London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Wednesday 2 December 2020

Committee members:
Councillor Ben Coleman, Cabinet Member for Health and Social Care (Chair), LBHF
Vanessa Andreae, H&F CCG (Vice-chair)
Dr James Cavanagh, Chair of the Governing Body, H&F CCG
Janet Cree, Managing Director, H&F Clinical Commissioning Group
Toby Hyde, Deputy Director of Transformation, Imperial College Healthcare NHS Trust
Inspector Mark Kent, AW Safeguarding Partnership Hub, Metropolitan Police
Dr Nicola Lang, Director of Public Health, LBHF
Jacqui McShannon, Director of Children's Services, LBHF
Lisa Redfern, Strategic Director of Social Care, LBHF
Maisie McKenzie, Operations Manager at Healthwatch H&F

Nominated Deputies Councillors and members in attendance:
Councillor Patricia Quigley, Assistant to the Cabinet Member for Health and Adult Social Care, LBHF
Councillor Lucy Richardson, Chair of the Health, Inclusion and Social Care Policy and Accountability Committee

Other attendees:

Residents
Peggy Coles, Coordinator H&F Dementia Action Alliance
Stuart Downey, Chair, H&F Dementia Action Alliance;
Jim Grealy, HAFSON
Merril Hammer, HAFSON
Giles Piercy, MAGs
Kate Sergeant, Local Services Manager H&F, Alzheimer's Society

Health services
Caroline Durack, H&F GP Federation
Philippa Johnson, Director of Operations, Central London Community Healthcare NHS Trust
Wendy Lofthouse, Dementia Commissioner, H&F CCG
Pippa Nightingale, Chief Nursing Officer, Chelsea and Westminster Hospital NHS

Council
Jo Baty, Assistant director mental health, learning disability and provided services Social care

Linda Jackson, Director of Covid 19
Joanna McCormick, Assistant director health and social car

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Larry Culhane and Glendine Shepherd.

2. ROLL CALL AND DECLARATIONS OF INTEREST

The Chair called out a roll call of Board members. There were no declarations of interest.

3. PUBLIC PARTICIPATION

None.

4. MINUTES AND ACTIONS

RESOLVED

That the minutes of the previous meeting held on 30 September 2020 were agreed as an accurate record.

5. COVID-19 UPDATE

Linda Jackson and Dr Nicola Lang provided a joint verbal update on the Council's activities in response to Covid-19. Linda Jackson outlined the work and impact of the contact tracing programme which had gone very well. Tracing data provided consisted of those individuals whom NHS contact tracers had been unable to contact. By comparison, the H&F programme had successfully contacted 99% of this group, achieved by a combination of door knocking and phone calls. Councillor Coleman observed that the rate nationally for contact tracing was 60% and that of the cohort that the Council had been asked to trace, the rate was even lower at 40%. It was commented that the lack of impetus at a critical, earlier time would have made a significant difference and that it had been a disastrous government failure to not introduce local contract tracing and other preventative measures sooner.

Members of the Board commended Linda Jackson and her staff, regarding the results as an excellent achievement and a positive example of local expertise and knowledge being applied so successfully, under difficult and challenging circumstances.

H&F were one of the first London councils to undertake lateral flow testing and had rolled out a targeted testing programme in care homes, with residents and staff, GPs and GP practice staff, with the possibility that this might be further extended to include sheltered housing schemes and in tandem with PCR (polymerase chain reaction) testing, in line with government guidance. The main difference between the two tests was that there was greater likelihood of a false negative with the lateral flow test. This combined

approach allowed for testing in care homes. It was reported that the vaccination programme both locally and nationally was being led by the NHS. The local CCGs were working to help roll out vaccination programmes in a planned way and the mantra “hands, face, space” was still very much relevant in terms of prevention and awareness of the priority need for infection control. The Liverpool mass testing programme was currently underway and although a decision had been taken to not adopt the same approach, Linda Jackson confirmed that they had an in depth understanding of local needs and were able to work with the local communities. High risk, vulnerable groups had been identified and a planned and phased roll out would be undertaken with care homes, followed by primary care networks. There were also plans to train staff as swabbers. It was confirmed that the council currently had enough test kits.

