London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Tuesday 13 December 2022

PRESENT

Committee members:
Councillor Ben Coleman, Deputy Leader and Cabinet Member for Health and Social Care, Chair
Dr Nicola Lang - Director of Public Health, LBHF
Jacqui McShannon - Strategic Director of Children's Services
Lisa Redfern - Strategic Director of Social Care, LBHF
Sue Roostan - Borough Director, H&F
Councillor Alexandra Sanderson - Cabinet Member for Children and Education
Detective Inspector Luxan Thurairatnasingam - Metropolitan Police

Nominated Deputies:
Councillor Natalia Perez, Chair, Health, Inclusion and Social Care Policy and Accountability Committee
Councillor Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee
Nadia Taylor, Healthwatch, H&F

Councillors in attendance:
Liz Collins - Lead -Member for Energy Crisis Support
Rebecca Harvey - Cabinet Member for Social Inclusion and Community Safety
Genevie Nwaogbe - Deputy Whip (Labour)
Patricia Quigley - Lead Member for Inclusive Community Engagement and Co-production

Officers and guests:
Jo Baty, Assistant Director Assistant director specialist support and independent living, Social Care, H&F
Sarah Bright, Assistant Director, Children's Commissioning, H&F
Maria Connolly, H&F ICP Resident & Patient representative
Angela Caulder, CYP Programme Delivery Manager, NWL ICS
Peggy Coles, H&F Dementia Action Alliance Coordinator
Helen Green, Service Manager Engagement and Planning, Education and SEND, H&F
Rob Hurd, Chief Executive Officer, North West London Integrated Care System
Trish Longdon, Imperial College Healthcare NHS Trust
Helen Mangan, Deputy Director, West London NHS Trust
Sharon Tomlin, Community Organiser – Old Oak in Hammersmith and North End in Fulham, SOBUS

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted from Dr James Cavanagh, Phillipa Johnson, and Carleen Duffy.

2. DECLARATIONS OF INTEREST

None.

3. MINUTES AND ACTIONS

Dr Nicola Lang provided an update on matters arising from the Agenda Item 4 of the minutes. It was explained that cases of diphtheria had been identified amongst migrants that were currently being housed in asylum hotels in the borough. Positive work was ongoing with the hotels to offer diphtheria vaccinations and migrants had been signed up with Brook Green General Practice.

Dr Lang reported on the recent increase in Group A streptococcal infections which was three times higher than in the last recorded peak in 2017-18. This had been attributed to a number of different theories, for example, a lack of social distancing, low immunity and viral infections. Dr Lang indicated that this type of infection was rare and that there was a greater prevalence of cases amongst children. Jackie McShannon confirmed that communication and messaging to schools had been effective, a meeting had been held with the borough's primary school headteachers and a helpline established. Guidance had been issued to allow greater flexibility to pharmaceutical prescription rules to prescribe tablets if liquid forms were not available. Sue Roostan emphasised that there was not an issue with supplies and delivery difficulties had been addressed.

Councillor Coleman explored the issue of covid, and flu vaccine take up given that this was now becoming part of "business as usual" work. Sue Roostan confirmed that take up rates had stabilised, with a mix of people seeking boosters or first vaccination.

Councillor Coleman requested that the minutes reflect his concerns regarding the latest placement of migrants by the Home Office in the borough without formal notification. The Home Office had been inefficient in its dealings and Linda Jackson had expressed the borough's concerns to the Home Office about the level of support asylum seekers received. A visit by Home Office officials was anticipated soon.

ACTION:

Sue Roostan to look at winter pressures communications to encourage vaccination take rates.

RESOLVED

The minutes of the previous meeting held on Wednesday, 12 September 2023 were agreed as an accurate record.

4. PUBLIC PARTICIPATION

No public questions received.

5. BETTER CARE FUND

Linda Jackson provided a brief overview of the Better Care Fund (BCF) operational and strategic framework that allowed the NHS and council to establish a shared budget. The report set out the details of the BCF financial agreement which would support a locally prioritised, integrated health and social care approach aimed at improving rates of hospital discharge and ensuring that support was provided in the community. Key points included the retendering of the council's home care service, proactive work with NHS colleagues to develop a more integrated approach which could reduce the reliance on community nursing, and the reprovision of existing services.

