London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Wednesday 24 March 2021

Committee members:
Councillor Ben Coleman, Cabinet Member for Health and Social Care (Chair), LBHF
Vanessa Andreae, H&F CCG (Vice-chair)
Dr James Cavanagh, Chair of the Governing Body, H&F CCG
Councillor Larry Culhane, Cabinet Member for Children and Education
Toby Hyde, Deputy Director of Transformation, Imperial College Healthcare NHS Trust
Dr Nicola Lang, Director of Public Health, LBHF
Maisie McKenzie, Operations Manager at Healthwatch H&F
Jacqui McShannon, Director of Children's Services, LBHF
Lisa Redfern, Strategic Director of Social Care, LBHF

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
Jane Wilmot, volunteer, Your Voices Healthwatch (H&F)

Other attendees:

Residents
Jim Grealy, HAFSON
Merril Hammer, HAFSON
Jane Wilmot, volunteer, Your Voices Healthwatch (H&F)

Health services
Janet Cree, Chief Operating Officer / Programme Director CYP & Maternity at Central, West, Hammersmith & Fulham - NWL CCGs
Caroline Durack, Director of Operations, H&F GP Federation
Philippa Johnson, Director of Operations, Central London Community Healthcare NHS Trust, and, Integrated Care Partnership Director for Health and ICP co-chair
Dr Bob Klaber, Consultant General Paediatrician & Director of Strategy, Research & Innovation at Imperial College Healthcare NHS Trust
Deborah Parkin, Assistant Director of Primary Care, H&F CCG

Council
Kim Smith, Chief Executive, H&F
Linda Jackson, Director of Covid 19
Joanna McCormick, Assistant director, health and social care

1. MINUTES AND ACTIONS

RESOLVED

That the Committee agreed the minutes of the previous meeting held on 2 December 2021.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Lucy Richardson, Glendine Shepherd, Inspector Mark Kent and Janet Cree.

3. ROLL CALL AND DECLARATIONS OF INTEREST

The Chair noted the attendance of members of the Board, officers, speakers and observers. There no declarations of interest reported.

4. BETTER CARE FUND

The Chair introduced a report on the Better Care Fund which sets out details of financial support provided to the council to plan and help deliver local health services. The Board was asked to review and formally approve the agreement. Lisa Redfern presented the report which would help deliver services through a partnership arrangement within a framework of joint priorities agreed with H&F Clinical Commissioning Group (CCG). A proposed budget of £49 million comprised of approximately £31.1 million contributed by the CCG and a H&F contribution of £17.8 million. Councillor Coleman welcomed the agreement which offered a positive example of partnership working. The Board looked forward to receiving an end of year report outlining the expected outcomes of the schemes and the impact of these in terms of improving the quality of life experienced by residents.

RESOLVED

1. That the Chair on behalf of the Health & Wellbeing Board agreed the planned total expenditure and the proposed schemes for 2020-21; and

2. That the Board received an end of year report that outlined the outcomes of each scheme and the difference it made for residents of H&F.

5. VACCINATION UPDATE

Councillor Coleman briefly provided context to the discussion highlighting challenges around increasing flu vaccination take up which had been prevalent for the past 5 years, what activity had been undertaken by the CCG address this and how the council could provide support. Sue Roostan referenced the local plan which had been jointly agreed between H&F CCG and the council and submitted to the North West London (NWL) Collaborative of CCGs. This was a “live” document which would incorporate improvement

around vaccine take up. Presenting data on improved local uptake Sue Roostan offered assurance that ongoing work was having an impact. The new vaccination site at the Novotel had by 24 March administered vaccinations 6370. It was recognised that there was significant ongoing work being undertaken jointly between the CCG and local authority to support groups that were reluctant or had refused the vaccine and that this contributed to a much broader piece of work across NWL.

Locally the use of pharmacy sites was also being considered (subject to review) as was the deployment of pop-up clinics and how these could be strategically placed around the borough. As the vaccination programme developed there would be a shift in focus to second dose vaccinations and the delivery, availability and supply of vaccines had been planned to mid-April.

Linda Jackson added that it was important to recognise that this was an on-going journey and that process had been continually refined. There had been challenges in identifying H&F residents that had refused an offer of the vaccine and the reasons for that choice. Joint engagement work with the GP Federation within the borough included follow-up phone calls with residents and the provision of support where needed ranging from transport to home visits. It was anticipated that this was potentially a model that could be successfully replicated for other vaccination programmes such as flu and childhood immunisations. Long term, the work would also help inform the Vaccine Equity Plan and continued joint working.

