HWB

Lambeth

HEALTH AND WELLBEING BOARD

Thursday 2 July 2020 at 5.00 pm

MINUTES

PRESENT: Andrew Eyres, Councillor Jim Dickson (Chair), Catherine Pearson, Councillor Edward Davie, Councillor Sonia Winifred, Councillor Danial Adilypour, Dr Dianne Aitken, Sarah Austin, Sarah Corlett, Heather Gilmour, Clive Kay, David Bradley, Adrian McLachlan, Jill Lockett and Paran Govender

APOLOGIES: Andrew Bland

ALSO PRESENT: Carla Hobart, Maggie Owalade, Andrew Preston, Candace James. Margaret Pierre, Polly Howes, Natalie Creary, Natalia Sali, Abdi Musse, Tom Stannard, Richard Keagan-Bull, Irem Patel, Joseph Casey

1. INTRODUCTIONS

Councillor Dickson welcomed those attending the first Health and Wellbeing Board. This was the first meeting since the Covid-19 pandemic had affected the UK and was taking place virtually whilst being live streamed. A recording of the meeting would also be available online.

The Chair expressed the thanks of the Board to key workers who by their dedicated efforts had ensured that the community was able to get through the first period of Covid-19.

2. PUBLIC NOTICE QUESTIONS

Two Public notice questions had been received. The first question was from Nicola Kinston, which read:

"Local people, patient groups, the voluntary and community sector, faith communities, Mutual Aid groups and others have all contributed to support the statutory response to Covid-19. We welcome the statement by the Leader of the Council that local people will be involved in the Recovery Plan.

People who went to the Clinical Commissioning Group (CCG) meetings in February and March, before the pandemic, about what engagement should look like going forward, were left feeling unsure what public involvement there would be in the future.

Can we ask for:

- A community meeting where the public can talk, to discuss this?
- Local Primary Care Networks to engage with their patient groups to discuss their local response?"

The Chair answered the first part of the question saying that the Board was still formulating how community involvement in the Recovery Plan would work, but there would be significant community involvement. The Chair suggested further discussion with Nicola and others as to how engagement could best take place such as through a community meeting.

Andrew Eyres, Strategic Director, Integrated Health and Care, said he had spoken to the lead on the recovery plan for the Primary Care Networks (PCN) and they were keen to engage with Patient Participation Groups (PPGs). They were currently undertaking a survey with all patients across Lambeth and had over 5,500 responses, with consolidated feedback to be taken back through patient groups etc. How this would take place was still to be decided and the Clinical Cabinet would discuss it further. This information would be built into recovery planning.

Nicola thanked the Board for the responses and noted that the Primary Care Network were having discussions, especially around the equalities impact.

The Chair asked that the second question from Fraser Symes be displayed, which read:

- "What confidence, in percentage terms, does the Lambeth Health & Wellbeing Board have in the Government's/NHS' Track & Trace system and what is this level of confidence based upon?
- Does Lambeth fully understand the correlation between diabetes and obesity with Covid-19 other than the general association with inflammation and diminished lung capacity making the flow of oxygen more difficult to the lungs, which the Coronavirus also attacks?"

The Chair noted that Mr Symes had sent in eight questions. Whilst written responses would be provided for all of these it was not possible, due to time constraints, to provide verbal answers to all of these. Many of the questions would also be dealt with in presentations.

Ruth Hutt, Director of Public Health, answered the first question stating that Test

and Trace had been live for over a month. Anyone who had given a positive coronavirus test would be contacted by the service and asked to provide information of who they had been in contact with so those people could be asked to self-isolate. The Director of Public Health received a daily report saying how many positive results there had been. Certain high-risk places (e.g. care homes, prisons) would be escalated to Public Health England (PHE) London through the London Coronavirus Response Cell and they would liaise with the Council. This had worked well and Ruth expressed confidence that the work with PHE locally was working for the borough. The most important aspect of Test and Trace being successful was the public being confident that the system worked.

Dr Di Aitken, CCG Clinical Effectiveness Lead responded to the second part of the question, noting that the correlation of Covid-19 with diabetes and obesity was known. Cardiovascular disease, and particularly hypertension, was also a risk factor. Current ways of responding to this was through General Practices and a few ideas of how to do this had been developed and she would be happy to share this information. In the coming year, General Practices would be able to respond and follow up people to further reduce their risk.

