

# Health, Inclusion and Social Care Policy and Accountability Committee Minutes

Wednesday 4 November 2020

## PRESENT

**Committee members:** Councillors Lucy Richardson (Chair), Bora Kwon, Mercy Umeh 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), Keith Mallinson and Roy Margolis

**Other Councillors:** Ben Coleman, Cabinet Member for Health and Social Care and Patricia Quigley

**Officers:** Jo Baty, Assistant director mental health, learning disability and provided services, Adult Social Care Department; Robert Craig, Director of Development and Partnerships, Royal Brompton & Harefield NHS Foundation Trust; Janet Cree, Managing Director, H&F CCG; Dr Richard Grocott-Mason, Managing Director, KHP-RBHT Partnership (King's Health Partners/Royal Brompton & Harefield Partnership); Dr Bob Klaber, Director of Strategy, Research & Innovation (and Consultant Paediatrician), Imperial College Healthcare NHS Trust; Dr Nicola Lang, Director of Public Health; Maisie McKenzie, Operations Manager, Healthwatch Your Voice H&F; Kamal Motalib, Head of Economic Development, The Economy Department; Lisa Redfern, Strategic Director of Social Care; and Jo Thomas, Director of Communications and Public Affairs, Royal Brompton & Harefield NHS Foundation Trust; Jaime Walsh, Healthwatch Your Voice, Director of Operations for Healthwatch and Engagement Services

**Guests and observers:** Cllr Marwan Elnaghi, Chair, Adult Social Care and Health Select Committee, Royal Borough of Kensington and Chelsea; Cllr Max Chauhan, Vice-Chair, Adult Social Care and Health Select Committee, Royal Borough of Kensington and Chelsea; and Jen Nightingale (former HISPAC co-optee)

## 1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jonathan Caleb-Landy. Councillor Bora Kwon gave apologies for her early departure from the meeting.

Councillor Richardson welcomed back Jen Nightingale who had stepped down from the Committee at the end of the summer due to work and family commitments. Councillor Richardson thanked her for generously contributing her time and expertise in supporting work of the Committee and wished her well in her future plans.

## **2. DECLARATION OF INTEREST**

Keith Mallinson declared an interest in Agenda Item 8, Healthwatch Your Voice (H&F), as he was a trustee of Central and North West Healthwatch, the previous provider of Healthwatch services in H&F.

## **3. PUBLIC PARTICIPATION**

The Committee noted that ParentsActive had submitted questions and continued to provide ongoing input which has helped inform the ongoing work on inclusive employment.

## **4. MINUTES OF THE PREVIOUS MEETING**

Councillor Richardson reported that it had been expected that the lack of a proper test & trace app and protocols was expected to be discussed at JHOSC in October, but this meeting was subsequently cancelled. It was noted that Dr Lang would provide further insight on this under Agenda Item 5 and her Covid-19 update. Janet Cree confirmed that the CCG would support and contribute to an item on immunisation take up to the next meeting of the Committee. Actions and outcomes on inclusive employment would be addressed under Agenda Item 6.

## **RESOLVED**

That the minutes of the previous meeting held on 10 September 2020 be agreed as an accurate record.

## **5. COVID-19 - UPDATE**

Councillor Richardson welcomed Dr Nicola Lang and Linda Jackson to the meeting to provide a verbal update. Dr Lang reported that there had been 211 new cases of Covid-19 identified through extensive testing undertaken in the borough although the overall rates was in decline. The rates were calculated on a rolling seven-day average, testing 579 of every 100,00 people (compared to the London average of 300 per 100,00). The borough had the highest rate of infections in London at this time, but the figures changed daily. It was also noted that the borough had administered the highest number of tests.

Dr Lang also reported that Doc Tap, a private GP in the borough had found to attributed 130 Covid-19 positive cases to the borough's public health numbers. Janet Cree confirmed that Doc Tap was a private contractor and that there was no contractual relationship, so they did not come under the

jurisdiction of the CCG. Any action would need to be taken through the CQC (Care Quality Commission).

On the eve of a four-week lockdown Dr Lang confirmed that the borough planned to undertake targeted local testing. Dr Lang thanked Charing Cross hospital for their support, particularly Dr Paul Randell.

Linda Jackson explained that they had prepared action plans in response to the second wave of the infection which also incorporated a flu action plan and formed a critical part of the winter response in terms of managing the wider pressures collectively within the NHS. Targeted, mobile testing was underway with all the logistics being finalised. There was no indication that the government intended to reintroduce shielding but the council planned to continue to support clinically vulnerable people. The successful work around contact tracing was highlighted in the media and commended. 536 people had been contacted by the contact tracing team since 16 September 2020 representing a success rate of 95%, a significantly higher rate than had previously been managed by the central Government.

Janet Cree outlined preparations being undertaken in delivering primary care services to ensure that people were able to have face to face contact throughout a second lockdown. It was essential that access to healthcare services such as immunisation continued. Escalated primary care clinics for those with Covid-19 symptoms have continued to operate and preparations were being made to deal with a potential increase in patient volume. Action plans would be implemented once the threshold for implementation was reached.

