

POST-MEETING RESPONSES TO JHOSC QUESTIONS

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Fiona Rae / Robert Mack

Friday 29 January 2021, 10:00 a.m.
MS Teams (watch it [here](#))

Direct line: 020 8489 3541 / 020 8489
2921
E-mail: fiona.rae@haringey.gov.uk /
rob.mack@haringey.gov.uk

Councillors: Alison Cornelius and Linda Freedman (Barnet Council), Lorraine Revah and Paul Tomlinson (Camden Council), Christine Hamilton and Edward Smith (Enfield Council), Pippa Connor and Lucia das Neves (Haringey Council), Tricia Clarke and Osh Gantly (Islington Council).

Support Officers: Tracy Scollin, Sola Odusina, Andy Ellis, Robert Mack, and Peter Moore.

AGENDA

6. COVID-19 UPDATE (PAGES 1 - 4)

This paper provides an update on the Covid-19 pandemic in North Central London.

8. MENTAL HEALTH UPDATE (PAGES 5 - 6)

This paper provides an update in relation to Mental Health Services.

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COVID-19 UPDATE**Written responses to questions asked at JHOSC on 29 January 2021****Vaccine hesitancy in the care system**

The take up of the vaccine has varied across health and care staff, but we believe we have provided a first dose to more than 65% of care workers. We continue to work closely with local authority colleagues to further drive uptake, including promoting the message that eligible social care workers can now self-refer and book a vaccination through the National Booking Service.

How the NHS was using volunteering networks to support the vaccination programme

We are working closely with both NHS Volunteer responders and [local voluntary organisations](#) to recruit and deploy volunteers to support the NCL Covid-19 vaccination roll out in several ways: volunteer marshals to help manage patient flow, ensuring social distancing and the wearing of masks at vaccination centres, administration and supporting patients who are leaving hospital or vulnerable local residents. This includes providing transport to vaccination centres for elderly residents, helping residents with shopping or collecting medication.

Additional information on the vaccine rollout for the housebound and carers

NCL Primary Care Networks and Community Providers have been working together to deliver vaccines to housebound residents to meet the national ambition of reaching all over 80s residents by mid-February and to complete all housebound residents by the end of February. Where practicable and where vaccine supply has been available, providers would also have vaccinated family members and carers.

The differences between lateral flow and PCR testing

It had been explained at the JHOSC meeting that lateral flow and PCR testing were different but that test results could vary based on when a person was tested after contracting Covid-19. It had been explained that it was sometimes important for particular people to have a particular test and that the Committee could be provided with a written report to explain the different types of testing. PCR tests are used across NCL to test people experiencing COVID-19 symptoms. Lateral flow tests are used to test asymptomatic residents and also staff within Trusts. A positive result on a lateral flow test would be confirmed by a PCR test. More information on the different types of tests can be found here:

<https://www.gov.uk/government/publications/types-and-uses-of-coronavirus-covid-19-tests/types-and-uses-of-coronavirus-covid-19-tests>

Engagement with communities on testing and vaccination

At the JHOSC meeting, it was enquired how communities with higher levels of testing and vaccine hesitancy were being contacted and whether local community volunteers were being used. It had been explained that there was a substantial programme of community engagement on testing and vaccinations which included working with the Voluntary and Community Sector (VCS), faith groups, and other groups. The JHOSC had noted that local councillors could provide a link with local communities. It was agreed that information

would be provided to members about local engagements to the Committee and encouraged councillors to provide any relevant information and feedback.

A summary of the community engagement work being carried out includes:

- A range of online seminars are being produced by local authorities to promote vaccine take up with communities in their boroughs. These include question and answer sessions with panels of experts to address concerns and improve uptake. Many of these are targeted at communities disproportionately affected by Covid and where early data is showing uptake is lower.
- Videos are being produced featuring trusted voices from communities to encourage people to take the vaccine. Some of these are being produced in different languages and feature faith leaders, council leaders, celebrities and sports stars respected by communities
- A lot of work is going on with faith leaders of all religions to encourage their communities to have the vaccine.
- Engagement is being done at grass root level, working with VCS organisations to better understand the barriers to vaccination and to improve access where it is needed. Feedback is informing the operational delivery, for example, providing pop up clinics in faith settings
- Community radio and television is used to reach communities. Somali TV and radio programmes were accessed by over 100,000 people. Feedback has shown this has made previously hesitant people change their minds and have their vaccine.
- Daily online seminars with clinical leaders have been run for staff, including social care staff, to improve take up in settings such as care homes. There has been a daily webinar programme with GPs and opportunities for staff to have 1-2-1s to get their concerns answered. A care home workforce toolkit was also developed
- A series of visits to vaccination centres have been arranged for MPs and councillors and they have been supporting getting messages out to their constituents
- A lot of media and social media coverage has been generated to share key messages again working with leaders from different communities
- We are commissioning work with local representative community organisations to gain insight into barriers and how we can address them to improve uptake
 - We are developing local, culturally and spiritually appropriate materials
 - We are working with operational colleagues on engaging appropriately with other specific vulnerable groups, such as the homeless, migrants and refugees, asylum seekers, carers, and people with learning disabilities and other physical disabilities.

