London Borough of Hammersmith & Fulham

Health and Adult Social Care Policy and Accountability Committee

Minutes

Thursday 7 October 2021

PRESENT

Committee members: Councillors Lucy Richardson (Chair), Jonathan Caleb-Landy, Bora Kwon, Mercy Umeh and Amanda Lloyd-Harris
Co-opted members: Lucia Boddington, Victoria Brignell, Action on Disability; Jim Grealy, H&F Save Our NHS; Keith Mallinson and Roy Margolis

Other Councillors: Councillor Ben Coleman

Officers/guests: Lucy Allen, Head of Community Independence Service (CIS), CNWL; Jo Baty, Assistant director specialist support and independent living; Dr James Cavanagh, Chair, H&F CCG; Gail Dearing, Associate Director mental health, WLT; Helen Green, Service Manager Engagement and Planning, The Education Service; Merril Hammer, H&FSON; Dr Nicola Lang, Director of Public Health; Dr Christopher Hilton, Executive Director of Local and Specialist Services, WLT; Mary Lamont, Strategic Head of People and Talent Transformation, Talent and Inclusion; Helen Mangan, Deputy Director of Local Services, WLT;
Oliur Rahman, Head of Employment and Skills Economic Development
Lisa Redfern, Strategic Director of Social Care; Sue Roostan, Susan Roostan, Borough Director, H&F CCG; Wendy Lofthouse, Mental Health Commissioning Manager, H&F CCG; Sue Roostan, Borough Director H&F CCG; Linda Stradins, Service Manager, H&F MINT, WLT; and Matt White, Interim Tri Borough Head of Hospitals, Health Partnerships

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the previous meeting held on 30 March 2021 were agreed as an accurate record.

2. APOLOGIES FOR ABSENCE

None.

3. ROLL CALL AND DECLARATION OF INTEREST

The attendance of committee members was noted and there were no declarations of interest.

4. PUBLIC PARTICIPATION

None.

5. INCLUSIVE EMPLOYMENT UPDATE

5.1 This report provided an update on progress made to reshape the local offer which has been completely transformed post Covid-19 highlighting improved areas developed across Social Care, Children's Services and The Economy council departments. The improved local offer was intended to support young people and help them to overcome obstacles to employment and educational opportunities. The committee had previously considered this on 10 September 2020 and Councillor Richardson welcomed Mary Lamont, Mandy Lawson, Jo Baty, Helen Green, and new starters Yvonne Okiyo and Oliur Rahman.

5.2 Jo Baty introduced the update which set out the collective, corporate work undertaken on inclusive employment.

5.3 Helen Green outlined the approach of Children's Services which considered a person-centred employment pathway and a "stepping-stone" approach. A young people's cross departmental inclusive employment operational group had been established bringing together the council and voluntary sector partners. This collective approach allowed the voice of young people to inform and to contribute to the development of pathways. There were 27 supported internship programmes across North West London, including one at the council. Young people had presented at a senior manager forum informing them about their needs and aspirations and other events to consider employment opportunities which had received positive feedback.

5.4 Oliur Rahman continued with an outline on where the council was on the labour market and unemployment rates which although high following a sharp increase following Covid-19, remained steady. At the end scheme in September 2021, 5200 residents were on furlough when the scheme ended. It would take some time to evaluate the economic and social impact of this. Building on a broad West London study commissioned by the West London Alliance (WLA). Recovery to pre-pandemic levels could be expected across the area by 2023. The council had supported the creation of 134 vacancies through the Kickstart programme working with partners across the council and externally, which compared favourably with, for example, Camden, with 100 vacancies. The council worked closely with the Department for Work and Pensions (DWP) to help deliver partnership work with funding to target and support residents that had been most affected by the impact of the pandemic, in addition to matching local need and aligning this work with the council Industrial Strategy. Statutory programmes such as Work and Health

and Jets targeted the long term unemployed to address health barriers to employment.

