightingale	

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Reports on the open agenda are available on the Council's website:

http://democracy.lbhf.gov.uk/Health, Inclusion and Social Care PAC 8 July 2020

The meeting will be webcast live and can be viewed:

https://youtu.be/eiiy4iDvLWA

Members of the public are welcome to submit questions on any of the items. These should be emailed to bathsheba.mall@lbhf.gov.uk no later than 12pm, Tuesday, 7 July 2020. If you cannot email, please telephone.

Date Issued: 30 June 2020

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee
Agenda

8 July 2020

Item		**Pages**
1.	**APOLOGIES FOR ABSENCE**	
2.	**DECLARATION OF INTEREST**	

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

3. MINUTES OF THE PREVIOUS MEETING — 4 - 12

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on Wednesday, 4 March 2020; and

(b) To note the outstanding actions.

4. SUMMARY OF ADULT SOCIAL CARE'S RESPONSE TO COVID-19 — 13 - 16

This report provides a summary of the key actions that Adult Social Care services undertook during Covid 19 pandemic.

5. PUBLIC HEALTH UPDATE FOR HISPAC 17 - 19

This report provides an update and summary of the extensive work undertaken by Public Health (H&F) throughout the pandemic. The following links are provided for information:

https://vimeo.com/430076909/df29815031

https://vimeo.com/431851885/ffab48eda9

6. STAFF AND RESIDENT TESTING IN CARE HOMES

This discussion aims to focus on how health partners have sought to protect residents and staff in care homes in the Borough through testing for Covid 19, working closely with the Council.

7. IMPLEMENTATION OF TEST AND TRACE

This discussion aims to focus on the work around Covid 19 test and tracing and plans for implementing this process locally and nationally.

8. WORK PROGRAMME 20 - 23

The Committee is asked to consider its work programme for the municipal year 2020/21.

9. DATES OF FUTURE MEETINGS

Wednesday, 2 September 2020
Wednesday, 4 November 2020
Tuesday, 26 January 2021
Tuesday, 30 March 2021

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Minutes

Wednesday 4 March 2020

PRESENT

Committee members: Councillors Lucy Richardson (Chair), Mercy Umeh and Amanda Lloyd-Harris

Co-opted members: Jim Grealy - H&F Save Our NHS (Save Our Hospitals), Roy Margolis, Keith Mallinson (Healthwatch) and Jen Nightingale

Other Councillors: Ben Coleman

Officers: Jo Baty, Assistant Director, Mental Health, Learning Disability and Provided Services, Adult Social Care; James Benson, Chief Operating Officer, CLCH; Dr James Cavanagh, Chair of H&F CCG; Janet Cree, Managing Director, H&F CCG; Helen Green, High Needs Block Consultant, SEND Linda Jackson, Deputy Director Operations, Strategic Commissioning and Partnerships, Adult Social Care; Mark Jarvis, Head of Governance, H&F, CCG; Dr Nicola Lang, Consultant in Public Health Medicine & Acting Director of Public Health; and Kamal Motalib, Interim Head of Economic Development.

43. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

Item 1a - Minutes

The minutes of the previous meeting dated 27 January 2020 were agreed as an accurate record.

Item 1b – Update on health actions and Covid 19

Dr Nicola Lang provided a brief overview of the national picture and the Council's response to Covid 19 working with local health partners. Almost 17,000 tests had been carried out, with 85 confirmed cases, an increase from 34 previously confirmed. Most of these were individuals who had travelled from recognised countries or at-risk category countries. Dr Lang reported that Dr Paul Cosford (Director for Health Protection and Medical Director for

Public Health England) had predicted that transmission of the virus was highly likely to increase, and the Chief Medical Officer had also reported similarly. There was currently no vaccination or treatment to prevent infection. When cases were identified swab samples would be taken from the nose and throat and tested by Public Health England PHE). Patients with Covid 19 were then isolated and provided with supportive treatment in special isolation units, in hospital. Extensive contact tracing would then follow, undertaken by PHE. Dr Lang reported that this was the “containment phase”, where cases were identified, contained, and to identify the individuals who that person has been in contact with. The next phase was known as the “delay phase” where mitigating measures were applied to slow the spread of the virus.

