London Borough of Hammersmith & Fulham

h&f hammersmith & fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Minutes

Wednesday 10 November 2021

PRESENT

Committee members: Councillors Lucy Richardson (Chair), Bora Kwon, Mercy Umeh and Amanda Lloyd-Harris

Co-opted members: Victoria Brignell - Action on Disability (Action On Disability); Jim Grealy - H&F Save Our NHS (H&F Save Our NHS) and Keith Mallinson

Other Councillors: Councillor Ben Coleman

Officers: Jo Baty, Assistant director specialist support and independent living; Dr James Cavanagh, Chair, H&F CCG; Dr Barbara Cleaver, Consultant in Emergency Medicine, Imperial College Healthcare NHS Trust Dominic Conlin, Director of Strategy and Business Development, Chelsea and Westminster NHS Foundation Trust Janet Cree, Chief Operating Officer, NWL Collaborative of CCGs; Gerry Cowley, Head of Allocations & Lettings, The Economy; Tara Flood, Strategic Lead, Co-production Transformation, Talent and Inclusion; Merril Hammer, H&FSON; Dr Nicola Lang, Director of Public Health; Dr Christopher Hilton, Executive Director of Local and Specialist Services, WLT; Linda Jackson, Director of Covid and Lead for Afghani Refugees; Helen Mangan, Deputy Director of Local Services, WLT; Lisa Redfern, Strategic Director of Social Care; Gary Rigby, Senior Housing Strategy and Partnerships Officer, Allocations and Lettings, The Economy Department; Susan Roostan, Borough Director, H&F CCG; Glendine Shepherd, Assistant Director Housing Management

1. MINUTES OF THE PREVIOUS MEETING

It was noted that paragraph numbers for items 5 and 6 were reversed and noted that Dr Chris Hilton did not attend the previous meeting.

Councillor Richardson provided a brief update on the actions most of which had been resolved or would be covered later in the meeting.

RESOLVED

That subject to the above the minutes were agreed as an accurate record of the previous meeting held on 7 October 2021.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jonathan Caleb-Landy, and co-optees Lucia Boddington and Roy Margolis.

3. DECLARATION OF INTEREST

None.

4. PUBLIC PARTICIPATION

The Chair reported that a request to ask a question in respect of Agenda Item 6 had been received from Merril Hammer (HAFSON).

5. COVID-19 UPDATE

5.1 Councillor Richardson welcomed Janet Cree, Linda Jackson and Dr Nicola Lang to the meeting to provide a verbal update. Dr Lang reported that the rate of infection for H&F was 239 per 100k people which was slightly lower than the London average at 253 per 100k, placing the borough as the 19th highest rate in London. There had been 335 cases confirmed in the past seven days reflecting an identified pattern spanning the previous few weeks. Infection rates had been highest within the 11-16 age group but were decreasing slowly across all groups. There had been a number of outbreaks at the start of the Autumn term and a reduced number following the half term break. The rates for the over 60's cohort were higher than the rest of London at 167 per 100k people. Testing rates were good but the positivity rate was 5 cases reported as positive for every 100 PCR tests, higher than previously recorded so this was being closely monitored.

5.2 Anticipating winter pressures, the focus had moved towards administering the booster jab for over 50's in medical risk groups, and health and social care staff. Dr Lang advocated for social distancing protocols, continued mask wearing in indoor and crowded spaces with limited social contact and good hand hygiene. She also encouraged flu as well as booster jabs which would be key to maintaining lower rates of illness. Linda Jackson reported that the number of pharmacies delivering vaccines had increased to 11 and also encouraged the take up of flu and booster jabs.

5.3 Janet Cree confirmed that there were four PCN sites (White City Community Centre, Brook Green Medical Centre, Hammersmith Surgery and West Kensington Tenants Hall) and briefly referenced Matt Meads role in supporting GPs in providing vaccinations in the borough. Operationally, vaccinations had begun focusing on practice registration lists, aligning with the eligibility criteria. It was important to maintain business as usual and balance practice activities with managing the recovery process post Covid. The increased number of pharmacies widened the geographical area covered and lessons had been learned from the delivery of pop-ups. The increase in pharmacy capacity would enable the delivery of more vaccine doses and also allow opportunities to vaccinate those who had not had either their first or

second dose. The increase also compensated for the decommissioned Novotel site. The PCN sites together with CLCH had also begun to deliver vaccines to those that were housebound in addition to supporting the school's programme. Janet Cree reported that there was also capacity in neighbouring boroughs. In terms of vaccination figures, 65% of the borough population had received their first dose and 59.4% had received their second dose. Focusing on invited, registered patients, 20% had received their booster jab. A local booking system operated alongside a national booking system, but the latter was accessible to anyone who was eligible. This ensured that local capacity was utilised and could also opportunistically administer first, and second doses offered to walk-in appointments which PCNs were keen to encourage. The national system also directed people to book appointments through the 119 NHS helpline.

