

Joint Health Overview & Scrutiny Committee Draft Minutes

Thursday 14 January 2021

Members Present:

Councillor Mel Collins (LB Hounslow) – Chair
Councillor Daniel Crawford (LB Ealing) – Vice-Chair
Councillor Marwan Elnaghi (LB Royal Borough of Kensington and Chelsea)
Councillor Vina Mithani (LB Harrow)
Councillor Lucy Richardson (LB Hammersmith & Fulham)
Councillor Monica Saunders (LB Richmond)
Councillor Rekha Shah (LB Harrow)
Councillor Ketan Sheth (LB Brent)

NHS Representatives Present: Rory Hegarty, Director of Communication and Engagement, NWL Collaboration of CCGs; Pippa Nightingale, Chief Nurse Chelsea and Westminster NHS Foundation Trust and NWL Vaccine Lead, Dr Genevieve Small, Chair, Harrow CCG and NWL Vaccine Lead; and Lesley Watts, NWL ICS Chief Executive and Chief Executive of Chelsea and Westminster NHS Foundation Trust.

1. WELCOME AND INTRODUCTIONS

Councillor Mel Collins welcomed members and officers to the virtual meeting of the committee with his wishes for a safe and peaceful new year. Councillor Daniel Crawford added his welcome as the member of the host borough facilitating the meeting.

2. APOLOGIES FOR ABSENCE

Apologies were received for Councillor Ian Bott, Westminster City Council.

3. DECLARATIONS OF INTEREST

Councillor Ketan Sheth declared an interest as Lead Governor for Central and North West London Foundation NHS Trust.

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 7 September 2020 were agreed as a correct record of proceedings.

5. **VERBAL UPDATE ON NORTH WEST LONDON COVID 19 SITUATION AND**
6. **VERBAL UPDATE ON COVID 19 VACCINATION PROGRAMME**

Due to time constraints, it was agreed that agenda items 5 and 6 would be taken together followed by questions from members.

Councillor Mel Collins welcomed Lesley Watts to the meeting who provided an overview of the current situation in hospitals, community services and primary care, and an update on the progress of the vaccination programme. Ms Watts emphasised that when she spoke of the NHS, she was also including wider NHS, local authority, and social care colleagues as most of the work being referred to was carried out in partnership.

The Committee was informed that these were very challenging times for NHS services in London and North West London (NWL). Over the last few weeks the numbers of patients with Covid being admitted to hospital and into intensive care beds was increasing rapidly. The prevalence of COVID-19 in all boroughs had been going up. However overall the prevalence of infections seemed to have flattened out but Ealing and Brent continued to have increases in numbers.

The services for the sickest patients had seen the number of beds in NWL triple and patients had been transferred between hospitals through mutual aid arrangements which enabled the bulk of patients to be managed in NWL. All NWL hospitals had met every day with primary and community care colleagues to plan services for patients. There were 350 ITU (Intensive Therapy Unit) beds in NWL, 330 of them were currently occupied with over two thirds of those patients having Covid. The provision of those beds and particularly the provision of staff to support them was challenging. Different staffing models were therefore being used, taking staff from non ITU wards such as general, acute, theatre, and outpatients to look after these patients. Staff had embraced the challenge. Community, mental health and primary care colleagues had, along with local authority social services, also helped to look after far more patients in the community than would usually be the case. The situation remained incredibly challenging. Ms Watts emphasised that although the numbers had plateaued, this was not a decrease and there had been an increase in the number of older patients being admitted to hospital. The next 2-3 weeks would continue to be challenging but it was hoped that the number of infections and hospitalisations would start to decrease.

Dr Genevieve Small advised the Committee on the work that was being done in Primary Care saying that hospitals and community teams had been working collectively to support the patients of NWL. Primary care was often the first point of call for patients with Covid and also supported patients with the complexities arising from long term conditions. Each CCG area across NWL had covid clinics for patients who did not need to be admitted to hospital but could be given additional attention in the community. The clinics were operating 7 days a week from 8am until 9.30pm. They were also helping Covid patients referred from A&E and supporting discharged Covid patients.

For patients who did not have Covid, additional capacity had been provided in escalated access hubs to make sure that patients were accessing the support that they needed. Primary care services were also working with hospital, community colleagues and GPs to help provide support for patients that were being discharged early, making sure that they were safe and well.

Lesley Watts added that there were 1500 patients currently in hospital, 25% of whom needed serious help with their breathing. GPs had been innovative with using virtual wards to monitor patients' oxygen and saturation levels remotely and intervening if needed. That community approach was helping NWL to cope with the demand for hospital beds. Community and mental health colleagues were looking after far more complex patients in the community than they would normally have been expected to, as were local authority social services colleagues. The Committee noted that there had been an impact on the ability to treat elective cases. Ms Watts stated that this meant that there were patients who were not being treated for surgery and other conditions. These patients were being monitored but not treated.

