

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 23 March 2021

### **Present:**

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Robert Evans,  
David Jefferys and Keith Onslow

Jaime Walsh, Francis Poltera and Vicki Pryde

### **Also Present:**

Councillor Angela Page, Executive Assistant for Adult  
Care and Health  
and Councillor Diane Smith, Portfolio Holder for Adult Care  
and Health

## **39 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

The Chairman noted the National Day of Reflection and led Members in paying tribute to the residents of the Borough who had lost their lives due to COVID-19. A service would take place at the Civic Centre that evening with over 730 candles being lit in memorial. Further tributes were paid to colleagues working in health and social care who had worked unstintingly throughout the pandemic, and continued to do so, and thanks were extended on behalf of the Health Scrutiny Sub-Committee.

The Chairman informed Members that Sarah Middleton, Head of Stakeholder Relations – King's College Hospital NHS Foundation Trust had recently started her maternity leave and best wishes were sent on behalf of the Sub-Committee. Richard Chew, Interim Director of Communications – King's College Hospital NHS Foundation Trust was welcomed to the meeting.

Members were also advised that Co-opted Member, Mina Kakaiya, had recently left her role at Healthwatch Bromley and Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care was also welcomed to the meeting.

Apologies for absence were received from Roger Chant.

Apologies for lateness were received from Francis Poltera.

**40            DECLARATIONS OF INTEREST**

There were no declarations of interest.

**41            QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE  
              PUBLIC ATTENDING THE MEETING**

No questions had been received.

**42            MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-  
              COMMITTEE HELD ON 14TH JANUARY 2021**

**RESOLVED** that the minutes of the meeting held on 14<sup>th</sup> January 2021 be agreed.

**43            UPDATE FROM KING'S COLLEGE HOSPITAL NHS  
              FOUNDATION TRUST**

Richard Chew, Interim Director of Communications – King's College Hospital NHS Foundation Trust (“Interim Director of Communications”) attended the meeting and provided an update on the King’s College Hospital NHS Foundation Trust on behalf of Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites.

With regards to vaccine hesitancy, the Interim Director of Communications advised that this had been, and continued to be, one of the biggest challenges of the vaccination programme. It was noted that 3% of staff across the Trust had formally declined the offer of a vaccination. The Trust had received over 230 varying comments from the 400 staff who had declined their vaccination offer, as to their reasons for doing so. Around 20% were awaiting their first dose of the vaccine, who had not declined, and over the next seven days they would try and increase the pace and scale of communications to these staff to encourage uptake before the disruption to supply. In response to a question, the Interim Director of Communications said that there were a number of different reasons had been received from staff as to why they did not want to receive the vaccine – there was not a specific theme and it was hard to pinpoint why some were more hesitant than others. It was considered that there may be some staff who wanted to wait a little bit longer to see any effects of vaccine.

The Interim Director of Communications said that the Trust had tried to make the vaccination as accessible as possible for all staff and they were looking at ways to increase this even further. The PRUH had more than 70% vaccination uptake from staff, which it was highlighted was higher than the NHS national average. The majority of staff working there had chosen to be vaccinated and the Trust was looking to learn lessons as to why the PRUH had outperformed other sites. In response to a question, the Interim Director of Communications

said that he was aware that other countries, where hesitancy was particularly strong, had suggested offering monetary incentives as part of their strategy to encourage uptake, however this was not something that would be pursued here. The focus would be on reaching out to the communities that were the most hesitant of the vaccine and using trusted voices to encourage them to receive it.

A Member enquired if the Trust would be including the risk of legal challenge, which could arise from situations relating to staff who were not vaccinated caring for patients, within their Risk Register. The Interim Director of Communications agreed to take this back and seek clarity regarding all legal situations that could manifest as part of COVID-19 and a response would be provided to Members following the meeting. The Consultant in Public Health highlighted that the vaccination programme focused on protecting those most vulnerable to the infection, but there was not currently a legal system in place that mandated vaccinations. As it was not yet clear how effective the vaccine was at preventing transmission and all infection control measures, and the wearing of PPE, would remain in place. This provided protection to both the health care staff and those they were looking after, and therefore it should not make a difference if the carer was vaccinated or not.

In response to a question, the Interim Director of Communications gave reassurance that steps were already being taken to resume “business as normal” as quickly and safely as possible. This, along with caring for the current patients with COVID-19, was their main priority – the Trust were not under the pressures faced from the previous waves of COVID-19 and were now looking to reinstate services. There were several initiatives being rolled out, part of which was ensuring that a staff recovery plan was in place to support them. The Trust’s greatest asset was its staff and they needed to ensure that they were “ready, willing and able” to help return services to normal. There were timescales and plans in place, which were reviewed on a daily or weekly basis, and it was agreed that these would be provided to Members following the meeting.