Fraser Symes then questioned the status of the digital Test and Trace programme and asked whether would be fit for purpose by September.

Ruth Hutt responded saying that the App had been trialled but was not going forward at the present time as people could respond online, and although the App would have helped, the system in place was currently working.

3. DECLARATIONS OF INTEREST

There were none.

4. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the previous meeting held on 13 February 2020 be approved and signed by the Chair as a correct record of the proceedings.

5. COVID 19 - EPIDEMIOLOGY

Ruth Hutt, Director of Public Health, introduced this item and Carla Hobart, Public Health Specialist Trainee, presented noting:

- Epidemiology was the study of the distribution and determinants of health-related events, such as for disease;
- Public Health was the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society;
- Covid-19 had spread from a local outbreak and at the time of the meeting had led to 10m cases globally;
- Covid-19 had a highly variable clinical course;
- There was an unknown proportion of asymptomatic infections.
- People without symptoms were capable of infecting others although symptomatic people were the highest risk;

- Lambeth had 1,222 cases to date – although this reflected only those that had been tested;
- The number of daily cases had dropped significantly;
- The majority of deaths from the disease happened in hospital;
- The disease did not affect the community evenly; with high risk factors being, age, ethnicity, underlying health conditions and deprivation;
- Evidence around ethnicity and Covid-19 was still being developed. Ethnicity had not been previously recorded on death certificates and so place of birth had to be used;
- Care home residents made up a significant proportion of Lambeth deaths with 2.3 times the number of deaths that would usually be expected;
- Factors that may contribute to the unequal impact of Covid-19 on Black Asian and Minority Ethnic (BAME) groups included those highlighted in a recent PHE report such as: historic racism and poorer experiences of healthcare, or at work, occupation, housing conditions, use of public transport and long-term conditions/co-morbidities; and,
- Control measures included, social distancing, hand washing, face covering, testing and self-isolation of those with symptoms.

Following questions from the Board officers responded:

- The true numbers of those with Covid-19 was difficult to know and the only way to measure the under-ascertainment was through prevalence survey. This was happening but the numbers were constantly changing making an accurate assessment difficult;
- Local deaths assessments had been based on crude mortality. Age adjusted mortality would be looked at; and,
- Death certificates did include underlying conditions and this data was being analysed. The office for National Statistics (ONS) had done this analysis nationally.

RESOLVED:

1. The Board agreed to the ongoing collection and analysis of local data in relation to disparities in Covid-19 risk and outcomes, in order to inform actions to address inequalities locally.
2. The Board agreed to the development of a local surveillance dataset to provide up to date information on Covid-19 cases, admissions, deaths and local outbreaks to inform local outbreak control.

6. COVID 19 - PERSPECTIVES FROM THE COMMUNITY

The Chair said that the Board was keen to hear the perspectives of the impacts of Covid-19 from the community and ten individuals and organisations had been invited to speak.

Maggie Owolade, Director of ARCS presented. ARCS had been one of the first small groups to do Covid-19 surveys for some of families. Issues raised were:

- Difficulties in managing children's behaviour;
- Disrupted sleep routines;

- Children refusing to go out;
- Lack of structure at home causing anxiety; and,
- Lack of safe spaces for exercise.

Families with children with Special education needs, and particularly neurological conditions such as ADHD and autism, reported:

- Fear of bringing germs into the house;
- Impact of children's challenging behaviour; and,
- Reduction in school-based anxieties. This though would likely lead to problems when children return to school.

About 30% of respondents were on free school meals and 54% of respondents were lone parents. The report on the survey recommended that Test and Trace be localised as families had problems getting out. Covid-19 information needed to be in different languages and include infographics and there needed to be a recognition of children's general anxieties.

