London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Draft Minutes

Wednesday 21 September 2022

PRESENT

Committee members:
Councillor Ben Coleman, Deputy Leader and Cabinet Member for Health and Social Care, Chair
Dr Nicola Lang - Director of Public Health, LBHF
Phillipa Johnson - Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust
Jacqui McShannon – Strategic Director of Children's Services
Lisa Redfern - Strategic Director of Social Care, LBHF
Sue Roostan - Borough Director, H&F
Councillor Alexandra Sanderson – Cabinet Member for Children and Education

Nominated Deputies Councillors:
Natalia Perez, Chair, Health, Inclusion and Social Care Policy and Accountability Committee
Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee
Nadia Taylor, Healthwatch, H&F

Councillors in attendance:
Liz Collins
Rebecca Harvey - Cabinet Member for Social Inclusion and Community Safety
Genevie Nwaogbe - Deputy Whip (Labour)
Patricia Quigley - Lead Member for Inclusive Community Engagement and Co-production (V)*

Officers:
Nicola Ashton, Strategic commissioner, Health and Social Care, H&F
Jo Baty, Assistant Director Assistant director specialist support and independent living, Social Care, H&F

*(V) joined the meeting virtually

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Carleen Duffy and James Cavanagh.

2. DECLARATIONS OF INTEREST

None.

3. MINUTES AND ACTIONS

Two corrections were reported, the inclusion of Councillor Helen Rowbottom as an attendee and that under officers, Dr Ashlee Mulimba was from Healthy Dialogues Ltd and not Healthy "Diagnostics":

RESOLVED

That the minutes of the previous meeting held on 29 June 2022 were agreed as a correct record.

Matters arising

Dr Nicola Lang confirmed that the Joint Strategic Needs Assessment (JNSA) information factsheet link had been circulated to Board members with access to a dedicated JNSA for H&F hub. Dr Lang confirmed that in respect of Agenda Item 4, Vaccines, a draft paper on immunisations had been prepared for a future meeting. The development of future item on childhood immunisation and vaccination for older children was also discussed, for inclusion in the agenda for the next meeting, if appropriate.

4. COVID, POLIO AND MONEY POX VACCINATION

Covid and flu vaccination

Dr Lang and Sue Roostan gave a joint presentation beginning with an update as to the current covid rate which was 32 per 100,000. Sue Roostan outlined details of the NHS autumn booster campaign which launched on 5 September and for which the predominant vaccine was the Moderna bivalent vaccine for adults, followed by Pfizer for the primary course in line with the Joint Council for Vaccination and Immunisation 1-9 categories. The eligibility criteria prioritised those at clinical risk and their household members.

The initial roll out of the campaign focused on care home residents and this would be opened to wider groups (over 75+) from 12 September. Booking would be through the national booking system, and it was confirmed that no hubs would be established with vaccine delivery largely delivered through community pharmacies as part of the primary care offer. The Northwest London roving team would be taking referrals to undertake visits to the housebound as a priority. A lower offer was in place from the Primary Care Network (PCN) and it was reported that some GP practices were keen to co-administer covid and flu vaccines, although the latter might not be available until about October.

Central London Community Healthcare NHS Trust (CLCH) and homelessness teams were working with PCN sites to consider setting up clinics from hostels and these would be operational shortly. The media campaign had been intentionally low coverage in part because of the current

mourning period, however there was likely to be local coverage through GP practices. Pharmacies were also offering walk in slots.

It was reported that the main vaccine for paediatric groups aged 5 to 11 years and 12 to 17 years would be Pfizer, the latter would be in accordance with the eligibility criteria, but Moderna would be the main vaccine offer. Touching on the booking system, Sue Roostan confirmed that messaging would steer people to the national booking site and that this would also be promoted through individual GP practices with the recommendation to wait until called.

