

Health and Wellbeing Board

Date: Tuesday, 30 March 2021

Time: 18:00

Venue: Online via ZOOM

Membership

Councillor Julian Bell (Chair and Leader of Ealing Council), Councillor Binda Rai (Portfolio Holder for Health and Adult Services), Councillor Yvonne Johnson (Portfolio Holder for Schools and Children's Services), Councillor Mik Sabiers (Portfolio Holder for Housing and Planning), Dr Mohini Parmar (Vice-Chair of the Health and Wellbeing Board and Chair of the Clinical Commissioning Group), Judith Finlay, (Executive Director of Children, Adults and Public Health), Anna Bryden (Director of Public Health), Kerry Stevens (Director of Adult Services), Peter Cleary (Healthwatch Ealing representative), Jo Ohlson (Accountable Officer, Clinical Commissioning Group), Neha Unadkat (Managing Director Clinical Commissioning Group), Representative of Ealing Community Network, Simon Crawford (London North West University Healthcare NHS Trust), Vijay Tailor (Vice-Chair of Clinical Commissioning Group), Chief Executive, Hillingdon Hospital Trust, Sarah Rushton, (Executive Director, Local Services, West London NHS Trust), Professor Julian Redhead (Chief Executive, Imperial College Healthcare NHS Trust), Dr Sidhartha Datta (Representative of the GP Federation).

Attendance:

Councillor Julian Bell (Chair and Leader of Ealing Council), Councillor Binda Rai (Portfolio Holder for Health and Adult Services), Councillor Yvonne Johnson (Portfolio Holder for Schools and Children's Services), Councillor Mik Sabiers (Portfolio Holder for Housing and Planning), Dr Mohini Parmar (Vice-Chair of the Health and Wellbeing Board and Chair of the Clinical Commissioning Group), Judith Finlay, (Executive Director of Children, Adults and Public Health), Anna Bryden (Director of Public Health), Kerry Stevens (Director of Adult Services), Matt Van Mol Jones (Healthwatch Ealing representative), Neha Unadkat (Managing Director Clinical Commissioning Group), Representative of Ealing Community Network, Simon Crawford (London North West University Healthcare NHS Trust), Vijay Tailor (Vice-Chair of Clinical Commissioning Group),

1 Welcome from the Chair

The Chair welcomed everybody to the meeting.

2 Apologies for Absence

Sarah Rushton (Executive Director, Local Services, West London NHS Trust) could not attend but Jo Manley took her place.

3 Urgent Matters

None.

4 Declarations of Interest

None.

5 Matters to be Considered in Private

None.

6 Minutes

The minutes of the meeting held on 26 January 2021 were approved as a correct record of that meeting with the correction of the description of Ealing Save Our Hospitals to Ealing Save Our NHS as represented in that meeting by Eve Turner and Oliver New.

7 Healthwatch Ealing - Quarter 3 Patient Experience

Matt Van Mol-Jones, Operations Manager, Healthwatch Ealing, went through Healthwatch Ealing's Quarter 3 Patient Experience presentation

- There had been a small increase in the number of reviews received for quarter 3 the majority of which were positive and had been broken down by service category
- Star ratings 1-3 were at least 25% of the feedback, 1-star rating being the most common rating behind 5-stars
- There was room for improvement an example of which was waiting times which were found not to be good
- Regarding **GP Services**, three-quarters had had a positive experience
- Some negatives were waiting times and patient choice which were responsible for the majority of the negative feedback and related to the availability of appointments and the amount of time that they had for their appointment
- Another area of concern related to staff in which the reviews for staff were almost half but the reviews for the providers themselves and the management of the service were largely positive, meaning that it was the staff themselves that had been the source of

negativity

- Further analysis had identified that this had significantly increased during the pandemic and so could be an indication of the stress and pressure that the pandemic had put staff under, as well as the impact on patients as well and would need further investigation once lockdown had ended to see if these issues eased.
- This had formed a recommendation which would be mentioned later in the presentation
- Next were reviews for **Ealing Hospital** where no significant areas for concern had been reported though only 90 patients had feedback compared to 224 from last quarter
- Reviews for Ealing hospital 90 patients feedback compared to 224 last quarter
- Of the 90 patients interviewed 98% were positive mentioning the friendly nature, professionalism and overall competency of staff which was a trend that had been seen throughout the pandemic
- Treatment and Care had also followed a similar pattern and 93% of reviews were positive and had been identified as an emerging trend which had not been seen before
- Finally, **access to services** where suitability of provider had been the highest applied sub-theme of access to services during the quarter
- Other services for which review had been received were predominantly for Dentists, Pharmacies and Opticians.
- 82% of reviews for **Dentists** had been positive however, this had not taken into account the difficulty some people had in accessing dentists during the pandemic period
- The reviews only came from those who had had access to dentists
- Healthwatch had been receiving a lot of calls indicating that people on the whole had not received the care they needed from dentists. The positive reviews had not been representative of this service category
- For **Pharmacies** had received largely positive reviews with many citing delivery prescriptions as a useful and beneficial support service
- There had been an even split of positive and negative reviews on communication so this could be an area for improvement
- This had been the same issue for staff in GP Services as the pressures on the services contributed to the negative feedback
- Out of the total number of reviews for **Opticians** 87% had been positive.
- **Recommendations and Next Steps**
 - **Next steps:**
 1. Healthwatch to use its Patient Experience Programme to further understand attitudes toward, the COVID-19 vaccination (being done in conjunction with webinars being conducted with Hounslow and Hammersmith and Fulham) – a report would be produced on this very soon

