MINUTES

CITY OF WESTMINSTER

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a virtual joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 28 January 2021 at 4pm.

Present:

Councillor Cem Kemahli (RBKC - Lead Member for Adult Social Care and Public Health)
Councillor Tim Mitchell (WCC - Cabinet Member for ASC and Public Health)
Councillor Josh Rendall (RBKC - Lead Member for Family and Children's Services)
Councillor Tim Barnes (WCC - Cabinet Member for Children's Services)
Councillor Lorraine Dean (WCC - Deputy Cabinet Member for Children's Services)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Christabel Flight (WCC - Deputy Cabinet Member for Adult Social Care and Public Health)
Councillor Lorraine Dean (WCC - Deputy Cabinet Member for Children's Services)
Councillor Marwan Elnaghi (RBKC - Chair of Adult Social Care & Health Select Committee)
Councillor Charles Williams (RBKC - Adult Social Care & Health Select Committee)
Grant Aitken (Head of Health Partnerships)
Senel Arkut (Bi-Borough - Head of Health Partnerships and Development)
Anna Bokobza (Imperial College Healthcare)
Isobel Caton-Harrison (Policy Officer)
Iain Cassidy (OpenAge)
Heather Clarke (Housing and Regeneration)
Olivia Clymer (Healthwatch Westminster)
Dominic Conlin (Deputy for Leslie Watts, Chelsea and Westminster)
Janet Cree (Deputy for Louise Proctor, West London CCG)
Robyn Doran, Chief Operating Officer, (CNWL)
Jo Emmanuel, Medical Director, (CNWL)
Bernie Flaherty (Executive Director for ASC and Health)
Jenny Greenfield (Kensington and Chelsea Social Council)
Simon Hope (Deputy for Joe Nguyen, North West London CCG)
Philippa Johnson (Central London Community Healthcare NHS Trust)

DI Mark Kent (Metropolitan Police)
Tania Kerno (Healthwatch RBKC)
Christine Mead (WCC Public Health Strategic Commissioner)
Hilary Nightingale (Westminster Community Network)
Genevieve Peattie (National Management Trainee)
Anne Pollock (Principal Policy Officer)
Dr Neville Purssell (Chair, Central London CCG)
Carena Rogers (Programme Manager, Healthwatch Central West London)
Visva Sathasivam (Director of Social Care)
Annabel Saunders (RBKC & WCC – Assistant Director of Integrated Commissioning)
Dr Andrew Steeden (Chair, West London CCG)
Russell Styles (Interim Director of Bi-Borough Public Health)
Darren Tulley, Borough Commander, (London Fire Brigade)

1. WELCOME TO THE MEETING

1.1 Councillor Cem Kemahli welcomed everyone to the meeting. The Board confirmed that as the meeting had been due to be held within RBKC, Councillor Kemahli would chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

2.1. Apologies for absence were received from Leslie Watts (Chelsea and Westminster), Louise Proctor (West London CCG) and Joe Nguyen (North West London CCG).

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES

RESOLVED:

4.1. That the minutes of the Royal Borough of Kensington & Chelsea and Westminster City Council concurrent Health & Wellbeing Board meeting held on 26 November 2020 be agreed as a correct record of proceedings.

5. COVID-19 GENERAL UPDATE

5.1. Councillor Kemahli prefaced the discussion by thanking all partners around the table for the excellent collaborative work in tackling Covid-19.

5.2. Russell Styles (Interim Director of Bi-Borough Public Health) gave a commentary on his slides **Covid-19 Epidemiology Update** that had been circulated at the meeting.

5.3. Mr Styles noted the new UK variant constituted more than 90% of cases in both boroughs and that cases had fallen steadily since early January. In the last two months case rates per 100,000 for both boroughs were consistently among the lowest rates for London boroughs. They were also below the national and regional average.

5.4. RBKC had third lowest, with WCC the sixth lowest. The 7-day case rate varied across London. The 7-day case rate those aged 60 and over, with WCC 320.9 per 100,000, and RBKC was 301.7 per 100,000. Geographical variation was a key feature and rate of decline was not even borough to borough. There was a slow and gradual decline in rates daily and there was a positive indication that rates would continue to fall.