Sue Spiller asked if there were opportunities for voluntary and community services (VCS) to get involved in providing preventative support services and how this could be facilitated and delivered as part of the BCF programme. This raised the question of how early intervention and prevention work could be funded and Linda Jackson indicated that there was scope to further explore this in the future round of funding. Councillor Coleman highlighted a concern about home care staff being effectively asked to provide clinical support that they were not trained to deliver. It was acknowledged that this was difficult issue however, a program of training for domiciliary care workers would be implemented under the new BCF contract.

Nadia Taylor enquired if there was any indication occupational and physiotherapy staff would be taking strike action. It was confirmed that there was no information to indicate any social care strike action. Rob Hurd reported that operational plans to mitigate in response to planned action had been implemented across the North West London Integrated Care System (NWL ICS). This would ensure that contingencies were in place around service delivery, some of which would be downscaled to support essential core services to minimise the impact.

Councillor Coleman thanked NHS staff for their commitment and work in keeping residents safe. The Board felt discouraged by the government's reluctance to engage with unions to broker a swift and effective resolution for NHS nurses and to alleviate the significant concerns of residents.

RESOLVED

That the Health and Wellbeing board approved the Better Care Fund agreement 2022/23.

6. HOSPITAL DISCHARGE FUND 2022/23

Linda Jackson reported that the Hospital Discharge Fund for 2022/23 was part government funding to support social care discharge announced in July 2022 help support timely and safe hospital discharge and avoid patient delays. The report (page 55 of the Agenda pack) outlined details of the amount of a two part allocation of £500 million nationally, of which £16 million was allocated to the NWL ICS. Of the national allocation, £40 million was allocated to social care and had H&F received £765k, and a further £8.6 million was allocated to the Integrated Care Board (ICB). Plans about the fund allocation were developed with the support NWL health colleagues. It would be shared between domiciliary care, reablement services, step down and residential care. At a local level, there would be funding for residential care homes that required improvement and further support to help achieve improved Care Quality Commission ratings. Detailed figures were contained in the report.

Linda Jackson highlighted a concern that the programme did not sufficiently address the provision of "step up" preventive work in H&F which contributed significantly towards ensuring that residents did not need to go to hospital. Sue Roostan elaborated on the operational aspects of the fund reporting that Linda Jackson would be co-ordinating a fortnightly meeting to monitor the delivery and expenditure of the programme. Rob Hurd commented that there were two key objectives to address immediate needs, but the monitoring and assurance process could develop an evidence base to inform future provision. Releasing the funds was imperative given that it covered a short period of winter provisioning, and both health and social care partners had signed off on the agreement. Councillor Coleman concurred that it was important to analyse the impact of this work to understand the delivery of future provisioning and that this could be considered further by the Board.

Merril Hammer commented that the issue of funding extended beyond the scope of ensuring sufficient pay for health and social care staff. It was about retaining and sustaining expertise and knowledge within the staff workforce. Care staff were able to find more lucrative opportunities in areas such as retail. Lisa Redfern acknowledged that there were significant national difficulties in achieving a fair cost of funding for social care and that this had been widely recognised without resolution. Overall, funding was insufficient to meet increased costs, accentuated by greater acuity of care and complexity of need, with more people leaving hospital that required support at home. This would not be adequately resolved without societal acceptance of the need to fund social care. In addition to the introduction of a Living London Wage (LLW) in H&F, career progressing development initiatives were available to all care staff.

The Board explored the need for a financial resolution that fundamentally addressed the core issues facing councils about how they managed and delivered social care support, both prevention and intervention, to help reduce the need for hospital based treatment. Linda Jackson reiterated that it was important to understand what was meant by "increased complexity of care" and although the borough performed very well on addressing discharges, and

offered an excellent reablement services, more could be achieved with further funding. In response to a point of clarification from Jim Grealy, Linda Jackson explained that discharges were largely from acute trusts, however, there was a small percentage of cases that had mental health needs. Such cases were more likely to be subject to delayed discharges given the combined complexity of both mental and physical care needs.