5.4 Jane Cree provided further details about vaccination visits to all but one care home, but there were some residents who had not met the booster jab eligibility criteria. Vaccination of those who were housebound was being undertaken by CLCH alongside PCN sites. Jane Cree cautioned that the observation time required for Pfizer meant that the process was slower as each housebound visit took longer to monitor compared to AstraZeneca.

5.5 Working closely with the local authority roving teams were visiting local schools and a schedule of co-ordinated visits had been extended to 19 November 2021. Roving teams would also continue to support pop ups and resume vaccination buses, particularly at the Claybrook site. It was recognised that this initiative had been very successful in supporting residents with mental health conditions.

5.6 Flu clinics were also underway and being delivered in line with stock delivery dates, co-ordinated at national level. There was some variation in terms of rates and availability, and these were organised with strategic variations across the borough and CCG area with one in particular experiencing a delayed delivery of vaccine stock. PCNs had prioritised care homes to vaccinate residents and those that were housebound, co-ordinated by CLCH. As of the end of the previous week, it was reported that 19,000 flu immunisations had been delivered across the borough, representing around 16.5% of the eligible population and 80% of care home residents. Compared to the previous year, significantly higher numbers had been vaccinated but immunisation rates in general continued to be challenging.

5.7 Councillor Richardson recognised that operational and strategic factors would impact on take up rates and welcomed the news that vaccine buses would be reintroduced. Also welcomed was the shift away from a centralised system to a local focus although it was a concern that this had taken so long manage.

5.8 Co-optee Victoria Brignell explained that she had requested data regarding the percentage of personal assistants employed by disabled people under the direct payment scheme had been vaccinated, and secondly, what the impact of mandatory vaccination for social care staff might be on staffing levels. Janet Cree apologised for not having the information available and gave an assurance that this would be provided. It was confirmed that there were no immediate issues regarding staffing levels, but this would be checked.

Co-optee Keith Mallinson raised again the issue of public transport and the inability of Transport for London (TfL) to enforce mask wearing. Linda Jackson shared his frustration and stated that the borough had worked hard to promote good practice however repeated requests to TfL had been ineffective. The government's plan B may change this by introducing mandatory mask wearing and the director of public health had also explored legal options for enforcement.

5.9 Co-optee Jim Grealy commented that pupils and schools had been placed under significant pressure by anti-vaxers. Given the variation in vaccination take up between schools, he enquired if it was possible to identify the factors for this and who controlled the process, the schools or NHS. A second question was a concern about the 35% of the population who were unvaccinated. Given that Covid as a condition remained, he asked what was being done to encourage vaccine uptake for those who did not accept the earlier offer. Keith Mallinson mentioned that retail outlets continued to offer good advice and guidance about good hand hygiene but suggested that the council or CCG write to local retailers and to encourage enforcement of mask wearing.

5.10 Janet Cree confirmed that there were variations in take up across the borough and that the CCG continued to work with and advise schools with the support of Children's Services and the local authority and to also manage anti-vaccine activity with the police. Control of the vaccine process was subject to consent and co-ordinated by schools. Careful sequencing was required to capture everyone who had consented and children who had been infected were required to wait four weeks before they could be vaccinated so repeat vaccine sessions were planned. This was ongoing and underpinned the "evergreen offer" meaning that the vaccine offer would be self-renewing. The rate of uptake was gradually increasing for both the first and second doses of the vaccine, with an additional 1125 who had received both doses, and which encouragingly reflected a significant and iterative increase. Matt Mead clarified that the 65% of people that had been vaccinated comprised of those aged 12 and over. Within the 1-9 JCVI cohorts, there was 76% take up and reflected graduated take up across the groups.