In terms of the flu vaccination, Dr Nicola Lang confirmed that the rate of uptake had not been as high as was hoped and that corrective action to address this was in progress through improved communications utilising social media and that Public Health were engaged in work with local faith communities. Rates had been poor, but as Lisa Redfern observed, there had been a slight improved during the past two weeks evidenced by a 2% increase in uptake. The need for closer monitoring was accepted and following discussion it was agreed that the issue would be considered at the next Health, Inclusion and Social Care Policy and Accountability Committee meeting on 26 January 2021. Janet Cree concurred and pointed that rates of uptake were low across all cohorts but particularly low in the under 65 age group who were at risk.

Vanessa Andreae reported that the rate of uptake had surpassed figures for the previous year which represented huge progress given the need for social distancing. Councillor Coleman commented that the borough had one of the lowest uptake rates in London and that other councils had largely managed to maintain better uptake rates. Councillor Quigley recounted her experience of trying to arrange for a flu vaccination given that she was currently shielding. She asked if it was possible for volunteers to be used in helping to deliver the vaccine to those who were shielding at home. Philippa Johnson made it clear that this could not be considered a viable approach. Qualified health professionals and district nurses were required to ensure the safety of both staff and residents. There were also complexities around storing and administering doses effectively that needed to be considered

Merril Hammer acknowledged that although there had been improvement the uptake remained shockingly low, not just amongst the under 65s but there were also low rates for the over 65s within H&F, with overall figures across all cohorts disturbing. The rates for primary care staff was at 50% and Merril Hammer enquired what action other CCGs had taken to get better uptake rates. Janet Cree agreed that the rates for health staff was disappointing and responded that the CCG had consistently shared best practice and learning with other CCGs. They had worked consistently over the past five years to improve rates, working with the Board, primary care networks and the wider North West London system. Whilst she recognised the seriousness of the issue there was no easy solution. Dr James Cavanagh cautioned that there

was a struggle to understand individual choices around vaccination and testing and the right to make such choices. These could be inexplicable, but it was important to take the time to empathise with where these beliefs are coming from. This might also be a big challenge when it came to the Covid vaccine. Vanessa Andreae added that she had anticipated a bigger, national campaign but this had not been evidenced to date so this may require localised communications utilising, for example patient feedback groups. However, she did not think this was question of access (unless shielding) and that there was little anecdotal evidence to support this.

Merril Hammer reported that Imperial were actively engaged in trying to address low uptake amongst Trust staff, given that they had a role in protecting patients. Imperial to build this into terms and conditions for newly appointed staff suggesting a more proactive approach. Dr Cavanagh reflected that this would make it harder to attract and recruit staff and that it was an individual right to refuse a vaccine. In response to a question from Sue Spiller, it was confirmed that the flu and Covid vaccine required a 7-day gap between administration although this might change given future advancements in epidemiology.

Councillor Coleman enquired if it was possible to apply the methods used to successfully reach those that were unreachable and whether the CCG could apply these. Linda Jackson confirmed that they had considered behavioural sciences and that this had been discussed with the CCG who were keen to explore this further.

Jim Grealy observed that H&F was not distinct from most of the other West London boroughs and asked if it was possible to commission some comparative research to understand and identify factors for low uptake locally and what other boroughs were doing with greater success. Councillor Coleman summarised that there appeared to be a collective commitment to improve uptake but that this was not reflected in the results and that there was a need to address the feedback from under 65's indicating a lack of trust in vaccines. Councillor Coleman commented that although the Joint Committee for Vaccination and Immunisations (JCVI) amended priority lists he queried whether GPs had local flexibility to vary this. Pippa Nightingale explained that there was a national team supporting clinicians in the delivery of the vaccine as determined by the JCVI according to a health and age driven criteria. Within NWL there had been pragmatic agreement to allow greater freedom to be exercised by clinicians at a local level.