The Chairman thanked the Interim Director of Communications – King’s College Hospital NHS Foundation Trust for the update provided to the Sub-Committee.

#### **44 HEALTHWATCH BROMLEY - Q3 PATIENT ENGAGEMENT REPORT**

Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care (“Director of Operations”) provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 3 Patient Engagement Report.

The Director of Operations informed Members that over 400 reviews had been collated during the Quarter 3 period (October to December 2020) however, this was a shortfall compared to the usual quarterly target. There

were several reasons for this, including staff changes and the continued restrictions around social distancing, but it was anticipated that target numbers would be reached during Quarter 4. The Director of Operations advised that nearly 75% of feedback received had been positive. It was noted that the trend being seen in Bromley was replicated in Healthwatch's other boroughs, with a large increase in both 5-star and 1-star ratings. This was something that had changed over the last year with more 4-star ratings having been received pre-pandemic.

During Quarter 3, a number of comments had continued to be received relating to GP, pharmacy and dental services and it was highlighted that there had been a reduced number of comments relating to hospital services. This was unusual, although it had been a feature over the last year and was an area in which increased feedback was hoped for going forward. Feedback received relating to GPs had included positive comments regarding staff attitudes and quality of service, with more balanced and negative feedback connected to communications and waiting times. These same trends were replicated for pharmacy and dental services.

The Director of Operations said that the Patient Engagement Report had previously been presented to a several large meetings, however during the pandemic a number of these had been cancelled or changed frequency. Going forward, consideration would need to be given as to how discussions around the content of the report could be reinvigorated to ensure "Bromley voices" were heard and any impact or actions made clear. A Member suggested that the next Patient Engagement Report could include an indication of how things had changed over time – previously the overriding feature for negative comments had related to waiting times and it would be useful to see how this had changed over the course of the pandemic.

In response to a question, the Director of Operations advised that Healthwatch's priority was to get back out into the community as quickly and as safely as they could. During the pandemic they had been required to undertake direct engagement via phone and online sessions. The main feature of the Patient Experience programme was to go and speak with people face to face and they were currently mapping out a return to this, as best they could, in line with the lifting of restrictions. It was a changing picture, but it was hoped that they would be able to reflect on what had happen pre-pandemic and how it had changed throughout the course of the last year. Discussions with providers, to ensure their data and statistics were triangulated with other patient experience data, would help form the "bigger picture". The Member agreed that a joint piece of work with other providers would be beneficial particularly as an area of focus had been on the 'hard to reach' cohort, and it may now be even more difficult to engage with this group.

The Director of Operations confirmed that responses had been provided, relating to questions on the Quarter 1 and 2 Patient Experience Reports, received from the Co-opted Member representing Bromley Experts by Experience. It was agreed that a copy of the responses would be circulated to

Members of the Sub-Committee. The Director of Operations noted that a new Healthwatch Bromley co-ordinator would be in post from the 1<sup>st</sup> April 2021.

The Chairman thanked Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care for her update to the Sub-Committee.

#### **45 UPDATE FROM THE CCG - VACCINATION PROGRAMME**

The LBB Assistant Director for Integrated Commissioning and Dr Agnes Marossy – Consultant in Public Health, Bromley Clinical Commissioning Group (CCG) (“Consultant in Public Health”) provided an update on the COVID-19 vaccination programme in Bromley.

Members had been provided with benchmarking data across South East London regarding the number of COVID-19 vaccinations delivered as of 11<sup>th</sup> March 2021 and 8<sup>th</sup> March 2021 for data relating to care homes. The LBB Assistant Director for Integrated Commissioning advised that since this time, the programme had moved forward and around 67% of care home staff had now been vaccinated. The data highlighted that the Bromley vaccination programme was performing strongly – it was noted that Bromley had a larger population than neighbouring boroughs and a substantial amount of people had been vaccinated.

The priorities for the vaccination programme had been set nationally and, starting in December 2020, had focussed on the most vulnerable and those living and working in care homes. Since December, the programme had continued through the first nine priority groups to be vaccinated, with the over 50’s being the most recent cohort called in for their vaccinations. The programme had been working extremely well and a number of vaccination centres and Primary Care Networks (PCNs) in Bromley had been able to move ahead of the timetable. The groups currently being vaccinated were anyone over the age of 50; care home residents and staff; all adults considered to be Clinically Extremely Vulnerable; those with underlying health conditions; and unpaid carers. There were several designated vaccination sites across the borough, including a Mass Vaccination Site at the Civic Centre.

