

Health, Inclusion and Social Care Policy and Accountability Committee Agenda

Thursday 7 October 2021 at 6.30 pm
Online - Virtual Meeting

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 Lucia Boddington Jim Grealy - H&F Save Our NHS Keith Mallinson Roy Margolis	

A livestream of the meeting can be viewed here: [Watch live on YouTube](#)

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

<http://democracy.lbhf.gov.uk/HISPSC - 7 October 2021>

CONTACT OFFICER: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 5758 / 07776672816
E-mail: bathsheba.mall@lbhf.gov.uk

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Health, Inclusion and Social Care Policy and Accountability Committee Agenda

7 October 2021

<u>Item</u>	<u>Pages</u>
1. MINUTES OF THE PREVIOUS MEETING	5 - 15
(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 30 March 2021; and	
(b) To note the outstanding actions.	
2. APOLOGIES FOR ABSENCE	
3. ROLL CALL AND 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.

4. PUBLIC PARTICIPATION

This meeting is being held remotely. If you would like to ask a question about any of the items on the agenda, either remotely or in writing, please contact: bathsheba.mall@lbhf.gov.uk

You can watch the meeting live on YouTube: [Watch live on YouTube](#)

5. INCLUSIVE EMPLOYMENT UPDATE

16 - 22

This report provides an update on progress made to reshape the local offer. Highlighting improved areas developed across the council in Children's Services, Economy and Adult Social Care, the report sets out some of the detail of improved services that aim to support young people in overcoming obstacles to employment and further education opportunities.

6. COVID 19 UPDATE - TO INCLUDE FOCUS ON VACCINATION

Verbal

For the Committee to receive a verbal update from the Director of Public Health on Covid-19, with a focus on vaccination.

7. HOSPITAL DISCHARGES

Verbal

This verbal update reports on the recent developments regarding hospital discharges and how this process is managed to ensure that the correct protocols are in place and that they are followed. These include areas of staff accountability, transparency, and sound administration.

8. MENTAL HEALTH UPDATE

23 - 28

This report provides an update on the work of the Integrated Care Partnership (ICP) Mental Health Campaign and of the implementation of the Mental Health Integrated Network Teams (MINT) across Hammersmith & Fulham. It also includes areas yet to be developed, and offers a timetable going forward.

9. WORK PROGRAMME

The Committee is asked to consider its work programme for the remainder of the municipal year.

10. DATES OF FUTURE MEETINGS

10 November 2021
26 January 2022
23 March 2022

Health, Inclusion and Social Care Policy and Accountability Committee Minutes

Tuesday 30 March 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 (Action On Disability), Jim Grealy - H&F Save Our NHS, Keith Mallinson and Roy Margolis

Other Councillors: Ben Coleman, Sue Fennimore and Patricia Quigley

Officers: Linda Jackson, Director of Covid19; Dr Nicola Lang, Director of Public Health; Lisa Redfern, Strategic Director of Social Care; Kim Smith, Chief Executive Officer;

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED

The minutes of the previous meetings held on 4 November 2020 and 27 January 2021 were agreed as accurate records.

2. APOLOGIES FOR ABSENCE

None.

3. ROLL CALL AND DECLARATION OF INTEREST

None.

4. APPOINTMENT OF CO-OPTEE

RESOLVED

That the committee agree the co-option of Lucia Boddington to the committee.

5. COVID-19 UPDATE - COVID VACCINE UPTAKE - HAMMERSMITH & FULHAM

The Chair welcomed Dr Nicola Lang and Linda Jackson who provided a joint update on vaccine take up within the borough and current Covid-19 rates of infection which had increased to 44 new cases per 100,000 people (up from 29 per 100,000 previously). A new testing regime had been implemented in schools, but Dr Lang urged the need to remain vigilant and to comply with infection control measures. A pilot contact tracing project had begun and since implementation on 23 March 2021, 70 people had been contacted.

Linda Jackson outlined the significant challenges in ensuring vaccine uptake. The Primary Care Networks (PCNs) had since December 2020 operationally supported three mass vaccination hubs. A fourth site at the Novotel had commenced on 15 March 2021, a fantastic reflection of partnership working between the local authority and NHS colleagues. The importance of delivering the vaccine in line with the Joint Committee Vaccination and Immunisation (JCVI) eligibility criteria was emphasised and significant engagement work was being undertaken to address concerns about the vaccine within some community groups. The borough had the highest rate of care home vaccinations at 96.2% in NWL and was attributed to the work of Dr Lang, undertaken jointly with health partners.

Linda Jackson explored the reasons why an individual might decline vaccination which was not necessarily rooted in social media and misinformation as most were well informed. This was evident within the black Afro-Caribbean community. It was recognised that a broad spectrum of engagement was required to fully inform the council's public health offer. The council was facilitating a programme of small, tailored Q&A sessions with community and voluntary groups. The informal conversation format of the events successfully offered participants a chance to articulate concerns and be listened to. This was empowering and encouraged greater confidence in the vaccine.

