

# **Adults and Public Health Policy and Scrutiny Committee**

<b>Date:</b>	22 <sup>nd</sup> September 2021
<b>Report of:</b>	Councillor Tim Mitchell
<b>Portfolio:</b>	Deputy Leader and Cabinet Member for Adult Social Care and Public Health
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## **1. Summary**

This report provides the Scrutiny Committee with an update on key aspects relating to Adult Social Care (ASC) and Public Health, including the response to COVID-19.

## **2. Adult Social Care – Current Updates**

From 11<sup>th</sup> November 2021, regulations are due to come into force requiring staff deployed in care homes to be fully vaccinated unless they have a medical exemption. This means that staff will need to have their first dose of the vaccine by 16<sup>th</sup> September, so that they can receive their second dose ahead of 11<sup>th</sup> November deadline.

According to the most recent data, care homes located in Westminster have the highest rate in London for compliance with the Scientific Advisory Group for Emergencies (SAGE) target for at least 80% care home staff to be vaccinated. The current staff figure vaccinated in care homes is 88% (*as of 10<sup>th</sup> September 2021*). This is due to ongoing hard work from care home providers, with strong support and encouragement from local authority and National Health Service (NHS) colleagues.

There remains a small number of staff who have chosen not to receive the vaccine to date. We continue to support care home providers to assist and advise those staff to take-up the vaccine before the deadline. Care home providers are working to prepare mitigation should there be any loss of staffing capacity as a result of this national mandate. This anticipatory work will be ongoing regardless of the potential legal challenges that some national organisations have indicated about this mandate.

The Government has set out a new plan for health and social care and the plan is called: '[Build Back Better: Our Plan for Health and Social Care](#)' published on 7<sup>th</sup> September 2021. It has now been agreed by Parliament and a White Paper will follow. This includes a Health and Social Care levy, and it is anticipated that this will raise £36 billion over three years, with a large proportion of the money being directed into the

NHS to clear the backlog. Social care is expected to see £5.4 billion over the same three-year period, with no guarantees of sustainable funding beyond this.

### **3. Acute Hospital Pressures**

Since the pandemic, NHS has implemented a Discharge to Assess (D2A) pathway. D2A is about funding and supporting people to leave hospital when patients are medically optimised and continuing their care and assessment outside of the hospital setting. They can then be assessed for their longer-term needs in the community, either in step down placements, or in their own homes. D2A has enabled much quicker discharges and eased pressures on hospital beds. This does, however, put pressure on ASC budgets and resources, as patients are leaving hospital sooner and are often in need of intensive care packages.

St Mary's Hospital has been on black alert (at least 3 times a week) for the last 3 months for surgery, urgent care, and for bed capacity. The bed occupancy levels have been averaging 90% which is high for this time of the year.

Throughout the Summer, Chelsea and Westminster Hospital has experienced pressure with increased attendances through A&E and the Urgent Treatment Centre (UTC). Existing bed capacity is circa 96% and there are additional pressures on the hospital due to COVID-19 admissions.

We are working very closely with the Acute Trusts, community health providers and the wider Integrated Care Partnership (ICP) network. There are weekly meetings in place to ensure that pressures in the system are identified and jointly resolved. This year we have an integrated system Winter Plan that aims to address pressures on individual organisations by finding system solutions.