5.5. In response to questions from Members of the Board, Mr Styles added the following points:

(i) Decline was to do with restrictions brought in from January;
(ii) Recommendations would be to slowly ease out of restrictions
(iii) There was excess testing availability in all sites, work was being done to put out communication with regards to utilising testing;
(iv) There was some correlation with testing rates and epidemiology but it was not a direct correlation;
(v) Rates of transmission were currently being explored with this strain.

5.6. Janet Cree (Managing Director of Hammersmith & Fulham CCG) gave an update on the **Covid-19 Pressures on Local Hospital Services.** There was a five-fold increase in Covid-19 positive patients admitted to hospitals since November across North West London. Just over half of all patients in North West London were positive, with 1500 patients overall and 330 in critical care. Of the positive patients, 60% were aged 65 or over. Covid-19 related 111 calls had increased as well as Covid-19 related staff absence, but there was a reduction, and it was being closely monitored.

5.7. Hospitals in London had all increased general acute beds and community beds and more than doubled critical care beds from 176 to over 350 beds. Acute mental health community trust, 111 and GPs were working together, to understand where the pressures were and act accordingly.

5.8. As a result of pressures around critical care, all non-time critical surgeries were paused to have sufficient staff and beds. Though time-critical surgical patients were still treated equally. To help support, additional beds were acquired from the independent sector and step-down beds in Nightingale for non-Covid-19 patients.

5.9. Both RBKC and WCC primary care hubs were running with extended hours of operating. GP extended access hubs had extended their hours and modified

mechanisms for access. There was also a remote monitoring service, with hubs across H&F, WCC and RBKC for looking after patients who required their oxygen levels monitored. Patients who did not need admitting but required monitoring were supported in the community by the respiratory team at Imperial.

5.10. With additional beds and redeployment of staff, there was a concern over the right level of beds and there may have been some occasions where patients had been moved to other parts of the system for support. As a result, the CCG was also able to support other parts of London for receiving transfers.

5.11. It was expected that the pressure in North West London would continue for next few weeks. It was monitored daily and there was some reduction in admissions to hospitals, but this had not yet been reflected in demand required for intensive care beds.

5.12. The level of demand was being constantly monitored as well as continued work with GP surgeries. GPs, community mental health services and most community clinics remained open.

5.13. In response to questions raised, the following points were made:

(i) Time-critical referred to any urgent emergencies that required critical treatment and cancer treatments. Dr Neville Purssell added that this also included operations and diagnostic procedures. Other operations that may be seen as less time critical such as orthopaedic operations may be delayed;
(ii) GP practices were open and operating, with extended hours and access clinics;
(iii) Dr Andrew Steeden noted there was a waiting list on operations which was monitored, every patient was prioritised according to a strict range of guidelines depending on urgency;
(iv) Patients referred by GPs would need to be advised that there were extended waiting times.

5.14. Dominic Conlin provided a brief update on Chelsea and Westminster Hospital. He noted there was a 25% reduction in patients admitted in the last 12 days. Nearly half of patients were either in extended ITU facilities or purpose-built respiratory units. There was not any evidence that the virulence of the virus was reducing. There were high rates of staff sickness which was partly due to increased testing. The decrease in cases was largely due to the lockdown. There was support in the health and wellbeing of staff, as well as psychological support and staff morale remained high.

6. COVID-19 LOCAL VACCINATIONS UPDATE

6.1 Simon Hope (Borough Director for West London CCG, North West London Collaboration of CCGs) provided an overview of vaccinations. Mass vaccinations sites planned for West London and Central London were delayed by a few weeks. North West London was ahead of its trajectories in vaccinating

all four priority groups by mid-February. The overall supply of vaccines in North West London remained the same.

6.2 With regards to PCN sites, clinics were operating at all sites in the past week with positive feedback from residents. All care homes had been visited and 80% of residents had been vaccinated, including 68% of housebound residents. Work was being done with the Local Authority, third sector and community groups to target black and minority ethnic groups and vulnerable groups.

6.3 Mr Hope thanked the Local Authority team on behalf of the CCGs for the help provided in logistics, traffic and environmental management and community engagement.