The borough and H&F CCG joint vaccination plan was a "live" and iterative document which set out how vaccination programme would continue to be managed, prioritised and delivered. There had also been significant success in vaccinating people at home and those in care homes. People in receipt of direct payments had also been contacted together with staff employed through the scheme as personal assistants.

Councillor Richardson thanked officers for their presentation and commended the engagement activities which had been impressive. The borough had historically experienced significantly low levels of vaccine uptake prior to the pandemic and Councillor Richardson looked forward to receiving further updates as this work progressed.

Councillor Lloyd-Harris welcomed the report and commended officers for the impressive work undertaken. Councillor Lloyd-Harris reported the positive feedback that she had received but asked if it would be possible to circulate up to date vaccination rates. Views were sought as to the reasons for low

uptake within the borough and how this could be improved. Linda Jackson stated that one reason for the difference in rates was that other boroughs had begun vaccinating much earlier. It was acknowledged that flu vaccination rates, for example, were historically low within the borough and that there were lessons to be learned from this. The adopted approach to better understand community concerns was designed to be long term so progress would be incremental but sustainable. A great deal had been learned about population health management and community engagement and this would continue to inform work currently being progressed in line with the borough vaccine plan.

Councillor Coleman commented that while the responsibility to ensure vaccine delivery and uptake lay with the NHS, there had been commendable joint work undertaken. The historically low uptake of flu vaccinations had been raised with NHS colleagues at with Health and Wellbeing Board members. It had been concerning to see the significantly low level of Covid-19 vaccine take up manifest within minority ethnic communities and their lack of trust of government, local authorities, and the NHS (as an organisation). The conversation about tackling health inequalities post-pandemic had not yet fully recognised that mistrust was rooted in decades of systemic cultural bias experienced by minority ethnic communities. That such experiences led to a not uncommon belief that substandard treatment was provided, indicated the extent of the challenge to improve vaccine take up within minority ethnic groups.

Jim Grealy welcomed the change and progress being reported. Given that most over 70's and 80's had been vaccinated and that there had been warnings nationally about low supply levels he asked if this would slow the momentum of vaccinating other JCVI groups. In a second question he reported anecdotally that some people without access to digital technology had not been contacted or found it very difficult to make a vaccine appointment. He asked if demographic factors such as low income, age and English not being a first language, had been considered in overall vaccine delivery planning. Linda Jackson offered an assurance that whilst there might be a national shortfall for small period there would be enough supplies of the vaccine available to the borough for those falling within the JCVI priority groups 1-9, including second doses. It was also confirmed that GP practices had contacted people directly about appointments. The council's Community Aid Network (CAN) contact centre staff had helped facilitate bookings.

Reporting the experience of one HAFSON member who had experienced scheduling difficulties, Janet Cree acknowledged that this may attributed to a specific scheduling issue at Parsons Green which would be investigated and gave assurances that enough vaccine doses were available for the borough's JCVI priority groups 1-9.

ACTION: Jim Grealy to share details with Janet Cree following the meeting

Co-optee Victoria Brignell queried vaccine take up data and the absence of figures indicating the take up rate for care workers and agency staff who were

in some cases employed by vulnerable people. She enquired if a resource pack with information about vaccination could be provided. There was also an increased assumption amongst some support staff that they won't be infected, and she encouraged officers to consider deploying incentives to encourage vaccination. Linda Jackson outlined some of the incentives already being offered such as offering care home staff time off in lieu but welcomed any additional incentives that could be suggested. The Committee welcomed positive news that take up by staff in care homes had significantly increased.

Councillor Coleman added that care providers had been strongly encouraged to lead this work which was critical in safeguarding residents particularly where care staff were entering people's homes. Although progress had been slow there had been week to week improvement. Lisa Redfern confirmed that the council continued to work with providers to explore financial incentives such as a one off bonus for staff being vaccinated.

Co-optee Roy Margolis welcomed the updates and commended the work being undertaken to support the vaccine programme. He inferred from information about local variations in low take up that a lower proportion of older and vulnerable people outside of care homes had been vaccinated. He asked if this was linked to concerns about vaccination in minority ethnic communities and mistrust of the NHS generally or if there were other factors. Linda Jackson responded that the engagement work had revealed that concerns about cultural bias and discrimination had informed greater mistrust of the NHS as organisation and vaccination. Residents had also felt that their care givers should be vaccinated and there was significant pressure building within the media about this. There was a need to improve the cultural narrative within social care around vaccination and to remember the positive benefits of being vaccinated.

Co-optee Keith Mallinson shared his experience as volunteer in the White City vaccine hub. Take up by ethnic minorities had been good and the experience positive, with those who were vaccinated being encouraged to share their experiences with friends and family. The team of doctors, nurses and volunteers were exceptional and worked with great dedication. He enquired about vaccinations for homeless people and how this was being supported. Janet Cree explained that a concerted effort had been made with outreach teams working with the homeless population. The CCG had from February 2021 used existing teams to offer reassurance and information so that people could make informed choices.