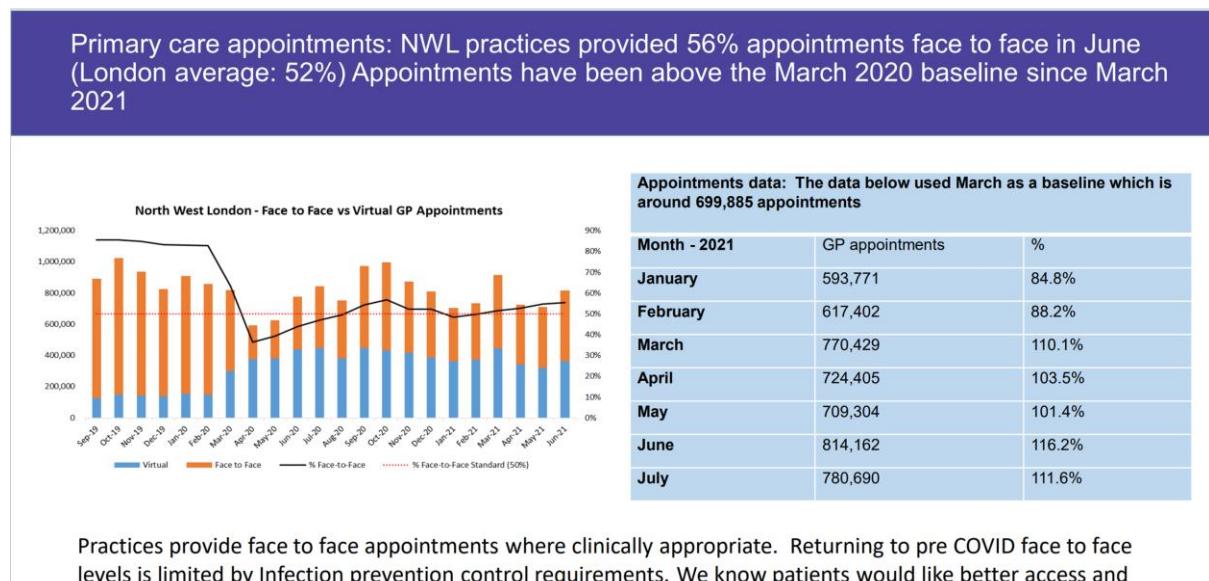
### **4. Primary Care**

Primary care throughout the COVID-19 pandemic has seen considerable demand on its services. There is evidence that this demand is continuing to grow. This is being reported across North West London (NWL) with an increase in Urgent Treatment Centre and GP bookings from 111 calls in and out of hospital.

Through a combination of face to face, telephone and online services, local primary care are managing this demand, including maintaining over 50% of appointments as face to face. Westminster is the only area in NWL that is achieving and maintaining this target.

Across GP extended hour hubs, there is circa 89% utilisation of capacity with a small percentage of people making appointments, but not attending. Central London CCG have had one of the highest utilisation percentages.

Figures for NWL face to face appointments are illustrated in Figure 1 below (specific Westminster data was not available).



## 6. Dementia Strategy

The Bi-Borough Dementia Strategy is live and available on the [Council website](#). Implementation of the strategy remains ongoing through staff training, support for local businesses to adopt dementia friendly practices, and ensuring support for unpaid carers. Delivery of the Dementia Strategy will continue, which will reflect the impact the pandemic has had on diagnoses, and access to services in the community for people living with dementia and carers.

## 7. Autism Strategy

The Bi-Borough Autism Strategy for adults is being drafted at present and will be available by December 2021. Development of the strategy has included input from a high number of autistic residents, engagement with partners in the NHS and Metropolitan Police, as well as a wide range of local organisations that provide support and advice to people with autism.

## COVID-19 Update

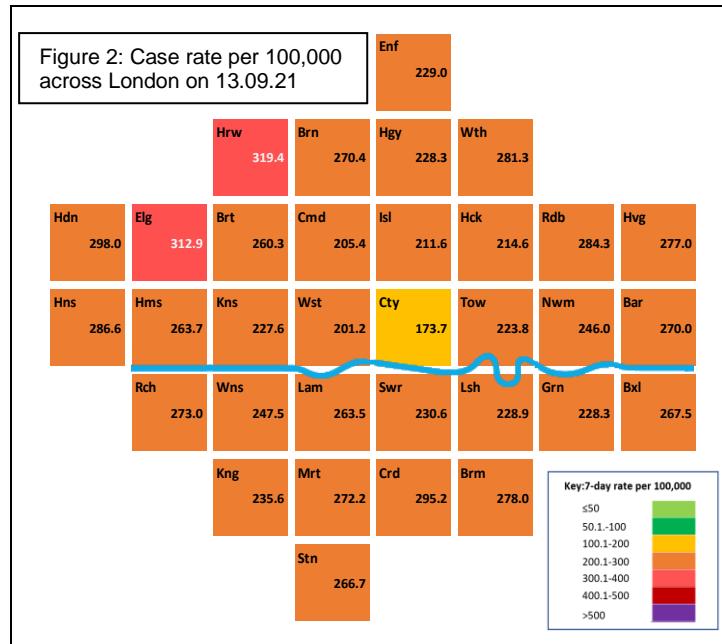
### 8. Current Epidemiology and Cases

After a pattern of increasing cases from June to mid-July, case rates initially declined but have subsequently plateaued at a relatively high level. This is consistent with what has been observed across London. The 20-30 age cohort had seen the highest rates across London of any age group possibly due to mass gatherings at events such as the Euros. Rates in Westminster for this age group peaked in mid-July at 981 but have fallen since to 288 (as of the 9<sup>th</sup> September 2021) per 100,000.

Geographical variation has been a feature of the London epidemic picture with Westminster generally below the London average. Indeed, significant variations can be noted within boroughs with more enduring transmission most notable in areas of deprivation from June to August.

Total number of Covid-19 cases (as of the 9<sup>th</sup> September 2021) is 22,123. Westminster has the second lowest rate of infection in London at 201.2 per 100,000 population which is up by 14% from the previous week. Please refer to Figure 2 to see this case rate in context with other London Boroughs.