Dr Bob Klaber highlighted the theme of collective and joint working which he felt was key across the wider health system. The difficulty was to ensure the continued delivery of essential health services balanced with the competing priorities of responding to Covid-19. There were also combined issues of maintaining segregated space and limited resources to support collaboration across north west London. Elective care numbers were almost on par with the same period in 2019 and that since Covid-19 in March there was a significant backlog that they were working hard to address.

Dr Klaber explained that there were key differences in how a patient responded to the infection in this second surge with a higher proportion of patients that were significantly unwell although with smaller numbers requiring intensive care treatment. Dr Klaber outlined different courses of treatment and related outcomes were explained; and a research partnership between Imperial College London and Imperial College Healthcare NHS Trust was progressing. Much was being done to ensure that hospital sites were accessible with significant investment to support this.

In response to a question from Keith Mallinson about lack of enforcement on public transport Linda Jackson confirmed that the council continued to negotiate with Transport for London (TfL), but this was limited in the absence of local government powers. Councillor Coleman stated that people were concerned about the lack clear signage, communication and engagement on

this issue. Whilst TfL had offered assurance but there had been little progress and that improvements to enforcement would be welcomed.

Councillor Lloyd-Harris commended the work on test and trace but was concerned about the borough having the largest number of cases in London and asked if this was attributable to whether more could have been done or if the response could have been better.

Dr Lang emphasised that the testing rate within the borough was phenomenal, at twice the rate of the rest of London and so more likely to identify positive cases. The approach to testing in the borough was highly robust and targeted making excellent use of communications tools, business intelligence and the tactical positioning of mobile testing units. Councillor Coleman described how the council's innovative and creative approach had garnered significant results. The data provided by the NHS contained details of individuals that had been unreachable and the council's tracing team had exceeded expectations in contacting this cohort. Out of every 100 people tested, 6% return a positive result, a slightly lower rate compared to 7.7% across London. It was critical to look at the proportion of the number of cases being tested.

On a related point, clarification was sought about the eligibility for the flu jab for over 50's and possible mixed messaging about this. Janet Cree clarified that the eligibility criteria prioritised vulnerable groups first although over 50's were being encouraged to have the flu jab. There was an issue of poor uptake in the borough which historically had never exceeded 75% of take up.

Roy Margolis enquired about the current figures for cases in the borough. Dr Klaber explained that current ICU capacity was at 20% being treated for Covid-19%, with 80% following other treatment pathways. This was relatively low compared to April 2020, where 97% of those in ICU were being treated for Covid-19. In terms of the current modelling the number of Covid-19 cases was likely to increase but there was no expectation that it would reach similar levels again.

Jim Grealy commended the work on test and trace with Imperial but asked about what the local response was to address increasing mental health pressures. Linda Jackson explained that there was a big mental health impact on those that were shielding with a significant number suffering from depression. There were also those that were concerned about losing work and redundancies. People were offered proactive support through H&F Can and those needing additional support were being assisted by NHS colleagues. Councillor Coleman confirmed that the council had written to all those who had been shielding to offer support and information through H&F Can and the mutual aid groups (MAGs). Recognising that lots of families were falling into poverty the council had agreed early on to pay for eligible children to receive free school meals during school holiday periods.

## **RESOLVED**

That the verbal report be noted.

## **6. INCLUSIVE EMPLOYMENT - UPDATE**

The Committee received a verbal update from the Jo Baty following up on outcomes arising from the previous meeting on inclusive employment, support residents on pathways to employment. A key issue was to ensure a holistic, whole council approach, which had been championed by the Chair of the Committee, Councillor Richardson. The Economy Department was a key partner within this process to ensure a direct interface with businesses and employers, equipped with suitable knowledge of the language, data and infrastructure to make this successful. Jo Baty described some of the structures already in place which included the programme of internships within the council. The intention was to work with the CCG and other stakeholders to take the work forward through collaboratively with a more joined up approach.

Kamal Motalib reported that they had recently secured and agreed a programme of work as part of the Kick Start programme for which H&F would act as an intermediary. 62 places had been secured and officers planned to submit a second application to secure the next wave of placements. It was confirmed that Action On Disability were involved in this work and that officers were keen to strategically engage with community providers such as Parents Active to also help develop the work.

### **RESOLVED**

That the verbal update be noted.

## **7. UPDATE - ROYAL BROMPTON HOSPITAL**

Councillor Richardson welcomed guests and speakers for this item which was to receive an update regarding the Royal Brompton. Dr Richard Grocott-Mason echoed earlier comments about the benefits and power of collaborative work which strengthened and supported the healthcare system. The work of NHS staff in treating Covid-19 patients at the Brompton was commended with high survival rates for patients on ECMO (extracorporeal membrane oxygenation). The Brompton was one of only two hospitals which had continued to provide cardiac treatment throughout the pandemic.