Councillor Coleman enquired if the roll out would include prisons and referenced Dr Lang's ground breaking approached which had influenced a change in national policy. It was recognised that mistrust issues remained, and the council continued to work closely with local community groups such as football clubs to build trust.

Councillor Alex Sanderson asked about whether the AstraZeneca vaccine would be available, and Sue Roostan confirmed that this was unlikely.

Jacqui McShannon asked if children's care homes and vulnerable children in schools would also be prioritised as part of the roll out. Sue Roostan explained that these would be included along with care homes, and those who were housebound if they were registered as such with their GP practice or had been referred to the Northwest roving team. Dr Lang reported that staff at schools such as Jack Tizard, The Haven and Q House were eligible as they provided personal care. There was an anomaly within the NHS as they did not recognise Ofsted registered care. It was explained that a letter from Peter Haylock, Operational Director for Education and SEND and Alison Markwell, Head of SEND Partnership (a joint health and local authority appointment and designated clinical officer for responsibilities for children with disabilities) would shortly be sent advocating for the need to prioritise staff based in social care settings and providing personal care for children.

Co-optee Nadia Taylor queried why a carer could not be vaccinated at the same time as the person being cared for and that this was a concern that had routinely been reported to Healthwatch. Sue Roostan explained that the intention was to return to business as usual in delivering health services and that she would welcome further discussion about this following the meeting. Sue Spiller enquired about the population rate of those that had refused vaccination, the issue of vaccine hesitancy and prioritising vaccination for volunteers who worked with vulnerable groups. It was premature to identify any data patterns between the previous take up and the current one, although if the latter was lower a more focused messaging would be considered. Sue Roostan confirmed that the first vaccine dose was still being offered and acknowledged hesitancy remained a concern.

Councillor Rebecca Harvey reported incidents of antivaxxers approaching Black and Asian minority ethnic people in Shepherds Bush with the intent to dissuade them from being vaccinated. Councillor Coleman asked what the outcome would be if people did not get vaccinated this winter. Sue Roostan explained that Covid was still active and there were currently patients in

hospitals and in intensive care units being treated for Covid. Sue Roostan was unable to offer clinical advice but explained that vaccines were being adjusted to reflect the latest variants. Dr Lang commented that some people held entrenched views about vaccination but that the viral confluence of both flu and Covid would exacerbate the impact and that the NHS was also concerned about lower seasonal flu rates in 2020-21 which might that there might be significantly higher rates than usual in the coming winter season.

Councillor Coleman asked what the messaging about Covid vaccination should be. Dr Lang explained that the message was that Covid would be more a way of life and Sue Roostan added that being vaccinated increased individual protection. Covid protection could be increased through regular vaccine boosters but with different variants being identified yearly the vaccine bivalent would change. Delivery of vaccine supplies would be co-ordinated through a national system based on the previous year's uptake.

Councillor Sanderson queried the level of supplies to those practices citing the north / south of the borough variation in take up, and about the timing of vaccine supply deliveries. Sue Roostan clarified that level and timing of the supply would vary but only the number of doses was linked to the previous year's uptake. Dr Lang added that there was underordering of vaccines in the borough to avoid wastage. There was now greater interest in vaccination and flu coverage was increasing slightly but her focus was on having conversations about nursing homes and how a sea change of behaviour amongst nursing home staff could be encouraged. Consistently low coverage for flu vaccines amongst both residents and carers and this had been a long-term concern. Lisa Redfern acknowledged that further development work was required with care homes and confirmed that this would be raised with the Integrated Care System (ICS).

Councillor Patricia Quigley commented that patient records needed to be more easily accessible within a linked system. She asked how an accurate vaccine record could be maintained if appointments were walk in. Sue Roostan confirmed that these would be recorded through a national booking system with the data was notified via the Foundry record system.