Dr Lang had previously reported on the work of the newly re-established H&F Immunisation Working Group, where the themes for childhood immunisations were similar to adult vaccinations. Specific focus groups had been conducted and there were overwhelming views such as, for example, the belief that the vaccine will insert a tracker, which was concerning. Dr Lang confirmed that this work could be considered more fully at the HISPAC meeting in January. Some progress had already been made through effective engagement with the local Somali community and agreement to use more effective channels of communication such as WhatsApp rather than letters and Dr Lang was determined things should improve.

In concluding the discussion Councillor Coleman expressed concern about vaccine prioritisation being determined inclusively. It was important to continue to develop the engagement work initiated by Dr Lang working with opinion formers within each community to build trust in the council. Jim Grealy commented that whilst most residents would take a positive view of the Covid vaccine others might need encouragement and he suggested that the council considers using advertising banners that had proven to be successful in communicating key information across the borough.

ACTION: That HISPAC receives a report on the work of the Immunisations Working Group supported by the Director of Public Health.
ACTION: That the Directors of Covid-19 and Public Health explore the potential of using banners to communicate information about vaccine uptake.

RESOLVED

That the verbal report and actions be noted.

6. INTEGRATION

The Board received a verbal report from Lisa Redfern and Janet Cree regarding national NHS changes and the introduction of integration systems which included the Integrated Care Partnership. Janet Cree updated the Board on new governance arrangements following consultation with CCG governing bodies and a conditional approval decision to move to a merged, single CCG body covering North West London in November 2020. Acceptance of an amended constitution was recommended for consideration on 25 November by the eight CCGs and GPs would vote on whether to accept the revised constitution this week, with the results to be notified the following week. The deadline to submit any outstanding plans was 31 December and was currently on track, subject to the vote. GPs were expected to undertake a further vote in January on the new governance arrangements and the establishment of a new shadow governing body at the end of February, ahead of the closure of local CCGs in March and with the newly formed single CCG going live in April.

Janet Cree provided outlined the role of an ICS to lead the planning and commissioning of care for their populations providing systems leadership for a collective of NHS providers, commissioners and local authorities working together to improve local health and care provision through an integrated partnership. The ICS would be a non-decision making, strategic group independently chaired by Penny Dash and all provider organisations would be represented including the London Ambulance Service. There was also local government leadership from Harrow Council Leader Councillor Graham Henson and City of Westminster Council Deputy Leader and Cabinet Member for Adult Social Care and Public Health Councillor Tim Mitchell. One of the expected outcomes was to have an initial conversation about the strategic priorities for North West London. The process was about bringing together

information which would help to inform and identifying emergent priorities as part of the current NWL evolution. In terms of next steps broad content at the ICP would need to be agreed and assurance that that there would effective engagement with stakeholders. The anticipated vision was about improving life expectancy, health outcomes and to establish initial priorities around this such as mental health.

Janet Cree outlined three key functions: strategic planning, delivery of care and assurance of delivery, and to look at inequality hotspots through gap analysis. The clinical strategy would be evidenced based on interventions and identify models of care suitable for NWL. This would be supported and driven by compliance with governance standards to ensure that the right leadership was in place in each of the organisations. The intention was to provide the very best, equitable and simple local care consolidated to achieve the best outcomes and ensure that this was also reflected in terms of providing specialist care with an effective use of resources.

Having just chaired her first ICP meeting on 23 November, Lisa Redfern reported that the ICP was an alliance of NHS providers that would work together to deliver care through collaboration rather than competition and that this included hospitals, GP practices and third sector providers. The ICP fed into the ICS and although it was established it would undergo a refresh together with a review of governance structures and a workshop planned for the new year. It was noted that CCG would eventually become redundant and Councillor Coleman added that councillors and local authorities would be working together and that this might include a periodic rotation of local authority membership.