The Committee were referred to the recently published government plan to address the increase in the number of confirmed cases. Linda Jackson outlined some of the ways in which the Council had worked closely with PHE and local NHS colleagues. Briefing meetings with health colleagues chaired by Councillor Ben Coleman (Cabinet Member for Health and Social Care) had received a good response and colleagues were working well together. Health and social care colleagues were well prepared and had well-established plans in place to respond. Work was also underway to establish the Borough’s resilience forum which, in addition to representatives from health and social care, also included representatives from the police, fire brigade, and local colleges.

Council internal messaging had reinforced health and preventative measures already in place. A training event for over a hundred frontline staff had been well received and this would be extended to schools. The Council had contacted large, local businesses and employers such as Westfield and contingency planning had begun to address a potential 20% reduction in workforce. Much of this was already in place but the key message was to ensure a measured, calm response to the possible pandemic. The Council was reinforcing the NHS message to contact 111 (by telephone or online, and links to NHS websites were on the Council website) for further advice and information, and to not visit GP surgeries or A&E. All staff emails now had the message “catch it, bin it, kill it”.

Parsons Green (outstanding action)
The CCG to provide a written update, together with a timetable for actions Councillor Coleman reported that he had recently written to the CCG seeking confirmation regarding plans to continue activities at the Centre.

44. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bora Kwon and Jonathan Caleb-Landy (attended remotely by telephone); and Co-optee Victoria Brignell.

45. DECLARATION OF INTEREST

None.

46. SPECIALIST PALLIATIVE CARE SERVICES UPDATE

The Chair welcomed Janet Cree, James Benson and colleagues to the meeting. Councillor Richardson briefly explained the background and that the issue had been considered by members at previous meetings. The Committee had provided the CCG with questions in advance of the meeting with aim of achieving critical insight and Councillor Richardson thanked CCG colleagues for written responses submitted prior to the meeting (questions and answers attached as Appendix 1).

Janet Cree explained that CCGs commissioners had agreed to undertake further engagement work. Consideration of the Involvement Document by the Committee was regarded by the CCG as part of that process. The engagement period was expected to last six weeks until 13 March 2020 and subsequent to this the CCG governing body was expected to receive a report on the outcome of the engagement indicating next steps. It was confirmed that any recommended substantive service changes would generate the appropriate level of engagement and / or consultation. Any proposed timeframes for consultation was to be shared with the Committee for comment.

Mark Jarvis outlined the engagement process undertaken to date which had utilised existing networks. Approximately 160 local people and groups had participated in workshops and further events were planned before the end of the consultation period outlining the scenarios set out in the Involvement Document. The intention had been to undertake focused engagement with smaller, local groups and to engage hard to reach groups with protected characteristics. Details of the engagement work had been circulated across the affected boroughs, members of parliament and councillors utilising multiple media channels.

The questions were divided into four key areas of discussion (attached as Appendix 1). Each section was reviewed, and the following points were raised in response by the Committee:

1. Operational / management

Q1a - James Benson confirmed that the current staffing arrangements for the community service was in line with the Trust's safer staffing requirements with a level of consultant leadership provided as appropriate.

Q1c - Keith Mallinson sought clarification about the NHS intention to purchase 'bed days' from providers and how did the CCG ensure that a palliative care consultant was able to supervise staff in other locations. Janet Cree responded that services had always been commissioned from several hospices in addition to Pembridge (Trinity and St Johns) predominantly used for Hammersmith & Fulham residents and so this already formed part of the routine contract arrangement. Palliative care consultants were in post at these sites. James Benson added that at the point the inpatient unit was suspended other providers were allocated

junior doctors for further support to maintain a level of stability across the area.

Q1b – Councillor Richardson commented that the response to Q1b implied that the facilities at the Pembridge inpatient unit were under-utilised. Janet Cree responded that this was not the case and that point she had made was that the increasing number of units means that a full complement of staff was required per unit. Given that there was capacity across the service being commissioned from the providers, including Pembridge. James Benson clarified that an inpatient hospice required three registered professionals on site in order to be able to operate at any time. This was to ensure that registered medications such as controlled drugs could be administered to a patient with the requisite authorisation. Magnifying this staffing model across numerous sites was necessary regardless of the available capacity.