5.5 An integrated approach was also being taken in terms of work with schools and students, aiming to raise aspirations and awareness, and a youth hub was planned on the Barons Court campus, West London College (WLC). The council had been working to add social value by ensuring that all contracts exceeding £100k in value were able to deliver additional value for residents. The results of these were beginning to emerge and this would be key to generating work experience as well as improved job outcomes.

5.6 Mary Lamont emphasised the collaborative work taking place across key departments and the development of a 12-month list of priorities and work plan to deliver this. A new diversity and inclusion lead, Yvonne Okiyo had been appointed and a manager's initiative had pledged to provide support with for example, interview techniques, sharing best practice and guidance. The apprenticeship programme currently had 83 apprentices across the council and a new quarterly young people's network would commence in October 2021, open to anyone working at the council under the age of 30. All of these initiatives combined to ensure that the council learned, developed, and continued to improve practices and behaviours, embedding equality, diversity, and inclusion across the council. Key to this was the collation and use of robust data.

5.7 Jo Baty described the work collaborative work undertaken between Social Care and West London College to modernise day services with a specific focus on pathways to employment. The department was also working with Certitude (previously known as Yarrow) using a "market shaper" role, the aim was to promote pathways to employment, signposting across the borough to allow people to access different services supporting them into work. Jo Baty also referenced mental health working through the Integrated Care Partnership (ICP) supporting residents with mental health issues into employment. A new Independent Living Delivery Group had been established in Social Care to focus the energies of the Service on how best the Council can give residents choice and control, including co-produced pathways to employment.

5.8 Lucia Boddington asked about employment pathways from the perspective of an autistic young person. Working collaboratively for someone who was autistic was difficult and she asked if this could be addressed through training or perhaps included in an animated graphic. Jo Baty reported that she had met earlier with Queens Mill Academy to discuss training for providers in social care for day services and short breaks on autism. With its new autism strategy informed by the views of parent carers and families, there was a recognition that it was essential to embed an understanding of autism across the base and that training be rolled out to local employers. A suggestion about the visual impact of using creative, animated graphics to promote employment to young people with learning disabilities or autism was welcomed.

5.9 Roy Margolis welcomed the presentation and commended the excellent work being progressed. He asked about school careers provision for students with special educational needs, what resources were used, and how school leaders and students were targeted so that they were aware of opportunities. Helen Green explained that Matthew Coulbeck, Schools Advisor, Children's Services supported an inclusive careers leader's network, through the Careers Enterprise Network and this included the participation of some of the borough's special schools.

5.10 Jim Grealy welcomed the presentation and details that focused on targeting of work opportunities. He asked about the high percentage of pupils whose families were on Universal Credit, and the connection between health inequalities and the ability to work, and, whether in monitoring the connection to being on benefits was an impediment to work for some people. Councillor Lloyd-Harris asked about vibrant places, and what the council was doing in relation to bring culture into the community. Oliur Rahman explained that upstream work with partners already focused on working with organisations like Hammersmith Society, and the Mayor to support local activities. Work had also been undertaken on understanding the statistical link between being on benefits and the potential obstacles this presented to advancement through access to employment opportunities. A working group had been established to explore the data that might support this perception, that would feed into a review action plan.

ACTION: Oliur Rahman to share key highlights set out in a briefing note on the impact of Universal Credit cuts on residents.

5.11 Councillor Jonathan Caleb-Landy enquired what measures could be used to identify what progress was made, particularly as the local economy recovered from Covid-19. Data on groups with neurotypical disabilities would help to identify the whether the right interventions were being applied. Understanding how these could be used to measure progress would help improve outcomes. Gathering robust data across different departments which use varying criteria could skew the data and officers had discussed the feasibility of developing an in-house database that can draw data at a local level and reported on a regular basis.