Merril Hammer cautioned that the ICS was amorphous and lacked a clear structure and legal identity. Concerns about the move to a merged single CCG entity remained, despite the Long Term NHS plan reference to maintaining local bodies. A key concern was that the public would have no clear understanding of the ICS structure and what the new system would look like. It was noted that there had been a CCG commitment to delivering co-produced services, but it was important to understand how this would work at ICS level and whether there would be a follow through commitment to work with the borough. Dr Cavanagh concurred and accepted that there were issues the ICS structure. The CCGs would eventually be abolished as part of a move away from an internal market model. Providers would work together, and improved co-operation would place patients around the health care system to access the right provision which would be an enormous benefit. Improved co-operation and a strong emphasis on effective, place-based partnership would be critical. Councillor Coleman welcomed this and highlighted the borough's commitment to doing things with residents and not to residents.

RESOLVED

That the verbal report be noted.

7. DEMENTIA

The Board received what would be the first of three presentation about dementia and how the council provided support for residents and visitors to the borough diagnosed with dementia. Jo Baty outlined that a second meeting would consider a draft strategy and action plan which would co-produced that involved input from the Dementia Action Alliance and the Alzheimer Society before final agreement at a third meeting.

Stuart Downey outlined how his work in private practice as a solicitor supporting individuals and their families in dealing with mental health and capacity issues and his own personal experience of dementia had afforded him significant insight. As Chair of the Dementia Action Alliance (DAA) he explained the key aim of the organisation was to encourage Hammersmith and Fulham to be a dementia friendly society. The scale of dementia was a huge issue affecting many people personally and professionally and H&F was unique in that it paid for home care provision for residents including those living with dementia. There was significant statistical evidence to indicate that by 2030 the cost of health and social care within the Borough could amount to £105 million, at twice the expected rate of inflation. The number of residents currently in the borough diagnosed with dementia was 889 and this was expected to increase to 1800.

An integrated, more holistic and innovative approach with wider community and voluntary support was advocated. During this summer, a strategic group had been established to bring together representatives from across the borough to actively develop a network of support. The group had looked for both quantitative and qualitative data to help identify a platform, a direction of travel and gain an understanding of existing providers within the borough, working with organisations such as Sobus. Identifying existing strategies had not been straight forward and data had been unavailable as information had not been recorded. A different approach to dealing with dementia within the borough was needed to bring together people and services and deliver a more cohesive framework of support services. A dementia friendly community would be a friendly community.

Kate Sergeant explained that this had been a collaborative process to date and although clinical input was required, much of the support would result from the social care community to address cross-cutting issues. Dementia was a long-term illness spanning years, a serious diagnosis without a cure or effective medical treatment. A person with a dementia diagnosis was normally sent straight back out into the community to deal with the consequences of their diagnosis with little support. Similarly, for the primary carer of a person with dementia there were significant and challenging and an important part of the strategy would be to ensure support was provided for carers.

Peggy Coles outlined how working with people with dementia inspired workshops at Hammersmith Town Hall in 2016 which provided activities and advice. Improving a local dementia offer required a dedicated and collaborative vision. She commended the borough for building on its mission to be a compassionate borough. A challenge offered to the Board was that all

member organisations became dementia friends, to consider how partners can collaborate and finally for GP practices to be dementia friendly. The goal was for orgnisations to apply to be a dementia friendly company by 2022.

Councillor Coleman welcomed presentations and thanked contributors for their unyielding and tenacious commitment. Members views were sought about one aspect that they would like to see improved by 2022 and what this might be. The following points were made:

- To raise awareness about dementia and services available for excluded communities, and to make these more accessible to minority groups;
- To have earlier diagnosis and to improve the low rate of diagnosis through education and awareness of the signs to look out for;
- Destigmatise the dementia diagnosis and to prevent discrimination. A more intergenerational approach was required that involved younger people in the borough;
- To recognise that dementia was a mental health issue;
- To ensure that those with dementia could access and receive palliative care support (Appendix 1, page 22 of the report);
- Support for carers, including young carers specifically, needed expansion, many of whom were unpaid and unskilled and recognition that the carers allowance was insufficient;
- Recognition that there were increasing numbers of single people in the borough and who live in isolation and a dementia diagnosis would have significant consequences for those lacking a support network;
- Tailored support in terms of need;
- To understand how the hospital environment feels for people with dementia and this can be improved;
- The role of assistive technology in supporting people with dementia;
- To develop a “wellbeing environment” suitable for those with dementia; and
- For providers to improve communication and sharing information protocols to better facilitate contact carers and people with dementia.