Referencing the council's website and the importance of communicating messages so that people understood the impact on NHS services if they were not vaccinated, Councillor Coleman reported that the webpages required updating to provide information about what pharmacies were able to deliver and to coordinate this with information on the NHS and GP practice websites. Sue Roostan confirmed that borough-based partnership communications team could link up with the council's communications team to address this.

Councillor Helen Rowbottom asked if it was possible to establish an incentive-based structure for pharmacies to encourage flu vaccine take up, so for example, in high street pharmacies such as Boots may not have had sufficient incentive to promote its availability and could co-administer both vaccines. Sue Roostan stated that co-administering the flu vaccine with a covid vaccination was an option, providing the individual was eligible. Councillor Coleman queried this and recounted that he had not been offered

the opportunity to have the flu vaccine at the same time as his Covid jab and pointed out that pharmacies should offer individuals a choice. Councillor Rowbottom felt that people weighed up the choice of a painful reaction to one or both vaccines and try to avoid disruption. Exploring the immunological response and the variation in a person's immunity Dr Lang explained that people responded differently to vaccination, and it was a matter of personal choice to have vaccines co-administered. Some care homes for example co-administered with one vaccine in each arm, which was more about efficiency and convenience. Councillor Coleman sought clarification about this and whether pharmacies should be encouraged to co-administer Covid and flu vaccines. Nadia Taylor recounted her elderly parents' personal experiences, who were encouraged to accept co-administration as this was convenient. Both parents suffered severe reactions. She was concerned that her parents felt that they had little choice with no indication as to the evidence supporting co-administration and so this issue needed to be further explored.

Polio

Dr Lang explained that testing had detected the polio virus in the sewage water of 8 London Boroughs and that there was currently a catch-up campaign underway to have the first take up if they have not had it (dependent on age) or a booster dose of the polio vaccine. Children who were aged 1-4 years could go to their local GP practice, and children aged 5 to 9 years would go to the mass vaccination sites located in north London (King Street).

Councillor Sanderson enquired about the percentage of children that had received a first dose or booster dose of the polio vaccine, broken down by age and cohort. Dr Lang explained that she was awaiting this data. Anecdotally, she was aware from Dr Jenna Cumberbatch that there was good interest in take up. Councillor Coleman explained that he had previously found it very helpful to have data on Covid take up and requested similar data on flu, and polio vaccine take up. Sue Roostan explained that polio vaccine data could not be sourced through Foundry due to algorithm issues with the system and difficulties in capturing the data as the polio vaccine was a component of a range of vaccines, so it was harder to extract that specific data and to break this down up to 5 years age. The discussion explored the value of identifying trend patterns in the data using socioeconomic and ethnic backgrounds. Dr Lang was keen to see if local work to raise awareness and encourage take up was having the sought-for impact.

Following a question from Councillor Rowbottom, Dr Lang confirmed that the only cases of polio had been reported in New York and Israel, and none so far in the UK.

Councillor Perez enquired what would happen to children who had not been vaccinated. Dr Lang explained that if they were aged 9 and over they would be encouraged go to the GP but there was no "wrong" age at which the polio vaccine could be administered.

Councillor Rowbottom asked why childhood immunisations and vaccines were not delivered in schools. Dr Lang explained that schools had only ever

undertaken administration of a particular type of meningitis vaccine together with one for cervical cancer protection. The BCG vaccine was no longer routinely administered in schools as this was not affective. The H&F Learning Partnership had offered schools an opportunity to participate in a pilot project to improve uptake. Jacqui McShannon cautioned that antivaxxers had targeted schools in the borough regarding Covid vaccination and that this had been problematic. Increasingly, parents were more inclined to ask questions regardless of recommended guidance.

Monkey Pox

Dr Lang reported that there had been a declined in Monkey Pox infection rates and this was largely attributed to the vaccination was working well but this was not certain. It was confirmed that messaging and raising awareness was being channelled through specialist charities nationally. The impact of diverting services to support the programme of Monkey Pox vaccination and treatment was discussed. There was a concern that this had displaced usual activities and treatment services and that this would lead to further pressure on capacity and the delivery of sexually transmitted disease services.