5.11 Councillor Lloyd-Harris noted that the four PCN sites were located in the North of the borough and asked why Fulham had not been mentioned. She enquired about the care home that was yet to complete booster vaccinations and when the booster jab would be available to book through the NHS app. Matt Mead explained that during the first wave, there had been a site located in Parsons Green however, services needed to continue so an alternative site at West Kensington Tenants Hall had been secured. The four main delivery sites would be supplemented with satellite clinics or pop ups. A refinement of the local offer was being considered, which might include Parsons Green. The care home mentioned had been later in the scheduling so some residents were not eligible at the time and would be revisited. Further information about when the booster jab would be accessible through the NHS app was not available.

5.12 Councillor Coleman said that it was difficult for people to navigate the Covid vaccine pathway. He felt that the details about pharmacies being able to provide vaccines options had not been clearly communicated. Having the NHS card with details of when both doses had been administered would in theory make it possible for people to walk in and receive the booster jab. He enquired why it was not possible for the booster jab appointments to be arranged through GP practices. He also sought clarification about whether the Covid and Flu vaccines could be co-administered and felt that it should be possible to offer these more efficiently. Janet Cree responded that invitations to book a booster jab opened at five months after a second dose through the national booking system. Current invites from GP practices were issued according to the eligibility criteria but there were complexities in terms of the sequencing.

5.13 Matt Mead confirmed that there had been discussions at PCN level but that this was a matter of aligning with the national messaging. A person would receive notice of eligibility to book online 152 days after a second dose which allowed for a 30 day window. The CCG was working with PCNs to ensure that there was clear communication about the changes. It was not confirmed whether practices would be sending text alerts to invite people to book a booster jab. This would require further conversations about the feasibility of a local system and how this might align with the national booking system. An added complexity was that there could be dynamic and logistical changes to the national system which would require co-ordination locally.

5.14 Janet Cree continued that in terms of co-administrating both Covid and Flu vaccines there would be some variation depending on the location of the site or pharmacy and also capacity, but it was possible to administer both at the same time depending on the variables. A single system was not available to allow you to book both at the same time, but it was possible for sites and pharmacists to check your eligibility as a walk in if a person presented their Covid vaccine cards. It was also helpful if a person had their NHS number to enable electronic verification. Councillor Coleman sympathised as the CCG was forced to work with a poorly planned and implemented national system.

RESOLVED

That the verbal report was noted.

6. MENTAL HEALTH SERVICES UPDATE

6.1 Councillor Richardson welcomed Dr Chris Hilton and Helen Mangan from West London NHS Trust (WLT) and additional contributors which included Lisa Redfern, Jo Baty, Dominic Conlin and Dr Barbara Cleaver. For ease of reference, Dr Hilton shared slides based on the appendix attached to the report. He briefly outlined the remit of the Trusts work which encompassed the provision of forensic, high secure specialist local services. The report focused on a broad range of provisions and borough related demographics as precursor to further reports to the committee. Dr Hilton outlined key points about individuals who wanted to access services and the volume of demand

and the WLT response and how the Trust was positioned within the framework of the Integrated Care Partnership (ICP).

6.2 The PCN raw data indicated that there were currently 7409 H&F residents accessing local mental health services, of which 534 were receiving support from the WLT dementia services. WLT was working to improve access to services amongst particular cohorts and the appendix indicated a breakdown of service use by different PCNs. The access and entry points to the various services included walk ins and self-referrals. The data indicated that access during the pandemic decreased significantly with a fall in activity across many services. Going forward, Dr Hilton reported that there was long term planned investment to create opportunities to improve services such as CAMHs. Neurodevelopmental services including Autism and ADHD (Attention Deficit Hyperactivity Disorder) were not provided by WLT in H&F but was offered by Chelsea and Westminster Hospitals NHS Foundation Trust (ChelWest) and the Cheyne Child Development Centre. A mapping exercise across North West London was currently underway to identify the range in provision for adults with autism and ADHD to try and improve local pathways. Dr Hilton also highlighted aspects of the 24 hour liaison psychiatry crises services at Hammersmith and Charing Cross hospitals (full details of the presentation are accessible at 44:53, H&F Health, Inclusion and Social Care PAC | 10 November 2021 - YouTube).

6.3 Dominic Conlin advocated the development of a collaborative approach which offered an opportunity to reposition autism and ADHD services. Integral to this more holistic approach with earlier intervention was the relationship with acute mental health services. Commenting on the activity following lockdown there had been a notable increase in the volume and acuity of patient presentations. He highlighted two aspects: first, that patients who did require inpatient admission had significant wait times, often in unsuitable environments; and that this became fragmented if admission was required prior to transfer. A joint approach was preferable to support paediatric mental health services which included early intervention enhanced by improved training, development and digital innovation. This would offer better support for staff in identifying patient symptoms.

