

London Borough of Hammersmith & Fulham
Health & Wellbeing Board
Minutes



Wednesday 29 June 2022

PRESENT

Councillor Ben Coleman, Deputy Leader and Cabinet Member for Health and Social Care, Chair
Dr James Cavanagh - H&F GP
Carleen Duffy - Healthwatch H&F
Dr Nicola Lang - Director of Public Health, LBHF
Phillipa Johnson - Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust
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:

Councillor 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

Officers / guests:

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
Sarah Bright, Assistant Director for Children's Commissioning, Children's Services, H&F
Linda Jackson, Director COVID-19 & Refugee Lead, H&F
Sarah Lumgair, Operations Manager, People Arise Now, H&F
Dr Ashley Mulimba, Healthy Diagnostics
Lisa Redfern, Strategic Director of Social Care, H&F

1. APPOINTMENT OF VICE CHAIR

Councillor Ben Coleman reported that in previous years, an NHS health colleague had been appointed as vice-chair which offered a good opportunity to sustain a joint approach. A recommendation would be sought and agreed at the next meeting of the Board.

2. NEW APPOINTMENTS TO THE BOARD

Councillor Natalia Perez, Chair of the Health and Adult Social Care Policy and Accountability Committee (nominated deputy member), Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee, and Councillor Alexandra Sanderson, Cabinet Member for Children and Education Services were welcomed to the Board. Councillor Coleman reported that an appointment of a representative from Imperial College Healthcare NHS Trust was still sought and that he would follow up with their Chief Executive Officer Professor Tim Orchard.

3. INFORMAL MINUTES AND ACTIONS

RESOLVED

The notes of the informal meeting were noted.

MATTERS ARISING

Councillor Coleman briefly reminded members of the Board about the newly established borough-based partnerships for each of the eight north west London local authorities, and which now collectively formed part of the Integrated Care System (ICS). The ICS was co-chaired by Lisa Redfern and Phillipa Johnson. The clinical commissioning groups would be formally dissolved on 1 July 2022, when the new ICS would come into being. Councillor Colman highlighted the need for improved local authority representation on the board of the ICS which he intended to raise with the ICS leadership.

4. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jacqui McShannon.

5. DECLARATIONS OF INTEREST

None.

6. BOROUGH UPDATE ON MONKEY POX

- 6.1 Dr Nicola provided a verbal update on monkey pox and began by thanking Adam Gray, General Manager – HIV (human immunodeficiency virus), GUM (Genito Urinary Medicine) and Dermatology at Chelsea and Westminster Hospital NHS Foundation Trust for his support and work. Dr Lang briefly described the epidemiology of the disease and the scale of the problem. There were currently 910 cases nationally and the number was increasing, with a doubling rate of every 12 days. About two thirds of cases were in England (873) and of these, 590 had been reported in London. Chelsea and Westminster hospital was extremely experienced in providing sexual health treatment and services, seeing about 30-40 cases per day, the majority of whom were male and who identified as being gay or bisexual, or who had sex with men. A robust local system had been established working with local

sexual health services and the UK Health Security Agency (UKHSA, previously known as Public Health England). UKHSA had delivered all contact tracing activities and risk assessments. The entire local NHS system was working together, with Imperial hospital forming part of the patient pathway. After a patient was seen by Chelsea and Westminster hospital, an Imperial hospital virtual ward nurse would follow up to check on whether further medical treatment or support was needed particularly to those who were unable to self-isolate. In terms of communication, advice and information has been provided to at risk groups. Dr Lang confirmed that despite the rate it was not as easy to catch as Coronavirus and that the Small pox vaccination offered protection.

- 6.2 Councillor Helen Rowbottom asked what infrastructure was in place to offer effective local support and if this was like the infrastructure established in response to Coronavirus. Dr Lang responded that similar methods were being used to track cases but acknowledged that there was an implied stigma linked to Monkey Pox. Dr Lang reported that the London Coronavirus Response Cell (renamed the London Monkey Pox Response Cell) had pivoted from Coronavirus to Monkey Pox. Dr Lang stated that it was important for people to confidentially access sexual health services and to trace any contacts an infectious person might have had. The at-risk group was one that might feel stigma and required reassurance. A key difficulty with infectious diseases was to ensure that cases were identified, and support provided to help prevent the spread of infection. The UKHSA had confirmed that there was sufficient vaccine available but a controlled and steady roll out was required, with the priority being to vaccinate those who had been contact traced.
- 6.3 Councillor Natalia Perez welcomed the update and sought further information about any prevention awareness campaigns and what measures had been put in place to reach out to those communities most affected. Dr Lang responded that much of the outreach work had been undertaken through specialist channels such as the Terrance Higgins Trust. The local authority was not directly involved in this as communications were being led by sexual health experts. Specific information was also being channelled through social applications such as Grindr. There had also been webinars which offered a communication platform that was both coproduced and culturally competent and led by UKHSA.
- 6.4 Carleen Duffy enquired if it was possible for people to swab test anonymously. Dr Lang confirmed that this was not currently possible, and people would have to attend a sexual transmitted disease (STD) clinic, which offered highly specialised services. This might change if or when numbers potentially increased.
- 6.5 Dr James Cavanagh commented that this was an emerging issue affecting an exclusive group and that services were trying to mitigate by establishing patient pathways. There was a risk that health staff might need to isolate which would then impact on the post-Covid recovery work. Monkey pox mimicked chicken pox with a similar patient pathway. GPs would shortly be attending a seminar on the epidemiology, treatment, and prevention of the disease to ensure that the right care was offered, and exposure limited. Dr