A suggestion from Councillor Rowbottom was to build evidenced based resilience into service provision. Dr Lang explained that these were services that were commissioned by the local authority rather than the NHS. The pressures on local authority commissioning resulted from a lack of funding and increased resourcing could help build resilience into the service as suggested, to allow it deal with unanticipated pressures such Covid and Monkey Pox. The NHS was already trying to build stronger systems, for example, the established Covid roving teams had pivoted to respond to Monkey Pox.

Councillor Coleman asked if low resilience in NHS services was a concern in H&F, or if it had been raised by other directors of public health. Dr Lang responded that it was of local interest as the sexual health service in Chelsea and Westminster NHS Foundation Trust was a centre of excellence. However, there was also a wider interest in ensuring that the NHS services were resilient. Had the local authority's continued work with CLCH on Covid vaccination for homeless people not been in place, services would not have been as resilient. Philippa Johnson commented that local authorities and NHS organisations were under resourced, facing difficult winter pressures, with a tired workforce. The task of the borough-based partnership was to identify and prioritise the services with most demand and what could be achieved within the allocated resources. Responding to Councillor Rowbottom's point on weighing up priorities Sue Roostan explained that this required services to be refocused. If services could not be accessed, then people were encouraged to contact NHS 111.

Councillor Coleman reported a concern raised by the directors of social care of the eight north west London boroughs who had written to Robert Hurd, chief executive of the ICS about additional winter pressures funding which other ICSs had provided. Phillipa Johnson explained that the key was to ensure joint planning to utilise winter funding and to work through the additional pressure on beds by working together in partnership.

ACTIONS:

1. To find out how and when those working in health and social care provision, and in particular, staff working in school settings supporting children with learning disabilities, could be prioritised for vaccination, and the response to copied to Councillor Alex Sanderson.
2. Sue Roostan to follow up with Nadia Taylor, Healthwatch regarding prioritising vaccine delivery for carers.
3. Councillor Sanderson's query regarding priority vaccination for volunteers that were not affiliated with statutory organisations, it was agreed that this would be followed up with GP practices.
4. Dr Nicola Lang to share a British Medical Journal article explaining the potential factors that has raised concerns about flu rates this winter (completed).
5. Lisa Redfern to raise the need for further development work with care homes with H&F ICP.
6. That the borough-based partnership communications team to link up with the council's communications team to help update the council's covid information webpages.
7. Clarification about whether pharmacies should be encouraged to co-administer Covid and flu vaccines and what the evidence base was for this to indicate either way what the process should be.
8. To include a form of words on the council covid information webpage that offered advice and guidance about the co-administration of Covid and flu vaccination so that people could make an informed choice.
9. To provide a breakdown of data on Covid, flu, and polio vaccine take up, by age, cohort, ethnicity and socioeconomic background.
10. To note the Board's recommendation to facilitate a meeting between the chief executive of the ICS and the eight directors of social care from the North West London boroughs.
11. To identify any evidence as to whether the current service disruptions necessitated by providing a response to Monkey Pox impacted on broader provision. An update to be provided after 12 months to identify any tend patterns indicating any impact on the delivery of sexual health services, for example, an increase in pregnancies, or increased infection rates for sexually transmitted diseases.

RESOLVED

1. That the report and associated comments and actions are noted; and
2. That the Board recommends that the chief executive of the North West London Integrated Care System arrange to meet with the eight directors of social care from the eight London boroughs to discuss partnership working in responding to winter pressures.