6.4 Dr Barbara Cleaver explained that A&E departments were under significant pressure and seeing large numbers of patients presenting during a mental health crises with high acuity of need. Approximately 5-8% of patients with complex needs waited for more than 12 hours in A&E for a mental health assessment. A deep dive had been carried out to understand how mental health assessments could be conducted. Dr Cleaver commented that she'd experienced some difficulties in accessing out of hours mental health professionals. It was agreed that the Local Authority would meet with her urgently to address this. Charing Cross hospital had enhanced the space provided for patients in A&E to ensure that it was safe, appropriate and kind for patients experiencing a mental health crises. Dr Cleaver thanked H&F for funding provided to support recently completed work on a mental health garden which had been financed through crowd funding and Hive initiatives.

6.5 Councillor Richardson welcomed the approach at ChelWest and asked how easy it would be to implement this. This was an ambitious plan, but one

supported by as an acute trust which recognised the benefit of simplified and more responsive pathways for people to navigate.

6.6 Councillor Lloyd-Harris welcomed the report and referenced paragraph 4.9, and that of 76% of referrals, 16% came from GPs. She asked what assumptions WLT was making about the increased activity and if this could be attributed to the lack of direct access to GP practices. A second question sought clarification about the percentage figure of unanswered calls, so whilst some people may have waited on hold, others might have redialled. A third question was about the physical barriers presented by Covid restrictions to in person contact that remained operational. Mask wearing in a one to one session presented a barrier, particularly for children and adolescents. Dr Hilton responded that self-referrals were encouraged, and that WLT was keen to make the Improving Access to Psychological Therapies (IAPT) services as accessible as possible in line with national targets. There had been a large media campaign to encourage people to access services at the beginning of 2021 and the referral figures could be attributed to this. Key to improving access was working closely with primary care givers. In terms of a single point of access a sophisticated call handling system was in place. This presented a comprehensive picture and WLT followed national guidance on call waiting times: 24% of calls were completely abandoned and further information about this would be provided after the meeting. With regards to in person contact, patients visiting healthcare premises were required to wear masks although staff were not expected to comply with this. However, measures to respond to any escalation or new wave of the pandemic remained in place.

6.7 Councillor Richardson briefly provided an overview of issues raised about the report and the data provided which she invited members to further elaborate on. It was difficult to evaluate progress using the data as it did not allow for baseline comparisons. The quality of the demographic data required greater granularity. Ethnic monitoring categories were broadly homogenised with little regard to diversity. The ethnic grouping with highest number was "other" which did not offer reliable data.

6.8 The demographic data was difficult to interpret as categories were broad. Jim Grealy queried the use of the term "elderly" within the report and broad categories for disability and ethnic groupings. Improved metrics that reported figures rather than percentages offered better context which was important in visualising barriers to service provision and usage, similar in form and content to that provided by Imperial College Healthcare NHS Trust. Merril Hammer clarified that percentage figures were difficult to understand without the raw, baseline figures. Dr Hilton accepted that the Imperial format offered improved insight and that this would be made available in future reports. The brief for the report had focused on demand for services and in response, a data commentary had been sourced from service directors, managers and clinical leads. He acknowledged that the lack of performance detail was frustrating, however this was published in the WLT integrated performance reports and showed that the organisation was meeting its targets. Addressing the unhelpful use of blunt ethnic monitoring categories, Dr Hilton concurred that there were inherent difficulties, but that monitoring was based on NHS

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England national coding. He confirmed that the Trust was committed to improving its understanding of ethnicity in the provision of and access to services.

6.9 Jim Grealy welcomed this response and added that the progress of WLT was unclear from the report. At a time when many trusts were working in response to Covid, and in anticipation of the forthcoming ICP and greater collaborative planning of resources it was helpful to understand mental health provision across NWL and how this integrated with the day to day, front door service provision of the acute trusts. It was difficult to evaluate WLT without baseline performance data. Dr Cleaver responded that Charing Cross Hospital had a positive interface with WLT with regular, weekly progress meetings, with mental health leads. The "mental health big room" discussed all matters that related to mental health, including patient centred pathways. Imperial as an acute trust worked with WLT and Central North West London (CNWL), in addition to WLT on the St Mary's site. Monthly comparative performance data was analysed and senior operational leads, together with Imperial's operational director, used this to drive service improvement.