Maria Connolly commented that having a holistic approach that included a sustainable staffing model was important. Deteriorating illnesses and complex need meant that people often rebounded back to acute care settings. Linda Jackson explained that the council's response to government had advocated for funding for years two and three. An assurance framework for a combined health and social care workforce was required to support the development of a sustainable programme of discharge funding that could intervene to prevent a revolving cycle of illness and treatment.

Councillor Natalia Perez asked if cost of living issues had been considered in planning to improve workforce recruitment and retention. There were a number of local initiatives such as the Cost of Living booklet, which also contained a separate booklet outlining health and wellbeing tips and advice, provided by the council to support residents, and key workers in the borough, in addition to ensuring a LLW to the social care workforce.

RESOLVED

1. That the Health and Wellbeing Board agreed the planned total expenditure and the proposed schemes for 2022-23; and

2. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

7. INTEGRATED CARE SYSTEM AND H&F CARE PARTNERSHIP POLICY CONTEXT

ICS Overview

Rob Hurd presented an overview of the North West London Integrated Care Board (NWL ICB), which delivered a range of services to a population of 2.1 million across 8 boroughs, within a budget of £4.5 billion. The ICB recognised that there were significant variations in demography across the area and that this required a whole systems integrated information centre to develop an analytical understanding of population health.

The pandemic had exposed the need for significant work in order to build trusted relationships between health care providers and residents, and to address the inequalities experienced by some population groups in accessing health services. The ICB budget also held a strategic commissioning role for health care services for the area. The ICB was required to work in partnership with the eight local authorities in order to develop strategic priorities tailored to evidenced based population health needs.

Each locality was supported by a borough based partnership, which in Hammersmith and Fulham was the H&F Health and Care Partnership H&F HCP. The Integrated Care Partnership (ICP) consisted of a membership drawn from the eight local authorities and chaired by Penny Dash. The ICB co-ordinated and convening of work of health partners to address operational issues by delivering an assurance framework as required by NHS England, which potentially did not align with locally driven perspectives. Details of the ICB structures and systems links were explored in more detail (page 60 of the Agenda pack).

Merril Hammer sought further information about the proposed relationship between the Integrated Care Partnership and residents and what this would look like, given her concerns about the lack of engagement with residents and how they may not be able to input into service development and delivery. Rob Hurd explained that engagement was expected to take place through the borough based partnerships to facilitate resident involvement and to value the input of local authorities, strategically facilitated by the ICB. Rob Hurd emphasised that this was the start of a process at a local level and would require a long term approach, and he acknowledged that this could occasionally be influenced by central government initiatives.

Detective Inspector Luxan Thurairatnasingam asked about the ICB perspective on A&E departments and whether these incorporated the whole NHS framework as one structured and accountable system, given changes to the administrative framework of the NHS, particularly in relation to mental health care, and the importance of data sharing and integrated systems. Rob Hurd explained that a core aspect informing the ICB structure was to achieve a refined, scaled up collective approach, streamlining models of care. The intention was to address the variations in services across NWL and ensure that provision reflected local population need.

Acute provision in NWL was collectively delivered by four trusts and the ICB regarded this as one service, comparing and contrasting its constituent parts to identify improvements to the service. A collective approach embedded greater strength and stability in commissioning. The NWL ICS was unique in having clear regulations on information governance and had now agreed consent to share primary care data with every general practice in NWL, bar two. Joined up patient care records was a key aim of the work programme. Whole systems information was supported by the anonymised population health management data which informed outcome's and recognised the reality of the patient experience. This was distinct from ongoing work to achieve a common care record that could be shared through seamless systems alignment.

