

Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 20 July 2022

PRESENT

Committee members: Councillors Natalia Perez (Chair), Genevieve Nwaogbe, Patricia Quigley and Amanda Lloyd-Harris

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

Other Councillors: Ben Coleman

Officers / guests: Jo Baty, Assistant director specialist support and independent living Social Care, H&F; Janet Cree, Chief Operating Officer / Programme Director CYP & Maternity at Central, West, Hammersmith & Fulham – North West London Integrated Care System; Shazia Dean, Head of Safeguarding and MASH, H&F; Robyn Doran, Chief Operating Officer, Central North West London*; Carleen Duffy, Operating Manager, Healthwatch, H&F*; Merril Hammer, HaFSON*; Mike Howard, Chair of the Adult Safeguarding Board, H&F); Philippa Johnson, Director of Operations, Inner North West Division, Central London Community Healthcare NHS Trust*; Dr Nicola Lang, Director of Public Health, H&F*; Lisa Redfern, Strategic Director of Social Care, H&F; Chaksu Sharma, Unplanned Care Lead, Integration & Delivery Team, North West London Integrated Care System*; Andrew Pike, Assistant Director of Communications and Engagement, NHS North West London Integrated Care System*; Sue Roostan, Borough Director, H&F; Michelle Scaife, Quality Improvement Lead – Older People's Care & Last Phase of Life; Strategy and Transformation Team, North West London Integrated Care System*

*Attended virtually

1. WELCOME AND INTRODUCTIONS

Councillor Natalia Perez thanked Councillor Lucy Richardson for leading the committee for five years, maintaining health scrutiny and accountability during an incredibly challenging time. Councillor Richardson took the lead on several areas including mental health and inclusive apprenticeships. She left a legacy of leading a collegiate approach, while at the same time holding health services to account through rigorous and challenging scrutiny. Councillor Richardson was now Lead Member for Community Mental Health.

2. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the informal notes of the previous meeting were noted and there were no matters arising.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Ann Rosenberg, and co-optees Lucia Boddington and Roy Margolis.

3. DECLARATION OF INTEREST

Councillor Patricia Quigley requested that her membership of the Safeguarding Adults Board be noted.

4. PUBLIC HEALTH UPDATE

Dr Nicola Lang provided a verbal update on Monkey Pox and Covid 19. There had been a steady increase in the number of Monkey Pox cases, 1735 reported in the UK, 1660 in England, of which 1229 were in London. The at-risk group comprised of men who identified as gay, bisexual or men who have sex with other men. There had been a positive, whole systems approach which combined GUM (Genito Urinary Medicine) services as well as acute services. Working with housing services, support had been provided to ensure that patients were safely discharged when they did not have a place in which they could safely isolate.

There had been a concern that the capacity to continue delivering family planning activities in sexual health clinics would be displaced because of the response to Monkey Pox. However, additional support had been offered at the John Hunter Clinic at Chelsea and Westminster Hospital, if they could not be seen at 10 Hammersmith Broadway which had been very welcome. A small pox vaccine was now being made available and rolled out to vaccinate those in at risk communities.

Providing an update on Covid 19, Dr Lang confirmed that the number of cases across the UK continued to rise exponentially and that there had been many localised outbreaks in H&F nursing homes and care settings. Fortunately, high rates of vaccination meant that most cases were asymptomatic or experienced mild symptoms.

Regarding Monkey Pox, Councillor Patricia Quigley enquired if there would be a similar communications or messaging provision as had been previously provided in response to Covid 19. Dr Lang confirmed that there had not been as the response was being delivered through specialist communication channels deployed by sexual health charities. SASH (Sexual Health Outreach Service) was a mini consortium providing support for those in at risk communities. The GUM service had also reached out to a local gay bar,

Teds, in Fulham, to offer appropriate and sensitive support to encourage small pox vaccination.

Co-optee Victoria Brignell asked about the extreme heatwave and enquired if with the agreement of the other members, an update could be provided at the next meeting about how the heatwave had affected residents, what activities had been undertaken in response to help mitigate and what steps could be taken in the future. Dr Lang welcomed the proposal and expanded it to include contributions the emergency planning team. The heatwave had thrown into stark relief the question of preparation for extreme heat in the UK. Measures had been implemented to protect vulnerable people in care homes and schools but there was a question about how to make buildings heat secure using white paint on reflective surfaces and awnings, using recyclable materials that did not retain heat. Dr Lang reported that she was about to commence a large project with the environment department recognising that significant preparations would be needed to tackle climate change effectively.