5. COST OF LIVING CRISIS AND IMPACT ON HEALTH AND WELLBEING

Councillor Coleman introduced the item which addressed socioeconomic concerns following the emerging cost of living crisis and which was likely to become more severe, impacting on the health and wellbeing of vulnerable communities. Lisa Redfern explained that this was a timely discussion given

the issues around winter pressures and discharge to assess. Councillor Harvey outlined the work being planned and the progress in providing support for residents who would be experiencing huge financial concerns. The council hoped to work with advice and faith forums who had reported an increase in the number of people that they were seeing for a range of reasons. The intention was then to work with local businesses and to bring these different organisations together at a public conference. A final layer of work would be to identify community-based support hubs that could offer warmth or food.

Phillipa Johnson explained that they were engaged in ongoing conversations and activities to support residents and to ensure that the NHS workforce was sighted on this work. There was an opportunity to educate the workforce and signpost what support was available. They were looking at population health and identifying the communities that will be greatly affected. They were also working Giles Percy and Dr Chad Hockey to support people in the north of the borough through the winter. Gathering intelligence data from Imperial and CLCH would hopefully underpin the need to protect the NHS workforce, so they were better placed to support residents. It was recognised that these were ideas that were at the development stage, for example, swapping goods, advice, or support for those experiencing hardship.

It was important to review and ensure that there was a sensible offer in the borough and co-design this in partnership. Discussing the use of vouchers and payment schemes for heating it was important to be aware of all the support that was available. Lisa Redfern confirmed that good communications messaging was important so that staff were well informed, for example maximising contact with residents. Councillor Harvey confirmed that the first event would be taking place on 7 October and would involve voluntary and community charitable organisations and there would be future events that were planned for November, which would also include the NHS workforce.

Sue Spiller commented that small voluntary sector groups would struggle to meet the cost of heat, utilities and that this might have a direct impact on clients. The same applied to smaller or independent businesses.

Councillor Perez enquired about actions to support those who were digitally excluded and what the timing was in terms of collaboration to provide support, recognising that the autumn/winter period would be coming up soon. Councillor Harvey responded that work was in progress, the council maintained a household discretionary fund and a fuel bank was also accessible through the welfare rights team. Councillor Perez suggested that information was shared with GP practices to better signpost referral pathways more effectively. Lisa Redfern confirmed that it was crucial to share information about what the council and local NHS providers.

Councillor Rowbottom suggested that empty buildings could be utilised, and Nadia Taylor asked what practical support could be provided to people. Warwickshire County Council was offering a small amount of money to those in receipt of pension credit, in addition to money and food vouchers provided by the Department of Works and Pensions. Councillor Coleman recognised

how emotive this issue was and invited members to contribute ideas and suggestions to the conference being arranged by Councillor Harvey. Councillor Coleman sought to emphasise the partnership link between the NHS and the local authority to identify ways in which the health and wellbeing of residents could be supported during this period.

Nadia Taylor commented that Healthwatch had received many calls about difficulties in contacting GPs and suggested that a pre-paid SIM card could be given to vulnerable patients, or that a social worker or district nurse could maintain links with known patients through their GPs. People were very concerned about communicating with healthcare professionals. Phillipa Johnson noted the suggestion and added that they had looking at similar suggestions such as offering a warm space at Parkview and the creation of a warmth hub. Councillor Alex Sanderson added to the range of suggestions for example, an afterschool homework club and for which equalities funding was being sought. Other suggestions included hot water bottles, thermos flasks and hand warmers. Lisa Redfern welcomed the ideas being explored and confirmed that these were all suggestions that council was considering and that could be part of a framework of measures that would be deliverable by building an alliance with a wide range of organisations.

ACTION:
NHS colleagues to investigate the cost of calling a GP, and whether there was any scope for mitigating actions such as providing a SIM card.

RESOLVED

That the report was noted.

6. DISCHARGE TO ASSESS

Councillor Coleman summarised the report which responded to a change in national policy and for government funding for large care packages without assessment. This meant a return to the previous model of funding care where needs were assessed by social care services. Councillor Coleman reported that the eight London Boroughs intended to not provide discharge to assess services.