Pippa Nightingale, who was leading the vaccination programme for NWL along with Dr Genevieve Small, said that as challenging as this work was it was good to be involved in something positive and it was really satisfying to see the relief on the faces of those people receiving the vaccine. NWL was the most populated integrated care system area in London, so had the most people to vaccinate. Six million vaccines had to be given to complete the programme and the aim was to get one vaccine into everybody as quickly as possible. The order group of how that was to be done was set nationally by the Joint Committee on Vaccination and Immunisation (JCVI), and was largely set on age. The first four risk groups were to be vaccinated before 14 February 2021, they were anybody over the age of 75, anybody with severe health conditions, care home residents, and housebound patients. The programme had progressed well with over 80 year olds, and care home residents being vaccinated first. The aim was to have most of the care home residents and care home staff vaccinated by Sunday 17 January. The programme was then moving onto housebound patients, which would be more challenging to ensure that the vaccine was moved safely without being wasted.

As of 14 January, 58,479 vaccines had been administered in NWL, which Ms Nightingale said was ahead of the trajectory. There were 20 primary care hubs across NWL delivering the vaccine and a mass vaccine centre would be opening soon in Brent, then week on week 10 mass vaccine centres would be going live. The mass vaccination centres would be vaccinating the same age groups in the same order. There would be clear communication to prevent any confusion and work was being undertaken with NHS and local authorities' communication teams to make sure that the right messages were getting to the right people. The key message for residents over 75 was that they would be vaccinated through primary care and they needed to wait for their GPs to contact them. For people going to the mass vaccination centres, a national booking centre was in place, and they would receive a letter inviting them to book either online or by telephone. The majority of older and vulnerable residents would be vaccinated locally in their primary care GP centre.

The other vaccination centres were in hospitals and all NHS staff, 33,400 social care staff, and private sector health and social care would be vaccinated there. The vaccination programme would continue through the remaining groups until it reached the younger groups, the vaccine was only licensed for people over 18 years. The aim was to have 75% of the population vaccinated for herd immunity. Ms Nightingale emphasised that people needed to be mindful of sticking to the public health safety measures of face, hands and space even if they were vaccinated, as it would not prevent them from carrying the virus and passing it on.

Councillor Mel Collins asked what steps were being taken to ensure that the message was being given to vaccinated people to not drop their guard and for people to take up the vaccine. Pippa Nightingale replied that this was a great example of health, social care and local authorities coming together to access those communities where there had been poor take up of childhood immunisations and the flu vaccine, to do some targeted communications and some vaccine myth busting. Lesley Watts added that all vaccinated patients were informed that they needed to continue to take all of the isolating measures and that NHS NWL would ensure that this message continued to be given.

Councillor Lucy Richardson was pleased that there was data about the number of vaccinations in North West London and asked when the data would be available at a more granular level. Pippa Nightingale replied that all the data was being put into a national data system, it was just starting to filter out and would be provided at a borough level and at an even more detailed level than that when available. The data would be used to look more closely at those communities not coming forward for the vaccine.

Councillor Richardson asked for assurance that the rollout would continue at the pace required, given the government's fragmented handling of the crisis, and if there would be support from large pharmaceutical companies or the military to help deliver it. Cllr Richardson also asked if the Nightingale Hospital was going to be a vaccine hub. Pippa Nightingale confirmed that the Nightingale Hospital was a vaccine hub for the part of London it was located in. The scale of the vaccine rollout would be driven by the availability of vaccines and clinicians. NHS NWL were completely committed to getting this done, people were working 7 days a week to deliver it. Lesley Watts added that even clinicians working in the most challenging areas were finishing shifts and then coming to help with administering vaccines.

Replying to questions on the length of protection post vaccine, Pippa Nightingale stated that everybody who was vaccinated was given a public health leaflet which referred to the length of time it took for the vaccine to provide immunity. The Siren Study showed that having Covid generated antibodies but that these did not last longer than the immunity provided by the vaccine. There were pockets of the community that thought that if they had Covid then they did not need the vaccine, this was not true. Ms Nightingale added that it was also absolutely safe to have the vaccine after having Covid.

Councillor Monica Saunders highlighted that the vaccination rate for London was the lowest in the country and asked what reasons there were for this.

Councillor Saunders also asked if NHS NWL had any plans to use hotels to move post recovery patients to and whether essential workers such as teachers and supermarket staff were on the priority criteria for the vaccine roll out.

Pippa Nightingale responded saying that work was being done to understand why London was behind the rest of the country on delivering the vaccine. It was thought that it could be due to the age demographics in London being very different to the rest of the country. A lot of catching up would be done when the mass vaccination sites were in place and the vaccination programme moved lower down through the groupings. London also had quite a transient population, there were considered to be two transient groups, one for whom London might be their second home who had chosen to leave London but were shown in the statistics, and also a transient workforce who might have left but were shown as resident. With regards to using a hotel, Ms Nightingale stated that NHS NWL was not currently planning to do this as it came with challenges and it took a lot of effort to look after someone in that environment. The approach would be use beds on other parts of NHS NWL estates before using hotels. Lesley Watts added that community mental health had expanded their bed base. NHS NWL were also looking at sites that did not have emergency departments, such as Central Middlesex and were considering if they could bring those elderly frail patients, who were waiting to be discharged into nursing homes there.