5.12 Councillor Richardson thanked Councillor Caleb-Landy for an insightful question and comment. It would also be helpful to have details about the 16 of the 300 people on supported internships, whether they were in full time employment, their destinations, if they were placed within the borough, and to also celebrate those businesses that are employing them. Councillor Richardson felt that it was important to focus on outcomes for young people who might not achieve English and maths at GCSE level, which would mean that they would find it extremely difficult to access post 16+ educational and employment opportunities. On behalf of herself and H&F colleagues Jo Baty extended thanks to Councillor Richardson who had provided encouragement and support to officers and contributed significantly to the ongoing development and shaping of the H&F offer.

ACTION: Jo Baty and colleagues to provide further update on progress, particularly in developing the use of data and dashboard, to include a range of information, as highlighted in the discussion.

RESOLVED

That the committee noted the report and actions as set out.

6. COVID 19 UPDATE - TO INCLUDE FOCUS ON VACCINATION

6.1 Councillor Richardson introduced this item which was a verbal update provided by Sue Roostan and Dr Nicola Lang. Sue Roostan took questions and Dr Lang followed up with a brief update on phase three of the borough's vaccination programme.

6.2 Councillor Richardson recognised that the borough had one of the lowest vaccination rates in North West London and asked what was being done to address this. Councillor Ben Coleman reported similar concerns about the most recent developments which included the closure of the mass vaccination centres, the indecision of NHS England about pharmacies operating as vaccination hubs and a shortage of vaccinators. Residents were limited to four pharmacy locations offering a Covid vaccination. There were also variations in reporting, with the borough's progress reported differently by both NHS Foundry System and NWL Integrated Care System. Whilst planning was ongoing the cumulative affect presented a difficult picture which ignored the point that making vaccination simple and easy was a proven approach, for example, using pop buses.

6.3 Sue Roostan confirmed that there were some data anomalies in the calculations and where the borough was placed in the league tables, but the borough was middle of the pack in terms of NWL figures. The borough was offering the vaccines to those that were eligible in line with the JCVI delivery programme (Joint Committee for Vaccination and Immunisations). Booster vaccines were being offered, in addition to first and second doses, working with the local authority to implement a targeted approach, in partnership with GP practices.

6.4 There was not a shortage of vaccinators but there was a requirement to have a minimum number of registered healthcare professionals on site when vaccinators were working, and this was a significant issue. In addition to being responsible for the preparation of the vaccine and overseeing the clinical work of the vaccinators, they were also responsible for participating in the primary care recovery work and supporting pop ups and vaccine buses, supported by the local authority and Imperial staff. A vaccine bus at the Claybrook, and the Stephen Wiltshire facilities had been very well received. While concerns about low take up were understandable it could not be attributed to low resources. There were currently five pharmacies with a further eleven expected to be authorised and functioning shortly. There were also four primary care network (PCN) sites. Low take up was attributed to

vaccine hesitancy but there had been significant and ongoing work being undertaken by the NHS and the local authority to tackle this.

6.5 Councillor Coleman highlighted that there had been three pop ups that had not gone ahead at the Claybrook, Shepherds Bush Market and at the Lyric Theatre because there were no vaccinators available. Mobilising at short notice also made things very difficult. Sue Roostan accepted this criticism and explained that they were also supporting the school's vaccine programme, at the same time, prioritising 12-15-year olds, within a short period of time ahead of half term. This required short term adjustments to the management and delivery of pop up vaccine clinics. Whilst the process was imperfect there was a lot of effort going on in the background to trying and improve the situation. The difficulties were not limited to hesitancy but overconfidence in those who had received two vaccine doses.

6.6 Dr James Cavanagh reported that the vaccination site at his practice had been operating below capacity for three days. This was very different to that of the initial campaign when people were lining up an hour early to receive their vaccine. He acknowledged the need to establish staff and coordinate resources efficiently and at the same time offer the booster vaccine, in advance of winter pressures.

6.7 Victoria Brignell asked for data on the percentage of care workers who had been vaccinated and a breakdown of figures for those who had been vaccinated in care homes employed by agencies and those directly employed by disabled people through the direct payments scheme. A second question was asked about the number of people who were clinically vulnerable and who might delay their booster jab as they already had appointments for flu jabs and were concerned about the timing of this. Sue Roostan explained that the data was available and could be shared following the meeting, but the coverage varied between providers, for example, with some private sectors vaccination for care workers working with the clinically vulnerable was mandatory. Dr Cavanagh confirmed that both the flu jab and the Covid jab could be administered on the same day and that this choice but there were issues for those that were immunocompromised. Considerable work had been done to vaccinate residents and care workers in care homes and that the borough was one of the top performers in this area.