Q1f - Councillor Lloyd-Harris referred to the 48% take up of service mentioned at previous meetings. She enquired if this had been a consideration in the formation of the four scenarios or was there any expectation of additional services being required in response to greater need. Janet Cree confirmed that the aspiration was to increase the access from 48% to a higher percentage.

Janet Cree outlined the need for care provision to be consistently offered and planned. The CCG was aware that a small number of patients who might benefit were using the 'My Care My Way' service access model in West London. However, the interoperability of this an issue and the London Ambulance Service did not have access. While this was improving as the CCG worked on a London wide programme, they wanted to ensure that pathways correctly and contemporaneously recorded patient statistics and treatment. It was confirmed that the 48% statistic was based on a survey carried out by Marie Curie (cancer care charity). Feedback from residents had been that it was not enough to aspire to have 75% of people accessing the service and that 100% would be a better goal. Janet Cree reiterated that the current engagement process reflected the design phase. A solution to the issue was being developed and this would then be brought back to the local authorities as one of the stakeholders that the CCG was engaging with.

In response to a query from Jen Nightingale regarding the awareness of patient pathways, James Benson clarified that pathways were easier to navigate if the patient was already known to the hospice. The process was co-ordinated by palliative care nurses and it was not possible to envisage how this might be improved in future. Dr Cavanagh added that a lot of palliative care provision was made that would not be regarded as specialist. As a clinician, he favoured a co-ordinated hub model which would ensure speedy access and bolster existing teams. One of the key aims of the referral process recognised that it was possible to facilitate greater choice allowing people remain in their own homes for as long as possible.

Merril Hammer (HAFSON) queried what specialist palliative care provision was commissioned by H&F CCG, noting that H&F commissions three beds but it was clear that there were services that were not commissioned. Janet Cree responded that this not included the engagement document but was covered in the evidence document. Commissioned services included inpatient beds and day services demand led in varying proportions from different providers. The hospice at home model was not commissioned but an outreach services were commissioned from St Johns or Trinity. Janet Cree acknowledged that members of the public might struggle to understand the provisions, but different contracting arrangements were in place such as the block contract for Pembridge which allowed providers to forward plan. There was a balance to achieve between consistent utilisation and building in flexibility to meet demand using spot purchases where needed.

Q1g – Janet Cree clarified that further conversations with providers would be needed but the largest resource increase would be in capacity and specialist nurses and care staff in the home but that this would be envisaged in any new model.

2. Local socio-economic factors and patient pathways

Q2a - Jim Grealy asked about travel concerns which he felt had been raised at the workshops but not fully addressed to date. Vulnerable people in deprived areas would struggle to visit family and loved ones in some hospices which were difficult to access by public transport. The time, distance and cost of travel was an issue for many and there was concern that the involvement document lacked information about how these concerns would be addressed. Janet Cree acknowledged the point and explained that they were examining all of the possible scenarios and that this would be considered if a definitive consultation was undertaken.

Jim Grealy referred to Sir Michael Marmot's review (Fair Society Healthy Lives, 2010) which looked at health inequalities, public health facilities, mental health and the decline in life expectancy in deprived communities. The social demographic profile of affected communities was not included in the prospective scenarios. In response, Janet Cree explained that there was no intention at this stage to close the Pembridge Hospice and that the day unit remained open. It was reiterated that the current plans were proposals. James Benson clarified that CLCH was required to collect data about patients and recognised the need to understand local diversity and need, and to engage and support people with protected characteristics.

3. Financial Transparency / Business Case / Contingency Planning

Q3a – Roy Margolis asked if there was a figure that could be provided for the percentage of those requiring hospice day care, and, whether scenario 4 nurse led care could be incorporated in scenario 3. Janet Cree reiterated that this was not a formal consultation and that more detail would be provided in the next phase. Scenario 3 reflected the fact that there was a recognised need for specialist palliative care but that there were different

levels of care within this and scenario 4 had been developed in response to this. James Benson clarified that the hospice movement was borne out of nurse led services and specialist services had developed over time. Some nurses were more experienced and knowledgeable than junior doctors but although a consultant was required to be on call, they did not need to be on site.

A member of the public sought clarification about the level of expertise and competency provided in nurse led care. Janet Cree said that this had been noted in the feedback received but that the details required further discussion.