Pippa Nightingale confirmed that NHS NWL had no influence on the vaccine priority groups. The stark statistics were that vaccinating 64 people in care homes prevented one care home death, and vaccinating 184 people over the age of 80 prevented one death. The vaccination programme was about protecting the population, but also about protecting NHS resources by trying to prevent the number of patients in critical care beds. The best thing to do now, rather than debate the groups, was to get the vaccine out as quickly as possible.

Councillor Collins asked about the arrangements for transferring patients from hospital into the care home sector. Lesley Watts replied that transfers to care homes were only being carried out in NWL under strict criteria. Patient transfers were generally 14 days after a positive covid test and the home along with district nursing, community nursing, and general practice was included in the discharge plan for those patients. Social workers were also included in the discharge discussions for complex patients.

Councillor Marwan Elnaghi asked if there was a mechanism for NHS NWL to give feedback into the vaccine prioritisation criteria, suggesting that with the Government pressing to open schools for key workers it might be better to prioritise the vaccine for teachers and school staff. In addition, Councillor Elnaghi asked if there was any data on how a person who was advised to self-isolate was coping.

Dr Genevieve Small replied that the judgement on prioritisation was made by the JCVI by looking at all of the data, with the focus being on preventing deaths in the greatest number of people. These were very difficult decisions, and it was completely understandable that there were a number of groups

that the programme would gladly have vaccinated, however the NHS had to look at the greater good and, from the point of view of preventing deaths, it was important to stick to the JCVI criteria. Representations could be made to the JCVI, however these were experts making these difficult decisions and it was important now not to spend time debating the order but to do the work.

Responding to the question regarding people who were self-isolating, Dr Genevieve Small said that notification of a positive test also went to the GP practice which usually texted information with resources about how to look after themselves to the person. In the main people were able to self-isolate and relied on a network of family and friends to support them. If there were issues about getting medication or food, then the GP practice could provide the person with information on organisations that would support them. Dr Small emphasised that self-isolation was truly that and meant not leaving the house.

Councillor Ketan Sheth asked about the services for non-covid patients who were seriously ill, such as cancer patients. Lesley Watts replied that those patients who were either emergency or urgent requiring treatment within a certain time were still being treated. It was the less urgent patients needing elective care that were being delayed, cancer, cardiac surgery and other urgent conditions were still being treated.

Councillor Ketan Sheth asked how positive NHS NWL was about meeting the vaccine deadline of 14 February and what the remaining figure was. Pippa Nightingale confirmed that she was confident that NHS NWL would meet the deadline, it was a huge ask but NHS NWL was on target. The remaining number of people in those categories for vaccination were 84,972 patients and 39,000 staff.

Councillor Richardson asked if a timetable of the vaccination roll out would be available for the general public. Rory Hegarty said that the information would be shared on the NHS NWL website and with local authorities when available. Information on the priority groups and the mid-February target had already been published.

Councillor Richardson asked how the vaccinations were being tracked. Pippa Nightingale replied that the information was held on a straightforward electronic national system which showed who had received the vaccine, when they had it, and the type of vaccine.

Councillor Ketan Sheth said that the Committee had heard earlier about myth busting and asked what work was being done on this and on engaging and communicating with the hard to reach groups. Rory Hegarty responded saying that there was a whole community engagement programme which had just started, which local authorities had helped the NHS to develop. Work was being done with Healthwatch, community leaders, and voluntary sector partners. There was a national campaign on myth busting and work was also being done with community leaders for them to influence their communities. NHS NWL would also be targeting a number of different community groups disproportionately affected by Covid and holding virtual meetings specifically on vaccinations and inviting these groups to ask questions.

Councillor Collins asked that in view of the amount of work in dealing with the pandemic had officers been impeded in working towards a single CCG or the formation of the local committees. Lesley Watts confirmed that they were still on track.

Concluding this item, Councillor Collins on behalf of the Committee thanked the NHS officers for participating in the meeting. He advised that any further questions or points of clarification would be put in writing.

RESOLVED:

That the updates on Covid 19 and the roll out of the Covid 19 vaccination programme in North West London be noted.

7. WORK PROGRAMME

Councillor Collins confirmed that the agenda items for the next meeting would include the NHS NWL Collaboration of CCGs financial and budget strategy, as well as the impact of Covid on NHS Services in North West London.

8. ANY OTHER BUSINESS

None received.

9. DATE OF NEXT MEETING

The date of the next meeting of the Committee was noted as Thursday 18 March 2021.

Meeting started 3.00pm

Meeting ended 3.50pm