

Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 13 November 2024

PRESENT

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

Co-opted members: Victoria Brignell (Action On Disability), Lucia Boddington and Jim Grealy (H&F Save Our NHS)

Other Councillors: Councillor Alex Sanderson (Deputy Leader, acting Cabinet Member for Adult Social Care and Health)

Officers:

Jacqui McShannon (Executive Director – People)

Katherine Wilmette (Director of Adult Social Care)

Dr Nicola Lang (Director of Public Health)

Dean Linzey (Senior Lead Health Protection)

Sarah Bright (Director Commissioning Transformation and Health Partnerships)

Julius Olu (Assistant director – Independent living commissioning and partnerships)

Johan Van Wijgerden (Strategic Commissioner)

Tara Flood (Strategic Lead Co-production) (joined remotely)

External guests:

Caroline Farrar (Managing Director of Hammersmith and Fulham Place Partnership)

Ashley Pearce (Co-production Peer Support Group Member, Action on Disability)

Nikolaos Tzenas (Project Lead for Coproduction & Disability Equality, Action on Disability)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Ann Rosenberg.

Apologies for lateness were received from Councillor Genevieve Nwaogbe (who entered the room at 7.07pm).

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 27 March 2024 were agreed as an accurate record.

4. HAMMERSMITH & FULHAM HEALTH AND CARE PARTNERSHIP UPDATE

Caroline Farrar (Managing Director of Hammersmith and Fulham Place Partnership) presented an update on the Hammersmith & Fulham Health and Care Partnership that worked with and for local residents to improve health, care and wellbeing outcomes.

Caroline Farrar spoke about the need to refresh the Partnership and develop better, more productive relationships within the health provider landscape which was quite fragmented at present. The ambition was to make it work more effectively for residents. She noted the key issues for H&F that were highlighted in the Shared Needs Assessment from September 2024:

- The borough had the lowest three year life expectancy at birth for 2020-22 in North West London.
- 18% of the population were in the Core 20 most deprived areas, the third highest level in North West London.
- Older adults had a higher risk of physical inactivity, smoking, and substance abuse than the North West London average.
- There were higher levels of anxiety and depression among adults.

As part of the refresh, a new Place Partnership Managing Director role had been created as a dedicated partnership post for the first time in Hammersmith and Fulham. A review had been conducted into how the partnership operates, including its workstreams and governance. Partners fed back that there was more work to do on developing the collective sense of purpose and ambition within the partnership, and greater clarity was needed on what it was trying to achieve through working together. There was also clear feedback that the workstreams and governance were not as effective as they could be and needed to be refreshed. All strategic partners have signed up to a refreshed purpose statement and new governance structure. Conversations are ongoing to agree priorities and workstreams, taking into account feedback from frontline staff and residents in this process.

Councillor Amanda Lloyd-Harris noted the issues in the report were weighted towards the north of borough but the centre and south also had significant issues. She said the Council had invested a lot of resources into the north but

it had not produced the outcomes hoped for. She asked why that was and what could be done better. Caroline Farrar agreed there were issues across the borough and the Partnership was developing workstreams covering every area. She added that addressing inequalities was a harder challenge. There were wider determinants that needed a concerted effort across many areas such as the economy, housing, and child development. The Partnership was keen to work together in those areas and that would form part of the plan.

Dr Nicola Lang (Director of Public Health) reassured members that the south of the borough was not forgotten and gave the example of a recent project to secure funding for additional health workers in Lillie ward, one of the most deprived. The Council also focussed a lot on improving housing, employment opportunities, the environment, and green spaces in those areas.

Jim Grealy thanked the Partnership for their report. He felt a deprivation map of the borough would be useful and that recognition of where poverty was would help organisations address it. He asked how the Partnership was listening to residents and ensuring people had their voices heard in relation to the workstreams being developed. Caroline Farrar said deprivation maps were available. Regarding public feedback, she said the Partnership had lots of engagement and insight gathering work they could draw on. Part of the next stage of developing the workstreams would be how to develop the co-production aspect. She noted that an outline plan would be presented to Health & Wellbeing Board in December.

Lucia Boddington, referring to the figures on page 19, noted that a number of indicators were red including life expectancy, rates of sexually transmitted diseases, and suicides. She asked if there was demographic data available on these and whether the trends had worsened since 2020. Dr Nicola Lang said many of these trends were national. The Partnership and the Council were committed to addressing these issues with robust public health measures. Caroline Farrar noted that life expectancy had dipped everywhere due to the pandemic effect, but the comparative level was most interesting to the Partnership.

