

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes



Wednesday 2 December 2020

Committee members:

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

Nominated Councillors in attendance:

Councillor Patricia Quigley, Assistant to the Cabinet Member for Health and Adult Social Care, LBHF
Councillor Lucy Richardson, Chair of the Health, Inclusion and Social Care Policy and Accountability Committee

Other attendees:

Residents

Peggy Coles, Coordinator, H&F Dementia Action Alliance
Stuart Downey, Chair, H&F Dementia Action Alliance;
Jim Greal, HAFSON
Merril Hammer, HAFSON
Giles Piercy, H&F Mutual Aid Groups

Third Sector

Kate Sergeant, Local Services Manager H&F, Alzheimer's Society
Nisha Devani, Healthwatch H&F

Health services

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

Council

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

Linda Jackson, Director of Covid 19

Joanna McCormick, Assistant director, health and social care

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Larry Culhane and Glendine Shepherd.

2. ROLL CALL AND DECLARATIONS OF INTEREST

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

3. PUBLIC PARTICIPATION

None.

4. MINUTES AND ACTIONS

RESOLVED

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

5. COVID-19 UPDATE

Linda Jackson and Dr Nicola Lang provided a joint verbal update. The contact tracing programme had gone very well, with H&F officers successfully contacting 99% of those people whom national contact tracers had been unable to contact. They had used a combination of door knocking and phone calls. Councillor Coleman observed that the rate nationally for contact tracing had fallen as low as 60%. Effective local tracing from the start would have made a significant difference and it was a major government failure not to have introduced it sooner.

Members of the Board commended Linda Jackson and her staff for their achievement, which was a positive example of local expertise and knowledge being applied successfully under difficult and challenging circumstances.

Linda Jackson noted that H&F was one of the first London councils to undertake lateral flow testing (LFT) and had rolled out a targeted testing programme in care homes combining LFT and PCR (polymerase chain reaction) tests, and testing residents and staff, GPs and GP staff. This would be extended to include sheltered housing. There were also plans to train staff as swabbers. The council currently had enough test kits.

As regards to the vaccination programme, it was confirmed that this was led by the NHS both locally and nationally.

In terms of flu vaccination, Dr Nicola Lang said the rate of uptake had not been as high as was hoped. Corrective action was in progress through improved communications utilising social media. Public Health were engaged in work with local faith communities.

The need for closer monitoring was accepted and following discussion it was agreed that the issue would be considered at the next Health, Inclusion and Social Care Policy and Accountability Committee meeting on 26 January 2021. Janet Cree concurred and pointed that rates of uptake were low across all cohorts but particularly low in the under 65 age group who were at risk.

Vanessa Andreae said the rate of uptake had surpassed figures for the previous year, which represented huge progress given the need for social distancing. Councillor Coleman said the borough had one of the lowest uptake rates in London and that other councils had largely managed to maintain better uptake rates.

Councillor Quigley recounted her experience of trying to arrange for a flu vaccination given that she was currently shielding. She asked if it was possible for volunteers to be used in helping to deliver the vaccine to those who were shielding at home. Philippa Johnson said this could not be considered a viable approach as qualified health professionals and district nurses were required to ensure the safety of both staff and residents. There were also complexities around storing and administering doses effectively that needed to be considered

Merril Hammer acknowledged that although there had been improvement, the uptake remained shockingly low, not just amongst the under-65s. There were also low rates for the over-65s in H&F, with overall figures across all cohorts disturbing. The rate for primary care staff was at 50%.

Merril Hammer enquired what action other CCGs had taken to get better uptake rates. Janet Cree agreed that the rates for health staff was disappointing and responded that the CCG had consistently shared best practice and learning with other CCGs. They had worked consistently over the past five years to improve rates, working with the Board, Primary Care Networks and the wider North West London system. Whilst she recognised the seriousness of the issue there was no easy solution.

Dr James Cavanagh cautioned that there was a struggle to understand individual choices around vaccination and testing and the right to make such choices. These could be inexplicable, but it was important to take the time to empathise with where these beliefs were coming from. This might also be a big challenge when it came to the Covid vaccine.

Vanessa Andreae added that she had anticipated a bigger, national campaign but this had not been evidenced to date so there might be a need for localised communications using, for example, patient feedback groups. However, she

did not think this was a question of access (unless shielding) and there was little anecdotal evidence to support this.

Merril Hammer said Imperial were actively engaged in trying to address low uptake amongst Trust staff, given the need to protect patients. Imperial might build this into terms and conditions for newly appointed staff, suggesting a more proactive approach. Dr Cavanagh said this would make it harder to attract and recruit staff and that it was an individual right to refuse a vaccine.

In response to a question from Sue Spiller, it was confirmed that there needed to be a seven-day gap between following the flu vaccine with the Covid vaccine, although this might change with advances in epidemiology.