Co-optee Lucia Boddington asked about unpaid carers who were struggling to get vaccinated despite caring for vulnerable children within tier 6. Linda Jackson clarified that unpaid carers were included and could be vaccinated in line with the JCVI eligibility criteria for groups 1-9. She acknowledged that this had been a concern despite the council's efforts to contact unpaid carers. Despite available guidance people did not regard themselves as carers. The council as a priority were in the process of mapping this, working closely with the Carers Network and GPs.

Councillor Bora Kwon recounted her experience of translating and supporting similar minority ethnic vaccine engagement activities with the Korean community in Kingston Upon Thames. The key issue was to address misinformation about the Oxford AstraZeneca vaccine. Sourcing Korean clinicians with vaccine expertise for engagement allowed communities to hear the voices of second generation minority ethnic clinicians employed by the NHS and who were more respected and trusted than high profile public figures. A Zoom Q&A session had been well attended and people had got in touch to say that they had booked their appointments. The voices of clinical frontline, NHS workers powerfully communicated assurance about vaccination, and this was amplified when conducted in community languages. Linda Jackson confirmed that this was the informal, conversational approach that was currently being undertaken. The generous support of clinicians and experts that were also culturally representative was key.

Councillor Mercy Umeh thanked officers and Councillor Coleman for the Q&A vaccine engagement sessions with minority ethnic communities, voluntary and faith groups. She reported she had received many positive comments and that the sessions had encouraged people to be vaccinated. It was acknowledged that some communities were not receptive to the influence of councillors, but the sessions were most helpful when people from the community were being supported by members of the same community. Councillor Richardson welcomed Councillor Coleman's report that the borough was one of three local authorities that had been selected as part of a local pilot contact test and trace scheme. The lack of a robust, national test and trace scheme was deeply concerning and should have been within the remit of local authorities. Evidence had indicated that the borough was significantly more successful at tracing people compared to the national scheme.

ACTION: To provide an update for members on vaccination numbers; to be kept informed about engagement work

RESOLVED

That the verbal report and comments be noted.

6. COMMUNITY CHAMPIONS

The Committee agreed to the Chair's request to vary the order of the agenda, taking Agenda Item 7 ahead of Agenda Item 8.

Councillor Richardson welcomed Dr Nicola Lang Joanne McCormick to present the item, supported by Jide Ogunro, Community Champions Project Manager, Old Oak Community & Children's Centre. Community champions was a commissioned service and operated in the most deprived parts of the borough. With the onset of Covid, the projects rapidly transferred activities online, undertaking welfare checks on vulnerable residents, delivering food and ensuring that public health messages were shared.

Jide Ogunro described his experience of migrating support services online. Old Oak Community Centre was the only local community facility, a focal point in a very deprived area. Fortnightly, virtual workshops had been held and a robust text messaging service established to maintain contact and share information. Community champion volunteers were trusted and deeply embedded within the communities they served. Local clinicians had delivered small workshops on Covid and vaccination, emphasising the importance of the trusted, local voice. This was a safe and open forum for people to explore concerns about Covid vaccination and had resulted in a gradual reduction in vaccine hesitancy. The project and its volunteers had worked hard to build trust within the communities and as a result was an organisation that had a positive reputation within the community.

On behalf of the committee Councillor Richardson thanked Jide and his colleagues for their dedicated and compassionate support of the community through the community champions service during this challenging time.

Keith Mallinson welcomed the report and the approach adopted. He explained that he worked for the Shepherd's Bush Family Project and was also a member of the local advice forum. However, there were many examples of silo working with numerous agencies involved but working separately. He asked how this could be addressed and a seamless, holistic approach developed to avoid duplication. Jide Ogunro responded that the initial project targeted different wards and localities, each with a dedicated project manager with a local focus and remit reflecting the needs and priorities of the area. The pandemic had led to much greater collaboration to avoid a duplication of activities, for example the workshops, which were accessible to all.

Councillor Amanda Lloyd-Harris also commended the work of the community champion projects and welcomed the report. She asked how the success of a project like Old Oak could be measured and evaluated. Jide Ogunro explained that the number of participants engaged in an activity were recorded. A database of approximately 3000 residents received regular communications about activities and special events. Regular feedback was also used to shape future activities.

ACTION: That the Committee receives an update on all of the projects next year and the members are able to visit the projects, once it was safe to do so

Councillor Richardson asked if there were any plans to progress a mental health disability community champions project, or youth community champions, like the maternity champions project which had been so successful. Joanne McCormick explained that they were currently reviewing the arrangements with the delivery of the community champions service, which had been evaluated just before the pandemic. It was anticipated that future services would be commissioned with scope to incorporate a wider range of support.

RESOLVED

1. That the report be noted, and actions included in the Committee's work programme; and
2. That the council continues to work with community champions as a successful way of method of supporting and communicating with residents and communities to help promote health and wellbeing.