2. Continue to improve feedback rates from Black, Asian and Minority Ethnic Communities in Ealing, including those of Polish nationality – this had been improved in the latest report with only 48% of feedback coming from white participants whereas it would normally be in the 60% range. It had improved but needed to be improved further particularly amongst the Polish community and other Eastern European communities.
 3. Review 'Other Services in the borough. Your Voice as an organisation conducting reviews of other services across the borough from which an Ealing perspective can be derived. Shortly two reports would be produced in the near future, one on Pharmacies and one on Patient Experience of Dentists during quarter 3.
 4. Carry out an analytical review of current Patient experience data with the aim of identifying any variation in the experiences of different ethnicities and wards of the borough
- **Recommendations (requiring stakeholder collaboration)**
 1. Healthwatch to restart discussions with key stakeholders to explore how it could ensure that the report findings were being acted upon
 2. To ensure that patients experience continuity in the GP that sees them
 3. Work to improve the consistency in appointment follow-up and proactive communications across GP practices throughout Ealing
 4. To explore ways in which Healthwatch could improve feedback on staff at GP practices that received a significant proportion of negative reviews
 - Further analysis had revealed that it was specific clusters of GPs were receiving a significant proportion of negative feedback
 - One idea had been to work with the CCG to find out how staff could be supported and to share best practice to help them improve their service
 - Other updates from Healthwatch:
 - The Quarter 4 reports included approximately 1,300 reviews which was up by 200 from the last quarter
 - Hopefully, in next quarter, Quarter 1, Healthwatch would be able to conduct some face-to-face engagement
 - The 2-year GP Access review had been produced and distributed for review
 - Next month a 2-Year Ealing Hospital Review of access to services and would be circulated together with the GP access report would be circulated once approved
 - Your Voice in Health and Social Care (YVHSC) were

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- producing a Patient Experience Pharmacy and Dentistry reports for Q3, 2020
- Healthwatch needed to understand, whether the reports, were useful, how recipients were using them and whether their production should be continued and whether recipients would like an annual report to see how trends evolved over time
 - Healthwatch England and NHS England Improvement Projects which were to be submitted by the day after this meeting (31 March 2021), which looked at services for women with multiple health conditions were being supported in the borough, which would be presented to the Integrated Care Partnership Board because it uncovered a lot of holistic care pathway issues and looks at coordination and the general report that this cohort receive
 - Healthwatch England produced a report which largely echoed what Health watch Ealing had found in its Quarter 3 report
 - Finally, Healthwatch would be continuing with its Community Engagement (via its webinar and hopefully via face-to-face engagement entering views from Mental Health Hostels and in the future Care Homes again

The Chair thanked Matthew Van Mol-Jones for his presentation and asked the Board if there were any questions or comments.

Kerry Stevens (Director of Adult Services), commented that work was being done with Healthwatch on the 'Forgotten/Abandoned' reports which had looked at the impact of Covid-19 on people with disabilities and proposed that it should come back to the Health and Wellbeing Board

The Chair indicated that this report would be of interest to the Board because of the higher incidence of Covid in that cohort.

The Chair invited Dr Mohini Parmar (Vice-Chair of the Health and Wellbeing Board and Chair of the Clinical Commissioning Group) contribute.

Dr Mohini Parmar stated that:

- The Healthwatch reports had been really helpful
- She thought as society came out of the pandemic, the way Health services had been and would be delivered would be different, partly virtual, partly by telephone and partly face-to-face and the way different populations interacted with the NHS needed to be captured to identify the digitally excluded, which was widely understood to be an issue. Healthwatch needed to develop innovative ways of capturing this information because things were going to be different in the future to how they had been prior to the pandemic.

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- This difference would be reflected not just in GP Surgeries but also in Outpatients, so information needed to be captured

The Chair and Matthew Van-Mol Jones indicated their agreement to this point. In answer to Matthew Van-Mol Jones question about frequency of reporting on Pharmacies and Dentists, he felt that an annual report would suffice. The quarterly reports on the other items worked well.

Looking at the points made about staff in the last meeting and in the presentation in this one, he felt that collaboration was required to understand what was behind the issue and that had been agreed at the last meeting which was probably why Health partners were not commenting.

Neha Unadkat commented that:

- The negative comments on staff needed to be taken to the local Primary Care committee as the CCG normally would
- There was detail in the report that would need to be addressed around the clusters of surgeries where issues had been identified and the impact of Covid
- There was a lot of information in the reports that had to be unpicked and the impact that was having on patient experience and that needed to be understood further as she knew that not all practices had been reviewed in the survey
- She expected during Quarter 4 that during the lockdown that had been in place, she was not sure that there would be much of an improvement depending on which practices had been spoken to.
- She would like to understand the detail in order to develop tangible actions
- All had been working so hard during the pandemic and so the reports had to be put into context to avoid demoralising staff

Matthew Van Mol-Jones commented that:

- He could do further careful analysis and interpretation as not all GP practices had been represented in the reports
- Acknowledged the point about putting the reports into context

Dr Mohini Parmar added that:

- Acknowledging the hard work of staff and maintaining staff morale were really important points
- The same staff who were working in the GP Practices who lived in the communities who had had family members and their communities affected by Covid-19 and this needed to be understood

The Chair thanked all for their contributions and for Matthew Van Mol-Jones hard work together with his team and looked forward to the next report at the next meeting.

The Chair moved to the next item which was to be presented by Anna Bryden.