Jim Grealy highlighted that most people outside of the NHS sphere would not know of the change to the NHS administrative structure and the introduction of H&F HCP. He asked how it could be more visible, contacted and what its membership consisted of. Merril Hammer sought clarification about the role of the H&F HCP in relation to the strategic policy development work of the ICP, and how residents would be able to engage. Rob Hurd concurred and emphasised the need for a balance between both structures to "build up" from residents. The ICP would not undertake strategic policy development work but would have oversight and agreement of it. Plans that flowed out from this would provide a framework for understanding and informing population need, with a policy

informing service function. It was important to centrally support the borough based partnerships across the system, but Rob Hurd also acknowledged that there were unacceptable borough variations in health and social care services. Part of the responsibility at NWL was to ensure that core standards were implemented to ensure greater equity and reduce variation.

An outline strategy was expected by January 2023 that would also incorporate community engagement with residents. Rob Hurd explained that this would be developed within the framework of NHS planning guidance to identify priorities and metrics over the next five years. These would cover a range of conditions including hypertension, cardiovascular disease, and diabetes, to identify inequalities in context of population health and prevention and inform the future prioritisation of services. The draft strategy would be high level and build on existing programmes of work and through other channels such as Health and Wellbeing boards.

Local partnership

In this second part of the presentation Lisa Redfern described the local level H&FHCP which would be officially launched in January 2023 and how it was structured in relation to the wider ICP. Echoing Rob Hurd's comments, it was acknowledged that the structures were nebulous from the resident's perspective. The main focus of the partnership was drive through strategy, policy and operational planning. It had benefited from building on the strong collaborative relationships arising from the pandemic. There were four main campaign boards: Population Health, Diabetes, Frailty and Mental Health.

Resident Engagement

Maria Connolly and Trish Longdon described their work and commitment to ensuring that services were locally co-designed and co-produced. Integrated or interconnected care networks between primary and secondary care was critical for residents but there was a lack of continuity with shared patient owned records. Development of a single system was a challenge within NWL. The patient reference group had been reformed, of which HaFSON were members. Another challenge highlighted by the patient reference group was patient referrals, with poor signposting (cultural barriers) and referral mechanisms.

Jackie McShannon asked about the engagement with, and representation of children and young people and their lived experience as patients, and also the experience of their families and carers. Sue Roostan explained that whilst they were not represented on the patient reference groups, significant work was undertaken through Children's Services and forums such as Parent's Active. It was acknowledged that further engagement should extend beyond this, for example, into schools and potentially, directly involve young people in shaping services.

Resident Engagement – Dementia

Jo Baty and Peggy Coles provided a joint update on progress delivering on recommendations outlined in H&F Dementia Strategy 2021-24. Jo Baty described two key areas of work, the first was a workshop held with residents with dementia and their carers, which offered great insights into their experiences of navigating the ICS and highlighted areas for improvement. Additional work had been undertaken in engaging directly with residents in a

safe and trusted environment. Next steps included the co-ordination of a group of older residents, led by Christopher Nicklin, Assistant Director for Independent Living and Quality Standards and Performance, H&F to co-produce services and activities.

Peggy Coles continued that the strategy aimed to work with older people but would be broad in approach. Local community and voluntary services organisations such as Nubian Life would be involved to ensure the work would be co-produced, particularly in those communities which had experienced health inequalities and barriers to accessing the healthcare system. Peggy Coles explained the need for a "road map" to improve service signposting and referral pathways.

As a borough, there were low rates of dementia diagnosis and there was a need to understand the reasons for this, and how it could be addressed. One approach being considered was "train the trainer", so that those diagnosed relatively early with their dementia condition could be trained, as way of contributing to the community, working with the memory clinic and other community groups. Work was also ongoing to develop a dementia hub to provide information on services that reflected a holistic approach across the system.

Resident Engagement – Palliative Care

An overview of the NWL ICS work on palliative care was provided by Sue Roostan reflecting a strong commitment to the principles and values of co-production. HaFSON had supported the co-design of engagement work on palliative care which had been invaluable to ensure that it was effective.

Resident Engagement – Mental Health

Helen Mangan provided a brief overview of the work that had been undertaken during a period of 18 months covering both adult and children's services, taking a partnership approach to resident engagement. A Mental Health Stakeholder Group was also in place, meeting monthly, with a membership of between 20-40 resident service users, voluntary and community sector colleagues, and representatives from other statutory services. This was a forum for sharing information and experiences. Helen Green provided a perspective on her co-production work based in Children's Services, H&F.