Councillor Coleman asked if more research-based approaches could be taken. Linda Jackson confirmed that they had considered behavioural sciences and that this had been discussed with the CCG, who were keen to explore this further.

Jim Grealy observed that H&F was not distinct from most of the other West London boroughs and asked if it was possible to commission some comparative research to understand and identify factors for low uptake locally and what other boroughs were doing with greater success.

Councillor Coleman summarised that there appeared to be a collective commitment to improve uptake but that this was not reflected in the results and that there was a need to address the feedback from under 65's indicating a lack of trust in vaccines.

Councillor Coleman asked whether GPs had local flexibility to vary the Covid vaccine priority lists decided by the Joint Committee for Vaccination and Immunisations (JCVI). Pippa Nightingale said there was a national team supporting clinicians in the delivery of the vaccine as determined by the JCVI according to a health and age driven criteria. Within NWL there had been pragmatic agreement to allow greater freedom to be exercised by clinicians at a local level.

Dr Lang had previously reported on the work of the newly re-established H&F Immunisation Working Group, where the themes of reluctance around childhood immunisations were similar to adult vaccinations. Dr Lang said this work could be considered more fully at the HISPAC meeting in January. Some progress had already been made in engaging with the local Somali community and agreeing to use more effective channels of communication such as WhatsApp rather than letters. Dr Lang was determined things should improve.

Councillor Coleman said it was important for vaccine prioritisation being determined inclusively. The engagement work initiated by Dr Lang should be developed, working with opinion formers within each community to build trust in the vaccine. Jim Grealy commented that whilst most residents would take a positive view of the Covid vaccine, others might need encouragement and he

suggested that the council considered using email signatures/banners that had been successful in communicating key information across the borough.

ACTION: That flu vaccination be an item at the next HISPAC.

RESOLVED

That the verbal report and actions be noted.

6. INTEGRATION

The Board received a verbal report from Lisa Redfern and Janet Cree regarding national NHS changes and the introduction of integration systems which included the H&F Integrated Care Partnership (ICP). Janet Cree updated the Board on new governance arrangements following consultation with CCG governing bodies and conditional approval of the decision to move to a merged, single CCG body covering North West London in November 2020. GPs would vote on whether to accept a revised constitution this week, with the results to be notified the following week. The deadline to submit any outstanding plans was 31 December and this was currently on track, subject to the vote. GPs were expected to vote further in January on the new governance arrangements. A new shadow governing body would be established at the end of February, local CCGs closed down in March and the newly formed single CCG would go live in April.

Janet Cree outlined the role of the eight-borough Integrated Care System (ICS) in leading the planning and commissioning of care for its population, and providing systems leadership for NHS providers, commissioners and local authorities working together to improve health and care provision.

The ICS would be a non-decision making, strategic group independently chaired by Penny Dash and all provider organisations would be represented including the London Ambulance Service. There was local government representation through Councillor Graham Henson, Harrow Council's Leader and City of Westminster Council Deputy Leader and Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health.

An initial conversation would be held about the strategic priorities for North West London. There would need to be effective engagement with stakeholders. The anticipated vision was about improving life expectancy and health outcomes and to establish initial priorities such as mental health.

Janet Cree outlined three key functions: strategic planning, delivery of care and assurance of delivery. They would look at inequality hotspots through gap analysis. The clinical strategy would be evidenced by basing it on interventions and by identifying models of care suitable for NWL. This would be supported and driven by compliance with governance standards to ensure that the right leadership was in place in each of the organisations.

The intention was to provide the very best, equitable and simple local care, with services consolidated to achieve the best outcomes, and to ensure that this was also the case for specialist care, making effective use of resources.

Having chaired her first H&F ICP meeting on 23 November, Lisa Redfern said the ICP was an alliance of NHS providers that would work together to deliver care through collaboration rather than competition and that it included hospitals, GP practices and third sector providers. The ICP fed into the ICS and although it was established it would undergo a refresh together with a review of governance structures and a workshop planned for the new year.

It was noted that CCG would eventually become redundant. Councillor Coleman added that there might be a periodic rotation of local authority representation on the ICS.

Merril Hammer cautioned that the ICS was amorphous and lacked a clear structure and legal identity. Concerns about the move to a merged single CCG entity remained, despite the Long-Term NHS plan reference to maintaining local bodies. A key concern was that the public would have no clear understanding of the ICS structure and what the new system would look like. There had been a CCG commitment to delivering co-produced services, but it was important to understand how this would work at ICS level and whether there would be a follow through commitment to work with the borough.

Dr Cavanagh agreed and accepted that there were issues with the ICS structure. The CCGs would eventually be abolished as part of a move away from an internal market model. Providers would work together, and improved co-operation would place patients around the health care system to access the right provision, which would be an enormous benefit. Improved co-operation and a strong emphasis on effective, place-based partnership would be critical.

