



North West London
Clinical Commissioning Group

North Kensington Recovery



North Kensington Health & Wellbeing Network

24th June 2021, 10:00 – 11:30

Meeting ground rules



We have put together some ground rules in order to run this online meeting:

- Please mute your microphone throughout the meeting unless you have been asked to speak.
- This meeting will be recorded. The recording will be for note taking purposes only. Please let us know if you have any concerns with this.
- Please write your name and organisation in the chat window.
- If you would like to ask a question during a presentation please write this in the 'chat' window.
- If you would like to speak, use the 'raise your hand' button or write HAND in the 'chat' window and someone will let you know when you can speak.
- Please let us know if you have questions about any of the above.



Agenda

10:00 *Welcome, agenda, and 72 second silence commemorating 4th Anniversary of the Grenfell Fire*

10:10 *Update on Primary Care and Vaccine Roll out by Nick Sodhi, Head of Primary Care Commissioning (NWLCCG)*

10:25 *Partnerships Session delivered by Tom Richard, Voluntary Sector Development Manager (KCSC)*

10:55 *Q&A on partnerships*

11:20 *Branding of NK Self-Care Programme by Kalwant Sahota (NWLCCG)*

72 second silence commemorating the 4th Anniversary of the Grenfell Tower Fire



West London / RBKC Covid Vaccination Update

– Vaccination choices in West London

1. Local Vaccinations Sites (LVS): St Charles, Violet Melchett
2. Mass Vaccination Sites (MVS): Science Museum
3. Community pop ups
4. Vaccination Bus (AZ only)
5. Selected pharmacies
6. “Super Events”: Twickenham, Chelsea FC

• **Saturday 26th June**

• Al-Manaar Muslim Cultural Heritage Centre – 09:00-14:00 Booked appointments (Walk-in for RBKC residents 14:00-15:00)

• **‘Super Sunday’ Clinic Times – Sunday 27th June**

• **St. Charles** – 08:30-13:00 Booked appointments (Walk-in vaccinations for RBKC residents 12:00-13:00)

• **Violet Melchett** – 09:00 – 15:00 (Walk-in vaccinations for RBKC residents 12:00-15:00)

Age UK Transport Offer for Over 50s

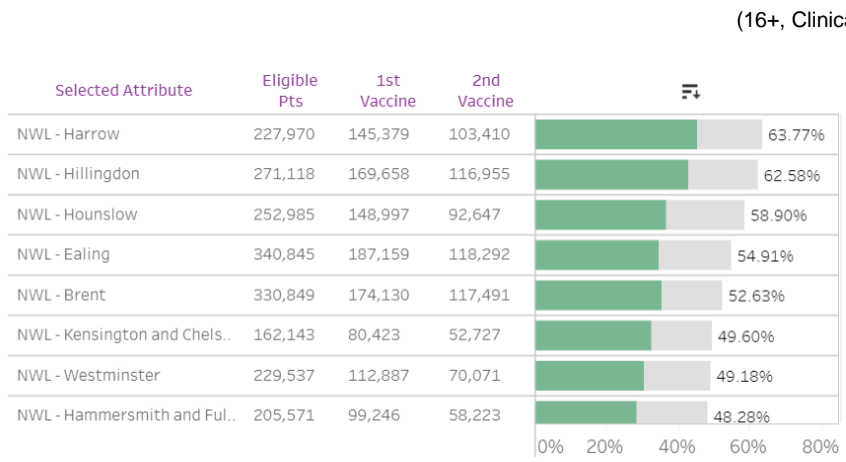
Age UK can arrange transport for patients over 50. Patients can request support with transport to and from vaccination appointments either by e-mailing ashallon@aukc.org.uk or calling 07497 188 221 (Monday-Friday 10:00-17:00).