The vaccination statistics by age group highlighted that more than 90% of people in the older age categories had received their vaccination and good progress was being made in relation to vaccinating those over 60 years old. However, there were issues, as seen across London, with some sections of the community being more hesitant to take up the vaccination offer. The data indicated that people of African and Caribbean heritage were showing greater vaccine hesitancy and plans were in place to help address this. It was noted that three areas of the borough had been identified (Penge, Anerley and the Crays) where more work would be carried out to increase the vaccination uptake.

With regards to health and care staff, the LBB Assistant Director for Integrated Commissioning advised that, although they wanted all those who worked with vulnerable people to be vaccinated, there was still some hesitancy with this cohort coming forward to receive their vaccinations. Around 67% of care home staff had taken up their vaccination offer, and therefore further work would be required to encourage more to do so. A three-tiered approach had been taken to the vaccination of health and care staff. At the beginning of the year, a large amount of information had been provided to employers and managers to enable service leaders to get their staff “on board” with vaccination programme. A range of briefing sessions had been delivered to staff working in health and care services during February. These sessions had been extremely well attended, providing advice and one to one support if required. Since then, further targeted work had been undertaken to reach out to any staff having doubts about receiving the vaccine, or questions still to be answered. The Bromleag Care Practice had been visiting care homes with low take up and offered to vaccinate staff on site. All non-regulated care providers had been written to with the offer of more information and support, and they would be looking to collect data from this group regarding the uptake of the vaccine by their staff. A COVID-19 vaccination helpline and email had been established at the beginning of March for health and care staff to use to seek advice regarding the vaccine. So far this had received a good response and the staff manning the helpline had been booking vaccination appointments for some of the health and care staff that contacted them (around 29 people the previous week). Recognition was also being given to health and care settings with a certificate of achievement awarded to those with 100% staff take up of the vaccine. The importance of advice from peers within the health and care sector was noted, and a video had been produced by the staff at Heathers Residential Care Home to provide an insight into why they had chosen to be vaccinated which could be viewed via the following link: <https://www.youtube.com/watch?v=ul7Hqfid7bs>

The Consultant in Public Health highlighted that although overall vaccination rates in the borough were high there was a marked difference in the uptake between White (over 90%) and BAME groups, particularly the Black African and Black Caribbean cohort (around 60%). There were also lower rates of uptake in more deprived areas. Funding had been allocated to the Local Authority and a Bromley Inequalities in Vaccination Taskforce, led by the senior leadership team in the Council and CCG, had been set up to develop and test innovative ways of addressing vaccine hesitancy in the borough. It aimed to improve vaccine uptake amongst the BAME population; in deprived areas; amongst health and care staff; and the homeless community. There were a number of planned interventions to be delivered with local leaders, community influencers and ambassadors. As the uptake for priority groups 1 to 4 was already well above 90%, these interventions would be targeted on an individual and small group level to achieve the best impact. Work undertaken so far included:

- Regular briefing sessions with local faith leaders, the voluntary sector, those working with older people, those from BAME communities and lower income families;
- Insight gathering from BAME community influencers;

- Satellite and pop up clinics set up in areas of need (including Keston Mosque and Anerley Town Hall);
- New vaccination clinic had opened in Mottingham; and
- Health clinic at the Bromley Homeless Shelter and in Homeless Hostels.

The Consultant in Public Health informed Members that further joint working was being carried out with the Shielding and Test and Trace teams. When contacting residents, the Shielding team would be asking additional questions to check if they had received their vaccination, and if not, what could be done to assist them. The Test and Trace team would also be sending out a survey, developed with the LBB Communication team, asking the same questions and asking residents to provide contact details if they required further practical help, information, or advice. A vaccine hesitancy conference was also planned to promote the vaccination and identify ambassadors.

In response to questions, the Consultant in Public Health said that the majority of care home staff would not be included in the eligible age cohort's data. In relation to the number of people within the BAME community that had not received their vaccination it was agreed that figures could be provided to Members following the meeting. It was noted that vaccine hesitancy within the BAME community was an issue nationally, and it was important for this group to receive their vaccinations as the impact of COVID-19 infections were often more severe. There were a number of reasons for this hesitancy and it was largely due to misinformation including lack of trust; stories of microchips and conspiracies; reluctance to receive the Pfizer vaccine; and those with strong faith beliefs who said their faith would protect them.