7. H&F COUNCIL'S DRAFT EQUALITIES PLAN FOR 2021-2025

Lisa Redfern presented the Council's draft Equalities Plan for 2021-25, supported by Councillor Sue Fennimore and Kim Smith, and which was currently open to consultation for a 12 week period to the end of April. The plan will reframe and set a direction of travel for the borough on equalities for the next four years, placing at its heart diversity and inclusion. The vision was for the borough to become the most inclusive borough in the country where residents felt welcomed and valued. The pandemic had spotlighted inequalities now more than at any other time so it was hoped that the Equalities Plan was well embedded across the council and will provide a focus of inclusion activities.

Councillor Fennimore continued that it was more important than ever to include equalities within work of the council and welcomed comments from the committee to the consultation as their views would help shape plan. Kim Smith stated that it was a borough priority to tackle inequalities and promote inclusion, but it was most important was to understand how to support not convinced communities, regardless of the issue. The time was right to challenge how things were done and she highlighted the fact that she was one of three minority ethnic chief executives out of 33 London local authorities. Kim Smith felt that it was important that she was a role model for behaviour around equalities and inclusion and cautioned the need to recognise the rich diversity of the borough's workforce that represented a wide spectrum of racial groups and had much to contribute to the shaping and delivery of services.

Councillor Jonathan Caleb-Landy welcomed the report as thoughtful piece of work that was both powerful and well-conceived. Referencing marginalised groups with hidden disabilities (learning or mental health) he asked what the positive impact the Equalities Plan might be. Lisa Redfern highlighted the work of the resident's Disabilities Commission and their reported recommendations which the Commission Implementation Group was working to implement. The group was led by Councillor Patricia Quigley and reflected the borough's ongoing commitment. It was important to look at the recommendations through the lens of the Equalities Plan.

Councillor Richardson welcomed the report and speculated if it was possible to include data on disability employment included within the Equalities Plan, alongside the statistics on gender given that the borough also had a vision to be the most disability friendly employer.

Councillor Amanda Lloyd-Harris asked if the currently available information was enough to inform the work undertaken on the producing the Equalities Plan, given that the census information was not yet

available. Kim Smith explained that current service provision was shaped by data that was available stemming from previous census reports and other, going pieces of work. Residents and staff were impatient for change and thought that the council was not doing enough to effect positive change. There was information to demonstrate accountability in service provision and for this to inform the objectives set out in the Equalities Plan which was work in progress. This was a starting point and would be further developed, particularly considering the disproportionate impact of Covid.

Councillor Lloyd-Harris acknowledged the appalling treatment and death of George Floyd and the global outcry that this had provoked. However, many were equally impacted by the tragic death of Sarah Everard and the concerns of women and girls in the borough. Kim Smith responded that the death of Sarah Everard highlighted the prevalence of violence against women and that this had been articulated within separate strategies. The Equalities Plan referenced in general terms how the local offer to residents and services would be improved.

A race-based framework for the plan was largely an outcome of the disproportionate impact of Covid on black and Asian minority ethnic communities but the impact of gang violence and community safety had also been included. Lisa Redfern added that the Community Safety Partnership, chaired by Councillor Fennimore, included within its remit violence against women and girls and the work of the safeguarding adult's board.

Jim Grealy commended the plan as one of the most forward thinking documents ever produced by the borough. Echoing Councillor Coleman's comments regarding racism he highlighted the importance of being a welcoming borough. Kim Smith welcomed his suggestion to include an education board to inform further iterations of the plan, particularly given the importance of education in terms of facilitating social mobility although it was acknowledged that there were still barriers to overcome. The establishment of an equalities board would help ensure that all voices were heard.

Keith Mallinson commended the work undertaken in producing the plan and reported a recent Healthwatch experience where Opening Doors had given a presentation aimed at older people who were LGBTQ+. He highlighted the difficulties experienced by LGBTQ+ black and Asian minority ethnic communities and their reluctance to come out. Kim Smith responded that roll modelling was important, and that the borough had a standout council that placed inclusion at the core of its policies. This was essential in shaping services as was the language that was used for example, using the phrase "not convinced" rather than "hard to reach". Building trust was equally as important as challenging cultural bias and it was critical to ensure that those employed by the council fully understood why it was important to address inequalities, injustice and discrimination. Maintaining a connection with different communities exemplified the need to continue listening and having conversations. Commending the work of

Dr Lang, Kim Smith referred to an event that Dr Lang had participated in, arranged by the council and commissioned the Roman Catholic Diocese of Westminster for the Roman Catholic community to discuss vaccine hesitancy.

Councillor Fennimore commended the collaborative and partnership efforts that had underpinned the production of the plan which had been a joy to be part of. This was an approach that was embedded across the culture of the organisation and demonstrated a commitment and passion to challenging a range of inequalities including violence against women. The plan sets out the trajectory of the council and its position as an inclusive organisation wherever possible and to challenge all forms of discrimination at every level.