Councillor Coleman observed that two of the scenarios sought to close Pembridge hospice and he asked if it was possible to do so under scenarios 3 and 4. Janet Cree explained that a full business case had not been prepared but would be considered in the next phase and that there were currently no planned savings against the budget for palliative care.

4. Consultation and Engagement

Clarity was sought regarding engagement with residents and the local authorities and how the decision to close Pembridge will be undertaken. Janet Cree responded that where there was a substantial variation in service then a formal consultation was required. During the discussion that followed the need to co-produce formal consultation was highlighted by Linda Jackson. A good example of this was the co-designed work undertaken with Healthwatch on urgent treatment centres.

Merril Hammer outlined concerns about difficulties in accessing information about the engagement on the CCG website, whether the period of the consultation would be extended given this, and the cancellation of a patient reference group event. Mark Jarvis gave assurances that the issue about website access would be checked. He clarified that they had taken an approach to deploy limited resources that focused on small scale, localised events and engage with individuals or groups that would not normally engage.

RESOLVED

That the Panel noted the report.

47. INCLUSIVE EMPLOYMENT UPDATE

Councillor Richardson welcomed Jo Baty, Helen Green and Kamal Motilib. Kamal Motilib provided a brief introduction which highlighted some of the key socio-economic issues facing residents such as the high number of low paid jobs and correspondingly fewer opportunities for work that attracted higher salaries. There was also an increased use of foodbanks and debt advice agencies. More robust analysis was needed but there were high numbers of people within the borough that were suffering from poor outcomes.

Helen Green expanded on the local offer details of which were provided on the Council's website and outlined the collaborative work undertaken with Parents Active regarding training and development for the workforce. Events such as the Youth takeover day, co-production and plans to recruit new posts within the service to look at post 16+ employment opportunities, pre-employment support and the journey to improve pathways and better integrate support services was all work in progress that would take careful and robust planning. Key to this was to develop a person-centred approach that facilitated better engagement with young people and young adults with disabilities. The lack of a more integrated approach in a challenging economy was a concern.

Jo Baty explained that the opportunity to work with colleagues in The Economy Department was welcomed particularly in terms of developing the currently weak employment brokerage function with employers. The challenge was to identify barriers and to understand what would benefit businesses. The Council had been facilitated supported internships for approximately 6 years focusing on the 16-25 age group partnering with local businesses such as Loreal, offering experience within the workplace with continued education on day release as appropriate. While there were gaps within industries such as construction there were placements within the NHS and there was an intention to broaden this. Through the West London Alliance and highlighting initiatives such as H&F Brilliant Business Awards, Jo Baty explained that they had worked across boroughs to improve access to work placements but a key part of this was ensuring sustainable employment.

Focusing on the Council's past activities, Kamal Motilib observed that there had little departure from what was a generic local offer on retail opportunities. Groups that required more support had not been targeted and most opportunities had been accessed by those who lived outside the Borough. A more nuanced approach was required if the Council was to meet the needs of an increasingly diverse Borough. Kamal Motilib commended the growing work undertaken at Charing Cross Hospital as an inclusive employer. A Cabinet report was planned which outlined the Council's industrial strategy to ensure a more inclusive strategic approach.

A member of Parents Active observed that it was very difficult to navigate and engage with the Council and commented that this could be addressed. In addition to accessing opportunities it was also important to maintain support for vulnerable young people in a way that was sustainable. Helen Green concurred and responded that it was important to streamline the process, for example, undertaking disclosure and barring service (DBS) checks once.

Kamal Motilib added that interaction with employers was critical and was reflected in achieving positive outcomes. He explained that they were trying to increase special educational needs (SEN) access to workplace opportunities for priority groups (young people and adults). Two members of staff worked with potential employers and access to work placements in schools on brokering opportunities. Jo Baty commented that extending provision required refinement and the development of internal job coaches within the Council would support this. Helen Green highlighted plans to create

a hub and reiterated that sustaining people in placements was key, in addition to developing and signposting clear and easy to navigate pathways, linking Council staff with residents and offering co-ordinated support.

Councillor Coleman welcomed the report and sought clarification about the planned report to Cabinet. It was confirmed that the Council did not currently have capacity to provided sustained support for those on supported employment work placements and how this could be provided would be addressed within the report, supported by evidence-based data and analysis.