A piece of work had been undertaken to support the Youth Council in conducting a deep dive research project which included focus groups involving 300 young people. This had led to the production of a video expressing and describing pandemic related feelings and experiences. Angela Caulder outlined the range of co-produced mental health activities provided to children and young people to clearly understand what provision was needed and to identify any gaps, particularly in relation to the transitions workstream for 16-25 year olds.

Resident Engagement – Mental Health

Michele Roberts described the work of the ICB mental health campaign, and as part of this, the Health Community Grant scheme. This was a collaborative effort between West London NHS Trust and SOBUS where £200k in funding was allocated to 11 CVS's in 2022, providing everything from dance clubs to yoga, to support residents in maintaining good mental and emotional health and wellbeing. This asset based, preventative, community approach promoted good mental health across five priority areas including people with learning disabilities, those whose first language was not English, young people, those who have experienced trauma through migration and black and Asian minority ethnic LGTBQ+ groups (Lesbian, Gay, Transgender, Bisexual, Queer), and learning, physical and neurodiversity disabilities.

Resident Engagement – building trust with black communities

Sharon Tomlin described the engagement work undertaken with stakeholder groups across the voluntary and community sector to help build trust with black and Asian minority ethnic communities. A steering group had been formed and had been active for about a year. They had explored how minority communities perceived their interactions with the health system and were planning a series of "listening" workshops supported by dialogue facilitators hear about people's lived experiences. This was an opportunity for stakeholders to engage with and influence decision makers.

The need to build trust stemmed from how the pandemic had highlighted the impact of health inequalities and how this effected minority communities. Such stories were usually not reflected in empirical data and helped to build compelling evidence to support the project through co-production. The first of the workshops would take place between February and April 2023 and would lead to the formation of a mandate for action to understand what people wanted, to build stronger communities and to effect change.

Discussion and Q&A Session

Merril Hammer commended the good work that had been taking place which many residents would not be aware of. More work was needed to ensure that residents received information about this and were more engaged, citing the example of the lack of clarity about the names of new structures, such as moving from the term "borough based partnership" to H&F HCP. A further point was raised about the clarity of governance arrangements for the new structures, for example, the number of meetings being held, and how many of these were being held in public. Councillor Coleman responded that these were issues that required further exploration, particularly in terms of facilitating greater engagement with residents.

Councillor Helen Rowbottom addressed an earlier point raised by Jackie McShannon about hearing from children and young people and the practical ways in which this could be input into the ICS. She suggested that an item to explore this further could be considered at the next meeting of the Children and Education Policy and Accountability Committee. The representation of children and young people in shaping services was often an afterthought so this was a great opportunity to take practical steps to address this.

Jim Grealy commented that more work could be undertaken on raising the profile of the new H&F HCP body, particularly as this was about to be launched. It was vitally important that this be visible to residents as a body that was well positioned to influence policy development at both ICP and ICB levels. It was equally important the residents understood the ways in which they could engage with the H&F HCP and could know that health bodies are working with them. Councillor Coleman asked if there would be both an internal and public launches of the H&F HCP, with the latter promoted to encourage residents to attend. Lisa Redfern acknowledged the points raised by HaFSON and accepted that there was a need for a more visible launch of the H&F HCP, extending beyond the current plans limiting the event to clinicians.

ACTIONS:

1. Sue Roostan to arrange a meeting with HaFSON and Trish Longdon to further discuss resident engagement with H&F Health and Care Partnership;
2. The H&F HCP to consider the need for residents to engage with them and the feasibility of a more visible launch event aimed at residents.

RESOLVED

That the Board noted the verbal report.

8. WORK PROGRAMME

Noted.

9. DATES OF NEXT MEETING

14 March 2023*

**The date of this meeting was subsequently changed to 28 March 2023.*
14 March 2023*

**The date of this meeting was subsequently changed to 28 March 2023.*

Meeting started: 6pm
Meeting ended: 8.20pm

Chair .....

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