Following her experience of the Co-production Huddles organised by Imperial College Healthcare NHS Trust Councillor Quigley expressed her concern about the impact of health inequalities on black and Asian minority ethnic communities and her fear that mistrust of the NHS as an organisation was worrying. Mistrust of the vaccine was also leading to discord within families. Councillor Quigley thanked officers for their work in supporting and engaging with communities, and it was essential that residents' voices continue to be heard.

Merril Hammer concurred and explained that she too had attended the Co-production Huddles. She welcomed the insights offered in the Equalities Plan and emphasised that Covid had also highlighted health inequalities linked to poverty which also intersected with those with protected characteristics. Timely local knowledge was essential to ensure that any insights accurately reflected the views of the community. It was concerning that NHS reconfiguration could result in less local accountability. She reminded the meeting of the borough's guiding principle of doing things with residents and not to them, fostering local equality.

Lisa Redfern welcomed the comments and confirmed that addressing health inequalities was a long-term core priority for the Integrated Care Partnership (ICP) and the local authority public health plan which was currently being drafted with input from key partners.

Co-optee Lucia Boddington referenced Councillor Caleb-Landy's earlier point about hidden disabilities for context and asked if there was any plan to include a no gender category within the data charts for those using the pronouns, they / them. Lisa Redfern confirmed that the draft document would include this information in future iterations. The borough relied on the accuracy of gathered and collated data for analysis as this would help shape tailored provision.

Co-optee Victoria Brignell commented on the positive impact that the Equalities Plan would have on the quality of life experienced by people with disabilities. She commended the council for their independent living vision and the work that had been undertaken by Tara Flood and Kevin

Caufield. Kim Smith welcomed the comments and explained that although the work on the independent living vision was being led by social care it was also being taken forward across the council. Part of the plan was to ensure that staff were trained to plan and deliver support for people with disabilities and how they lived within the borough.

ACTION: To include an update on independent living vision in the work programme

Co-optee Roy Margolis commended the report and consultation document and referenced the fifth objective which was for the council to be come an employer of choice fostering greater inclusion. He asked if this should also include encouraging the promotion of greater inclusion in private companies within the borough. Lisa Redfern welcomed the suggestion and that this could be taken forward regardless of the size of a business. It was important for employers to have an inclusive workforce and the council's industrial strategy worked with several businesses such as Imperial College Healthcare NHS Trust to promote this approach.

Councillor Lloyd-Harris queried the degree of choice that the council workforce would have in "sharing not declaring" information. Kim Smith emphasised the distinction between sharing and not declaring information on ethnicity, disability and gender. This was sought at the induction stage and throughout employment and having accurate data meant that the workforce would be better supported. Staff were not be asked to make a declaration and the data was invaluable in helping to shape workforce provision, so this was not a matter of staff being mandated. A group of staff had participated in a video and spoke about the benefits of how the council could better deliver services and she acknowledged that this at the heart of building trust, together with having accurate data. A more inclusive approach and better understanding of staff representation across the workforce now meant that the council was better placed to undertake succession planning and modelling.

Councillor Coleman welcomed the insightful comments and excellent points made and the questions asked. The guiding principle of doing things with residents was central to ensuring local equity for women, disabled people and minority ethnic communities and should be replicated more widely across society. Commenting on the tragic death of Sarah Everard, there was a huge responsibility for men to acknowledge the impact of their behaviour and attitudes such as whistling at women and the discomfiture this caused. It was important for to understand the impact of inequality on the those subjected to injustice. Referencing the positive work of Opening Doors in the LGBTQ+ community, he praised the work of officers and CAN volunteers supporting an isolated, older LGBTQ+ bereaved resident who had lost his life partner.

Councillor Colman commented on the new public health strategy that was currently being drafted based on the experiences of the pandemic together with the work on inequalities. It was important to take a holistic approach that addressed all forms of discrimination. Commending the

officers for the report and consultation document, Councillor Coleman encouraged members of the committee to submit individual comments to the consultation and to continue support what was a critical conversation about an extraordinary piece of work.

Councillor Richardson extended thanks on behalf of the Committee to Kim Smith and Councillor Fennimore for attending the meeting and the astute and interesting views provided. Councillor Richardson felt immensely proud of the council, the committee and the work being undertaken, and encouraged members to submit comments to the consultation.

RESOLVED

1. That the report be noted; and
2. That members of the committee respond to the consultation.

8. WORK PROGRAMME

Co-optee Jim Grealy suggested that a standing item on the ICP be included in the work programme. Describing the impact of the NWL Collaborative and resultant reconfiguration on local governance and accountability it was important for probity and analysis by the committee to continue.

9. DATES OF FUTURE MEETINGS .

The date of the next meeting was noted as 21 July 2021.