ACTION: To provide data on the percentage of private and public sector agency staff, and direct payment employees.

6.8 Lisa Redfern confirmed that the borough's performance on vaccinating in staff and residents in care homes was the second highest in London. With the exception of one nursing home, there was almost 100% coverage. It was possible to retrieve data about the number of those who were employed by the direct payment scheme and it was suggested that this could be by email. It was likely that the number of care home staff was higher as the vaccine roll out began earlier and because of the mandatory nature of vaccination staff working with the clinically vulnerable.

6.9 Concurring with Dr Cavanagh's earlier observation about slower take up Keith Mallinson asked how information about how to obtain a booster jab was being communicated and advertised. It was also concerning to note the lack of enforcement on public transport regarding mask wearing, or indoor shopping areas such as Westfield and Kings Mall. Councillor Amanda Lloyd-Harris endorsed Councillor Coleman's comments, and that it should not have come as a surprise that pharmacies would be needed to deliver Covid vaccines, given that vaccination hubs were being decommissioned and this indicated a lack of foresight and planning. She asked what incentives might be put in place to encourage vaccine take up, given the low rates of take up within the borough, for first, second and booster jabs, and the schools vaccine programme. Jim Grealy was also concerned about the lack of enforcement on public transport and was keen to understand how the booster would be promoted as there appeared to be less urgency about people obtaining a booster jab.

6.10 Despite a significant increase in flu jab take up, Dr Cavanagh highlighted the risk of a return to a culture of not having the flu jab and he drew a comparison with current pattern of Covid vaccination take up and a similar trajectory in declining figures whereas the long-term expectation was that it should become a routine part of self-health care. There was a gradually evolving narrative of returning to "normality" and a campaign was required to reinforce message about the greater risks of not vaccinating. A further added concern was about the pressure on practices to return to in person appointments. Social distancing was hard to maintain in the average practice waiting room when clinically vulnerable patients must be distanced from, for example, coughing young children. Sue Roostan responded to the questions raised:

- Communications – A national communications strategy was anticipated to promote the booster campaign which had already started locally.
- Public transport – It was disappointing to see that enforcement had been relaxed and that fewer passengers were wearing masks, and that this was a matter for TfL.
- Pharmacies – H&F CCG did not commission pharmacies but had been pushing for some time now to increase the number of pharmacies able to provide the vaccine, but this was within the jurisdiction of NHS England. Locally, assistance had been offered to pharmacies by pharmaceutical advisors to expediate and increase current capacity. It was hoped that a further seven would be brought on stream.
- A communication's strategy would help drive up demand, and capacity was in place to meet this. A planned and targeted focus was being developed, working closely with colleagues within the local authority.
- Flu vaccine take up – This was poor across the borough and work was being undertaken with a combined approach to also address Covid take up with the intention to co-administer vaccines.

6.11 Merrill Hammer commented on the issue of booster jabs which had already been raised and that there was a need for stronger, consistent messaging in the form of a local campaign using leaflets and posters, about when people were eligible for their booster (six months after a second dose). Unclear messaging was a concern, as was the lack of alternative options for those

who could not access digital appointments. Sue Roostan confirmed that a text message would only be sent to those who were eligible and also met the six-month criteria. It was acknowledged that communication could be more consistent and that more could be done to improve messaging and that this required conversations at a local level with the council. For example, regular updates on the council website and text messages from GP practices. In the discussion that followed, members anecdotally reported inconsistencies in who was receiving messages, those being invited for boosters when they were not eligible and vice versa. Councillor Richardson felt that there was considerable variation in individual experiences and that addressing inconsistencies in communication was critical.