8 Ealing Update

Anna Bryden (Director of Public Health, London Borough of Ealing) presented this item stating:

- This was the usual Covid update
- Some documents had been added to the web site including the Outbreak Management Plan, which were to be referred to in this update. These documents could be reviewed when those interested wished
- *National situation*
 - Referring to graphs showing positive test, deaths within 28 days of positive test and patients admitted to hospital over the last few months showed the same pattern of a very large peak in January 2021 and then a significant tailing off through February and March 2021
 - Importantly one other graph showing the number of virus tests conducted had gone the other way with a very large rise over the same period but particularly in the last month
 - The government had a clear strategy to increase the number of people that were tested so that both those with, but especially those without symptoms should do regular testing
 - One of the biggest increases in these numbers had been in asking students and school staff and their families to test twice a week which had led to the significant rise in testing figures last month (February 2021)
 - The Government had put out their Roadmap for easing lockdown restrictions which had been called by them a cautious and irreversible strategy
 - It covered easing restrictions in steps across the country and was data-driven
 - Four tests were used by the government to ease those restrictions in stages
 - For example, infection rates not causing hospitalisations and the vaccine programme carrying on being successfully rolled out was really important to achieving the targeted dates (which would be presented later)
 - The dates were indicative and subject to change
 - Each stage had a 5-week review period between each

- step to see the impact of the easing of restrictions and to assess whether or not it was safe to move to the next stage in the roadmap
- The government were going to give a week's notice about moving to the next stage in the Roadmap
- **Step 1** was on 8 March 2021 and the main thing had been that Schools and Education facilities opened on 29 March 2021 (the day before this meeting). The biggest change was that the rule of 6 came back for outdoors, so people could meet up to five other people from any number of households but could not meet indoors.
- Some outdoor activities had been resumed such as outdoor sports
- **Step 2** which was expected on 12 April 2021 to see if the date would be confirmed. The main change would be around outdoor attractions for instance outdoor hospitality pub gardens, zoos, etc
- Some libraries and community centres, and all retail including non-essential retail would open
- **Step 3** which was about 17 May 2021 would be possibly the biggest change for lot of people in that six people or two households could meet inside which would open things up socially
- Large sports events would be trialled, some travel would be allowed subject to review
- **Step 4** was when all of the restrictions should be lifted; there would be no legal limits on social contact
- All other settings would be subject to review at that stage
- The government were hoping that the roadmap would be stuck to but expected that there would be difficult periods in late spring and early summer in terms of potential outbreaks in settings such as schools and workplaces. This would remain to be seen
- *Ealing situation*
 - The graph for Ealing reflected the national graph in that there was a very steep increase in January and early February 2021 followed by a very sharp decrease.
 - At the time of this meeting Ealing was at about the same level as it was in October 2020; about 200 residents a week were testing positive
 - The infection rate in Ealing was 52 per 100,000 which was similar to national level, but was still the fifth highest in London at the time of the meeting
 - The next slide showed 7-day rate of Covid per 100,000

in the towns in London Borough of Ealing

- Southall, Greenford and Northolt had been particularly high throughout the pandemic but were coming down significantly
- Unexpected rises in rates were shown in Ealing, particularly in Acton
- Further analysis over the next couple of weeks was going to try to find out where those infections were coming from and whether they were linked to any particular settings and to look at whether there was any particular learning that helped reduce the levels of infections in other areas
- In terms of deaths, the Ealing graph again reflected the national trend; sadly, there had been a very sharp increase in January and early February.
- Overall, 800 residents had died of Covid-related illnesses in the borough
- At the time of the meeting the deaths had reduced to 6 in the last week, which was similar to the figure for England
- In terms of outbreaks, the numbers had gone down considerably from those presented at the last two meetings, especially in schools, care homes and workplaces
- Reassuringly, no facilities were being closed including care homes (one still remained closed but that had been from an earlier setting)
- This was a really big change from autumn and winter

Anna Bryden then went through some of the key programme areas:

- Testing
 - It had seemed a long time since the last Health and Wellbeing Board meeting which was in late January 2021 as there had been a lot happening.
 - To remind everybody if people had symptoms there were three local testing sites
 - People could also order a home testing kit or they could go to testing sites in local boroughs for example in Heathrow
 - This was all still in place
 - For people without symptoms there had been a great deal of work done over the last three to four months

- The Community Testing Programme encouraged people who had to be out and about, for instance for work or for essential shopping, to get tested twice a week with rapid tests, that provide results in about half an hour
- There were six large testing sites around the borough, and testing was also being piloted with 12 pharmacies
- Almost 50,000 people had been tested so far and 600 had tested positive
- That was 600 people that otherwise would not have been asked to self-isolate and would have been out transmitting the virus to people without knowing
- She felt this was a very positive programme
- One initiative that would change the environment around this was what was called the community collect programme
- At the moment, people who do not have symptoms but wanted to test would have to go to a test site
- The government had extended the test programme to include people who were linked to schools or nurseries, for instance parents of children or workers in those settings so they could pick up or order online a test that they could do at home.
- This was a lot more accessible for people a lot simpler for them to do
- The government aimed to open up this way of testing to most adults
- This change in policy was awaited
- Since the last Health and Wellbeing Board a lot of work had been done on the South African variant
- One person had been found in the Hanwell and West Ealing area who had tested positive with this variant in February 2021 after specialist analysis
- This variant was quite similar to the Kent variant and was more infectious than the original variant that had been in the UK. However, it was not any more serious and did not cause any more hospitalisations or deaths.
- Because it was new to the UK the government worked with a small number of Local Authorities across the country including Ealing to try to find out more about this variant and to find out how it was being spread
- The person who had been identified in the borough who had had the variant but had not had a clear travel history
- The government wanted to work with Ealing to find out what had happened in this case, and to find out how the variant had spread into the community