Councillor Lloyd-Harris said she would like to see how the Partnership planned to respond to these statistics. Caroline Farrar said the plan would be going to Health & Wellbeing Board in December. But she noted that the Partnership could not address all of the issues – their goal was to seek to improve the overall outcomes. Councillor Lloyd-Harris said they could give a sense of what types of interventions were being put in place so members could judge if there were any obvious omissions. Councillor Alex Sanderson (Deputy Leader, acting Cabinet Member for Adult Social Care and Health) reassured members that there were plans in place to address these issues through different bodies.

Jim Grealy noted the discrepancy between the statistics for younger people and older people and how, in comparison with poorer boroughs, H&F was doing worse. He highlighted falls for older people being higher than others and wanted to be able to see how that fed into a strategy to address the issue.

Jacqui McShannon (Executive Director – People) said the health economy was complex, with lots of different strategies and action plans. North West London had its own priorities, there was the Health and Wellbeing Strategy, in addition to the Partnership and its work. She suggested identifying key themes and bringing back items on those themes. The Chair agreed that members and officers work together to develop a thematic approach for scrutiny to ensure the Committee had the right information available and the right people to contribute to the discussion.

ACTION: Cllr Perez / Jacqui McShannon

Councillor Apthorp asked for more information on the key issues faced by partners. Caroline Farrar said the key issue was that services were not integrated so health professionals spent time linking up. For example, there were three dementia pathways. The borough was covered by multiple hospitals that all did things differently. That needed to be addressed.

The Chair thanked Caroline Farrar for the update and the Committee looked forward to further updates on the Partnership's work at future meetings.

RESOLVED

1. That the Health and Adult Social Care Policy and Accountability noted and commented on the report.

5. DISABLED PEOPLE'S EXPERIENCES OF THE NHS - A REPORT BY ACTION ON DISABILITY

Victoria Brignell introduced the report from Action on Disability which presented the views of their members on treatment received from the NHS. She was joined by Ashley Pearce, a member of the Action on Disability Co-production Peer Support Group who contributed his experience to the report and Nikolaos Tzenas, Project Lead for Coproduction & Disability Equality at Action on Disability.

Victoria Brignell noted that the report included feedback from 26 people and while there was some positive feedback, a number of problems had been identified including access to buildings, access to equipment, and the attitudes of staff. She highlighted the recommendations in section five of the report and felt there needed to be a change of culture to show more care and empathy towards disabled people.

Ashley Pearce highlighted some of the key issues raised:

- It was hard for visually impaired people to find things, or people to assist.
- There was often a lack of suitable equipment which led to delays.
- Inconsistent hospital transport could lead to long waits and missed appointments.
- There were problems with correspondence and administration including a lack of accessibility for dyslexic people, duplication of

letters, and difficulties filling out forms for people with disabilities and elderly people.

- Deaf people felt the NHS wasn't doing enough to promote BSL services available.

Victoria Brignell said the findings showed a need for co-production in NHS services. The Council had pioneered this approach and she hoped the NHS could follow its example.

The Chair thanked Action on Disability for the report and those who had provided feedback. She said it was important to raise awareness of the challenges faced by disabled people and hoped the committee could continue to raise awareness and address concerns.

Caroline Farrar (Managing Director of Hammersmith and Fulham Place Partnership) said the report was a disappointing read and recognised that the issues reflected the national picture of historically low satisfaction with the NHS. She was disappointed to hear that services were not getting the basics of access right. She said she would like to speak outside the meeting and make links with providers to start to put these issues right.

ACTION: Caroline Farrar / Action on Disability

Victoria Brignell said she understood the constraints the NHS was under. Action on Disability wanted to cooperate with providers and help improve things. They wanted to set up a co-production project to advise services. Ashley Pearce said it would be good to have engagement with health providers to discuss the needs of different disabilities.

The Chair suggested holding a workshop next year to come together and explore new ways of working, a more focused approach, with examples and solutions. Councillor Genevieve Nwaogbe supported this approach – noting she would appreciate a better understanding of the landscape of providers and services and what could be done to improve things.