Members explored the issue and were keen to understand the current lack of provision, the challenges and obstacles for residents, and the need to understand what the definition of being in work meant to different groups and how this was perceived by employers. Councillor Lloyd-Harris observed that the Council had performed well in some areas but that this was inconsistent, querying the robustness of the data sets.

Jim Grealy enquired about the work undertaken with schools in terms of developing employability skills pre-16. Employers exhibited some bias and there was a culture of reluctance to employ vulnerable groups. He was keen to understand how this was being addressed, which groups were being helped and how were large, local employers being encouraged to work with schools. Kamal Motilib and Helen Green responded that the issue would need to be further explored with schools. There were some supported internships in the Borough, some of which were in schools so the opportunity of accessing the most suitable placement depended on the individual's area of interest.

A key priority was to ensure a compassionate Council workforce, and this was being tackled with internal training programs for frontline staff. Linda Jackson confirmed that a total review of departmental form and structure, including staff competency had been undertaken, addressing staff communication and interaction skills. Councillor Caleb-Landy welcomed the approach and observed that it had been a fundamental error in judgement by Government to decline to fund supported employment programs. He asked what other charities the Council was working with and Jo Baty confirmed that the Council had worked with organisations such as Mencap and MIND.

Sharing resources and developing networks was critical and Councillor Richardson sought further information about links to data sources on groups with, for example, disabilities such as the Downs Syndrome Society. Jo Baty that the Council's aim was to continue to develop links, to illustrate, one ambition was to become a dementia friendly Council.

Jen Nightingale highlighted her personal experience where she had struggled to engage with patients who required additional support, either through day services or supported employment placements. She asked officers to explain their pathway experience within the Borough. Jo Baty clarified that day services had always been traditionally organised and there were plans to review and update such provision. It was noted that opportunities for young people transitioning to adulthood were often limited, hence the importance of

day service provision. Reformation could see the service replicating colleges, accessible in the same way as generic college services, possibly utilising direct payment schemes for funding. These were opportunities that most groups took for granted and vulnerable groups should have similar provision and support in place.

BC commended Councillor Richardson's work on driving forward the supported employment agenda. The following actions were noted:

ACTIONS:

- Develop plans for an inclusive employment event, bringing together our residents to identify and understand what opportunities were available; and
- Data and analysis to be provided to indicate and understand the number of internships available locally.

RESOLVED

That the Panel noted the report.

48. WORK PROGRAMME

RESOLVED

That the Panel noted the report.

49. DATES OF FUTURE MEETINGS

The next meeting of the Committee was noted as 12 May 2020.

Meeting started: 7pm
Meeting ended: 9.50pm

Chair ....

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London Borough of Hammersmith & Fulham

Report to: Health and Social Care Policy & Accountability Committee

Date: 08/07/2020

Subject: Summary of Adult Social Care's response to Covid-19

Report of: Lisa Redfern

Responsible Director: Strategic Director of Social Care

Summary

This report provides a summary of the key actions that Adult Social Care services undertook during Covid 19 pandemic.

Recommendations

That the Committee consider and note the report.

Wards Affected: All

H&F Priorities

Please state how the subject of the report relates to our priorities

Our Priorities	Summary of how this report aligns to the H&F Priorities
• Creating a compassionate council	Compassion has been at the centre of all of the work the Council, social care and public health has been involved in, during Covid 19.
• Doing things with local residents, not to them	Our establishment of the H&F CAN is just one example of our Covid 19 response and working with residents. Mutual Aid Groups is another.
• Taking pride in H&F	Our innovative testing work working with Imperial Trust and College has saved lives and is significant reputationally for H&F. the case study is receiving a lot of attention outside of H&F.

Contact Officer:

Name: Lisa Redfern
Position: Strategic Director of Social Care
Telephone: 020 8753 5218
Email: lisa.redfern@lbhf.gov.uk

1. Introduction

1.1 This report provides a summary of the work undertaken by Adult Social Care and Public Health services and includes our joint work with health colleagues.

1.2 It's been a tremendously challenging time for all. However, Adult Social Care and Public Health, alongside health and key provider colleagues have worked extremely hard to save lives and protect those H&F residents in need of support. We've also demonstrated that we've been able to innovate and resolve key issues such as testing and provide Protective Personal Equipment (PPE) locally. We've also learned a lot and forged stronger collaborative relationships.