Councillor Coleman welcomed this in light of the council's commitment to doing things with residents and not to them.

RESOLVED

That the verbal report be noted.

7. DEMENTIA

The Board received three presentations about dementia and how the council provided support for residents and visitors living with dementia. Jo Baty said that a draft strategy and action plan would be co-produced with input from the Dementia Action Alliance and the Alzheimer Society before final agreement.

Stuart Downey said his work in private practice as a solicitor supporting individuals and their families in dealing with mental health and capacity issues and his own personal experience of dementia had afforded him significant insight. As Chair of the Dementia Action Alliance (DAA) he explained the key

aim of the organisation was to encourage Hammersmith and Fulham to be a dementia friendly borough.

The scale of dementia was a huge issue affecting many people personally and professionally and H&F was unique in that it paid for home care provision for residents, including those living with dementia. There was significant statistical evidence to indicate that by 2030 the cost of health and social care within the Borough could amount to £105 million, twice the expected rate of inflation. The number of residents currently in the borough diagnosed with dementia was 889 and this was expected to increase to 1800.

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

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

Peggy Coles said that working with people with dementia had inspired workshops at Hammersmith Town Hall in 2016 which provided activities and advice. Improving a local dementia offer required a dedicated and collaborative vision. She commended the borough for building on its mission to be a compassionate borough. A challenge offered to the Board was for all member organisations to become Dementia Friends, and to consider how partners could collaborate and how GP practices could be made dementia friendly. The goal was to apply to be a dementia friendly borough by 2022.

Councillor Coleman thanked the presenters for their unyielding and tenacious commitment. He asked members to choose one aspect that they would like to see improved by 2022:

- Raise awareness about dementia and services available for excluded communities, and make these more accessible to minority groups;
- Have earlier diagnosis and improve the low rate of diagnosis through education and awareness of the signs to look out for;

- Destigmatise the dementia diagnosis and prevent discrimination – have a more intergenerational approach that involved younger people in the borough;
- Recognise that dementia was a mental health issue;
- Ensure that those with dementia could access and receive palliative care support (Appendix 1, page 22 of the report);
- Expand carers' support, including young carers and recognise that the Carers Allowance was insufficient;
- Recognise that there were increasing numbers of single people in the borough who live in isolation and a dementia diagnosis would have significant consequences for those lacking a support network;
- Tailor support in terms of need;
- Understand how the hospital environment feels for people with dementia and how this can be improved;
- Explore the role of assistive technology in supporting people with dementia;
- Develop a “wellbeing environment” suitable for those with dementia; and
- Providers should improve communication and information-sharing protocols to facilitate contact with carers and people with dementia.

RESOLVED

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

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

Councillor Coleman welcomed Healthwatch Your Voice H&F, who had been commissioned to inform a draft charter of inclusive standards to provide guidance to GP practices and the wider NHS shaping access to digital services. Maisie McKenzie said the draft standards were iterative, inclusive and had been co-produced with input from the Healthwatch H&F shadow executive committee, the local authority, CCG and HAFSON. Nisha Devani confirmed that draft standards were derived from the response to the survey questions, which had also been carefully calibrated to ensure accessible and inclusive engagement.

Councillor Coleman welcomed the draft charter of standards. He asked how a GP practice might commit to this, how the charter might be adapted for use in hospitals, and what the next steps might be. Nisha said it was essential to engage with clinicians in order to maintain a balanced view. Following the engagement work with residents it was now important to obtain input from GPs.

Following a question from Merril Hammer it was also clarified that although the draft charter had come out of the survey work, this information would be

presented at a separate meeting of the Board. This would include the headline findings from the survey and data from the focus groups. This would allow an opportunity to understand the core issues for patients, which could vary demographically.

Councillor Richardson said the draft charter needed to be contextualised and simplified, with greater clarity to understand who it was for. If aimed at patients then a “less is more” approach was suggested, written in a clear and accessible way.

RESOLVED

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

9. FOOD ACTION PLAN

Jo McCormick briefly outlined progress on the Food Action Plan (FAP). This set out a number of different projects and programmes that were currently ongoing. It was clarified that that this would also capture NHS work around the borough.

The draft aims for the plan were that no one should go hungry or be malnourished, that everyone can eat healthily and that no one should have to eat alone unless they chose to. A further aim that was also being considered was eating without causing harm to the environment. The Board was invited to endorse further work being undertaken on the plan to bring together different strands of work and track the various activities.

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

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

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

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

RESOLVED

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

10. WORK PROGRAMME

RESOLVED

That the Board's work programme be noted.

11. DATES OF NEXT MEETINGS

Monday, 8 February 2020.

Meeting started: 6.30pm

Meeting ended: 9:23pm

Chair

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