Cavanagh commented on the discharge process which required sensitivity as some patients who needed to isolate may not have revealed their sexual status. There was also an expectation that Monkey Pox will cross genders but that the overall NHS response was ahead of the curve.

- 6.6 Nadia Taylor asked about how hygiene awareness was being raised, how this compared to Coronavirus, and what reassurance could be provided. Dr Lang responded that the Small Pox vaccine offer was in place, but she hoped to see stronger messaging about prevention. Communication and messaging were currently being discussed at London level, but this was a complex and sensitive area. Dr Cavanagh reiterated that Monkey Pox was not as contagious as Covid, requiring prolonged exposure and that currently, specific groups were being targeted for support and prevention. Sarah Lumgair recognised the difficulties that people experienced in feeling unable to reveal information about their sexual health and status. Individuals could be referred to People Arise Now to receive basic support and that advice could be provided in multiple languages.
- 6.7 Councillor Coleman asked if there was a need for stronger messaging before other groups became affected, referencing the stark HIV health campaigns from the 1980s. Dr Lang commented that communication could be provided in a way that was non-stigmatising, to warn and inform, but it was not warranted until a tipping point of STD clinical cases was reached. Dr Cavanagh confirmed that GPs were able to send out text message alerts to patients about this but emphasised the importance of maintaining a nuanced approach as there was currently an extremely low risk to heterosexual groups. Councillor Coleman welcomed the verbal update and noted that the outbreak would continue to be carefully monitored.

RESOLVED

That the verbal update was noted.

7. UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT FOR LBHF

- 7.1 Dr Nicola Lang set out details of the Joint Strategic Needs Assessment (JSNA) for the borough and thanked Duncan Smith, Head of Business Intelligence Unit for the support provided. The JSNA was a statutory requirement produced every five years. The new JSNA will comprised of different analytical items including factsheets, needs assessments, data profiles, area profiles, demographic reports, performance monitoring, dashboards, and infographics. It detailed the strategic, local population health needs that would be met by services delivered jointly by H&F and the NHS. The fact sheets contained statistical information on, for example, mental health, or children's services. This will continue to be built, adding more information and will eventually be an accessible library of factsheets and a resource for reference or to support future funding applications. Dr Lang invited further suggestions for areas that could be added, with a view to undertaking yearly updates by factsheet authors.

- 7.2 Councillor Coleman commented that the JSNA factsheet library could be a purposeful and easily accessible online resource. Dr Lang reported that she had already found it helpful to access a homelessness factsheet for a workshop she had attended on mental health in homeless hostels ([Joint Strategic Needs Assessment | LBHF](#)).
- 7.3 Councillor Helen Rowbottom suggested that having sight of an executive summary or similar that highlighted outlier data would be helpful in terms of identifying policy and health and wellbeing priorities. Indexed against business intelligence data from other boroughs this could also evidence patterns and areas for analysis that could align with the work of the children's policy and accountability committee.
- 7.4 Following a question from Councillor Natalia Perez about the use of more recent census data (2021), Dr Lang confirmed that the fact sheets referenced census 2021 data which informed trend patterns demonstrating comparative change or progress.