The Board was informed about the significant work being undertaken with the borough's Faith Forum, community and voluntary groups speaking with community leaders to help communicate information about vaccination which had been very successful and would inform the Vaccine Equity Plan. Linda Jackson reported that the mass vaccination site had been a very successful piece of work and thanked all partners for their commitment and hard work.

Councillor Coleman commented that the borough had been unfairly criticised for having lower vaccination rates compared to neighbouring boroughs. Sue Roostan responded that in the previous three months H&F CCG had proactively engaged with hugely diverse communities and that open and continued dialogue was essential. The range of screening work undertaken within the NHS invited public engagement which helped with prevention and earlier diagnosis. Lower H&F vaccination rates could be attributed to several factors including target setting within a fixed time frame, particularly in the 80+ group or people waiting to see how others would be impacted but there had been some good signs of improvement amongst other cohorts with daily numbers increasing. Sue Roostan commended the work of the Primary Care Network (PCN) sites which had been operational 12 hours a day.

Councillor Quigley sought further information about the actual number of those who had received the vaccine from the clinically extremely vulnerable group and why this rate was not higher as many within this group will have be shielding for about a year and would be keen to be vaccinated at the earliest opportunity (Linda Jackson confirmed 11, 856 within the borough had been

vaccinated). Sue Roostan explained that the lower than expected 76% rate could be attributed to a coding issue and that some would have been identified in other cohorts according to age. Dr James Cavanagh assured Councillor Quigley that every individual with the cohort had been offered a vaccine inferred that more nuanced conversation was required to understand reasons why it had been refused. This could be attributed to beliefs, or in some cases relatives with medical power attorney who had refused the vaccine.

Vanessa Andreae reiterated that every patient had been contacted unless they lived overseas. It was highlighted that there was marked difference within the cohort between refusing the flu vaccine and refusing the Covid-19 vaccine. As part of the Covid-19 vaccination process people were required to report whether they had received a flu vaccine within the past 7 days, and many had remarked that they have never had one and would refuse to have it in future.

Councillor Coleman reported that there had been considerable work within the borough to remove barriers and which also provided information that helped to understand why people refused to be vaccinated and to avoid assumptions as to reasons for refusal. Councillor Coleman shared his concern about vaccine take up within some minority ethnic communities and the decades of social and historical mistrust of government institutions which had in some cases informed decisions to refuse Covid-19 vaccination.

Toby Hyde commended the work of the Primary Care Network working jointly with the local authority to deliver the vaccination programme locally. Many of these teams involved had already worked extremely hard in the past 12 months and were now trying to get as many people vaccinated as possible. Many minority ethnic community healthcare staff reflected the point made by Dr Cavanagh and that it was necessary to have more nuanced dialogue as to why vaccination had been refused.

In many cases, the reasons why some were more reticent than others about vaccination pre-dated the pandemic that it would take some time and longer-term engagement to fully address the issue. It was reported that a mass vaccination site had recently been opened at the Novotel and that there had been a significant number of bookings with 6300 vaccinations provided this week. The Board highly commended the extraordinary work undertaken by those involved and acknowledged how challenging this had been.

Councillor Coleman also commended Linda Jackson for negotiating the provision, which had initially been declined but which was eventually agreed to following sustained representations from the borough. Linda Jackson reported that vaccine take up on the first operational week of the Novotel site was significantly better than the numbers reflected across North West London with a 100% of bookings completed on day one. This emphasised the importance of understanding the needs of the local population of a borough and for this to be evidence based, recognising that every borough was different.

Merril Hammer enquired if mobile vaccination units would be deployed in more deprived parts of the borough. Sue Roostan responded that there were plans to undertake a more targeted approach with the borough through funding that would be made available from NWL working with communities. Vanessa Andreae added that funding had been received to run two pop-up clinics which had been delivered by the Bush Doctors practice. This was offered to residents with learning disabilities to enable them to access a clinical site staffed by clinicians that were familiar to them.

A separate pop-up clinic had provided vaccines to 40 people within the 80+ cohort that could not make the journey to the Richford Gate site confirming that adjustments had been made to ensure more tailored delivery responding to identified need within the local population, within the challenging parameters of vaccine transportation and storage.