2. Whole Council approach

We have been helping those supported by social care and those who are shielded or in need of practical support and who may be socially isolated. The Council set up a freephone helpline, H&F CAN, and recruited 2,300 volunteers to help with, for example, food or a chat. The Council is also working very closely with the many resident-led Mutual Aid Groups (MAGs) which have sprung up to support neighbours with shopping and such like.

3. Messaging

Banners across the borough have promoted handwashing, staying at home and social distancing. Ones promoting mask-wearing will be going up shortly. Regular newsletters from the Leader and social media activity have reinforced our messaging and shared good news stories.

4. Key social care and NHS workers

We issued all key workers with ID cards at the beginning of the pandemic, enabling freedom of movement and access to the most vulnerable residents. The Council also put in place key workers' free parking. We arranged a 25% discount for care staff with Uber via its Medics system.

5. Home care

Since the start of the crisis, senior Adult Social Care managers have been chairing daily provider calls to understand and address any problems. As a result, the attendance rate by our workforce has continued to be above 90%. Providers have told us that we are the only borough taking this approach and they greatly appreciate it and feel very well supported.

6. PPE

We have worked hard to provide all our domiciliary care workers and care home staff successfully with ample PPE (and related training), on which the council has spent over £2 million, mainly on adult social care. We have distributed over four and a half million items of equipment in 15 weeks.

7. Care homes

7.1 These have been a very high priority for the council. The lack of testing for patients being discharged from hospital has been woefully inadequate and the systems hard to navigate. For weeks, until we stepped in in early April and closed our care homes to admissions, hospitals were discharging patients both to care homes and to their own homes without testing.

7.2 We've now been assured this practice has stopped and that testing is in place upon discharge from hospital.

7.3 With thanks to round-the-clock work by Public Health and social care teams and Imperial College medics, with support from primary health clinicians and others, that potential reinfection in the care homes, (which are privately managed), has been controlled. There was no "protective ring" around care homes before we became involved.

7.4 Four rounds of testing for all H&F care home residents and staff (both symptomatic and asymptomatic) for Covid-19 have been carried out.

7.5 To ensure compliance with testing, we assured staff that if they had to isolate, we would pay them up to £200 a week (nationally, pay is £95/week for permanent staff and nothing for agency workers, which can make staff anxious about being tested).

7.6 Details of our dynamic work with Imperial are on the LBHF website here:

https://www.lbhf.gov.uk/articles/news/2020/05/how-hf-helped-local-care-homes-control-covid-19-outbreaks-and-save-lives. A case study has also been published in the Journal of Infection here:

https://www.journalofinfection.com/article/S0163-4453(20)30348-0/fulltext.

As a social services director group in NWL, we lobbied successfully for the development of 'hot hubs' across West London – transitional beds for quarantine purposes. Units such as Pembridge were re-opened. People are being nursed in isolation until they test negative and can return to their own home or care home.

7.7 After two months of temporary closure to new admissions and re-admissions, we have now opened three care homes, based on robust reopening criteria developed with Imperial specialists. Public Health England (PHE) have requested our criteria to use nationally as good practice.

8. Testing and tracing

Antibody testing started over four weeks ago and the Council is working on its contact tracing. We are worried by the woeful lack of clear national policy and systems. Again, we're working with Imperial and being innovative in devising the best possible solution for our residents.

9. Relationships with the NHS

H&F Clinical Commissioning Group

9.1 Much-improved relationships and ways of working through our daily NHS Gold meetings. We've all become more agile at discussing and resolving problems and there has been a greater willingness by the CCG to share relevant information.

Clinicians, including GPs

9.2 Excellent cooperation, for example in quickly and thoroughly addressing concerns about one of our care homes. We are aiming to keep this up, recognising that together we're stronger and can do more for residents. We have jointly put in place a care home resilience plan and are planning to draft other key protocols together.

Imperial College NHS Foundation Trust

9.3 Excellent cooperation. The above example of care home testing illustrates the difference and impact that local collaboration can make. This has all been bottom up and clinically led and driven.