Meeting started: 6.30pm
Meeting ended: 8.30pm

Chair

Contact officer: Bathsheba Mall
 Committee Co-ordinator
 Governance and Scrutiny
 ☎: 07776672816
 E-mail: bathsheba.mall@lbhf.gov.uk

Health, Inclusion and Social Care Policy and Accountability Committee

Thursday 7th October 2021

Inclusive Employment Update

What young people are telling us about pathways to employment

They're interested in this type of work:

- Music Production
- Software Development
- Customer Services
- Hospitality
- Childcare / Play work
- Data Entry
- Construction
- Hair and beauty
- Childcare
- Youth work
- Health and social care
- Catering
- Music industry
- Mechanics (including car wrapping)
- Refuse services
- Landscaping/gardening
- Animal care

They'd like more training on:

- Understanding finances –
 - Income tax
 - National insurance
 - Pensions
 - Budgeting
- Taster sessions in areas of interest
- CV development
- Communication skills
- Understanding their strengths
- Interview techniques and preparation

Children's Services

- Young People's Inclusive Employment Operational group brings together partners to understand and remove the barriers faced by young people on their pathways to employment. Includes youth voice and parent/carer representatives, Employers, Voluntary sector, Education providers, The Economy, People, Talent and Transformation with the Virtual School, Family Assist and Education services.
- The Inclusive youth voice network and youth council – representing the borough's young people and working to put young people at the centre in strategic developments, commissioning and other decisions. Employment and training identified as top issues in the Youth Council manifesto which was put together using and led by youth research. Links with the Industrial Strategy & inclusive careers leaders network
- Supported internship programmes continue in West London along with the project with the North-West London Trusts to develop inclusive employment pathways in the Health service. Over 300 young people with learning disabilities are currently undertaking the internship programmes including our own one at the Council, in London every year, with an average employment achievement rate of over 60%.
- Changing Lives - session driven by young people at the Senior Managers Forum asking departments to make a 'pledge' to support inclusive employment. Opportunities include regular work experience; mentoring; job-carving; inclusive apprenticeships; supported internship rotations and other changes such as recruitment
- Let's go EET! - an in-person event bringing together employers, training providers and young people in the borough after the impact of Covid-19 on education, employment and training Organised by Hammersmith & Fulham and the Young H&F Foundation, to make the borough's exciting career opportunities accessible to all young people
- New Independence Pathway Coordinator posts working on empowering young people and working with partners on inclusive and open pathways into employment. At least 10 young people with learning disabilities or autism have got paid work through the open job market.

Economy

Impact of COVID-19

- **Unemployment levels remain high but steady:** 9,475 (Jul 2021) H&F residents are claiming Universal Credit (double pre-Covid level of 4,525 (Feb 2020), only slightly improved from peak claimant level of 10,390 (Apr 2020)
- **Furlough** ended in September 2021: impact on unemployment levels will be visible in the October – December period
- In 2019, 57.5% of economically active 16-64 year-olds, with **work limiting disabilities** in H&F, were in employment (54.3% in London). Residents with disabilities are more likely to have had their jobs and prospects impacted by the pandemic.
- The **recovery** from the Covid-19 pandemic is set to take until 2023 in terms of the return of H&F's labour market to pre-pandemic levels of employment and labour demand
- H&F delivering/facilitating a range of **programmes**: Kickstart / Community Budget / Skills Escalator / The Forge / Mass Recruitment / Youth Ambitions (including Changing Futures Changing Lives and Sounds Like H&F), Schools Careers provision

Economy

Recovery, Growth and Future Resilience

- **Refresh WorkZone and Increase Capacity** – ESF bid coordinated by WLA
- **Statutory Programmes** – DWP Work and Health, JETS, Restart
- **Aligned to Industrial Strategy** – Developing access to Growth Sectors
- **Integrated Services** - Developing more integrated delivery pathways for vocational learning whilst recognising the additional barriers that our priority groups face
- **Prioritising Social Value** – Maximising outcomes from contractors and suppliers
- **Vibrant Places** - Utilise vacant spaces to deliver partnership priorities around culture, community engagement, developing pop-up community spaces for entrepreneurs and resident groups.
- **Impact at Scale** - ensuring pipeline to traditional sectors are maintained

Resources – Transformation, Talent and Inclusion



Developed a clear set of **EDI priorities** and a twelve-month workplan with the new Equality, Diversity and Inclusion Lead covering all protected characteristics - Yvonne Okiyo

Make a Pledge initiative in collaboration with key H&F partners

Monthly **managers networking** event for managers supervising apprentices to share best practice and guidance

Introduction of monthly **apprenticeship network** (all apprentices) - we currently employ 83 apprentices

Community of Practice for Inclusion expanded to include more officers from across the Council

Partnering with **Microlink** (supporting with **access to work** and a review of our **inclusive recruitment** offer)

Launch of quarterly **internal Young People's Network** in October (for anyone employed by H&F under 30)

Transformation, Talent and Inclusion regular attendance and participation in the **Young People's Employment Operational Group**

All vacancies now advertised via **Get Ahead** to support internal progression and career pathways

Collection of key data associated with recruitment and internal progression plus improvements to how we collect data along with campaigns to encourage sharing of personal data ('share not declare' initiative)