Jim Grealy enquired if the electronic information boards could be redeployed at busy public sites such as parks to ensure that a cultural expectation of getting the vaccine could be developed. Linda Jackson welcomed the suggestion and confirmed that the dot matrix boards could be utilised in this way however this would have to align with delivery according to the eligibility criteria. A general message about having the vaccination would not be ideal but careful messaging about this was potentially helpful.

RESOLVED

1. That the HWBB considered the plan and the proposed planning numbers to reach the community within the JVCI priority group; and
2. That the Board receive update at the next meeting on the progress made.

6. HEALTH INEQUALITIES

Councillor Coleman referenced data analysis undertaken by the borough's Business Intelligence Unit evidenced vaccine take up according to each ward and by ethnicity. This had comprehensively depicted the reticence of some black and Asian minority ethnic communities in being vaccinated. The underlying reasons for this varied significantly but clearly signalled the need to understand these in the context of race and health inequity.

Dr Bob Klaber explained that following the good news of the vaccines being made available it was quickly recognised that there were also some disparities around the practical considerations that local authorities were having to work with in addressing health inequity. Working with Linda Jackson, Samira Ben Omar (Head of Engagement and Partnerships, NWL Integrated Care System (ICS)) and colleagues from within the wider ICS, and supported by Hannah Fontana (Strategy, Research & Innovation Programme Manager, Imperial College Healthcare NHS Trust) a 10-week series of co-production huddles was developed. This was a weekly, hour long meeting which facilitated space for conversations between different people with the intention to co-produce concepts and share learning to comprehend the qualitive work underpinning the data. Dr Klaber shared details of the huddles

and encouraged Board members to access this through a link (shared in the Zoom chat) noting that many had already done so.

Sharing his reflections on the extent of reluctance to be vaccinated Dr Klaber accepted that there was a deeper issue around structural racism and a decades long, deep mistrust of medical research. He recognised that this was a pivotal opportunity for the NHS to evolve, moving from a model that not only treated illness but also progressively advocated for health and well-being.

Councillor Coleman commented that this was a conversation that exceeded a refusal to be vaccinated. The strength and prevalence of negative views about vaccination stemmed from the knowledge that black communities had routinely been unwitting test subjects or provided with lower standards of care to ensure more effective care for other ethnic groups. It was abhorrent that 70 years after the establishment of the NHS, and, 65 years since Windrush such views were not unfounded.

Jim Grealy commented on a Department for Education requirement that schools collect student ethnicity data. He advocated that there should be greater assurance offered about data collected by the NHS as it was apparent that minority ethnic people were more likely to have experienced cultural bias often when accessing health or education services. Councillor Quigley commented on the phrase “no blacks, no dogs, no Irish”, well known in 1960’s and 70’s Britain and that conversation and dialogue with black and Asian minority ethnic communities to tackle racism was critical. Merril Hammer commented that the threat of removing local services galvanised many but there was significant mistrust of the wider NHS as an organisation and senior health managers.

Dr Cavanagh commented that greater data analysis had revealed unconscious bias within health services. Working with the Royal College of Obstetricians and Gynaecologists in July 2020, he reported that data had shown that a person of West Indian heritage was five times more likely to die during childbirth and that this was twice as likely if you were Asian. This was attributable to the inherent attitudes of the department from where the data was sourced. A task force had been established to investigate and this offered greater scope for more equitable insight highlighting opportunities for delivering real change.

Toby Hyde agreed and reported that Imperial were about to announce which grass roots community groups had been successful in their applications for grant funds to undertake work that would support communities that had been impacted by the pandemic, particularly those communities that had historically experienced worst consequences of health inequalities. The disproportionate number of successful H&F bids reflected the strength of the local voluntary sector supporting excellent but fragile organisations. Toby Hyde offered to provide an update to the Board on this progress of this project.

Bathsheba Mall outlined the virtual engagement work which had delivered twenty two, tailored Q&A sessions and webinars held with borough voluntary, faith and community groups.

Fundamental to the success of these events was the opportunity to discuss concerns about the vaccines with clinical and vaccine research experts. The events facilitated a conversation that offered assurance and generated significant trust, and this was amplified where the panel were able to communicate in minority ethnic languages. Vanessa Andreae acknowledged that engagement activities that empathised with participants through shared culture and language would be significantly more effective and that this had been evident in the work and support of a Somali practice nurse. This could also be a model that could extend beyond Covid-19 vaccination and be effective in encouraging flu and immunisation vaccine take up.