6.12 Councillor Coleman pointed out that a different approach by moving provision from large hubs to a pharmacy might have made it easier for people to get vaccinated. Vaccination buses had been successful through a targeted, hyper-local focus with buses placed in Normand Park opposite the Clement Atlee estate making it a quick and easy process. The use of pharmacies had been strongly argued for by the borough and other councils. While the feasibility of this had been initially contested, NHS England had recently reversed their position. Although there would eventually be more pharmacies within the borough on stream, Councillor Coleman felt that NHS England let the borough down and that more pop up buses and vaccinators were required. Sue Roostan agreed that the buses had proved to be popular in targeted communities with low vaccine take up, but these had been relatively low numbers ranging from 10-30 and there was a need to use resources efficiently. Councillor Coleman pointed out that Dr Lang and Lisa Redfern had advocated an approach that targeted those who could not leave their homes or were clinically vulnerable, with little response. Having nineteen vaccinated on a bus was good and Councillor Coleman questioned the logistics behind what would be the most efficient use of valuable resources. Sue Roostan responded that they could not offer a door to door service because of the resources required. Dr Cavanagh observed that the intent was the same, to achieve a balanced approach in getting most people (including the vulnerable) vaccinated within the available resources which was an evolving process.

6.13 Councillor Coleman acknowledged this however, it appeared that billions were being spent on purchasing the vaccine, but the vaccination process itself was being delivered on the cheap. He stated that he had not formally been presented with the argument that it was not feasible to provide a door to door service but argued that there were groups that felt unable to attend PCN sites who did not meet the criteria of clinically vulnerable. Sue Roostan confirmed that a request from Councillor Richardson that data on this be provided and presented at the next HISPAC meeting to help inform a pilot piece and this was agreed. Councillor Coleman suggested that information reported anecdotally was followed up and highlighted concerns about working within the Integrated Care System, particularly on local H&F vaccination in the context of historically poor take up rates.

6.14 Councillor Kwon enquired if people will be invited for their booster jabs in waves (as per the JCVI eligibility groups) or what people could do if they had not yet been contacted and were expecting an offer to book their appointments. Dr Cavanagh offered an assurance that there was not a shortage of the vaccine in the borough but that eligible patients would be contacted by GP practices in line with the data and information in patient records. Although an automated system was in place Dr Cavanagh advised that if a person had not been contacted after the six-month period had elapsed then they should contact their GP practice. He acknowledged that there might be mistakes in the system, but the vast majority would receive a timely notification. Dr Cavanagh explained that he would be open to any suggestions as to what further measures could be put in place to improve vaccination.

6.15 Expressing her concern that the CCG would not mandate a door to door approach, Merrill Hammer referenced the work of Imperial College NHS Healthcare Trust on vaccine hesitancy and whose board had advocated a door to door approach. She concurred with Councillor Coleman and argued that those who were more resistant to being vaccinated had just as great a need as those who were housebound.

ACTIONS: 1) That data be compiled to demonstrate the number individuals that might benefit from a door to door service;

2) That the members of the committee who had been invited to book their booster jabs before the six month period had elapsed share the details with the Chair, who will provide this to Sue Roostan; and

3) That the process of obtaining the booster jab be included in the agenda for the next meeting.

RESOLVED

That the committee noted the report and actions as set out.

7. HOSPITAL DISCHARGES

7.1 Councillor Richardson introduced a verbal update that outlined recent developments on hospital discharges which had been brought to her attention by a resident who had been recently discharged. It would examine the discharge process to understand how this was managed and to ensure that the correct protocols were in place, and areas of staff accountability, transparency, and sound administration. Councillor Richardson welcomed Matt White, Jo Baty and Lucy Allen to provide the update.