Andrew Preston, Chief Executive of Rathbone, presented and noted that:

- Rathbone had been based in Lambeth for 55 years and worked with those with learning disabilities and autism. Rathbone looked after 100 adults and provided statutory services to them, funded by Lambeth Council. A further 30-40 adults used the informal non-statutory groups. The Society also worked with 200 young people between the ages of 11-19 with special needs;
- Covid-19 had hit the organisation hard and a third of the staff were originally lost through shielding or self-isolating but had to date reduced to 15% of colleagues;
- There were health inequalities with the cohort and a high rate of co-morbidity issues;
- There was anxiety with young people about school;
- There had been incidents of young people, especially young men, not wanting to comply with lock down arrangements. Youth workers had been sent out to disperse these groups;
- There had been greater coordination across voluntary sector on food poverty; and,
- Technology would be important but there would be a need to bear in mind that people with learning difficulties often struggled with this.

Andrew thanked colleagues at the Council for their support over the Covid-19 period.

Candace James, manager of the Loughborough Community Centre, which was based at the Max Roach Centre, highlighted:

- The Max Roach Centre was run as a local charity by local residents and parents;
- Before lockdown preschool holiday engagement activities for children 0-18 years of age were run;
- The response to Covid-19 was Happy Lunch and Play, providing 6,445

lunches to 140 children, reaching to 70 families in the previous four months;
- Participants stated that food poverty was a big issue. 73% of parents said they had less money, 55% said they had less food due to lack of shop supply, 39% had no way to getting to shops or food banks, 41% couldn't get food to meet dietary needs, an. 82% said taking part in the emergency response had made a major impact;
- 80% of children were Black and African origin and 65% were free school meals or pupil premium;
- Children seen were displaying a sad and deeply withdrawn nature. 65% of children in Happy Lunch had not been outside their immediate homes, and 45% lived in homes without balconies and gardens;
- A short video had been put together focussing on the views of 10 children. The children stated their worries of Covid-19 and going outside;
- There had been an increase in children having nightmares and an increase in anxiety; and,
- The children that came to the centre were largely from low-skilled family backgrounds and had led to Key Workers parents being at higher risk.

The Centre was looking to contribute a holistic approach and were keen to engage with the local authority and other professionals to reach a community of people that were sometimes hard to engage.

Margaret Pierre, Interim Managing Director Marcus Lipton Centre, talked of how they had connected with other organisations in the locality:

- When Covid-19 hit Marcus Lipton was already going through a difficult time due to an incident that had taken place the previous year where a young person was murdered in the Centre;
- The Centre was closed for seven months in 2019;
- A telephony service had been set up to work with young people at high risk of being involved in or victims of violence;
- A key worker service was in place as well as a therapeutic service where young people could be referred into counselling;
- The Service was engaging with 40-50 young people;
- Many issues were around anxiety and not wanting to stay inside;
- Marcus Lipton was engaging with parents. Some of the parents had to be referred to counselling due to stress and challenges caused by Covid-19; and,
- Marcus Lipton and been involved in a locality-wide response to Covid-19. Eight anchor groups in the community had come together to understand what the needs were and identifying where these needs were not been met.

Polly Howes, Carers Hub Carers Strategy Development Manager, noted that the Carers Hub was a charity working with unpaid carers, with the following key issues raised by carers:

- Carers had to take on increased responsibility due to Covid-19;
- There were fears that care workers would pass the virus to those being

cared for and family members taking over these roles;
- Pressures carers contend with in their normal life, including stress, isolation and financial struggle have been exacerbated;
- Food poverty was a huge issue;
- Bereavement support for carers was lacking;
- Inequalities had intensified and access to digital support for many young people was poor, especially impacting those having to home school or receive virtual support; and,
- Issues around carers' own mental health was worsening.

Natalie Creary, Director for Black Thrive next presented. Black Thrive worked to reduce the barriers that contributed to mental ill health among black communities. Survey, research and listening activities were carried out to see how the community was dealing with Covid-19. The survey highlighted:

- Covid-19 had had a significant negative impact on people's mental wellbeing, especially around bereavement;
- Isolation has been a challenge. In particular Black LGBTQ communities had reported an increased sense of isolation and risk of exposure to abuse within homes in which they were isolating;
- People had been scared to access routine care;
- The negative interactions of law enforcement had led to people feeling unsafe leaving the house;
- Black communities had been disproportionally impacted around employment and self-employment;
- Concern around personal protective equipment (PPE);
- Concern over information and whether it was credible;
- There had been an increase of people seeking help online. This had been positive; and,
- Gaps identified included the impact of Covid-19 on LGBTQ+ communities, people with no resource to public funds, access to digital for people where English was not a first language and fear of the system.