Dr Grocott-Mason outlined why the Trust supported the proposal to relocate services to Guys and St Thomas hospital. The time taken to invest in, build and develop specialist services such as paediatric congenital heart disease was considerable and invaluable. It was confirmed that Brompton and Harefield hospitals would not be closed and that the intention was to ensure the continuation of clinical outcomes. Consultation about Evalina London Children's Hospital as the new site for services was planned for June 2021 but a new facility was unlikely to be available until 2025 or 2026. In terms of collaboration the consolidation of services would not affect academic ties with Imperial, but this was an exciting opportunity for two hospitals to come together for the benefit of patients.

Dr Bob Klaber outlined the views of Imperial College Healthcare NHS Trust. The clinical needs of the population and access to high quality health services were key factors. Dr Klaber welcomed the increased collaboration around care pathways and the assurance around academics working together.

Roy Margolis enquired about the benefits of the proposal. Dr Grocott-Mason reiterated that this would be the unification of services based at Guys and St Thomas's. Myocardial infraction services at Brompton would remain and there were currently no plans to downsize the provision.

Councillor Quigley outlined her personal association with the Brompton and expressed her concern about the potential long-term and adverse impact of residents in north west London travelling to Guys and St Thomas. The age of the estate was also an issue, despite the many excellent services offered. Councillor Quigley referred to page 4 of the report and enquired about how consultation and engagement would be undertaken. Dr Grocott-Mason clarified that where two hospital trusts joined services this was not required. There was no plan to move adult services and if this was the case there would be a consultation and equalities impact assessment. It was confirmed that services would be continued to be provided from Brompton for the next ten years.

Jim Grealy asked about the value of the real estate and sought clarification about what services would remain at Brompton. In terms of the estate, Dr Grocott-Mason confirmed that the current pandemic had highlighted the difficulties designing segregated space and managing infection control areas. Robert Craig explained that the first service that would transfer would be children's, subject to consultation. NHS England had already decided that paediatric services should only be provided by a specialist children's hospital and that linking up services with either Evalina or Ormand Street was at least six years off, and that until then services would remain as they are. Conversations regarding the estate and value were questions to be considered in the future.

Councillor Richardson sought clarification regarding the Imperial proposal which could see services delivered from Hammersmith and St Marys hospitals and so remain in west London. Dr Klaber responded that this not a "bid" but that Imperial had been asked by NHS England to provide a response. The key stage of the process was the expected clinical transition board that would emerge and identify the clinical needs of the north west London area.

Councillor Coleman sought clarification about the parameters for consultation and engagement and questioned the delay in the consideration of estate valuation until services were about to be removed. Dr Grocott-Mason confirmed that where services needed to be moved, then they would be subject to consultation (a legal process run by NHS England) by Public Health England and that the clinical senate board would also be consulted. There was a rigorous process in place to ensure that there was evidence based clinical reasons for changes in service provision. In terms of engagement,

there would be equalities impact assessment and services would be codesigned through patient engagement.

## **RESOLVED**

That the report be noted.

### **8. HEALTHWATCH - YOUNG VOICES H&F**

Councillor Richardson welcomed Maisie McKenzie to the meeting. Maisie McKenzie outlined work priorities for Healthwatch Your Voice H&F which had been awarded the provider contract which had commenced on 1 April 2021. A key area of work that organisation was focused on was patient access to digital services. A survey had been prepared with input from the Executive Committee of Healthwatch your Voices H&F, Parents Active, the Carers Network and HAFSON to help draft questions, produce an easi-read, large print and braille text formats, available online and in print. Five focus groups were planned to help glean experiences about accessing digital services. There were emerging themes around education, technology, motivation and cost. It was becoming clear that online access needed to be complemented by face to face provision.

Councillor Richardson enquired about the social responsibility to engage locally. Maisie McKenzie explained that they would strategically link with and inform the north west London Collaborative digital strategy and that there was strategic interest in the outcomes of the survey and how digital services might meet the needs of residents on a local level. The work had been commissioned by the H&F Health and Wellbeing Board (HWB) and highlighted the collaborative and strategic approach being undertaken. Councillor Coleman confirmed that HWB had tasked Healthwatch Your Voice H&F to draft a set of service standards that could be used as a framework of reference for the delivery of accessible digital services and which would be disseminated to GP practices. Roy Margolis expressed his support for the survey work and offered to assist with the development of service standards.

Keith Mallinson queried the progress to date on formally establishing a shadow executive committee for Healthwatch Your Voice H&F. Maisie McKenzie confirmed that work on interviewing and recruiting to the shadow committee was currently in progress and would be made up of local volunteers.

## **RESOLVED**

That the verbal update be noted.

### **9. WORK PROGRAMME**

The Committee noted elements of the work programme for the next meeting which could include the following areas:

- Update on the NWL CCG Collaborative merger

- Immunisation take up
- Black and minority ethnic groups and immunisation take up
- Covid-19 – plans to roll out COVID vaccination

**10. DATES OF FUTURE MEETINGS**

The date of the next meeting was noted as Tuesday, 26 January 2020.

Meeting started: 6:30pm  
Meeting ended: 8:46pm

Chair .....

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