Councillor Alex Sanderson (Deputy Leader, acting Cabinet Member for Adult Social Care and Health) suggested speaking with the Chair about how to bring together the workstreams effectively for the Committee.

ACTION: Cllr Perez / Cllr Sanderson

Regarding the issues with equipment highlighted in the report, Jim Grealy suggested providers work with disabled people on an equipment audit to ensure the most required equipment was readily available. He supported the idea of a workshop led by disabled people who set the agenda, noting it needed to be strategic and focus on the areas of greatest impact.

Tara Flood (Strategic Lead Co-production) thanked Action on Disability for the report highlighting issues that disabled people had experienced for decades. She said it was important to get together and make a real difference. She felt doing this with disabled people who had experienced barriers would get the

best result. She added she was happy to support further work and can share good practice.

ACTION: Tara Flood

The Chair thanked Action on Disability, members, and officers for their valuable contributions.

RESOLVED

1. That the Health and Adult Social Care Policy and Accountability noted and commented on the report.

6. H&F IMMUNISATION AND VACCINATION BRIEFING

Dr Nicola Lang (Director of Public Health) and Dean Linzey (Senior Lead Health Protection) gave a presentation which set the scene and described some of the interventions in place to improve vaccination coverage in the borough. The following points from the presentation were noted:

- Low vaccination uptake for children and adults was a longstanding issue in H&F, with the lowest vaccination coverage in residents of Black Caribbean or Black African ethnicity, and those living in more deprived areas.
- The borough was below the herd immunity standard for the measles, mumps, and rubella (MMR) vaccination for children.
- Vaccination rates were low generally and there was no ‘magic wand’ to fix this – instead the borough would have to make lots of marginal gains.
- For flu vaccine take up in care home staff officers looked at why staff didn’t vaccinate and developed tailored interventions. Three years ago we had the worst performance in the country but last year it was the best. It showed we can make meaningful improvements.
- Officers were working closely with residents to understand their experiences and improve access. There was an NHS roving team which delivered vaccinations in community settings, including asylum hotels. The borough had three pharmacies giving the MMR vaccination. Public Health also ran full-day in-person vaccine hesitancy training and members were welcome to attend.
- Public Health also hosted a monthly vaccine and immunisations group which brought together stakeholders to look at performance, good practice, and share what works and how to target resources most effectively.

The Chair thanked officers for the update and said it was good to hear about the successes the team had achieved.

Councillor Amanda Lloyd-Harris said she was glad performance was heading in the right direction. She asked what the vaccine uptake had been in the asylum hotel mentioned earlier. Dr Nicola Lang said officers had been working with those communities. While it was sometimes difficult to establish

vaccination status, they had been working with local GPs to enable catch-up vaccinations for new arrivals.

Councillor Lloyd-Harris asked if the Government had a view on inoculations for asylum seekers. Dr Nicola Lang said there were no part of entry health requirements in terms of vaccinations for asylum seekers. New GP registrations would check what vaccines new arrivals had and did catch-ups in a culturally competent way.

Jim Grealy said he was pleased to hear the direction of travel. He asked how Public Health was connecting with parents of school aged children.

Dean Linzey said from November a new organisation called Vax UK had been carrying out school vaccinations in a dynamic way that addressed people's concerns. He noted that young people got most of their information about health on the internet and the team was trying to build services around their needs. That included developing young people as advocates to talk about vaccinations to their peers and parents.

Councillor Emma Apthorp asked for more information on the outreach training and who they wanted to complete it. Dr Nicola Lang said it was aimed at social care and health staff. They also had a family champion programme to skill up maternity volunteers to have those conversations.

The Chair asked what had worked so well in care homes to bring take up to the highest in the country. Dr Nicola Lang cautioned that the take up was still only 30% but that was the highest in England. She said it was achieved primarily by listening to people's concerns and addressing them.

Dean Linzey said the main concerns were about staff getting sick and losing work. In addition to working with employers to address sickness concerns, they also delivered targeted training to help people understand vaccines work and their side effects – and sent a mobile vaccine unit directly to care homes. He added that the programme was still work in progress, but the evidence showed that significant improvements were possible.

The Chair thanked officers and members for their contributions.

RESOLVED

1. That the Health and Adult Social Care Policy and Accountability noted and commented on the report.

7. OLDER PEOPLE'S CARE HOMES IN HAMMERSMITH AND FULHAM

Julius Olu (Assistant director – Independent living commissioning and partnerships) introduced the item which provided an update on care homes for older people in the borough. Johan Van Wijgerden (Strategic Commissioner) then gave a short presentation on the report.