7.2 It was explained that Matt White had previously worked across the three boroughs service (H&F, WCC and RBKC) and had returned in an interim capacity covering hospital discharges. There were checks and balances on the system to monitor people going through the discharge to assess process and within this different were levels of assurance. The process was multi-

disciplinary involving different relationships and cost sharing between health and social care teams. There had been an impact on discharge success caused by Covid and this had changed the process significantly. An emergency process had been implemented at that point but more recently, there had been a slow down which offered some breathing space ahead of the winter pressures. This offered a timely opportunity to review services across all three boroughs. More recent developments included working with Charing Cross Hospital discharge leads to review and share learning when mistakes occur.

7.3 Councillor Richardson welcomed the assurance that reviews were undertaken to review errors which serve as checks and balances, offering accountability to patients and their families and about who was consulted about care, including family members, to ensure that clear information is provided was essential. Matt White explained that following Covid the service had updated its documentation with information about new arrangements. It was recognised that having a family member in hospital resulted in a chaotic time for family members so there was a great deal of information and leaflets offered to support them. In response to a follow up question, Matt White outlined how the homeless pathway operated which also incorporated additional homeless support services offered by providers such as Imperial and St Mungos. Key to the success of this was clear communication. Jo Baty added that H&F, Social Care colleagues participated in a weekly discharge meeting, including officers from hospitals, reablement, commissioning, brokerage, homeless and finance teams. This ensures that the right, focussed support is being provided to residents and that any areas of concern are tackled promptly with agility.

7.4 Councillor Amanda Lloyd-Harris commended the work being undertaken and asked how a homeless person could be helped when they were fit to be discharged but you were aware that they were not necessarily well enough to be in the community by themselves. Matt White explained that adults with capacity had the right to choose to leave, if they were fit to be discharged. There were street medical services that could support a homeless person on discharge, but the golden rule was that a person with capacity has complete autonomy over decisions about their care. Where a person does accept medical help, this can be a gateway to onward pathways leading to long term change away from homelessness.

7.5 Lucy Allen briefly provided a Community Independence Service (CIS) perspective and mentioned that their aim was to support people so that they did not have to into hospital in the first place. There was a considerable amount of collaborative work that supported more complex need in the community with a multiagency approach. This recognised that hospitals were not best placed to aid recovery. Lisa Redfern added that that services like the CIS were critical in preventing unnecessary hospital admissions and also facilitating reablement care following discharge. This would be a key area of focus of work for the ICP, particularly given the elective care backlog resulting from Covid and the currently high rate of discharge and related high pressures. This was a long-term issue and would be exacerbated by winter pressures with increased acuity of need. In closing Matt White explained that

on his return to this area of work in 2020/21, he had never in his thirty years of work in social care experienced the level of demand and pressure that arose in during this period. He commended outstanding health and social care staff who had made a fantastic commitment to support patients in the most challenging of circumstances.

7.6 Councillor Richardson commended Matt White and his colleagues for their dedication and looked forward to receiving further updates on the service and how it progressed.

RESOLVED

That the committee noted the verbal report.

8. MENTAL HEALTH UPDATE

8.1 Councillor Richardson welcomed Helen Mangan and Dr Christopher Hilton from WLT, Gail Dearing, Wendy Lofthouse, Linda Stradins from WLT and Jo Baty who provided an update on the work of the ICP adult Mental Health Campaign (MHC) and the implementation of the Mental Health Integrated Network Teams (MINT) across H&F, and areas yet to be developed. The committee had been expecting a fuller report which had been previously postponed in September as it was not ready, and Councillor welcomed this interim update.

8.2 Helen Mangan provided an outline highlighting the significant work being undertaken collaboratively, post Covid, and the work that was planned through the ICP. The MHC had met throughout the summer and the core group tasked with delivering this work comprised of mental health staff, community trust social care PCN and voluntary sector colleagues, underpinned by a wider stakeholder group. The objectives of the MHC were currently in development and emerging. It was important to identify barriers to care for those who were passionate about working in mental health to improve the physical health care of people with serious mental illness. The core group had developed networks, connections and built trust and these were key in ensuring a better system. A key component of was the collaborative approach of the ICP responding to acuity of need and demand. Helen Mangan apologised for the absence of detail in the paper but there were ongoing discussions to identify formal objectives and to agree health and social care leads which would emerge in the coming weeks, and a more detailed paper would be provided at the January meeting of the committee.