In terms of the support councillors can provide, making sure messages are shared with the communities they serve, promoting vaccination within those communities, working with council colleagues on videos and events and feeding back any intelligence they pick up through their work on issues that need to be resolved, concerns raised or any themes as to why people are not getting their vaccination.

Queuing arrangements for the Covid-19 vaccine, particularly for older people

Each site does everything possible to ensure that residents are vaccinated quickly. We understand that, on occasion, unexpected delivery delays have resulted in longer than planned waiting times. All residents invited to come for a vaccine are asked not to come

more than 5 minutes before their appointment to allow for appropriate social distancing and a safe experience for all.

The online booking system for vaccinations

It had been noted at the JHOSC meeting that some people booking vaccinations online had been offered an appointment in Birmingham. Vaccination sites release new appointments on the National Booking Service at different intervals depending on vaccine supply. If someone is offered an appointment at a centre too far from their home, they are advised to amend their search or try again later to see if there have been any cancellations or new appointments released closer to home.

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MENTAL HEALTH UPDATE

Written responses to questions asked at JHOSC on 29 January 2021

Support for carers

We acknowledge that carers have taken on additional responsibilities during the pandemic where Voluntary and Community Sector (VCS) provision has been closed or suspended. There have been some good examples of support for carers, in particular MIND in Haringey and Age UK in Barnet providing virtual outreach to carers and physical support where needed in aiding delivery of food packages, aid with retrieving prescriptions or providing online social connectivity. The development of Primary Care Networks and multi-disciplinary teams has meant better access to community support networks and social prescribing for carers. Due to the pandemic some services are being delivered online, which will not be suitable for all and we are committed to hearing the views of carers, and have several carer representatives on our mental health Experts by Experience Board.

A new psychological 'wellbeing and resilience hub' support programme has been developed, providing emotional and psychological support across NCL health and care staff with 3 levels of support 1. Together in Mind is a wellbeing and mental health hub providing online resources, 2. training and support for organisations and 3. Psychological 1-2-1 interventions utilising the expertise of Trauma Informed Practice, Bereavement and PTSD support (<https://togetherinmind.nhs.uk/>).

Mental health service innovations and targeting particular groups

We are working in line with London region guidance and NCL innovations to support disproportionately affected groups. Some examples are:

- Increased capacity in crisis resolution and home treatment teams who often support patients disproportionately affected.
- Additional funding for extra child and adolescent mental health (CAMHS) capacity – providing an increase in the number of mental health practitioners in the crisis out of hours service and supporting treatment in the community
- Continuing support for people with dementia and carers during second wave – some staff were reallocated during the first wave, but not during subsequent waves due to learning from wave 1
- Increased the number of physical health checks for people with serious mental illness across NCL during the pandemic and working together to deliver the Covid vaccination at the same time.
- Remote consultations have seen an increase in access to services, although face to face provided where appropriate/necessary.
- Shared risk registers across primary, community, mental health services with local authorities for high risk service users to ensure that phone calls or face to face support is provided
- There has been an increase in End of Life care training and an extension of a Rapid Access Services to support Mental Health services at end of life.
- Developed all age 24/7 Single Point of Access crisis lines across NCL.

Funding information

See Mental Health Spend Benchmarking data attached (attached for JHOSC members only).

Caveat* includes spend on dementia, so due to the increased numbers of older people spend is greater in Barnet. When you take out dementia, Barnet has one of the lowest spend per head of the population on mental health services.

Our longer term ambition is to ensure that we level up services and reduce variation and we are already doing this in mental health. NHSE/I have increased spend in mental health at a faster rate than other programme areas (Cancer and Primary Care are receiving additional 'transformation' monies as well).

In NCL, we plan to use increased investment of ~ £43m over the next 3 years to target services users and service areas of greatest need across NCL's footprint. Some examples of where this additional funding will support residents with serious mental illness: expanding community and specialist Mental Health services wrapped around primary care, improving perinatal and CYP mental health, IAPT (services for stress, anxiety and depression) and crisis services.

We were selected as a NHSE&I pilot project for increasing support for homeless populations in Haringey which is in its second year. Homeless people are being supported in homeless hotels that have a mental health designated team located on site and continued support via outreach teams.

How services work together

The development of integrated care partnerships at borough level will establish in more detail about how we work in partnership with local authorities and the VCS. Discussions will continue at a local level about the best way for services to work together through these partnerships.

NCL respond to individual complex care cases as per NHS England guidance, where there is a lead professional that co-ordinates the case usually a clinical or social care professional and dependent on the case they would attend a complex care multi-agency panel to jointly co-ordinate the range of physical, social and emotional needs such as housing, health and social concerns. We would be happy to provide more detail on individual complex cases at a future JHOSC meeting.

All our mental health programmes also include a multi-organisation, multi-professional working group. For example the adult crisis working group has representation from mental health trusts, hospitals, police, London Ambulance, voluntary and community groups, Experts by Experience, commissioners, Drug and Alcohol Service.

Future presentations to JHOSC

We would be very happy to present a paper to update at a future session. We suggest coming back to JHOSC in around six months time.