ACTION: Slide deck on JSNA fact sheet to be circulated to Board members

- 7.5 Dr Lang illustrated the application of the JSNA with an example of the demography of childhood immunisation, which indicated lower uptake among some communities. It was recognised that the borough and ward profiles were constantly evolving through regeneration and development and Dr Lang confirmed that this progression would be reflected in updated factsheets. Dr Lang added that herself and Duncan Smith, together with public health colleagues were awaiting the full publication of the census data which was imminent. Joanna Howe, Business Intelligence Manager (H&F) would lead the analysis, which would include details of the new wards.
- 7.6 Dr Lang continued that a year after coming into her post as director of public health, she had taken on the task of addressing the borough's low childhood immunisation take up, the fourth lowest take up in London. The factsheets offered a source of data which enhanced the rich information already obtained through focus groups and work with community groups. This was automatically updated each month with data released on the child health immunisation system. Councillor Rowbottom enquired about the January 2021 date for the immunisation data and why this was the most up to date information available. Dr Lang confirmed that raw data could be uploaded to the JSNA library and that she had been in touch with NHS England to obtain current, routine childhood immunisation data going forward, as was regularly available in other boroughs. The in-depth work that had been undertaken throughout 2021 had not yet resulted in any significant improvement but the news of the appearance of polio cases offered an opportunity to raise awareness. A newsletter had just been circulated to parents, and the borough would be working closely with children's services to encourage greater take up.
- 7.7 Councillor Rowbottom commented that there was a responsibility to utilise the most valuable, refined data as this offered an opportunity to address or identify priority issues. It was suggested that there was an opportunity to

work with local voluntary groups and charities, making business intelligence data more accessible to for example support funding bids. A dashboard format could offer accountability on the impact of interventions and outcomes. Referring to the report, Dr Lang explained how NHS England used business intelligence in a dashboard format for, e.g., a workforce data repository, and used for multiple applications. Democratising accessibility to data in this way improved transparency, offered public equity and greater accountability.

- 7.8 Coleen Duffy reported that she was a member of the North West London Immunisation Board and confirmed that there was only one other borough of the eight NWL boroughs with lower childhood immunisation rates and confirmed that this was being reviewed by Healthwatch. Low rates of immunisation in the borough had been a factor for about 15 years and there was a similar concern about lower levels of local flu vaccination take up. Councillor Coleman agreed that was important to address the lack of trust in statutory services, particularly by building trust with Black and Asian ethnic minority communities and there was a shared responsibility to do so. Councillor Alexandra Sanderson supported a measured approach suggested by Jacqui McShannon to explore the difficulties of offering vaccines such as BCG and polio (in schools) anticipating a discussion at the Board. For information, Dr Lang referred members to [The Green Book, UKHSA](#).

ACTION: That the Board explore the issue of childhood immunisations and vaccination for older children at a future Board meeting

RESOLVED

That the report was noted.

8. PRODUCTION OF THE HAMMERSMITH AND FULHAM PHARMACEUTICAL NEEDS ASSESSMENT

- 8.1 Dr Ashlee Mulimba and Nicola Ashton provided an update on the consultation currently being produced as part of the pharmaceutical needs assessment (PNA), exploring the local provision of community based pharmaceutical services delivered by trusted providers. This was a statutory requirement to be completed by 1 October 2022 and to be agreed by the Board. The intention was to work with pharmacies as a collective group, integral to the healthcare system, less peripheral and key providers. Dr Mulimba outlined the work of Health Dialogues on undertaking the H&F PNA. Health and Wellbeing Boards were required to conduct a PNA to evaluate the pharmaceutical needs of the borough and review how these were currently being fulfilled by local pharmacies.
- 8.2 The PNA would determine whether there were any gaps in provision and evaluate this through gathering data and engaging with residents who use pharmacy services. Dr Mulimba reported that service user survey would be undertaken between 1 July to 31 August 2022. This included a targeted list of local organisations ensuring that a diverse range of views could be canvassed. This also included the use of multiple H&F media communication channels, newsletters, and a citizen's panel. The initial response had been

welcomingly diverse with a broad range of responses from the community and 85 community pharmacies, which was very positive. Dr Mulimba described the extensive range of local pharmacies, location and accessibility of existing sites which offered residents great choice. In the context of childhood immunisation and vaccination Dr Mulimba welcomed the suggestion of making community-based pharmacies more integral and supported health interventions that could help improve take up.

- 8.3 Speaking in the context of the move to borough-based partnerships Dr James Cavanagh commented that it was important for pharmacists and pharmacies to have a community role supporting residents and asked how providers could be encouraged to work collectively. Dr Mulimba responded that the lead pharmacist had been part of the PNA process but acknowledged that the role of pharmacists generally could be more strategic. How to nurture a more strategic and collective group was recognised by Councillor Ben Coleman as being a pivotal issue given that pharmacies had such potential to play a preventative role with regards to public health interventions and to achieve some uniformity of service delivery. Councillor Rowbottom suggested that a “point” person could be identified from each pharmacy, like GPs.