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- A large amount of testing was carried out over a two week period in February 2021 for people without symptoms
- A mobile testing site was set up in the Dean Gardens Car Park
- Local Teams did door-to-door knocking to offer tests that were collected a couple of hours later
- Almost 9,000 people carried out those tests which was excellent, and she thanked all those who working with the team on that
- Reassuringly, about 100 people were found to have Covid out of the 9,000 which was what would have been expected at the time
- No further South African variant cases were found in that surge testing area
- Over the next few weeks, a number of people dotted about the borough were found who did have the South African variant, again with no travel history
- working again with regional and national colleagues a much broader programme of enhanced testing was tried across the borough, focussing on those communities with higher prevalence
- People were supported to encourage testing trying to drive down some of the inequalities
- There were two additional units for people with symptoms and 2,500 tests were carried out
- Roving units and some door-to-door testing for people without symptoms carrying out over 5,000 tests
- Data was awaited from this
- Ealing was being used as a case study of Lessons Learned by the Local Government Association
- She moved onto Public Health's core services areas:
 - Contact Tracing
 - Had been running for over four months at the time of the meeting
 - Was going well in her view
 - When Ealing was suffering the large surge of infections in January and February 2021 the team was dealing with about 120 cases a day as compared to about 30 a day before Christmas
 - They had been really busy and were successfully reaching about half of people they contacted
 - They had had about 1,800 residents who had been contacted through Ealing's local service and asked to self-isolate who otherwise would not have been, and details of those identified had been in contact with passed on

- Ealing's overall contact tracing rates had increased over the last couple of months and Ealing was now eighth in London in terms of contact tracing
- The team had been trained and were talking to local residents and had also been contributing further to the response as for example, they had been calling up groups of homeless people staying in temporary accommodation encouraging them and informing them about some of the pop-up vaccination clinics, which had been really successful
- A new approach was to be piloted for that team where the details of any Ealing resident who tested positive would be passed directly to the local team rather than through the national team this would take advantage of all the positives of having a local team who knew the area, were more trusted speaking to local residents in their languages. It was anticipated that this would be successful as the local team would start talking to local residents from day one rather than a couple of days later waiting to see if the national team could talk to them
- Vaccinations
 - 140,000 doses of vaccine had been delivered up until this week in Ealing
 - She reminded the meeting that a couple weeks prior to this meeting when the number of vaccinations delivered passed 100,000 thought that everyone had been absolutely delighted
 - Second doses had been carried out at the sites run by Primary Care colleagues and that would be about 11 to 12 weeks after people received their first vaccine
 - After people in the top nine priority groups had been identified nationally so that anybody over 50, with a long-term condition, health and care staff and carers, the national booking system had been available to book directly or could call 119 if they had not got their vaccine
 - All in those groups had been encouraged to get vaccinated
 - In Central Ealing there were two sites, CP House on Uxbridge Road which was one of Ealing's big vaccination centres, as well as six pharmacies around the borough and people could also access other sites in North West London
 - There had been a great deal of work on inequalities and communications and engagement
 - There had been low uptake in some of Ealing's

- communities for example in Northolt, Acton and Southall.
- This low uptake was particularly in those Black and Black British communities
- A lot of work had been done with particular communities
- For example, there was to be a webinar with Somali community members this week
- There had been a staff webinar as well and were looking at how the Public Health team could work with local partners to try to carry out vaccinations for people who were unregistered and might be worried about coming along and passing on personal data.
- Local Borough plans were being developed working very closely with the NHS and the Council in terms of targeting those populations less able willing to come to vaccinations sites
- For instance, faith settings were being looked at as possible vaccination sites
- A lot of work was being put into training community advocates
- Care Homes
 - There were a large number of registered care home beds in London and a huge amount of work had been done over the past year, in creating an infrastructure across local partners to support care homes throughout the pandemic
 - There was a regular care home cell that provided oversight of that system and any issues and that provided advice
 - She felt it was important to note that the group did not have any direct powers to close care homes but could offer advice and information and had direct fortnightly meetings with managers
 - Ealing Public Health had a significant voice in the sector and there was a market oversight meeting to look at any risks of potential home closures
 - It was really positive for all concerned that in the last couple of weeks there had been no recommendations for care home closures to new admissions
 - Three care homes had continued to impose their own closures but these had not been for Public Health reasons
 - 89 care home residents had received their vaccines
 - About two-thirds of care home staff and half of home care staff had had their vaccines
 - There was obviously still work to do especially in terms

- of staff
- Integrated Impact Assessment
 - The presentation slide on this subject was intended to be studied outside the meeting but a lot of local work had been carried out looking at the impacts of Covid-19 especially on inequalities
 - The aim was to develop some recommendations for all local partners that could be jointly owned and would help drive down inequality over the next few years
 - Data analysis for example for infections and deaths had been reviewed and split across different risk groups
 - This data had been presented a few months ago was being updated with analysis from the second wave because it seemed quite out of date
 - Importantly there had been a lot of community engagement and consultation work on inequalities, really trying to listen to what communities were saying, what the impact had been and what the community felt could be changed
 - It was hoped that working together with communities in this way this work could be taken forward over the next few months
 - There would be a more substantial item on this subject at the next Board
 - The plan was that the recommendations would feed into the refresh of the Health and Wellbeing strategy as well
- Local Outbreak Management Plan
 - The Ealing Prevention and Management Plan had been published in June 2020. Such a plan had been requested of all Councils
 - The aim had been to look at how local systems were tackling Covid-19, how local outbreaks were to be managed, how they would be mitigated and how local risk groups would be supported
 - With various things happening such as the roll out of vaccines and testing, the landscape had changed hugely in the last few months, new variants being discovered etc, government had asked Councils to update their Local Outbreak Management Plans
 - This update had been done over the past couple of weeks, working across all services in the Council and with partners.
 - Feedback had been received which had been very positive especially on the work on inequalities, vaccine uptake

- The plan was being finalised and the refreshed plan would go to Cabinet later in April 2021

Anna Bryden finished her presentation with a few key messages for local communities:

- Follow the national lockdown rules
- Not to jump ahead to the next one or two easings of restrictions
- Stick to the roadmap and help protect yourselves and your families
- Importantly for those who had been in the shielding cohort from 1 April 2021 they would no longer be advised to shield but to carry on taking extra precautions
- If people had symptoms or wanted to get regular tests because they were out and about for work for example the links to find out about this would be published online showing where these tests were available
- Importantly for people who needed to self-isolate support and help was available both in terms of financial support and for wider wellbeing for example helping to organise shopping – these links were on the Council website
- For vaccinations, the groups who were eligible had already been highlighted
- The message to those eligible was don't wait to be contacted, if you have not been vaccinated you could go online or ring 119 to book your vaccination
- Even if those eligible had had their first vaccination there was still a chance that they could get or spread the virus so it was important to continue to follow the Covid guidelines: washing hands, covering the face, giving each other space and also now included opening the windows and fresh air

The Chair thanked Anna Bryden for her comprehensive update and invited Councillor Yvonne Johnson (Portfolio Holder for Schools and Children's Services) to ask her question she had indicated she wanted to ask:

Councillor Johnson stated that many people in South Acton did not drive cars and did not want to get on public transport where would they go to get vaccinated?