RESOLVED

1. That the Health and Wellbeing Board support the development and delivery of an integrated Hammersmith and Fulham Dementia Strategy between the local Council, the local NHS, the voluntary sector, our residents and businesses be agreed; and
2. That the Health and Wellbeing Board agreed to support its members and constituent groups to become Dementia Friends.

8. GP ACCESS TO DIGITAL SERVICES - DRAFT CHARTER OF STANDARDS

Councillor Coleman welcomed Healthwatch Your Voice H&F who had been commissioned to conduct a piece of survey work which had helped to inform and help set out a draft charter of inclusive standards to provide guidance to GP practices and the wider NHS shaping access to digital services. Maisie

McKenzie emphasised that draft standards were iterative, inclusive and had been co-produced with input from the Healthwatch YV H&F shadow executive committee, the local authority, CCG and HAFSON. Nisha Devani confirmed that draft standards were derived from the response to the survey questions which also been carefully calibrated to ensure accessible and inclusive engagement.

Councillor Coleman welcomed the draft charter of standards and asked what a GP practice might commit to and adapted for use in hospitals, and what the next steps might be. Nisha Devani explained that this was the start of the conversation and the intention was to work with GP practices to and that this would be an iterative process. It was recognised that the NHS was currently in a state of flux with significant changes, but it was essential to engage with clinicians in order to maintain a balanced view. Following the engagement work with residents it was now important to obtain input from GPs. Following a question from Merril Hammer it was also clarified that although the draft charter had come out of the survey work, this information would be presented at a separate meeting of the Board. This would include the headline findings from the survey and data from the focus groups. This would allow an opportunity to understand the core issues for patients which could vary demographically. Councillor Richardson commented that draft charter needed to be contextualised and simplified, with greater clarity to understand who the charter was for. If aimed at patients then a “less is more” approach was suggested, written in a clear and accessible way.

RESOLVED

1. That the draft charter of standards would be further refined with input from primary care networks and the GP Federation; and
2. That the Board would consider a further iteration of the draft charter at a future meeting.

9. FOOD ACTION PLAN

Jo McCormick briefly outlined the Food Action Plan (FAP) the key focus of which was on the different projects and programmes that were currently ongoing. It was clarified that that this would also capture NHS work around the borough. Pre-Covid there was a focus on health eating and the principle the draft aims for the borough were that no one should go hungry or be malnourished, that everyone can eat healthily and that no one should eat alone unless they chose to. A further aim that was also being considered was eating without causing harm to the environment. The Board was invited to endorse the FAP which brought together different strands of work and tracked the various activities.

Vanessa Andreae commented on the frailty work undertaken by consultants at Imperial and it was noted that the need for regular meal support for people was identified through patients presenting with weight loss. The often-overlooked benefit of frozen of tinned food over fresh food was acknowledged and the Board noted the ongoing work of community groups such as the Smile Brigade which planned to deliver 600 Christmas lunches by e-bike.

Jim Grealy asked if the quality of hospital food could be reviewed at for example Imperial. Toby Hyde commented that the issue of food was complex and that there was currently work ongoing to look at the provision of cafes on Trust sites and work with local organisations to improve the quality of food for both patients and staff.

Councillor Coleman emphasised that the aims were work in progress and would be subject to further and more nuanced refinement to reframe the aims. A suggestion to amend the wording to: "that everyone in the borough has an opportunity to eat with others" was agreed.

ACTION: Further reports to be provided to the Board and to be included in the updated work programme.

RESOLVED

1. That the Board endorsed the development of the Food Action Plan with Board partners and with a slightly amended third aim and that the fourth aim be considered further; and
2. That the Board continued to steer and monitor the Food Action Plan work.

10. WORK PROGRAMME

RESOLVED

That the Board's work programme be noted.

11. DATES OF NEXT MEETINGS

Monday, 8 February 2020.

Meeting started: 6.30 pm
Meeting ended: 9.23 pm

Chair .....

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