A Member enquired if hesitancy had increased due to reports of the alleged reactions to the vaccine. The Consultant in Public Health said that a number of vaccination appointments had been cancelled the previous week. A strong message had been sent via vaccination sites and practices to reassure people that there was no link indicating that these had been as a result of the vaccine. It was hoped that further reporting of the EMA approval would help to reduce these concerns.

In response to a question, the Consultant in Public Health advised that when moving down the age groups to be vaccinated, there would be a need to focus communications to reassure women of childbearing age. The Chairman asked if there were plans to offer pregnant women the vaccine post-birth. The Consultant in Public Health said that pregnant women were being encouraged to discuss the vaccination with their GPs or specialists. There were no reasons for the vaccination to be damaging during pregnancy, however everyone was being very cautious. Some pregnant women may be considered as high risk due to having a high number of contacts with other people. These discussions would allow them to make a choice, and there should be a plan in place to receive the vaccination post-pregnancy.

The LBB Assistant Director for Integrated Commissioning noted that Members would be aware of the interruption in supply of the AstraZeneca vaccine which

would see the vaccination programme scaled down nationally. The CCG were aware of the supply available to them into the first week of April and the principles used to manage it would ensure that those booked in received their second vaccination. The focus would remain on priority groups 1 to 9, offering vaccinations to residents aged 50 and above and vulnerable groups, and the age groups to which it was offered would not be extended during this period. All residents who had appointments booked would receive their vaccinations, however they may need to be delivered at a different venue.

In response to questions from a Member, the Consultant in Public Health gave reassurance that the second dose vaccines had been reserved and therefore national supply would not be impacted. The second dose received would be from the same supplier as the first dose – residents should receive their vaccinations at the same site, except for those who had previously attended Community House, who they were in the process of contacting. The second dose would be delivered to sites between 11 and 12 weeks after the first dose, however exact delivery dates were not currently known. A national webinar had taken place the previous week during which Mass Vaccination Sites and pharmacy sites were advised that they could no longer offer any appointments between 1<sup>st</sup> and 30<sup>th</sup> April 2021 – although all appointments already booked should be honoured. There were a handful of residents booked in to receive their vaccinations at the Civic Centre, who would be contacted to see if their appointments could be brought forward or offered an appointment at a PCN site. Further instructions were awaited from King's College Hospital NHS Foundation Trust; however, it was likely that the Civic Centre site would need to close as it would not be receiving vaccine supplies during this period. It was highlighted that the PCN sites would remain open to deliver second doses and as many first doses as they could.

In response to a question, the Consultant in Public Health informed Members that a separate working group had been established to focus on patients with learning disabilities (LD), and included the Nurse Consultant from Oxleas NHS Foundation Trust, Mencap and the GP Clinical Lead – LD Champion. Two webinars had been held for people with learning disabilities, which had been very well attended. A webinar had also been delivered to practices, providing information related to consent and best interest, to ensure they were prepared to undertake this properly. Several practices had organised pop up clinics within their own surgeries and were inviting patients with learning disabilities to receive their vaccinations in surroundings that were more comfortable and familiar. So far, 79.4% of the borough's patient with learning disabilities had already received their vaccinations and the GP Clinical Lead – LD Champion was tirelessly checking that practices were contacting this cohort to offer help and support. A similar programme was also in place for patients with serious mental illness. The Executive Assistant for Adult Care and Health informed Members that she had co-chaired a recent meeting of the Learning Disability Partnership Board and the feedback received from LD carers regarding the vaccinations programme had been very positive. They had been extremely pleased with the offer for the person with learning disabilities to receive their vaccination at home, and their carer being vaccinated at the same time.



The Chairman thanked the LBB Assistant Director for Integrated Commissioning and Consultant in Public Health, Bromley Clinical Commissioning Group (CCG) for their presentation to the Sub-Committee.

**46 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING**

**Report CSD21044**

The Chairman reminded Members that, as the “shape of the world had changed” over the last year, it was agreed at the last meeting that the matters outstanding be removed as they were no longer appropriate.

Members were asked to contact the clerk directly if there were any items that they wished to add to the work programme for the year ahead.

**47 ANY OTHER BUSINESS**

The Chairman noted that this was the final Health Scrutiny Sub-Committee meeting of the municipal year and thanked Members for their contributions throughout the year.

**48 FUTURE MEETING DATES**

4.00pm, Tuesday 13<sup>th</sup> July 2021  
4.00pm, Thursday 7<sup>th</sup> October 2021  
4.00pm, Thursday 13<sup>th</sup> January 2022  
4.00pm, Wednesday 20<sup>th</sup> April 2022

The Meeting ended at 5.06 pm

Chairman

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