Anna Bryden responded that:

- She would comment but that Neha Unadkat may want to add more
- There were a number of pharmacies around the borough and efforts were being made to increase the number over the next few months as well

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- There were a number of GP Practices that were providing clinics
- These clinics may be for only a day for now but South Acton was an area where it was understood that there were issues with access to vaccinations and efforts were being made to work with local communities and local providers to run those clinics

Anna Bryden invited Neha Unadkat to add her comments:

Neha Unadkat added:

- That GP practices had been running vaccination clinics within their practices for a day
- If any patients felt that they could not get to a site they should contact their GP Practice (in the first instance) as long as they were in the eligible criteria
- There were other sites across North West London which may be closer to an individual living in South Acton
- She would encourage people to go onto the national booking system or to ring 119 to identify the closest site first
- The CCG was working with NHS England to identify additional fixed sites which would be pharmacy sites as in particular in South Acton it was understood that there had been sites potentially identified and had been undergoing NHS Assurance
- Once those sites were available, they would be communicated

Councillor Johnson stated that:

- her point was that there was low car ownership in South Acton, and they did not want to get on public transport either so these factors had to be borne in mind when assessing the suitability of any site for vaccinations in this area.
- Councillor Rai had very kindly sent a list of surgeries etc in the area to local Councillors
- Could local Councillors be sent the most up-to-date list of vaccination sites in this area so that the Councillors could present the list to local residents to encourage them to have vaccines?

The Chair thanked Councillor Johnson for her contribution and question and asked Neha Unadkat to respond.

Neha Unadkat stated that:

- She could circulate the sites in North West London but there would not be sites in South Acton until they had been approved by the NHS. As soon as they were available, they would be communicated.
- IN the meantime, if patients could not get to a vaccination site and they wanted a vaccination, they should contact their GP in the first instance or to go onto the National Booking system

The Chair invited Dr Mohini Parmar to add her comments:

- She thought it was really important to recognise a couple of things:
 - The CCG was constrained by the type of vaccine and the delivery of the vaccine as this was not the same as a flu vaccine. This was a specialised vaccine that was given in a special location
 - People could go on Public Transport as the shielding advice on that changed a while ago and especially if they needed to get a vaccination
 - From 29 March until the end of April there was no availability of the first vaccine so there were supply issues during this period
 - GP practices had been trying to contact their patients up to four times so they were not just accepting that patients could not come for a vaccine, normally a family member could bring them
 - At the moment the focus was on second doses which needed to be done as quickly as possible
 - The mass vaccination centres would pick up the first doses after the end of April
 - Patients had to be invited to have their vaccination, they could not just walk in

The Chair thanked Dr Parmar for her contribution and added that:

- as an Acton resident he had had his first dose of the vaccine a couple of weeks previously at the mass vaccination centre but had cycled there and had to wait 15 minutes as a precaution, after his vaccine before cycling again.
- Everything possible was being tried to get a vaccination facility in Acton and had been working with Acton Mosque on Oldham Terrace to see if they could do an outreach session but had not got the numbers necessary
- A bus which had been offered by Greenwich) was being explored as a possibility
- These options were being worked on and the Council was mindful of vaccine access in Acton

The Chair invited other members of the Board to contribute. Councillor Binda Rai, (Portfolio Holder for Health and Adult Services), proposed that the thanks of the Board should be recorded for the work that had been carried out so far on Covid 19 by all partners involved.

The Chair agreed and added that people had really put themselves out with weekends and long hours to organise and deliver all aspects of the response including vaccinations, testing, surge testing for the South African variant, tracing. There had been so much positive feedback, especially on the vaccination programme. The Chair's own experience was that it was excellently organised, efficient and courteous and supportive and the service could not be bettered.

Dr Mohini Parmar added that:

- this was a good example of Health and Social Care working together extremely well
- a paper had gone to the North West London Overview and Scrutiny Committee (JOHSC) in March 2021
- She thought it was a real strength of the partnership

The Chair agreed and thanked everybody for the contributions adding that all these activities would continue and hoped that the roadmap out of lockdown continued as planned. Avoiding a third wave meant that everybody had to continue to observe the rules of hands, face, space and fresh air.

The Chair announced that item 9, Let's Go Southall had been deferred to the next meeting and would hopefully come back at the next meeting.

9 Let's Go Southall

This item was deferred.

10 Integrated Care System

The Chair invited Dr Mohini Parmar to present item 10 which was on the White Paper, the Integrated Care System briefing and the (JOHSC) that was held in March 2021.