6.10 Jim Grealy stated that it would be helpful to have a visual representation showing how decision making intersected in the allocation of resources between different organisations. Dominic Conlin welcomed the governance arrangements and formal levers described by Dr Cleaver and highlighted the differences between acute trust mental health programs and multi-borough provision by WLT, with the main sense of focus being placed based provision. One of the outputs of the ICP would be to map out areas of work alongside the types of services and impacts that were being made.

6.11 Dr Hilton felt that some of the points raised would become clearer as the form and structure of the Integrated Care System emerged. While there was shift away from CCGs the key relationship with the local authority, as governed by shared areas of Better Care Fund (BCF) section 75 commissioning and provision of services, would be integral to the newly evolving system. It was also clarified that the main interface between the acute trusts and mental health providers was the urgent care board covering NWL. Dr Hilton referred members to section 7.4 which looked at the emerging collaborative place based borough work which would examine differences in provision, what worked well in one area and not in another.

6.12 Jo Baty highlighted the work of the ICP mental health campaign which had progressed well and provided an opportunity for coproduction which was particularly evident through the borough's work on the dementia strategy. Resident stakeholder involvement was essential, and this would be similarly reflected in the work on developing the borough's autism strategy.

6.13 Councillor Coleman welcomed the open discussion with WLT which indicated progress, greater transparency and a willingness to engage. He said that WLT had long been disconnected from the health and care services within the borough and their positive response to the challenges raised highlighted the importance of working together more closely and the greater integration of services that was expected to come.

6.14 Councillor Richardson endorsed the involvement of residents and acknowledged the central importance of engagement and coproduction in shaping the borough's services. In drawing the discussion to a close, Councillor Richardson briefly recapped on highlighted key areas discussed and considered for future reports such as the importance of service mapping and data, the inclusion of local demographic data, CAMHs, transition to adult mental health services and the ICS. In particular the MINT report would cover financial, strategic and operational issues. It was also important to include learning from Covid and how this influenced engagement and coproduction.

ACTIONS:

1. **Improved access to out of hours approved mental health practitioners as raised by Dr Cleaver would be explored and resolved with Jo Baty, assistant director outside of the meeting.**
2. **WLT to share a link to performance details;**
3. **WLT to provide further information about the 24% of calls that were abandoned;**
4. **WLT to bring more focused performance information on H&F to future meetings, beginning with the next report on Mental Health Integrated Network Teams (MINT) in January 2022;**
5. **WLT to provide operational and performance information in relation to MINT report to be presented at the next meeting of the committee; and**
6. **WLT to explore the use of ethnic monitoring categories with business intelligence colleagues.**

RESOLVED

That the actions and report were noted.

7. DISABLED PEOPLES HOUSING STRATEGY 2021

7.1 Councillor Richardson introduced the item which demonstrated positive resident engagement in H&F and was an excellent example of coproduction. The strategy, launched in July 2021, set out an approach for meeting the housing needs of disabled people through the provision of co-produced housing services informed by the views of disabled people.

7.2 Glendine Shepherd explained that strategy was inclusive and coproduced with residents and embodied the council's approach of doing 'nothing about disabled people without disabled people' (Disabled People's Commission, June 2018). The strategy was innovative in the way in had been informed by the voice of disabled residents and extended beyond the provision of an accessible housing register or adaptions. Tara Flood outlined her role as one of the leads on coproduction together with Kevin Caulfield. The support and contribution of disabled resident Jane Wilmot, a Disabled People's Commissioner was commended for leading the work on coproducing the strategy which was a unique in local government. Tara Flood briefly outlined the work of the commission, which she had chaired, and which sought to

identify barriers to decision making and improve influence in housing services, a key priority given the difficulties experienced by many disabled residents.

7.3 Gerry Cowley outlined the key principles which were supported across four distinct objectives within the strategy: coproduction, working with residents; improved and clearer access to housing information; improved housing services (adaptations); and more accessible housing. This was an innovative and challenging agenda to deliver and prioritised the needs of disabled residents. Tara Flood continued that the next stage was to implement the strategy, together with other initiatives. A resident led disabled people's housing strategy implementation group (title to be confirmed) would be chaired by Councillor Lisa Homan, Cabinet Member for Housing and which also included Victoria Brignell as a member. The group had recently met and was in the process of agreeing its remit and approach. As this work continued to evolve, it was important for the group and the implementation of the strategy to align with the service transformation work that was taking place within Adult Social Care on independent living. Glendine Shepherd anticipated that the group would steer and prioritise action plans devised for each of the four objectives.