Black Thrive was working towards culturally appropriate healing spaces. There may also be a need to think about grass roots, Black-led organisations are supported to deal with a potential second wave.

Natalia Sali from Healthwatch then presented. Healthwatch had carried out research by scanning the social media posts of relatives of older isolating people who were living away. It was also planned to interview 50 people. So far there had data gathered from four people. From the two projects it was found that:

- A person's home situation had a large effect on the impact of the pandemic on a person. If the older person was living with someone and had access to the internet, they were less likely to feel isolation to be a burden;
- People reported feeling like prisoners and this was exacerbating current mental health conditions;

- Financial hardship made it harder to cope; and,
- Volunteering had increased and this was very positive.

Abdi Musse, Friends of the Horn Foundation, noted that the Friends of the Horn foundation worked with the Somali community.

- Most people in the Somali community were self-employed and were forced to work during Covid-19 as there was no financial support. There was also largely no way of isolating from family members;
- The mental health issue of the Somali community in Lambeth was an issue. The Foundation had to write to ten Government departments to lobby for Government publications in Somali language, which then took three weeks to complete;
- Practitioners of mental health in Lambeth did not know the cultural background of the Somali people;
- There was fear and negative speculation around mental health systems and a culture of silence, especially in men;
- Covid-19 was causing a 'tsunami of mental health issues' and the Foundation was working as an early prevention mechanism using Imams and business people to raise awareness and get the society to talk about mental health issues; and,
- The Foundation was looking for partners to work with and noted that they had a call centre in place.

The Chair gave commitment to work in partnership on the issues raised.

Tom Stannard, Age UK, gave an overview of issues from Age UK Lambeth:

- Age UK worked with people aged 55+. This group was particularly vulnerable to the virus and the negative effects of the lockdown;
- Age UK had to suspend all face-to-face services, advice and social events. These services had been replaced, where possible, with telephone calls and online meetings;
- The Gateway team was expanded to include the whole staff workforce, on a rota, to deal with the influx of calls;
- In terms of social events and befriending, while calls and online was better than nothing it did not match receiving a visit;
- Many of the community did not use computers and telephone conversations had been used in these cases; and,
- There had been 200 new volunteers offering services. This allowed the setting up of a shopping service doing food and other forms of shopping. When the Council took over food delivery the volunteers moved to provide other services and goods.

Richard Keagan-Bull from the Learning Disability Assembly, shared what he had been through in terms of Covid-19:

- It has been harder for people with special needs as they often did not understand what was happening;
- Isolation was a big problem;
- Many people with learning disabilities did not use technology; and,

- There had been one Assembly meeting via Zoom for people with Learning Disabilities.

The Chair thanked all those presenting for their work.

7. KING'S HEALTH PARTNERS: RESPONSE TO COVID-19

Jill Lockett, Managing Director, King's Health Partners, presented. She was joined by Irem Patel, Joint Director of Clinical Strategy and respiratory physician, and Joseph Casey, Deputy Director, Programme Delivery.

- The role of King's Health Partners was to deliver better health for all through high impact innovation;
- There had been a significant response across partners and each of them had taken a role in the response to Covid-19;
- There had been great work in high level of specialism in respiratory, with a huge response from the Respiratory Network and Extracorporeal Membrane Oxygenation (ECMO) units;
- The had been an immense response from King's College Hospital (KCH) around testing and from King's College London looking at mass testing and using university laboratories to scale up that offer;
- There has been a large amount of work on research. CogStack had been deployed to provide rapid insights, such as impact of ethnicity on outcome and oxygen consumption;
- 3,200 patients had been treated at King's Health Partners as at 31 May, of which over 500 were admitted to intensive care. Post-Covid-19 clinics were in place to support patients in recovery. 3,300 Guy's and St Thomas' Trust (GSTT) and KCH patients had been recruited to "Chief Medical Officer Priority" clinical trials;
- Ipad style devices had been distributed to 150 Intensive Care Units (ICUs) across England to ensure virtual visiting for the most unwell patients;
- Lots of work had been done looking at the mechanisms of the disease. A Covid-19 symptom study had been recorded into an App. There had been a great response across the community and there was a desire to extend this across the six boroughs;
- BAME communities were presenting at a much younger age than white communities; and,
- The last months had been unprecedented. Colleagues had been redeployed. Post-Covid-19 clinics had been set up to give early follow up and see if patents had developed lung disease as a result of Covid-19 and carry out assessments of their breathlessness, mental health and recovery. Three out of every four patient showed good recovery.