Dr Mohini Parmar stated that:

- The White Paper went to the JOHSC in March 2021
- the Board may be aware that there was a consultation white paper

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in December 2020 to 22 January 2021, finalised on 1 April which would be debated in Parliament in May and, subject to approval would receive Royal Assent

- North West London was one of the five Integrated Care Systems with a Board that would include the NHS Foundation Trust, General Practice and Local Authorities and there would be a Health and Social Care Partnership Board
- ICSs would be created all over the rest of the UK
- Following the 2011 Act the responsibility for Primary Medical, Dental and Ophthalmic services and Community Pharmacies went to NHS England
- That responsibility would now come into the ICS because it was recognised that there was an element of integration between these, and the budget had been delegated to integrate the CCGs
- 31 March 2021 was the last day of Ealing CCG and as the Board knew this had been merged into a single CCG
- So far there was already a Health and Local Government Partnership Board which was chaired by Penny Dash and in tandem with that there were Borough-based partnerships.
- There was a Borough Director in Ealing, Sarah Rushton but she could not be at this meeting
- It was about Health, Social Care and Primary Medical and Community Mental Health services and Community Services working alongside Local Government colleagues
- The first Integrated Care Board had been held last week and priorities had been set, to be delivered through integrated working
- Alongside this there was the development of the Primary Care Networks which was a group of GP practices working together along with their other provider colleagues which were Community Mental Health, Community Services with Social Care as well as what the White Paper talked about
- This moved away from the Commissioner/Provider split which was one of the big issues in the 2011 Act and moved away from the focus on procurement
- In terms of oversight, that came into the ICS and the governance of it was currently being worked through
- Ealing had had a very good history of working across Health and Social Care and had demonstrated that in many ways especially during the Covid-19 pandemic
- The Single CCG had been formed and would go into operation from 1 April 2021, working together to align the way all aspects worked together to get the best healthcare for residents
- Subject to Parliamentary approval the Integrated Care Systems would become statutory bodies from April 2022

The Chair thanked Dr Mohini Parmar he also wanted to thank her for as Chair of the Ealing CCG but congratulating her on her new role as Chair of the North West London Integrated Care Partnership (ICP) all her work and was glad that Ealing had got Dr Parmar in that position, but that representation through the Chair himself as Leader of the London Borough of Ealing and Paul Najsarek, Chief Executive Officer of Ealing.

The questions from members of the public would be addressed later to explain the thinking and how it was going to work.

Dr Parmar thanked the Chair for his words adding that it had been a pleasure working with him and all the teams involved, and she could not thank them enough

The Chair added his congratulations to Dr Taylor take over from an Ealing Partnership perspective and going forward would work alongside Neha Unadkat. He was delighted to Dr Taylor was going to be working closely with the Council.

The Chair asked if there were any questions or comments on this and invited Judith Finlay (Executive Director of Children, Adults and Public Health) to speak.

Judith Finlay commented that:

- She agreed with everything the Chair had said about Dr Parmar's leadership and was looking forward to Dr Vijay Taylor moving into his new role as well as Neha Unadkat and her colleagues as our Local Borough Support
- The Integrated Care Partnership had been reinvigorated. This had been started and then Covid-19 happened
- Fresh draft priorities would be brought to the next Health and Wellbeing Board and the next course of action going forward

The Chair invited Councillor Binda Rai to speak. Binda Rai stated that:

- Offered huge thanks to Dr Mohini Parmar for all the work that she had done
- to welcome Dr Vijay Taylor to his new role and that she was looking forward to working with him
- She felt of particular significance had been the recognition of the work that was needed to try to eradicate inequalities in health
- She looked forward to continuing to work with them both in their new roles in the future

The Chair thanked Councillor Rai for her comments and moved the meeting to the next item.

11 Health and Wellbeing Board Work Programme

The Chair commented that the normal work programme of the Board had been suspended during the pandemic. The Board's agenda had been driven by the response to Covid-19.

He had been mindful of Anna Bryden's presentation in which she had said that going forward integrating everything that's relating to the Covid-19 pandemic and the response to it, into the Strategic Needs Assessment and that would be brought back to the Board in the future.

He said that the next meeting was in June 2021 and asked the Board if there was anything that needed to be on the agenda for that meeting?

Judith Finlay responded that:

- the work Anna Bryden had described would come back at the next meeting
- the description of the Integrated Care Partnership and the description of the partnership arrangements, and its priorities be an items for discussion.
- Hopefully the 'Let's Go Southall' project would be in a position to share what was anticipated might be positive news about investment in this project from Sport England.

The Chair thanked Judith Finlay. Anna Bryden added that:

- An item on the Integrated Impact Assessment would be on the agenda as a lot would have been done by then on the economic impact and also the community engagement work so that would be brought back to the Board as a substantive item

The Chair invited Councillor Yvonne Johnson to ask a question which related to the governance of the Integrated Care Partnership. She asked:

- Dr Parmar had said that the new Integrated Care Partnership would start in April and was pleased that she would be Chairing it because she knew how hard she had worked over the years as well as the Chair (Councillor Bell) himself and Paul Najsarek (London Borough of Ealing Chief Executive Officer)
- Although she understood the details were still being worked out, would each of the old Health Authorities have three or four people representing them?

Dr Parmar answered that:

- There were eight boroughs in North West London who would be sitting on the Board
- There was a Partnership Board with which represented them
- The Chief Executive of the ICS together with two others Partnership Board members met leaders and Chief Executives of the boroughs on a regular basis
- The North West London Joint Overview and Scrutiny Committee (JOHSC) where the ICS presented also met regularly and she thought this would continue

The Chair thanked Dr Parmar for her contribution and move to the next item.

12 Questions from Members of the Public

The Chair invited Roy Willis, Chair of Ealing Reclaim Social Care Action Group (ERSCAG) to ask his 3 questions:

1. *What are the latest statistics regarding the vaccinations of workers in care homes? Despite extensive efforts to counter vaccine hesitancy, we understand that as of 14 March only 63% of care home workers had been vaccinated.*

Judith Finlay answered on behalf of Kerry Stevens answered:

:

As of the 22 March 2021, 65% of the work force in Ealing Care Homes have received their first vaccination. This places Ealing at average performance in terms of care home workers vaccine provision in London

2. *The situation seems even worse for domiciliary care workers: only 47% of them had been vaccinated as of 14 March*

Judith Finlay answered on behalf of Kerry Stevens answered:

As of the 22 March 2021, 51% of home carers had received their first vaccination. This places Ealing above average in terms of home care workers vaccine provision in London.