Adult Social Care

- Day Services modernisation – in-house and commissioned day services to have increased focus on employment – preparation for work, IT skills for work, barista training and establishing social enterprises – collaboration with West London College
- Working with colleagues in Certitude to develop the role of their 'Market Shaper' in supporting residents with learning disabilities into work, including those residents in Certitude supported housing provision
- The Integrated Care Partnership Mental Health Campaign has established Stakeholder Network which will be utilised to map employment support post Covid and ensure services are coordinated and promoted on the Corporate website
- Inclusive Apprentices working across Children's Services and Adult Social Care – supporting the development of our post 19 pathways and how we promoted them on the 'Local Offer' Website
- Supported Intern in Adult Social Care, working with Principal Social Worker
- New Independent Living Delivery Group established in Adult Social Care to further develop employment pathways for residents with learning disabilities, autism, mental health issues internally and externally – this group will also co-produce the independent living web pages on the Corporate website

Agenda Item 8

London Borough of Hammersmith & Fulham

Report to: Health and Social Care Policy & Accountability Committee

Date: 07/10/2021

Subject: Mental Health update

Report of: Jo Baty, Assistant Director Specialist Services and Independent Living (LBHF) and Helen Mangan, Deputy Director of Local and Specialist Services (West London NHS Trust).

Responsible Director: Lisa Redfern Strategic Director Social Care & Co-Chair H&F Integrated Care Partnership (ICP).

Summary

This report provides an update on the work of the Integrated Care Partnership (ICP) Mental Health Campaign and of the implementation of the Mental Health Integrated Network Teams (MINT) across Hammersmith & Fulham, an update on the areas yet to be developed and a timetable.

To reflect the collaboration within the ICP and Mental Health Campaign specifically, the joint presentation of the update from West London NHS Trust, the Clinical Commissioning Group and Hammersmith and Fulham Council represents the ongoing commitment to collaboration and service improvement.

Recommendation

For the Committee to note and comment on the report.

Wards Affected: All

Relevant H&F Values

Our Values	Summary of how this report aligns to the H&F Priorities
<ul style="list-style-type: none">Creating a compassionate council	Better supporting our residents with a wide range of mental health needs in securing the support they need be it from statutory services or from voluntary and community sector partners
<ul style="list-style-type: none">Doing things with local residents, not to them	Co-producing the pathways of support with our residents – being an accessible and easy to navigate mental health partnership
<ul style="list-style-type: none">Taking pride in H&F	Ensuring that Hammersmith and Fulham have both reputationally and in practice a caring and supportive partnership in mental health service delivery.

Contact Officer(s):

Name: Jo Baty

Position: Assistant Director Specialist Services and Independent Living, Social Care

Telephone: 07977 469618

Email: jo.baty@lbhf.gov.uk

Background Papers Used in Preparing This Report

ICP Mental Health Campaign Stocktake

MINT Information Pack – West London NHS Trust

MINT Information for Patients and Carers – West London NHS Trust

1. Background

1.1 The Integrated Care Partnership Campaigns have further developed over the Summer and initial priorities have now been established and the campaigns are now working on the key deliverables. A key ICP development workshop took place in September 2021.

1.2 There are a number of sub- groups which will feed into the main campaign. There is also a weekly campaign manager meeting, chaired by the ICP programme manager, to ensure strategic coherence across the wider whole. This is also an opportunity for learning to be shared between the campaigns and interdependencies to be monitored. The next stage will be to build on the initial scoping work done within the campaign meetings, as well as the wider work done by PPL, a social enterprise firm working with the ICP to assist with its development, to deliver the tangible benefits.

2. ICP Mental Health Campaign

2.1 The ICP Mental Health Campaign is led by Helen Mangan, Deputy Director of Local Services at West London NHS Trust. A core group has been established and includes representation from health, social care, voluntary sector and lay partners. The campaign has identified the three main priority areas below. It has mapped work which has already started or needs to be undertaken to support the priorities.

Main priority identified	Work to be undertaken
Increase community offer and reduce the use of unscheduled care	<ul style="list-style-type: none"> • Readmission and frequent uses of unscheduled care project • MINT (Mental Health Integrated Network teams) fully operationalised; Integration with primary care and social care • Advance mental health equalities and working with communities to ensure that services meet local need • Expand local voluntary sector and mutual aid groups • Fully operationalise crisis alternatives • Asset mapping (service and community asset mapping) • Identify the strengths of the community/micro-communities/PCN
Reduction of out of area placements and spend	<ul style="list-style-type: none"> • Optimising the use of in-borough supported accommodation • Bolster reablement provision • Increase use of direct payments • Community mental health rehabilitation service to be fully operationalised • Development of complex emotional needs offer from West London Trust
Improving the physical health of people with mental health problems	<ul style="list-style-type: none"> • Annual physical health checks: Minimum requirement 60% of all patients on the Severe Mental Illness (SMI) register and the top 5% of the Common Mental Illness (CMI) register to have the full Physical Health Check • Devise a clear list of interventions available to address areas of need identified from the physical health checks • Undertake CLCH and West London Trust Case load audit to identify where there is overlap/duplication, where services can work together more effectively based on the principles that every contact counts.