ACTION: The Board and borough-based partnership to explore how pharmacists could strategically and collectively help develop an integrated provision of local pharmaceutical services

- 8.4 Councillor Natalia Perez asked about the number of pharmacies located in the north of the borough and whether there was sufficient and equitable distribution of sites across the borough, and if these were accessible. She also asked about the delivery of medication the experience of this during the pandemic. Carleen Duffy enquired about the morning after pill and if this could be delivered at home. Councillor Alexandra Sanderson commented on the decrease in the number of independent prescribers in recent years and asked what could be done to improve support and help alleviate the pressure on GPs, recognising that there could be more services that could feasibly be delivered through pharmacies. This would become more important given the cost-of-living increases and the challenges around managing costs. Sarah Lumgair asked if there was a map showing the location of 24-hour pharmacies in the borough (provided in the report, page 21).
- 8.5 In terms of the morning after pill local offer, Nicola Ashton explained that H&F was one of the very few boroughs that offered the emergency hormonal contraceptive pill free in some local pharmacies. A key point was how the number of pharmacies that offered this could be increased. This provision was an outcome of H&F public health funding and the contractual arrangements between GPs and pharmacies. There was also a free contraception e-service provided by the Pan-London sexual health service which could be posted. Dr Mulimba clarified that there was not a “24-hour” pharmacy service as such but that there was 100 hours of contractual service offered where some pharmacies were accessible 24 hours, one located in the south of the borough, and 6 located within a mile of the borough boundary, with varied opening hours. Phillipa Johnson added that the role of the pharmacist had changed and that there was an ongoing discussion within the

borough-based partnership about this. The most recent initiative was a lucrative offer for pharmacists to work in GP practices so there was a subsequent drain on community pharmacies and placing greater pressure on retail pharmacies. There was a need for innovative collaboration on new schemes to support discharges, new regulations regarding medication changes that permitted follow up and review in the community.

- 8.6 Councillor Coleman commented that there was a need to make a case for stronger integration of pharmacists at ICS level, to reach out to pharmacists and improve how they were utilised, identifying, and removing potential barriers in the context of the PNA.
- 8.7 Councillor Perez asked about how these were linked to the consultation. For example, it was important to consider how pharmacy services within the existing health infrastructure could support a new development, potentially through section 106 funding, especially in regeneration areas. Nicola Ashton responded that it was unclear whether a planning case for more pharmacists could be made but this could be further explored. There had been positive comments from the consultation that residents really valued their pharmacies. The five key draft recommendations revolved around the sexual health offer, support for people living with mental health issues, promotion of cancer screening services, childhood immunisations and how the borough worked with NHS England on configuring and funding the local pharmacy offer, which was not within the borough's control. This would need to be considered within the borough-based partnership, working with key stakeholders to garner improvements. Lisa Redfern was keen to support a dynamic approach and suggested inviting pharmacists to the next meeting of the Board and to incorporate their views into the borough-based partnership work, representing a whole systems approach. It was noted that the final PNA would be considered at the next meeting of the Board on 21 September.

RESOLVED

That the update report was noted.

9. WORK PROGRAMME

Councillor Ben Coleman reported that he had been informed of an issue raised by a former co-opted member of the Health and Adult Social Care Policy and Accountability Committee (HASCPAC), Bryan Naylor regarding ophthalmology services and patient pathways. There was potential to utilise pharmacists by facilitating greater collaboration with opticians. Councillor Natalia Perez added that Bryan Naylor had also raised the issue with her potentially for consideration at HASCPAC. Earlier diagnosis and intervention in eye treatment was critical given the degenerative nature of many eye conditions and that extensive patient wait times were a concern. Dr Nicola Lang recommended a paper should be commissioned from NHS colleagues. Councillor Alexandra Sanderson suggested childhood immunisation and dentistry services, focusing on specifically on young people. Dr Lang added that NHS England should also be invited to contribute on these areas.

Dentistry was a growing area of concern due to the increased lack of access to NHS dental patient lists.

Suggested areas:

- Ophthalmology services and patient pathways (HWB or HASCPAC)
- Childhood immunisations
- Dentistry services (specific focus on children and young people)

10. **ANY OTHER BUSINESS**

The Better Care Funding (BCF) had been robustly covered in previous reports to the Board (16 March 2022), however it was recognised that formal agreement of the formal yearend report (included in the agenda) was necessary. Linda Jackson explained that the BCF pooled budget of £50.3 million across the borough based health care partnership and local authority (£18.3 million from the borough). The BCF would improve the number of avoidable admissions and discharges, with care and support provided at home, avoiding placement in residential care. The abolition of the CCG and the establishment of integrated care services meant that the borough-based partnership would need to take ownership. Linda Jackson reported that a conversation had been initiated about the borough-based partnership taking ownership of the BCF as there was a need to ensure that it was right for the locality. The BCF agreement was very important both in terms of the services it funded and a way of supporting care provision outside of a clinical setting.

RESOLVED

That the Board recommend to the Integrated Care System that the borough-based partnership takes the lead in the Better Care Fund agreement going forward.

11. **DATES OF NEXT MEETING**

Wednesday, 21 September.

Meeting started: 6pm
Meeting ended: 7.58pm

Chair

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