This was not substantial enough to protect the community so this was a priority for engagement with the domiciliary care market including the organisers of those services and the individuals themselves in terms of tackling vaccination hesitancy.

It was really important to the Ealing Community that they were protected through protecting the workforce who supported them. That would remain a priority for Ealing and for NHS colleagues.

3. *When an inquiry is established into the learning from covid and its impact on the NHS/social care provision/working*

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arrangements between the different parties involved - what lessons will Ealing contribute to the national discussion?

Judith Finlay, Anna Bryden, Mohini Parmar and Kerry Stevens answered:

In terms of Ealing's response there had been a number of positives:

Ealing led on the development of designated care settings with the Mary Robinson unit being the first site nationally to support capacity to divert patients with a CV19+ diagnosis being discharged back into a care home.

Ealing led on the procurement of PPE for NWL in partnership with the WLA and this model was adopted across London.

Ealing partners have had a shared oversight and decision-making group (Ealing Gold) which has supported closer working and shared approach to the CV19 response. This group met bi-weekly or as many times as required.

Ealing has had a Care Home cell with a representation from local partners and Care Quality Commission (CQC), provider reps, and Public Health England (PHE) since late April 2020 which has provided oversight of the care market and supported provider decision making around closures where there have been outbreaks.

Ealing has worked closely with day care providers to ensure that they have been financially supported when closed and following CV19 secure guidelines when opening

Dr Mohini Parmar also added:

- Uniquely North West London set up Covid hubs so those who were Covid positive or with symptoms of covid, could be looked after in the community with remote monitoring
- London Ambulance Services was

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supported when acute services were exceptionally busy

- Calls were taken from 111 and people who attended the Emergency Department but did not need to be admitted could be seen at the Covid hub – this had been true joint response
- As had already been said bi-weekly calls had been used to manage and provide oversight to the activity to help support the acute system which was under severe pressure
- Support was also provided in discharge and in helping to create clean pathways throughout the system
- Covid positive people and those displaying symptoms could be managed safely and she recognised the work that West London did through the pandemic

The Chair thanked Dr Parmar for her contribution and invited Simon Crawford to speak, who said:

- From an acute perspective there were a number of things that had been done between Northwick Park Hospital and Ealing including:
 - Carrying out lateral flow testing to get an indication of whether patients were positive or not and separating the pathways in terms of those they were treated
 - The application of different drug regimes for treating patients differently, which gave them a better chance of survival
 - Critical care and High dependency Unit capacity that was massively increased at pace
 - He also wanted to pay tribute to the support acute services had received in terms of discharges because this enabled the flow of patients through Accident and Emergency freeing space for more acute patients to be treated
 - Although he understood that this presented some challenges for families resulting in patients being discharged to places not necessarily where they wanted them to go, but safety of patients and releasing beds for the most ill waiting to come in, were the most important things
 - He felt the system worked extremely well in terms of supporting the flow on a seven-

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day a week basis

- The challenge was to sustain some of that going forward
- Do not resuscitate decisions were not taken lightly and had to be signed off by the medical team and wherever possible they were speaking to the families about it but this had not always been possible and the families had not been able to see the patients
- He understood there had been some dissatisfaction with the decision-making process
- All such decisions were taken in the best interests of the patient

The Chair thanked Simon Crawford and invited Vijay Tailor to speak, who stated that:

- Regarding the GP response to the Covid pandemic particularly around the way that care had to be delivered, from the traditional face-to-face to using technologies including telephone, video and email.
- GPs had to adapt very quickly within a matter of weeks of the first lockdown in March 2020.
- The way staff were working had had to be restructured and how they continued to manage patient care as well
- In relation to acute urgency needs of patients during the pandemic
- That had been very positive for practices and patients in terms of responsiveness

The Chair thanked Vijay Tailor for his contribution and invited Dr Parmar to speak again:

- She paid tribute to the way the different aspects of the services including the acute system and the mental health providers and the way they had been mutually supportive and had worked together which she described as phenomenal, saying the amount of effort to keep people safe that took across the system should not be underestimated

Neha Unadkat was invited to speak and said:

- Watching the teams work, whether they were

administrators or volunteers or frontline health professionals everybody had rolled their sleeves up and did whatever was necessary at the time

- It was incredible to watch
- Regardless of setting everybody just did whatever they were asked and the relationships with the Local Authority and the support they provided including for the vaccination programme
- This type of crisis brought out the best in everybody

The Chair reiterated his thanks to all involved in responding to the Covid-19 pandemic, saying all should be proud of the efforts they and their teams made, some of which were the first time in the country they had been done.

The Chair invited Eve Turner of Ealing Save Our NHS to ask her questions, (who briefly commented before starting that the integration of services appeared to have happened without the need for reorganising the NHS):

LA Representation and Public Involvement - ICS/Single CCG

Ealing and other Councils have expressed considerable concerns in the formal consultation on the NWL Single CCG about LA representation, and the loss of a local voice to ensure that the health needs of local people would still be addressed.

4. What concerns does the Council now have about the NWL Single CCG and/or the NWL ICS?

The Chair responded, that:

- Ealing Council was pleased that, following lobbying that we have a Borough based team rather than as previously, having the risk of diffusing local partnerships by sharing our local CCG arrangements with a neighbouring LA.
- There was real strength in local NHS and Council as partners working together throughout the last year in particular and we want to ensure that continues to be a feature. We expect to influence and lead the direction of the NWL agenda through our ICP and HWBB as much as being led by the ICS.
- Ealing had worked closely with our local and NWL NHS colleagues on vaccination roll out and

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that has clearly been a successful collaboration.