Clive Kay, CEO of KCH, noted that:

- King's first Covid-19 patient had been seen on 4 March 2020. Command and control was put in place and the critical care service was extended across the entire trust;
- The virus hit south east London hard and early, and there was an

incredible response from all providers across south east London;
- Non-Covid-19 wards were converted to treat only Covid-19 patents. An early decision was taken to stop all routine and elective activity. There had been good collaboration;
- There was not a need to transfer any patents from south east London;
- Staff had been redeployed across the organisation and 2,000 staff had been upskilled. At peak there were 550 inpatients. The Trust had seen 444 though critical care, 2,400 had been discharged and there had been just over 500 deaths; and,
- Some of the changes that had been made over this time had been planned for years and there was a desire that these improvements not be lost by moving back to the pre-Covid-19 state.

The Chair thanked Clive Kay for his presentation and the work that had been done.

Jackie Parrott, Chief Strategy Officers at both GSTT and KCH said that:
- GSTT first patient with Covid-19 was 6 February 2020. The peak number of admissions was at 31 March and the greatest number of patients in critical care was on 12 April.
- There had been good support with Lewisham Hospital around critical care. The impact on the whole organisation had been very challenging. There had been a need to rapidly double critical care at GSTT. Services had moved across London.
- Contact through letter, phone and email had increased as face-to-face contact had reduced. Non-essential activities had to be ceased and this included the usual mechanism to get feedback. However, this had now restarted and surveys were being developed.

The Chair thanked Jackie Parrott for her presentation and for the work that GSTT had done over the past months. He asked that she convey the Board's gratitude to all staff.

David Bradley, Chief Executive Officer of South London and Maudsley (SLaM) NHS Foundation Trust, next spoke about the work of the hospital:
- All staff at the hospital had been incredible. At the beginning any patients that could be discharged were and this enabled the hospital to give a ward to KCH when this was needed;
- A mental Health clinical decision unit was opened at the SLaM and a 24/7 helpline was opened for people to call with mental health problems;
- The SLaM charity was able to provide the hospital with significant funds that helped outpatients – e.g. IPads to contact family; and,
- A Prevention Summit for mental health was run digitally and resulted in an action plan.

The Chair thanked David Bradley and the staff of SLaM.

RESOLVED:
The Board noted the presentation and thanked speakers.

8. LAMBETH OUTBREAK CONTROL PLAN

Ruth Hutt, Director of Public Health, presented the Outbreak Control Plan, noting that:

- Every authority had been to develop an outbreak control plan;
- The Plan provided a strategic framework to stop Covid-19 transmission in Lambeth, helping a return to safe communities and social life, and restarting the economy;
- Measures would be established to prevent transmission and protect vulnerable residents by: risk assessment, easy access to testing, timely and effective identification, and notification of contacts. Support would be given to cases and contacts;
- The outbreaks would be managed in the community while identifying and mitigating the negative impacts of control measures;
- Local surveillance and intelligence would be established with timely and effective monitoring built on local intelligence;
- There was a need to do all of this work in partnership with Lambeth residents;
- Testing at scale would be required. Community confidence in testing would be vital for an effective response;
- Adequate support for those that were most vulnerable was needed;
- The Lambeth Gold Health Protection Board would feed into the Health and Wellbeing Board. The Health and Wellbeing Board would have the public facing role and would engage with residents; and,
- Next steps would be the publication of the Outbreak Control Plan and ensuring engagement with the community to ensure that they knew to inform if they had symptoms.

The Board expressed their thanks to the Public Health team for their exceptional work over the previous weeks.

RESOLVED:
The Board:

1. Agreed the approach to the outbreak control plan.
2. Agreed the Health and Wellbeing Board acting as the Member led board in accordance with the guidance from DHSC.

9. LAMBETH CHILDREN'S PARTNERSHIP UPDATE

RESOLVED:
The Board noted the paper.

CLOSE OF MEETING

The meeting ended at 8.30pm

CHAIR

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