Councillor Amanda Lloyd-Harris asked if the Council had beds in Chiswick Nursing Centre allocated for residents. Johan Van Wijgerden said there were around 20-30 Council residents in the home, though it generally catered to private residents.

Councillor Lloyd-Harris asked why KYN Hurlingham was on the list of nursing homes given it was unlikely to be used by the Council due to its high cost. Johan Van Wijgerden said the local authority has responsibility for quality assurance in all care homes, whether they place residents in them or not. He noted that officers conducted regular visits and built relationships with the homes so when there were issues, the Council could help put things right quickly.

Jim Grealy said he was impressed by the quality assurance and oversight visits, and it was reassuring for residents. He noted the Council had 230 residents in care homes and asked whether the supply of places met the demand, what the time lag between looking for place and getting one was, and a breakdown of residents in terms of class, gender, and ethnicity. Julius Olu said he would provide this information after the meeting.

ACTION: Julius Olu

Julius Olu noted that demand was greater than supply. Two of the homes in the borough were too expensive for the Council to place residents in. Finding placements took longer with demand pressures.

Katherine Wilmette (Director of Adult Social Care) noted that the timeline for placement depended on the needs of the individual, what was available, and where they wanted to go. Some people moved elsewhere due to family connections, while others chose to stay in the borough.

Lucia Boddington noted that the Council only placed residents in care homes rated 'good' but Farm Lane was listed as 'requires improvement'. She asked if that meant the Council wasn't placing people there and what steps were being taken to improve the situation. Johan Van Wijgerden said Farm Lane was previously rated as good. The Council's Quality Assurance team was working closely with the home to rectify the issues raised in the inspection. There was a detailed action plan in place. Only the Care Quality Commission could change the rating, but he said he was confident they would be rated as good if inspected today.

Jim Grealy suggested the care home team submit a response to the ICB's palliative care consultation. Julius Olu reassured members that officers were engaged in the consultation.

The Chair asked how often the Council's Quality Assurance team monitored care homes. Johan Van Wijgerden said there were monthly Joint Operational Group visits as well as quarterly announced and unannounced visits. Julius Olu noted that the Care Quality Commission's latest inspection at Farm Lane took place at 5.30am, so officers had thought about varying the time they visited to ensure care was consistent throughout the day.

The Chair asked how officers were capturing the voices of residents. Johan Van Wijgerden said care homes contractually had to do feedback forms once a year and they also had group meetings. He added that feedback was generally very positive.

Councillor Emma Apthorp asked which local authority had responsibility for residents that moved out of the borough and how the transition was supported. Johan Van Wijgerden said the Council was not responsible for out-of-borough care homes, but did carry out due diligence on them by working with the host authority, speaking to their Quality Assurance teams, and their family to ensure quality care and a smooth transition. The care package would then be reviewed on an annual basis. Katherine Wilmette clarified that the Council retained care responsibility for out of borough residents, but the home was the responsibility of the host borough.

RESOLVED

1. That the Health and Adult Social Care Policy and Accountability noted and commented on the report.

8. HEALTH AND WELLBEING STRATEGY 2024-2029

Dr Nicola Lang (Director of Public Health) introduced the Health and Wellbeing Strategy for 2024-2029.

Jim Grealy said the discrepancy in life expectancy between poorer and wealthy residents was of great concern and that it was a social choice. Dr Nicola Lang said around 80% of a person's health outcomes were attributable to wider determinants such as the environment, jobs, and housing – with only around 20% due to local health services. But there were a lot of good things going on in the borough and the strategy hoped to improve things further.

Lucia Boddington asked where the 3000 new affordable homes for local residents referenced on page 7 of the strategy were based. Officers agreed to come back with this information.

ACTION: Dr Nicola Lang

RESOLVED

1. That the Health and Adult Social Care Policy and Accountability Committee notes the Health and Wellbeing Strategy 2024-2029.

9. WORK PROGRAMME

Members requested that a revised work programme be circulated at the next meeting.

ACTION: David Abbott

10. DATES OF FUTURE MEETINGS

The following dates of future meetings were noted:

- 29 January 2025
- 28 April 2025

Meeting started: 7.02 pm

Meeting ended: 9.15 pm

Chair

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