ACTIONS: Update to be provided at the next meeting on how the heatwave has affected the borough, what has been done to mitigate, and steps to take into the future; to invite the emergency planning team to help explore how residents can prepare themselves to deal with extreme heatwaves in future.

Co-optee Jim Grealy enquired about the Covid 19 vaccination programme and for those at risk aged over 50 and how this group could be encouraged to receive their booster vaccination during the autumn roll out. Philippa Johnson and Sue Roostan responded that the JCVI (Joint Committee on Vaccination and Immunisation) had announced that cohorts 1-9 over the age of 50 and at risk would become eligible and that preparation and planning work had begun to implement the autumnal booster programme, including how many residents H&F were eligible to assess the capacity required to deliver it.

Councillor Ben Coleman asked if there were sufficient levels of vaccines to support the autumn delivery programme. Sue Roostan confirmed that there was, and that delivery would be co-ordinated through hospital sites, community pharmacies with support from primary care. There would be a focus on vulnerable and house bound patients, and patients in care homes. There was also the potential to co-deliver both Covid 19 and flu vaccines.

ACTION: That a further vaccine update would be provided at the next meeting of the committee.

Councillor Amanda-Harris sought clarification about the offer of a small pox vaccine and asked if it was like the Covid 19 vaccine. Dr Lang confirmed that the small pox vaccine was similar to the monkey pox vaccine as it conferred a degree of protection against infection. Although the level of protection was unknown, it reduced the severity of the disease. It was also confirmed that the small pox vaccine programme would not replicate the same methods of delivery such as a mobile bus as the main group identified was sensitive and at-risk. Vaccines were being delivered confidentially and quietly through sexual health clinics. With regards to Covid 19 vaccination, the mobile service would be deployed. Sue Roostan confirmed that there was sufficient capacity within the system to deliver vaccines, and to provide these at home

or in a care setting where necessary, primary care network hub or community pharmacy.

RESOLVED

That the verbal update and actions were noted.

5. NWL ICS UPDATE ON COMMUNITY- BASED SPECIALIST PALLIATIVE CARE SERVICES IMPROVEMENT PROGRAMME

Councillor Natalia Perez welcomed colleagues from North West London Integrated Care System (NWL ICS). These included: Janet Cree; Robin Doran (who described her personal and professional experience and background as a carer and nurse, respectively); Phillipa Johnson, director, H&F borough-based partnership (previously a pharmacist); Andrew Pike, a communications lead for the NWL ICS; Sue Roostan; Michelle Scaife, delivery manager for the last phase of life program supporting with the delivery and transformation work on the review (an occupational therapist by background); and Chaksu Sharma, a programme manager for integration and delivery work in the borough, supporting the end-of-life engagement work. Contributions from co-optee Jim Grealy and Merril Hammer, from HaFSON to the engagement process on end-of-life care were commended for their invaluable input and support of this work.

Sue Roostan outlined the NWL ICS intention to ensure that the provision of specialist palliative care services for H&F residents, patients and family carers was improved. A wider, NWL wide steering group had been established which included NHS providers, hospices, local authorities, and residents. An issues paper published in November 2021 set out key reasons for the need to review the provision and integral to this was a conversation about future services. An interim engagement outcome report had also been published setting out the feedback received to date locally in H&F. Early engagement with local communities had allowed Chaksu Sharma and the borough team to work closely with lay partners and stakeholders such as HaFSON to design engagement materials. Early engagement with residents offered opportunities to work together to identify what matters to residents and how changes can be implemented to reflect this. Listening events had been well attended and agreement obtained to extend the scope of the engagement.

Robin Doran described the role of the model of care working group whose membership comprised of several stakeholders to help develop a framework and action plan to deliver high quality community-based specialist palliative which was sustainable across the whole of northwest London. Input was being included from across the 8 London boroughs to reflect the patient voice from different communities, particularly those with protected characteristics.

Co-optee Keith Mallinson shared his personal experience of bereavement and commended the work of the Royal Trinity hospice who had provided support and assurance throughout. It was important to sustain continuity of care and district nurse visits were an important part of ensuring consistent services.

Councillor Amanda Lloyd-Harris commented that four years had passed since the in-care patient service at Pembridge had been suspended. Councillor Lloyd-Harris sought an update about the lack of progress and the impact on residents, some of whom would need to travel out of the borough to visit terminally ill loved ones in hospices located out of the area. Philippa Johnson acknowledged that there had been a delay and explained that there had been continued attempts to recruit specialist staff since 2018 but a suitably qualified and experienced palliative lead consultant had not been identified. Councillor Patricia Quigley commented that families and friends of those require palliative care services need to be supported and it was acknowledged that a good example of this work was with carers in Hillingdon who were given the option of training and support in administering medication.