North West Collaboration of CCGs London (NWL)

9.4 If in H&F we had relied on the NW London Collaboration of CCGs, we would not have been able to protect our care home residents as fully and swiftly as we did. Cooperation between West London social care directors has been very good: pressure from them led to the NHS opening the West London 'hot hubs' mentioned above.

10. Recovery

10.1 Recovery work commenced several weeks ago. Linda Jackson, Covid director, leads on recovery for the Council. This programme board meets weekly and covers all aspects of Council recovery work. In terms of social care and health the focus of our daily NHS Gold meetings-have now become Recovery Board.

10.2 The recovery strategy has four main pillars of imperatives:

1. The Council is able to maintain a C-19 response mode for those services that are front line critical (Adult Social, Care, some Children's Services and Housing);
2. Financial Resilience & Innovation, reframing services and budgets at pace through service innovation and learning;
3. Rebuilding our economy, business resilience, rebooting the economy. Meeting the new challenge for employment and jobs; and
4. Co-production & collaboration. Working with partners and stakeholders, bigger role in co-production and delivery with key collaborators in community and voluntary organisations.

London Borough of Hammersmith & Fulham

Report to: Policy & Accountability Committee

Date: 30/06/2020

Subject: Public Health update for the PAC

Report of: Dr Nicola Lang -Director of Public Health (DPH)

Responsible Director: Lisa Redfern, Strategic Director Social Care

Summary

We summarise some of the key partnership work carried out by Public Health during the pandemic, including:

1. Care home testing
2. Schools testing
3. Addressing Covid BAME issues

Recommendation

That the Committee note and comment on the report.

Wards Affected: All

H&F Priorities

Please state how the subject of the report relates to our priorities

Our Priorities	Summary of how this report aligns to the H&F Priorities
• Doing things with local residents, not to them	The work we have carried out with care homes, children, and communities shows that we respond to local concerns from GPs, teachers and residents, and that we work with people to solve problems together.
• Creating a Compassionate Council and • Taking Pride in Hammersmith & Fulham	Our proactive willingness to develop our own local solutions when central guidance or resources are lacking.

Contact Officer: Dr N Lang - Nicola.lang@lbhf.gov.uk

1. Care homes and COVID outbreak control and testing

1.1 Between 19 March and the end of April we tragically lost 103 residents who lived in our four large care homes for older people. Please note that not all of these people were Hammersmith & Fulham Local Authority funded residents. Many were funded by other Local Authorities, the NHS, or, were self-funding their care. Half of these deaths (53) of the deaths were attributed to Covid-19.

1.2 Having become aware that local hospitals were discharging care home residents back into their homes without testing, the council took the decision in early April to close the homes to new admissions and readmissions to protect those living there. The DPH then urgently convened a multidisciplinary outbreak control team for each nursing home. These four daily calls, (one for each nursing home), were chaired by the DPH for Hammersmith & Fulham from early April, and included expertise from nursing, environmental health, GPs, social care in order to control the outbreaks and ensure the homes had everything they needed in terms of PPE and advice.

2. Testing of residents

We tested all residents – both symptomatic and asymptomatic - in mid-April 2020, and re-tested the negative residents a week later. We then started a weekly round of 100% resident testing between 15 May and 11 June 2020. This was followed by comprehensive resident antibody testing, which is now complete in three of the four nursing homes and underway in the fourth one.

3. Testing of staff

We started weekly staff nose swabbing for virus in mid-May in parallel with the resident testing. With staff nervous about their income if they had to self-isolate, we ensured 100% compliance with the testing by guaranteeing staff up to £200 sick pay if they had to stop working. We then completed all staff antibody testing in week 4.

4. What did we achieve?

4.1 A strong and lively interdisciplinary team (comprising GPs, virology, elderly medicine, frailty matrons, infectious diseases, academic neurologists, paediatric, infectious diseases/epidemiology, and public health) has been created, reacting quickly to changing circumstances and generating local guidance on re-opening, discharge testing, and use of PPE and social distancing.

4.2 We think it likely that our work saved lives. The comprehensive testing programme enabled us immediately to isolate over 50 asymptomatically infected residents, and informed robust infection control measures in the homes, including a visible improvement in the use of personal protective equipment (PPE).

4.3 Success in our local infection control work was in large part due to the ‘can do’ attitude of all the clinicians involved - a real problem-solving approach across the organisational frontiers, building a blueprint for future partnership working.