2.2 To help inform the development of work in the ‘increase community offer and reduce the use of unscheduled care’ priority, a readmissions and high intensive user of unscheduled care review is being undertaken. This review involves analysis of data from WLT, CLCH and LBHF to provide an accurate snapshot of readmissions and intensive user data across the H&F borough. Each organisation will conduct a deep dive of performance data on this particular cohort.

2.3 Twenty patients will be selected from each cohort for qualitative analysis of patient notes/ care journey. WLT will use the ‘BPS Power Threat Meaning Framework’ to categorise themes and identify patterns of emotional distress. This qualitative section will be supported by input from experts-by-experience to help identify themes and verifying findings. The aim is for this work to be completed by the end of the year and will provide recommendations on how use of unscheduled care can be reduced.

3. Mental Health Children & Young People Sub-group

3.1 A children and young people's sub- group of the mental health campaign has been established chaired by Helen Mangan. Three priorities have been identified:

- Pathway mapping. This will deliver improved service user experience, easier system navigation for parents and professionals and clarity on the roles, responsibilities and assurance processes of all agencies across the different stages of the pathways:
- CAMHS transformation to deliver the requirements of the long- term plan, increased access and capacity. LTP target 35% of prevalence and treatment within 18 weeks and
- 16-25 offer- this will focus on ensuring that mental health services for young adults meet the specific needs of this age-group and provide an effective transition between children's and adult mental health services.

The Campaign is currently developing draft metrics and identifying leads for each of the areas.

4. ICP Mental Health Campaign – stakeholder engagement and co-production

4.1 The ICP Development Workshop for Hammersmith and Fulham on 15th September 2021, identified that the ICP needs to build a shared approach to co-production, using assets that exist already in Hammersmith & Fulham and that true co-production means working with all residents and communities through planning, delivery and assurance.

4.2 The ICP Mental Health Campaign has established a monthly Mental Health Stakeholder Forum with over 80 organisations and services represented. The overarching aim of the Forum is to share information as to what services and support are available within Hammersmith and Fulham, to identify how best to support community resilience as part of Covid recovery and to inform address the four Mental Health Campaign priorities.

4.3 As critical as co-production with stakeholders is co-production with our residents with lived experience of mental health. The Mental Health Stakeholder Forum, next due to meet in October 2021, will begin to identify how we can co-produce with a network of residents who are accessing the services and support of those represented at the Mental Health Stakeholder Forum and those furthest away from decision making. This work will build on the work of We Coproduce, SOBUS (BAME Mental Health Report) and the work of the Council's Co-production Strategic Leads.

5. Updates on implementation of Mental Health Integrated Network Teams (MINT)

- 5.1 MINT provides community-based mental health services and support for adults aged 18 and over living in Hammersmith & Fulham (Ealing and Hounslow). Recovery and Primary Care Mental Health Services teams across Hammersmith & Fulham (Ealing and Hounslow) have merged to create the MINT community-based teams. Linked to primary care networks, their aim is to provide more personalised care, at the earliest opportunity for our residents.
- 5.2 Most people will access MINT services through primary care, but some people will access MINT from acute services or be referred by emergency or social care services through the Single Point of Access (SPA). People in crisis, needing emergency support within 24 hours will continue to be referred through the Single Point of Access (SPA).
- 5.3 MINT will provide a wider range of support such as:
- > Therapeutic support, focusing on areas including emotional regulation, developing coping skills and strategies, and support for wellbeing, such as sleeping better and exercise.
 - > Education and training delivered by the Recovery College and other locally based partner organisations, helping people develop practical skills to support their recovery.
 - > Employment, volunteering and other occupational support, available through MINT's Vocational Recovery and Individual Placement & Support services.
 - > Peer support, working alongside someone with lived experience of mental health needs to develop an understanding of what happened and a meaningful way forward
 - > Link workers building community connections and helping people to access community and social groups or engage with new interests, hobbies and activities.

5.4 Update on MINT since it was launched in July 2021

- 5.5 Since the launch of the service, there has been greater working partnership with primary care and community assets. One of the noted benefits from a GP perspective has been what we call 'Shared Care', this is the coming together of all primary care services and mental health see how as a system we can support the community and their mental health needs.
- 5.6 West London NHS Trust are working with LBHF Social Care to launch a grants programme towards the end of 2021 which will enable funding of third sector organisations who support local communities and particularly those furthest away from decision making and from our diverse communities.

6. Future developments

- 6.1 MINT will be expanded to provide further services and building on the engagement with the Mental Health Stakeholder Forum, we will co-produce with the involvement of people with experience of using our services.

Future service developments include:

- > Treatment for adults with eating disorders
- > Support for adults with complex emotional needs
- > Treatment for 18- to 25-year-olds
- > Community rehabilitation
- > Crisis services and support
- > Voluntary sector partnerships