8.3 A key outcome of the ICP was the ability to respond to demand with agility, and a positive illustration of this was the development of vaccination hubs. It was well recognised that those service users with serious mental illnesses were also those who were likely to be vaccine hesitant. Take up within this group was about 50% and they had lobbied for a bus to be located at Charing Cross Hospital site where the WLT mental health main unit (The Claybrook) was located. The bus encouraged service users, with the support of a mental health team to make contact and get vaccinated. 12 service users had been vaccinated and this was on going work. Most importantly, this was achieved

through partnership working, bringing together colleagues from the CCG, social care, and public health and had been an invigorating approach.

8.4 Helen Mangan briefly spoke about the Children and Young People core group, the work of which was not as advanced as the mental health core group as it was started later. Three key areas that planned to explore included pathway mapping, CAMHs (Children and adolescent mental health services) transformation funded by new money coming into the health service, and the funding of services for 16-25 year olds (transition group) which would be a new model being developed across North West London. This new model would be introduced as an initiative in H&F first.

8.5 Continuing the presentation Jo Baty explained that a stakeholder group had been established through the ICP MHC with at least 50 members drawn from the mental health community, including residents with mental health issues. The group recognised that the only way to move forward was to work in partnership and some co-produced ideas had already begun to emerge, replicating the council's approach to co-production, "nothing about us without us", within the ICP. An illustration of this was the work with black, minority ethnic communities to explore how best to allocate trust community grants, bridging a gap from the community to the decision makers. Linda Stradins reflected on the MINT project which was gaining traction and building momentum. As part of the transition process new roles had been established and would be embedded within the teams, with peer support to successfully manage the merger of primary and secondary mental health with as a single point of access. This would allow them to manage referrals, provide consultation and opportunities to engage, with GPs networks were connected within that structure. Other operational changes that were emerging would utilise non-statutory voluntary and community sector resources, the relocation of resources within the community and outreach work building on existing networks. Specialist teams would provide an enhancement to existing provision, and also being explored was upstream intervention for individuals with eating disorders.

8.6 Councillor Richardson sought clarification about what different MINT had made since it was established, and had it made a difference in terms of specific service and provision. Linda Stradins responded that MINT was work in progress but was breaking down barriers. The service had gone live during the summer and the PCNs had engaged well with it. GPs regularly attended weekly network meetings which offered good opportunities for consultation and to escalate patient concerns. The move to the use of System One would allow direct communication with GPs, to set tasks, gain access to the patient's notes to help with decision making.

8.7 Keith Mallinson enquired about membership of the monthly mental health stakeholder forum. The organisation that he worked for, Shepherds Bush Families Project dealt with vulnerable families and would be interested in joining the forum. He also shared details of a deeply concerning situation affecting a vulnerable client who had attempted to end their life on multiple occasions. He reported that he had raised a serious safeguarding concern through PALs (Patient Advice and Liaison Service) with WLT and received

responses that were entirely unhelpful and unconstructive. Helen Mangan apologised for the experience and offered to assist.

ACTION: Helen Mangan to contact Keith Mallinson with details of the forum and to help address the safeguarding concern outside the meeting.

8.8 Jim Grealy noted that this was an ambitious program but lacked data which made it difficult to identify the baseline. Given the council's commitment to equalities it was concerning that there was an absence of poverty and ethnicity data that would be helpful in supporting sections of the community which experienced health inequality and did not trust the NHS as an institution. A final observation that it conveyed a "top down" approach, that the patient voice was absent and little co-production. An inclusive, co-produced approach meant that service provision and decision making was better informed. Wendy Lofthouse welcomed the observation about the report lacking data and that this would be covered as part of the work of the ICP which they would discuss with the committee at the next meeting (November 2021). She highlighted the work of Safe Space Hammersmith, a local hub that was community space offered by MIND.