ACTION: Philippa Johnson to contact Councillor Quigley following the meeting to discuss her suggestion about how carers could be empowered to care for loved ones needing end of life care and support.

Co-optee Jim Grealy outlined his positive experience of engaging with NHS colleagues throughout the engagement work and commended the outstanding work of Robyn Doran and colleagues. There was a significant, national shortage of qualified palliative care specialists and palliative care services were not unique in this respect. The wish to die at home was one that should be effectively facilitated where appropriate. A consequence of the lack of experienced staff at all levels was having untrained carers taking care of loved ones. Michelle Scaife explained that the model of care working group was looking at robust data around local population need and aimed to map out the workforce need. It was noted that the timeframe for future engagement and potential consultation (if there was significant variation in service, this would lead to formal consultation) was to be determined but recent engagement to date had evidenced genuine co-production which was welcomed. Funding for the Pembridge hospice was ringfenced and was being used to support the re-provisioning of other units and palliative care support services. Philippa Johnson added that Pembridge in-patient care had been suspended for a significant period and that due to the loss of service, it would take time to reinstate the service, if that was the outcome but this would only follow once there was clarity about the model of care.

Lisa Redfern said that the longer Pembridge in-patient care unit remained suspended, the harder it would be to re-establish the service and it was acknowledged that it had become increasingly difficult for the Pembridge community staff team to remain motivated.

Action: NWL Model of Care Working Group will be gathering robust data around population need and workforce data to plan resources for high quality care and service provision, with the intention to provide this once completed, to the November PAC meeting (if ready) with regular updates to future meetings; and for Councillor Ben Coleman to be kept informed of the work, as Cabinet Member for Health and Adult Social Care.

RESOLVED

That the report was noted.

6. H&F SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

Councillor Perez welcomed Mike Howard and Shazia Deen who jointly presented the Safeguarding Adults Board Annual Report for 2020/21. The report set out the work of the Board based on identified priorities and offered excellent range examples of support provided, for example, to people who had experienced significant homelessness.

Focusing on one of the examples referred to in the report regarding people who smoked, Co-optee Victoria Brignell observed that in terms of personal choice, some individuals found that smoking offered a quality of life and joy that helped make life feel more bearable. Given the increase in domestic violence cases and the focus on the Violence Against Women and Girls (VAWG) work, Victoria Brignell asked if this was an area of interest to the Board. It was noted that this was beyond the remit of the Board which focused largely on carers committing an abuse, or the person being cared for experiencing abuse, and intergenerational abuse.

Co-optee Keith Mallinson highlighted the experience of a client through his work with the Shepherds Bush Families Support Service and who had ended their life. Safeguarding concerns had been identified but it had been difficult to navigate the Crises Team pathway and his credentials as a support worker advocating for and supporting this individual had been questioned. It was noted that the case, which was currently subject to a coroner's investigation, was outside of the Boards remit.

Councillor Amanda Lloyd-Harris enquired about the data on suicides and Dr Nicola Lang informed the meeting that work on the suicide prevention board was currently being concluded. This contained data on the number of suicide or attempted suicides locally and would be shared on completion. Councillor Amanda Lloyd-Harris referred to two fatalities caused by fire and linked to hoarding and asked how assessments were undertaken, and where for example, the individual was a smoker. Mike Howard explained that this was a joint piece of work with the two dedicated fire officers based in housing and who liaised with the London Fire Brigade. Councillor Lloyd-Harris also sought a definition of "income deprived" which could be interpreted relatively depending on individual circumstances.

Action: A member recounted a resident experience with WLT which resulted in that individual taking their own life. The PAC considered this to be a serious matter that required a response from WLT.

Action: The completed annual report on local suicide statistics be shared.

Action: Definition of "income deprivation" to be provided to the PAC.

RESOLVED

That the report was noted.

7. HEALTHWATCH H&F UPDATE

This report was deferred to a later meeting and would be expanded to include the current work commissioned by West London Trust on patient engagement with and experiences of mental health services with Healthwatch H&F.

ACTION: For H&F to connect with Healthwatch to develop autism initiatives and this could be supported through co-production.

ACTION: For North West London ICS colleagues to contact West London Trust regarding borough-based partnership mental health campaign, and priority areas of work currently being delivered by WLT.

8. WORK PROGRAMME

The committee noted that the November meeting would include a Public Health update, Western eye services and scrutiny of ophthalmic services, and the orthopaedic elective hub.

9. DATES OF FUTURE MEETINGS

The date of the next meeting was noted as 16 November 2022.

Meeting started: 7pm
Meeting ended: 9.35pm

Chair

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