



CITY OF WESTMINSTER

MINUTES

Adults and Public Health Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a virtual meeting of the **Adults and Public Health Policy & Scrutiny Committee** held on **Wednesday 17 February 2021**.

Members Present: Councillors Iain Bott (Chairman), Ruth Bush, Nafsika Butler-Thalassis, Maggie Carman, Angela Harvey, Eoghain Murphy and Selina Short

Also Present: Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health)

1. MEMBERSHIP

- 1.1 Nominations for the post of Chairman were invited. One nomination was received and seconded. There were no further nominations.

RESOLVED:

That Councillor Iain Bott be appointed Chairman of the Adults and Public Health Policy and Scrutiny Committee.

- 1.2 Apologies for absence were received from Councillor Margot Bright.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH – UPDATE

- 3.1 Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), provided a briefing on key issues within his portfolio. The Committee also heard from Jeff Lake (Deputy Director of Public Health).

3.2 Councillor Mitchell advised that case rates of Covid-19 had been falling steadily in Westminster since early mid-January following wider restrictions introduced earlier in the month. Based on cases from the previous week, WCC had the sixth lowest rate of infection in London at 331.4 per 100,000 population (which was down by 29% from the previous week). Further information was also provided on the rollout of vaccinations and testing including the vaccinations programme for care homes.

3.2 The Committee received the update and held detailed discussions on the following topics:

- **Outbreak Management** – In response to questions over how outbreaks of Covid-19 were managed within Westminster the Committee was provided with details on the roll out of local testing sites, and roll out of targeted asymptomatic testing, which had supported an increase in local testing rates. Members were pleased to note that there was three local testing sites, using PCR laboratory tests for those with symptoms, and mobile testing facilities at Hyde Park. Asymptomatic testing was also available at three other sites within Westminster. For those who were asymptomatic, the focus had been on testing key workers and others who had to leave their home during lockdown. Testing had also been targeted at settings with vulnerable residents, including the homeless and those with supported care.
- **Communications and Resident Engagement** – The Committee was updated on the Covid-19 communications undertaken to date to ensure residents, businesses and stakeholders were aware of how to stay safe and prevent the spread of the virus. There had been a recent focus on promoting the stay at home message, symptomatic and asymptomatic testing, and encouraging residents to feel confident in taking up the vaccine when they were offered it. The Council was aware of anti-vaccination messaging around the Covid-19 vaccine circulating within communities. Communications and Community Engagement Teams were currently sourcing and producing localised content, with trusted sources sharing factual information about the vaccine and what it meant to them to receive the vaccine. Members were interested to note that the Council was producing its own localised communications to address local vaccination hesitancy in addition to working closely with the NHS to amplify national NHS campaigns.
- **Vaccine Uptake** - The roll out of Covid-19 vaccinations had commenced in late December with the programme being led by the NHS with support from the Local Authority. Currently, there was no published data available on vaccinations at a Local Authority level. However, regionally, 890,877 first doses and 59,155 second doses of the vaccination had been delivered in London (by 30th January 2021). In the North West London Health and Care Partnership CCG area, which covered Westminster, 158,032 doses had been administered up to the 24th January 2021. The Committee discussed vaccine hesitancy in areas with high deprivation and within BAME communities. Whilst precise data within

Westminster was not currently available for these communities' work was being undertaken on communicating factual information to these groups. Members discussed the importance of working in unison with faith groups, Ward Councillors and individuals who worked within these communities to tailor specific messages in order to break down barriers and help identify areas the NHS should target.

- Adult Social Care Budget – In response to a concern raised over the Adult Social Care budget Councillor Mitchell informed the Committee that the budget proposals had been discussed at the Budget Task Group and Cabinet and were due to go before Council for approval shortly. It was explained that any changes to the Adult Social Care budget were about ensuring the efficient use of resources. As any changes would have a minimal impact on service delivery there was not a requirement to undertake a public consultation exercise.

3.3 The Committee also discussed the development of a mental health task group, transporting residents to vaccination centres and staff working within the care home sector. Finally, the Chair expressed the Committee's thanks to the Cabinet Member and all those staff who were providing valuable assistance in helping respond to the challenges faced by the Covid-19 pandemic.

4 HEALTHWATCH REPORT: PEOPLES EXPERIENCES DURING THE COVID-19 PANDEMIC

4.1 Olivia Clymer (CEO, Healthwatch Central West London) presented a report detailing resident experiences of Covid-19 from March 2020 onwards. It was explained that a variety of methods and channels had been used to gather the insights set out within the report with an additional focus on young people and local BAME communities.

4.2 The following key findings from the report were highlighted and discussed by the Committee:

- Digital Exclusion – It was noted that participants often felt frustration that they felt excluded from access to treatment or engagement because of a lack of access to, or understanding of, new technology. Feelings of stress, isolation and uncertainty were frequently reported by participants when asked about their use of technology during this period. The Committee discussed the importance that provision for those who did not or couldn't use technology needed to remain a vital part of all health and social care services.
- Mental Health Concerns – The Committee was advised that nearly all of those people participating in the survey had confirmed that their mental health had been affected during the period of lockdown with many experiencing feelings of loneliness, anxiety, fear and panic. There was a

concern amongst participants that this period would have long-term effects for their mental health and their relationships with others. The Committee discussed the findings and suggested this was an important area which would require further scrutiny in the future.

- Stigma and Alternative Information – The Committee was informed about the stigma often attached to contracting Covid-19, including a social stigma of having family members who had died from Covid-19. It was also recognized that there was a prevalence of alternative information regarding the pandemic shared via social media. This information often suggested false, alternative treatments which had no scientific and empirical background.

- 4.3 The Committee discussed how the BAME community had been disproportionately affected by the pandemic and what work was being undertaken to address this. Transport was highlighted as a challenge in trying to ensure those residents unable to leave their homes could access vaccination centres. There was a concern over a lack of knowledge about Covid-19 and vaccines and it was explained that different options were being explored to ensure adequate information about services and support was distributed to those areas of the community identified. The importance of disseminating information to local faith groups or community leaders was highlighted to help assist and support those people requiring it. The importance of ensuring these areas of the community were supported was highlighted and noted by the Board.
- 4.4 Members raised the importance of Patient Participation Groups (PPGs) and the importance of ensuring they played an active role within the community, especially during the pandemic. It was essential that CCGs helped encourage and support PPGs and whilst it was recognised there were difficulties due to the current situation this was an opportunity to discuss local issues and improve the service provided. As part of progressing some of the findings from the report the Committee requested that the local CCGs be written to advising them of the importance of PPGs to ensure these groups remained active during the pandemic. It was also requested that the CCGs be asked to respond to the Committee on the findings contained within the Healthwatch report.
- 4.5 The Committee thanked Healthwatch for producing a very informative report which highlighted the challenges faced by local people in terms of their social wellbeing and mental health. The report's findings were noted and would greatly assist in the process of engaging and supporting local communities during the Covid-19 pandemic.

5 WORK PROGRAMME FOR 2020/21

- 5.1 Lizzie Barrett, Policy and Scrutiny Officer, presented the Committee's 2020/21 Work Programme.

5.2 The Committee reviewed the draft list of items and suggested the following potential future topics:

- Health inequalities amongst the BAME and disabled communities, including vaccine uptake;
- Obesity and metabolic disease in adults;
- Adult mental health and emotional wellbeing, including how services have adapted during the pandemic; and
- Social isolation and loneliness.

RESOLVED:

That the Work Programme be noted.

The Meeting ended at 8:18pm.

CHAIRMAN: _____

DATE: _____