8.9 Lucia Boddington reference paragraph 3.1 of the report and asked about the timeframe of a referral to CAMHs being 18 weeks for treatment. However, realistically there were very long delays for CAMHs treatment. She asked if WLT were recruiting more psychologists. There was a twoyear timeframe for an Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) diagnosis from CAMHs. She asked about what the timeframe for support was for 18-25 year olds who were transitioning, given that a number of 17 or 18 year olds sometimes fell through the gaps in service provision, and what ongoing treatment there was once a child reached the age of 18 and if this would be provided by MINT. Helen Mangan explained that there was a moderate amount of funding available to complete the model of care by December 2021 and a local implementation group would take this forward. It was confirmed that MINT would pick up 18-year olds and upwards. While there was a detailed transition process this formed part of a wider discussion than could be undertaken at the meeting. Where an 18-year-old presented in advance of their 18th birthday, it was likely that they might be picked up by adult services. Lucia Boddington felt that this was not what happened in practice in H&F.

ACTION: WLT to provide in formation in relation to the timeframe for treatment for ASD / ADHD similarly for 18–25-year-olds who were transitioning.

8.10 Councillor Lloyd-Harris enquired about the eating disorder service for 18–25-year-olds and commented that in her experience, that considerable work was required if they were going to be referred to Improving Access to Psychological Therapies (IAPT), which was currently limited to six sessions which was insufficient. She reported that many of her clients had issues that had escalated because they had not been able to access IAPT. They were also not able to see their GPs as there appears to be a perception in some

practices that an eating disorder was not a significant medical condition. She asked the Trust (WLT) that when this work was progressed it included a review about the number of IAPT sessions available. Councillor Lloyd-Harris also sought further information about Safe Space Hammersmith. Wendy Lofthouse outlined the operational aspects of the self-referral service which was from 6-8pm, seven days a week, open to 18+ year olds and based in Lillie Road, Hammersmith. The intent was to see people who were relapsing or in danger of crises and it was hoped that this would offer a different pathway and avoid A&E. Councillor Lloyd-Harris reported anecdotally that a client contemplating ending their life had not been able to access the service and her concern that the support was not available to a young person in crises. Linda Stradins explained that secondary care eating disorder services were provided by CNWL, from the Vincent Square site. However, the MINT service was expanding their offer to include support for people with an eating disorder in conjunction with other co-morbid conditions.

8.11 Councillor Richardson observed that it would be helpful to have information about preventative services in the borough which would help to gain a fuller perspective as to what was available.

ACTION: WLT to share details about the Safe Space Hammersmith service and information through a community asset mapping exercise.

8.12 Merril Hammer commented on the earlier point made about the absence of robust data which was not available. This meant that it was not possible to identify a benchmark to compare and track progress, both in terms of service provision and take up. It was recognised that MINT was a new initiative being funded by new money but without information about what other new initiatives there were, it was hard to draw an informed comparison or to evaluate without historic data.

8.13 Councillor Richardson summarised a request to WLT based on the discussion to provide data which provided information about what services where available in the borough, the diversity and background of people accessing services, what the different types of referrals were (self-referral or GP).

8.14 Councillor Coleman focussed on specific points that had been highlighted during the meeting. He welcomed the positive perception of the vaccination bus and how effective it had been in vaccinating groups that were resistant. This work was currently on pause due to the unavailability of enough vaccinators. Commenting on the mental health updated provided by WLT, Councillor Coleman welcomed the insights offered by the committee members in terms of coproducing provision with programmes like Safe Space and MINT. He felt that this important work needed to embody the ethos of doing things with people rather too them, a powerful point emphasised by the committee.

RESOLVED

That the committee noted the report and actions as set out.

9. WORK PROGRAMME

The following items would be brought to the November and January meetings of the committee:

- Covid-19 update - vaccination
- WLT data provision on services and local take up;
- Update on the ICP mental health campaign

10. DATES OF FUTURE MEETINGS

The next meeting of the committee was confirmed as 10 November 2021.

Meeting started: 6.30pm
Meeting ended: 8.48pm

Chair .....

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