6.4 In response to questions, the following points were made:

(i) The delay in sites opening may have been linked to an issue nationally in supply of the vaccine;
(ii) There were two sites in WCC that were delivering a number of vaccines;
(iii) There was an aim to vaccinate all four priority group at or close to the target, 84% of care home residents were vaccinated. Of housebound residents, 81% had received the vaccine;
(iv) Work was being working with community groups to make sure everybody was informed. The aim was to move to over-70s by mid-February;
(v) Modes of transport to vaccine sites were being discussed, Mr Hope would return at a later date to update the Board;
(vi) For over-80s who had difficulty travelling to sites, they could be vaccinated at home or in the GP surgeries;
(vii) There was some analysis on the uptake of the vaccine in wealthier and poorer areas, broadly numbers indicated uptake was lower in poorer areas which also reflected the picture across the country, Mr Hope was happy to return to the Board in the future to provide further details;
(viii) The national voluntary service was used to help in mass vaccinations sites, as well as a separate strand to help people get to vaccinations sites;
(ix) GP practices were seeking to contact patients, residents that were out of the borough may have been directly contacted by mass vaccination sites;
(x) Patients are being encouraged to not contact GP practices, for patients should have been contacted and may have been missed out, they would be encouraged to contact their GPs.

7. OUTCOME OF THE GORDON HOSPITAL CLOSURE EQUALITY IMPACT ASSESSMENT

7.1. Robyn Doran (Chief Operating Officer, CNWL) and Jo Emmanuel (Medical Director, CNWL) introduced this report. Ms Doran stated The Gordon had closed due to concerns surrounding infection control and staffing issues due to staff sickness.

7.2. There was not any adverse impact in relation to those with protected characteristics, the hospital admitted patients based on need. Of those with protected characteristics, some were more at risk of Covid-19 which reinforced the need to close.

7.3. Since closing, most patients (70%) went to St Charles. There was an aim to develop community work and keeping patients well at home. Westminster was working directly with GPs, Healthwatch, patients and carers. Around £5 million had been invested into services.

7.4. There was a positive impact on reducing the need for inpatients. The length of stay was well above the nation average, up to 31 days, and it had now been reduced to 27 days.

7.5. Stepdown beds had been commissioned in Battersea. Private beds had also been commissioned, and there was an aim to move foreign nationals into private beds. There were between 14 to 18 foreign nationals in beds in either Westminster or Hillingdon. If patients were moved into the private sector, they were brought back closer to home as soon as it was possible.

7.6. There was a full consultation and ongoing discussions surrounding The Gordon, which would be looking at residents' concerns. This included a Q&A session with stakeholders. A separate session was being arranged for councillors. It was important to consider reflections from services users, carers, and stakeholders, including wider borough needs. The aim was to continue conversation and use the consultation to look towards next steps.

7.7 In response to questions, the following points were made:

(i) The decision to close The Gordon was temporary and a reduction in length of stay was hard to achieve. When thoughtful interventions were done in the community, it was done to make an intensive offer at times of crisis. If a longer length of stay could be avoided, it was better for the overall longer-term recovery process;

(ii) CNWL had more beds per head population than anywhere else in the country. It was now more in line with the rest of the country. This was due to the length of stay being too long and not enough range of options in terms of stepdown beds and community services;

(iii) Beds were based on trends and needs rather than the number of beds across the country, it was important to note there was beds available when patients needed them;

(iv) Area placements were above CNWL's target and work was being done to try and reduce this. This included developing and increasing community offers and evaluating which provided the best impact through feedback;

(v) Work was being done to try to build on some initiatives that were already reaching vulnerable people, this included building upon community access services and for some more complex patients, more resources were put into finding gaps in services;

(vi) The feedback from first wave of consultations noted service users and carers preferred face to face services and this had been increased. A

number of volunteers had been recruited to check in and talk to service users and carers;

(vii) There was a particular issue for a Westminster service user involving work on a ward bathroom, which had been closed by the contractor without informing ward staff. Ms Doran spoke with the service user affected and apologised. The hospital had terminated their contract with the contractor in question.

8. ANY OTHER BUSINESS

None.

The Meeting ended at 5.20pm.

CHAIR: _____ **DATE** _____