- It was expected that NWL ICS level up investment in health across the 8 Boroughs and address inequalities for our residents will be one of our ongoing priorities.
- It was pleasing that Mohini Parmar had been elected as interim chair of NWL CCG and congratulated both Mohini Parmar and Vijay Tailor who was her very able successor as Clinical lead and Chair of the local CCG.
- These arrangements would be kept under review, but initial indications were positive

Councillor Binda Rai, agreed with the Chair's comments adding that:

- Ealing had managed to influence how the partnership was to work and would continue to do that
- As long as this was the case and Ealing's voice was heard and changes could be made as a result then the system would continue to work well

In clarifying an additional point made by Eve Turner ICS was the forum on which all eight boroughs were represented by their Leaders and Chief Executive Officers, but there were two representatives on the North West London Clinical Commissioning Group.

Commissioning of Services from April 2021:

5. *Will all NHS services be commissioned at a North West London level from April 2021 and if not, then please explain which services will **not** be commissioned at the NWL level, and by whom*

Mohini Parmar and Neha Unadkat responded:

- Commissioning at a North West London level had been done for a very long time
- There was a North West London Financial Strategy
- What would be different going forward was the focus on inequalities and how with it
- Similarly for acute Mental Health Services there was a Mental Health Strategy
- This was a group which was intended to ensure that the services being provided to North West London residents were up to standard irrespective

of postcode

- There was a journey to be embarked on to reach this goal as currently provision was not equal for all parts of the system
- There was to be no change to the Community Services as most of this was being done within each Borough and Primary Care
- Enhanced services would increasingly have a North West London offer addressing whatever North West London commissions, based on the needs of the population across eight boroughs
- To clarify this approach had been taken for many years, but some Primary Care services had been commissioned at local level and would continue to be commissioned at this level
- Increasingly however, even in Primary Care and General Practice the enhanced services would be the same offer for residents across North West London
- Did not see any changes in Community Services which was an integrated service
- Joint commissioning would continue to happen locally as it always had done

Commissioning is a cycle of activity, from needs assessments using data, assessing current provision, to establishing a new service, sometimes through procurement but sometimes through service improvements and pathway transformation and then monitoring the provision and performance. As a borough team we will be working as a part of the NWL team to commission services and ensure the local implications are understood and considered.

Contracts would be held with NWL CCG ultimately as the statutory organisation.

6. Will the ICP/Borough Committees meet in Public and will they publish papers and if not, why not?

Judith Finlay stated that:

- In Ealing, the Health and Wellbeing Board would be the forum used to provide public accountability and it would be where regular reports, papers and decisions to this Board
- The Integrated Care Partnership would evolve
- As had been highlighted at the meeting all had been very busy in responding to Covid but she expected the Terms of Reference, structures and

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what it was intended to do over coming years to the next meeting, so that that could be scrutinised and overseen

Vijay Tailor added that:

- It was agreed that it was really important to maintain a strong borough team in Ealing
- The collaborative working continued to progress as it had when it was Ealing CCG
- The organisation and terms of the local committees were being worked through to ensure that it was able to fulfil its function
- The main vehicles locally would be the ICP and a very productive meeting of this had been held the previous week
- There was a lot of work to do in terms of the priorities of the ICS but also the Local Authority aspects of this partnership
- There was a lot of work to do on this over the next 12 to 18 months
- In terms of public engagement there was the Health and Wellbeing Board
- The ICP was not a statutory body
- at the moment public engagement was via the single CCG where the meeting would be held in public
- Progress was being made locally and when the ICS became a statutory body in 2022 the ICP may also change from a statutory perspective but clarity on this was awaited
- public engagement would progress even further but time was needed to understand how the borough team fitted in with the single CCG allow these arrangements to be made
- He was confident that he and Neha Unadkat would ensure that Ealing's requirements and needs were met together and its inequalities addressed the best way possible

Eve Turner thanked the responders to her questions that she and her campaign group would wait and see the outcome of the new arrangements

Financial Restraints & Balanced Budgets:

- 7. At the recent NWL JHOSC a £200 million deficit was mentioned by Officers and the need to balance the books. How can this be done without harming local services and in particular acute trusts who usually bear the brunt?*

Mohini Parmar responded:

- She did not think the acute services had borne the brunt of this deficit
- This had been borne across Community and Mental Health
- Community Mental Health colleagues would say that they had a Mental Health Investment Standard which ensured that the bar was raised for Mental Health Commissioning and spend across the boroughs
- It looked like there may well be a £200 Million deficit but she thought the financial regime for the NHS would be the same for Quarters 4 (Q4) 2020/21 and Q1 and possibly Q2 2021/22
- There were financial challenges which were not going to go away

Simon Crawford added that:

- He agreed with Dr Parmar's description of the financial situation
- It was still early days in terms of working out what the financial envelope looked like for Q1 and Q2 2021/22 and what the expenditure plans looked like
- The first draft indication was that there was a £200 Million deficit
- Further work needed to be done to clarify exactly what funding is coming to North West London ICS
- There may still be some movement on the funding
- In terms of aggregating everybody's expenditure plans there was still some check and challenge to assess its robustness
- Inevitably there will be some financial discipline required going forward and there was not going to be the same flexibility anticipated for all this financial year (2021/22) in the same way as there had been for the current financial year (2020/21)

The Chair thanked Dr Parmar and Simon Crawford for their contributions and Eve Turner for her questions and announced that the meeting had ended other than to say the next meeting was on 23 June 2021. This would be two days after lockdown was due to finish according to the government's roadmap.

13

Date of Next Meeting

Chair thanked all for participation reminded and every one that the next meet would take place on 23 June

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2021 but although according to the government roadmap it was possible that this could be an in-person meeting it was not yet clear whether this would be the case.

The Chair encouraged everybody to get their vaccines and to follow the rules and closed the meeting at 19:53.