7.4 Councillor Richardson thanked officers for their work and commended the innovative and ambitious aims set out in the strategy. The measures section provided for each objective was an excellent provision as it built in evaluation and progress monitoring. It also facilitated engagement with disabled people's organisations as the measures sought to include engagement data, including fresh voices, and teaching them advocacy skills. Councillor Richardson welcomed an opportunity to be more engaged with the work, helping with feedback and scrutiny but given the challenges, she asked whether there was capacity to implement the strategy. Glendine Shepherd acknowledged that funding was an issue, but it would be the role of officers to engage with and navigate the process by securing either Cabinet or scrutiny member support to advocate for additional funding. A dedicated team would work with the implementation group, but the strategy would be supported corporately utilising resources already in place, ranging from adaptations to planning and across the council.

7.5 Keith Mallinson commended the work of the housing services team with whom he routinely contacted. In his role as an advisor (Shepherds Bush Families Project), many clients with housing issues also presented with mental health or disability problems. His experience was that housing service officers routinely responded with empathy and compassion, working well with external organisations.

7.6 Councillor Bora Kwon echoed earlier comments commending the time take to develop the strategy, acknowledging the unstinting commitment of residents and officers who had supported the process. She asked what outcomes officers would expect to see that might indicate that the strategy had been successfully implemented and how long this might take. Glendine Shepherd explained that the implementation group had been set up for an initial 12 months and would identify success factors at its next meeting, both short term

"quick wins" and longer term goals, but it would be difficult to frame within a specific timescale. Details of this would be shared with the committee. Tara Flood added that from a resident's perspective the level of success would correspond to the degree of ownership that was felt of the process. Coproduction was embedded within the foundation of the strategy, and this was exemplified in other areas of work such as the long term development of the civic campus which included support and input from disabled residents. The commitment to have the views of disabled residents informing the development allowed a sense of purpose and being part of something significant for the borough. The strategy would similarly allow disabled residents to develop skills through their experience of working in partnership with the council.

7.7 Councillor Lloyd-Harris welcomed the report and asked how the strategy and its objectives would be shared with housing association tenants in a format that was both inclusive and accessible. A further question was asked about proportion of new planning applications that were required to offer affordable housing options and how many of these that were available to disabled residents. Clarity was also sought about resourcing given the difficulties and costs of poorly maintained, old and adapted buildings. Glendine Shepherd confirmed that the information would be communicated and available in an accessible format (the strategy was available on the council's website in various formats including British Sign Language). Information about the proportion of affordable homes that could be allocated to disabled residents would be provided by officers from the Growth and Redevelopment team following the meeting. It was also reported that Cabinet had recently approved a capital investment programme to invest in council housing stock, ensuring repairs and maintenance was undertaken. The strategy would be implemented and align with the capital programme.

7.8 In commending the work of officers and residents, Victoria Brignell, as the Chair of Action on Disability, thanked Tara Flood and Kevin Caulfield for their support in driving the initiative and maintaining momentum. She also encouraged disabled people to get involved with coproduction and to engage with the many opportunities to work in partnership with the council to shape resident services. Tara Flood also encouraged younger disabled people in particular to make contact (contact details for both Action on Disability and the councils coproduction leads were available on the council's website or on enquiry).

7.9 Councillor Coleman commended the report and the commitment of officers and disabled residents in developing the strategy. H&F was committed as an inclusive council to 'being the best' for all residents, and to shape services directly with disabled residents successfully should also translate across the piste. Coproduction, as highlighted in the report was a step change in the way things were done. He felt encouraged and assured that the implementation group would be responsible for identifying success factors.

ACTIONS:

1. **Information about the percentage of affordable homes made available to disabled people under new planning agreements to be shared with the committee; and**
2. **The Committee to receive a progress update on the work of the implementation group**

RESOLVED

That the report was noted.

8. WORK PROGRAMME

The committee discussed planned items for the remaining meetings of the current cycle which included the WLT MINT report and the medium term financial strategy reports for January 2022, and a thematic meeting on supported employment for March 2022.

9. DATES OF FUTURE MEETINGS

Wednesday, 26 January 2022.

Meeting started: 6.35pm
Meeting ended: 8.25pm

Chair ....

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