Philippa Johnson echoed similar comments and said that as a community healthcare organisation (CLCH) minority ethnic staff had 80% Covid-19 vaccine take up which compared very well to flu vaccine take up. However, achieving such a positive level of take up had been a hard and challenging process. Maisie McKenzie commented on the impressive work of the borough in engaging with communities which indicated a willingness to listen. Coupled with the co-production huddles this demonstrated the high value placed on empathising with communities and it was important for this to continue.

RESOLVED

That the report be noted.

7. INTEGRATED CARE PARTNERSHIP

Councillor Coleman referenced the Chief Medical Officer for England, Chris Whitty's recent comment on the amazing, collaborative social care and health work undertaken with local authorities which should not be lost and could be built upon. Lisa Redfern indicated that the Integrated Care Partnership (ICP) reflected a similar ethos and explained that in her role as co-chair, together with Philippa Johnson, significant work had been undertaken to provide a foundation on which to develop five key areas for focus and as set out in the report.

The relationships built during the past year in responding to the devasting impact of the pandemic could not have been achieved without a strong willingness to work together with a shared sense of purpose. The purpose of a centrally placed ICP was to meaningfully drive forward a local agenda and this had been difficult to achieve to date. The ICP board had recently been joined by Dr Nicola Lang who could not only offer empirical expertise on population health but as had been evident throughout the pandemic, was able to build strong relationships with colleagues an external partners.

Philippa Johnson added that the key priorities had been informed by inclusive engagement workshops with primary care networks and residents. At the same time, an evidenced based approach would be used to address health inequity. Dr Lang commented that this aligned with well with a Public Health focus on wider health determinants (poor housing, access to education and employment) coupled with strong community engagement.

Commenting on the formation of relationships that had resulted from the response to the pandemic, Jim Grealy welcomed the establishment of the Integrated Care System (ICS) and felt that despite how remarkable this had been it was not sustainable without an institutionalised and formal framework offered by an ICP. The ICP and local decision making at a borough level would help inform the wider ICS and redress the balance of power. Councillor Coleman agreed and referenced the fifth priority which was the development of an ICP with primary care networks located at the heart of local communities. An important part of this was to ensure that residents were engaged and listened to throughout.

Merril Hammer concurred that health inequalities needed to be a central priority but emphasised the importance of incorporating co-production within work of the ICP and more critically, the inclusion of the patient voice to directly inform and determine priorities. On a final point she encouraged health colleagues to not talk about patients but “people” or “residents”.

Toby Hyde reflected on his experiences of establishing ICPs across North West London and how they unfortunately did not always manage to succeed in capturing the excellent expertise and knowledge of board members and cautioned that there was much to be learned from this. He reported that Imperial clinicians were keen to work with GPs and the local community to help improve health outcomes for H&F residents and that a way of managing this strategically should be considered. He welcomed the report but suggested that it could go further by identifying measures so that outcomes translated into benefits for residents and offer greater accountability and transparency at the same time. Sue Roostan responded that the CCG was developing the scope of their work to include clinical input within this through engagement with clinicians and that this could help inform clinical outcomes.

Jackie McShannon welcomed the report and the discussion points. However, while the needs of children and young people were challenging and complex, they could be more centrally and explicitly included. Acknowledging this and earlier points, Lisa Redfern confirmed that they had considered the inclusion of more meaningful local priorities and how to improve evaluation measures. Young people were key and had been explicitly referenced within the full ICP report which could be provided, but it had been necessary to distil and broaden priorities. Incorporating the patient voice was essential in formulating the work of the ICP and it would also be helpful to have a more co-ordinated approach to incorporating clinical input.

Councillor Coleman welcomed opportunities to develop engagement effectively within the framework of strategic coproduction, together with the support of organisations such as Healthwatch. He emphasised the critical importance of reaching out to the community in new ways to help shape and inform local health services.

RESOLVED

That the Board noted the report and commented on the draft priorities and areas of focus.

8. WORK PROGRAMME

The Board noted that the current priority areas would continue to be informed by Covid-19 and the delivery of local health services through the reconfigured CCGs and establishment of new structures such as the ICS and the ICP.

9. DATES OF FUTURE MEETINGS

To be confirmed.

Meeting started: 5.00 pm
Meeting ended: 7.30 pm

Chair .....

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