Councillor Rowbottom set out her understanding of both the NHS multidisciplinary teams and social care departments perspectives and described the potential tensions that existed between the need to discharge when it was clinically safe for the patient to be at home, supported by an appropriate care package, and the difficulties of sustaining a patient in clinical hospital care, with risk of increased cost, delays and slow recovery risk to the patient.

A further concern was that carers were being asked to provide clinical support at home that they were not trained to give.

Lisa Redfern confirmed that the department had reverted their procedures to assessing patients in hospital before discharge and that this arrangement was

now in place across North West London. Sue Roostan responded that there was evidence to indicate that the discharge to assess model had previously worked successfully with assessments carried out in a person's home. This had reduced package of care and risk. The key was to ensure that the person got home, and that the assessment was undertaken within the right timescale. Acute care, where the person required care for more complex conditions and severe needs was a concern. Sue Spiller sought further data to identify any potential trend patterns to evidence any difference in the discharge to assess model which Lisa Redfern confirmed would be looked for.

ACTION:
Strategic Director of Social Care to contact the Business Intelligence Team, to identify data evidencing any different trend patterns in the discharge to assess model of care; and the Director of Public Health to contact a colleague at Imperial College Healthcare NHS Trust and seek out any academic studies that may focus on this issue

RESOLVED

That the Board will monitor the impact of the assessment in hospital model of care in terms of social care provision and how this affects both residents and social care staff.

7. PHARMACEUTICAL NEEDS ASSESSMENT

Nicola Ashton outlined the work undertaken and the various stages of the process leading up to the formal agreement of the borough's pharmaceutical needs assessment. Some feedback had been received from pharmacies about opening hours and dementia pathway referrals and these were addressed in the final report, with the recommendations presented on page 4 of the report were noted.

In the discussion which followed it was agreed that a future agenda item for the Board would be to discuss the role of community pharmacies in the context of immunisations and vaccinations, dementia and how it might be possible to shape the development of pharmacy work roles. Sue Roostan reported that the commissioning of community pharmacies, optometry and dentistry services would be returning to borough level control. In response to a query from Councillor Alex Sanderson, Dr Lang explained that £85k of funding was being made available specifically for children's dentistry services. Dr Lang reported that she would shortly be meeting with dentists and CLCH to ensure that dentistry treatment pathways were clearly signposted. Data had indicated some improvement and Dr Lang was keen to see this continue.

Councillor Harvey enquired if there was a central directory listing NHS dentists who treated children. Sue Roostan confirmed that there was, and this had been shared with Afghan refugees and was also available on the NHS website.

ACTIONS:

1. To make accessible details of the children's dentists on the council website;
2. For the Director of Public Health to email details of the work with CLCH to Sue Spiller;
3. To bring children's dentistry back to a future meeting of the board; and
4. For Phillipa Johnson to include this area of work within the ICB and Pharmacy Action Plan.

8. ELECTIVE HOME EDUCATION - WITHDRAWN

9. WORK PROGRAMME

The Board members noted future items that had been agreed through their discussions of the previous items.

10. ANY OTHER BUSINESS

Councillor Coleman reported a governance and constitutional issue with the ICB regarding the poor representation of local authorities on the ICB. There had previously been an assurance to increase the number of representatives and Councillor Coleman highlighted disparities between the North West London ICB and other ICBs, with only one other ICB in Devon with a similar constitution. A request had been made to align the NWL ICB constitution with others. The challenge of an ICS was to gain a stronger understanding of how local authorities operate differently to NHS organisations and vice versa. There was a need to work collaboratively and the absence of a constitution that was representative could not facilitate equitable decision-making or generate a culture of respect between the NHS and local authorities. Councillor Coleman stated that H&F would not be participating in the ICB until this was amended.

11. DATES OF NEXT MEETINGS

Tuesday, 13 December 2022.

Meeting started: 6.05pm
Meeting ended: 8.13pm

Chair .....

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