4.4 Our groundbreaking work has been published as a case study by the Journal of Infection (see https://www.sciencedirect.com/science/article/pii/S0163445320303480. It has also been written up jointly by H&F Council, Public Health England, the UK Dementia Research Institute and Imperial College Healthcare NHS Trust (see https://mcusercontent.com/83b2aa68490f97e9418043993/files/0cdbca32-aab6-4404-b7a0-cf00cda07438/HF_Nursing_Homes_outbreak_report_FINAL_28.5.2020.pdf).

5. School testing for COVID

5.1 H&F is taking part in a national study of Covid in children, led by Public Health England, who have recruited a total of 138 schools. Of these, 89 schools are participating in a weekly swab study and 47 schools are having swabs and blood tests done at the beginning and at the end of the summer term.

5.2 Five H&F primary schools are taking part – Avonmore, Melcombe, Normand Croft, Addison and St Mary's. We have produced a *Youtube* message to parents and teachers in H&F schools to encourage their participation, written frequently asked questions, held sessions with head teachers to explain the process, and set up the testing days. See video message from the Public Health Director atyoutu.be/eLCLI7Nlmuk

6. Addressing Covid BAME issues

6.1 National reports on increased death rates from Covid in Black and ethnic minority (BAME) groups increased the urgency to address long-term conditions such as diabetes in H&F. We have brought together the lead GP for diabetes (Dr Paula Fernandes), the lead for diabetes in North West London (Dr Buchi Reddy), the Head of Community engagement (Aysha Esakji) and an expert in Public Health engagement (Fraser Serle) to find smarter ways to work with BAME communities.

6.2 A positive open question session with a Somali parents' group took place on 26 June. A video on diabetes management has been produced by Dr Fernandes will now be translated into Somali and Arabic by the Somali community itself, following the advice of the parents' group, and will be shared on Whatsapp, as that is how the group has said they prefer to share information.

6.3 We have also produced a Youtube video encouraging people to register with the national programme for preventing diabetes, or the 'Rewind' programme for reversing diabetes, as well as signposting people to local stop smoking and weight loss services.

6.4 In a collaboration with Imperial, a trainee doctor will be placed with the council's Public Health team from August to work on reducing BAME inequalities in health.

Agenda Item 8

London Borough of Hammersmith & Fulham

Report to: Health, Inclusion and Social Care Policy & Accountability Committee

Date: Wednesday, 8 July 2020

Subject: Work Programme

Report of: Bathsheba Mall

Summary

The Committee is asked to consider its work programme for the municipal year 2020/21

Recommendations

The Committee is asked to consider the proposed draft work programme (attached as Appendix 1) and suggest further items for consideration

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Wards Affected: All

H&F Priorities

Our Priorities	Summary of how this report aligns to the H&F Priorities
• Building shared prosperity	*In accordance with its constitutional terms of reference the work of the Committee will support the Council's priorities by helping to develop, shape and deliver health and social care services for the benefit of all borough residents.* *The Work Programme comprises of health and social care topics, ensuring an inclusive agenda of emerging and strategic policy areas.*
• Creating a compassionate council	
• Doing things with local residents, not to them	
• Being ruthlessly financially efficient	
• Taking pride in H&F	

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Background Papers Used in Preparing This Report

None.

List of Appendices:

Committee Work Programme 2020/21

Appendix 1

Health, Inclusion and Social Care Policy and Accountability Committee
Work Programme Development Plan 2020/21

Suggested items – included for information and discussion (2020/21)

Mental Health	Children's
• Analysis of Mental Health data and how this informs key performance indicators • West London NHS Trust update • Health Based Places of Safety	• Immunisations • Supported Employment – joint piece with children services?
Community / Public Health	**Health Partners and Providers**
• Community Champions - to consider current provision and support, following disaggregation of the service and what this means for LBHF residents; to consider the further development and support of the service. • Health and Public Transport for older residents • The Digital Development of Primary Health Services – GP at Hand	• CAMHS update • Track and track review issues generated by the Imperial Quality Audit. • Engage with and review work being done by PCNs on the effectiveness of their work on Long Term conditions • Dentistry – most services have been suspended for COVID (an issue that disproportionately effect the more deprived areas)