Since the start of the pandemic, 400 Westminster residents have died with COVID-19 included on the death certificate; 322 of these were within 28 days of a positive test



## **9. Outbreak Management**

There has been a need to review the Local Outbreak Management Plan in light of recent changes to government guidance, particularly around the move to Step Four of easing lockdown, regulatory proposals and self-isolation changes.

Fully vaccinated contacts and those under 18 will no longer have to self-isolate. They will, however, be advised to take a PCR test as soon as possible after being identified as a contact and to remain isolated until a negative result is received.

Regulations that place COVID-secure requirements on businesses are no longer in place. However, all businesses are still required to complete a Health and Safety risk assessment, to ensure appropriate mitigating actions are in place.

As we move to the next phase of the response, our communications and engagement strategy will be at the forefront of ensuring the public understand how to go about their daily business safely. It will be critical that these messages are tailored appropriately to local communities.

## **10. Supporting the CCG with the rollout of COVID-19 vaccinations**

According to the latest report on 9<sup>th</sup> September from NHS England, 57% of Westminster residents over the age of 18 have had at least one dose of the Covid-19 vaccine. This figure rises to 69% when looking at residents who are aged 50 or older. Westminster has the lowest vaccination rate within London for both age cohorts. More recently the Council has adopted a hyper-local approach to the local vaccination programme, identifying and focusing on cohorts and groups which have notably lower vaccine uptake. This has led to Operational, Communications and Engagement colleagues promoting testing and vaccination uptake in the city. A list of these initiatives can be found in Appendix A.

Seasonality, waning immunity or a more transmissible or vaccine-escaping variant could result in a significant resurgence of Covid-19 in the Autumn and Winter. This could be compounded by the return of respiratory illnesses, such as flu and respiratory syncytial virus (RSV), and other seasonal viruses such as norovirus. There will be a booster Covid vaccine available in the Autumn for selected cohorts and this will be combined with a seasonal flu vaccine, where possible. The Winter Plan for 2021-22 will take a broader approach on how to stay well and this will include prevention messages and signposting to prevention services whilst also encouraging frontline staff to Making Every Contact Count (MECC).

In addition to the free NHS flu vaccine offer focused at high-risk groups e.g. the clinically vulnerable, the Local Authority will be providing a universal offer of free flu vaccine to all staff. Proactive promotion will be focused on front line staff who have face to face contact with vulnerable residents and the general public with the offer extended to school staff and nursery workers.

## **Appendix A**

### **Community rollout of COVID-19 vaccinations**

#### **Initiatives include:**

- Promoting the latest COVID-19 safety messaging across council channels including the importance of getting tested, who can get vaccinated, how and where, and the latest advice around self-isolation;
- Providing regular information and updates with 90 Community Champions, 170 Covid Health Champions and over 500 stakeholders in the voluntary, community and faith sector, often working with community leaders and advocates and tapping into local social media platforms, such as WhatsApp and Facebook groups;
- Working with Health colleagues to improve vaccine access and confidence, by organising, supporting and promoting community-based vaccine pop-ups (e.g. Abbey and Stowe Centre), along with pop up clinics at Primark Oxford Street East, and Heaven Nightclub, and the Vaccine Bus. Community clinics run once every week. The bus is scheduled in different locations across the borough three days a week;
- Working with our local care homes so that, across London, Westminster has the highest proportion of care homes who have met the national target for first dose COVID-19 vaccinations among care home staff and residents. Westminster has met the nationally set target for 80% of staff and 90% of residents to be vaccinated;
- Engaging the Vaccine Bus and Covid Testing Ambassadors in neighbourhood summer events, such as Churchill Gardens and Church Street Summer Festival, and others;
- Community Champions and partners continue to support the families in deprived areas of Westminster, including Church Street, Westbourne Park, Queens Park, Churchill Gardens and Tachbrook, with information, advice, reassurance, and signposting around vaccines;
- Encouraging vaccine uptake among pregnant women through targeted vaccine events and promotional activity. Westminster now has the highest vaccine uptake of pregnant women (almost 50% as of 24 August) in North West London;
- Small grants funding to local voluntary sector partners, such as BME Health Forum and One Westminster, Paddington Development Trust and Abbey Centre to support the vaccine uptake work in neighbourhood level areas (e.g. South Westminster) and with targeted communities (e.g. African-Caribbean) through live outreach events;
- Collaborating with agencies such as Public Health England (PHE) and British Red Cross to engage with young adults through open discussions, outreach, and working with the Local Pharmaceutical Network to enable pharmacists to have conversations with their customers/patients about the vaccine;
- Developing plans for COVID safety and vaccine engagement with schools, colleges and universities upon reopening, to set up vaccine clinics and bus, and wider health information, including mental health;
- Working with TikTokers and other local young people to develop engaging content around myth-busting, encouraging vaccine take-up and promoting safety behaviour such as testing; and,
- Incentivising vaccination by working with colleagues to promote free gym passes for young people.