NW London Vaccine Data

comparison by cohort

RBKC uptake

Data



1st Vaccine Given
2nd Vaccine Given

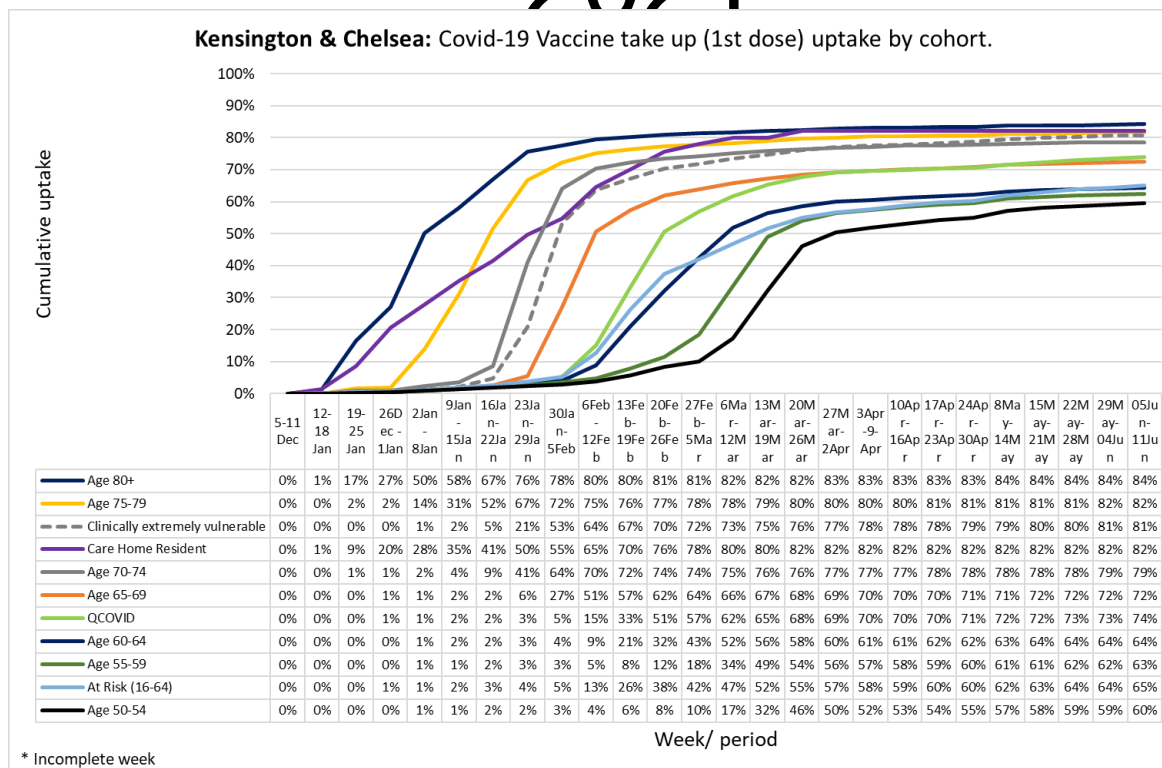
Category	Eligible Pts	1st Vaccine	2nd Vaccine	%	% Contrai ndication
Age 80+	5,487	4,621	4,438	84.22%	11.30%
Age 75-79	4,508	3,684	3,517	81.72%	11.45%
Age 70-74	6,026	4,748	4,561	78.79%	10.62%
Clinically extremely vul..	3,085	2,499	2,292	81.00%	7.33%
Age 65-69	6,246	4,534	4,274	72.59%	6.72%
QCOVID	2,343	1,737	1,534	74.14%	4.65%
At Risk (16-64... All	8,194	5,360	4,415	65.41%	2.78%
Age 60-64	7,003	4,515	4,100	64.47%	1.98%
Age 55-59	10,316	6,450	5,604	62.52%	1.15%
Age 50-54	11,752	7,010	5,712	59.65%	0.03%
Age 45-49	13,423	6,988	3,318	52.06%	0.07%
Age 40-44	14,543	6,876	2,641	47.28%	0.05%
Age 35-39	16,114	6,885	1,900	42.73%	0.10%
Age 30-34	17,849	7,287	1,743	40.83%	0.12%
Age 25-29	16,541	4,402	1,395	26.61%	0.16%
Age 20-24	12,233	1,945	774	15.90%	0.37%
Age 18-19	3,072	378	118	12.30%	0.34%
Age 16-17	2,964	117	56	3.95%	4.10%

WSIC dashboard

Refresh Date: 18/06/2021 14:14:56
Latest Data: 16/06/2021

Kensington & Chelsea: Covid-19 vaccine uptake (1st dose) at 16 June 2021

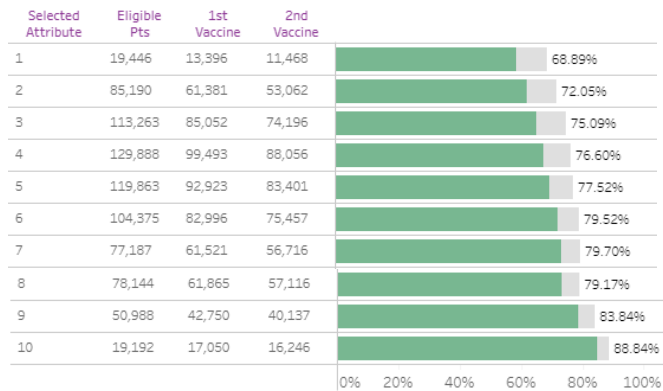
Data



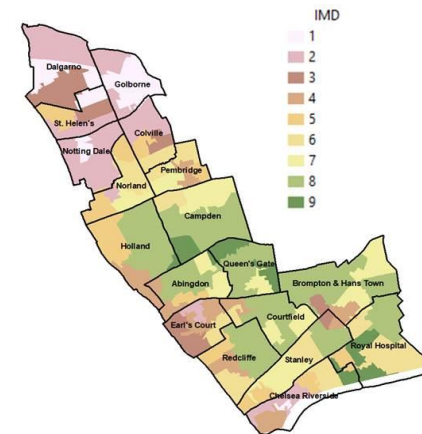
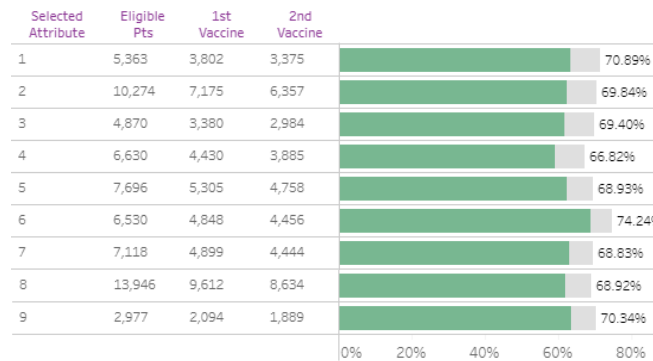
Vaccination uptake by deprivation in NW London and Kensington and Chelsea

Data

North West London



(50+, Clinically Extremely Vulnerable residents and at risk groups) Kensington and Chelsea



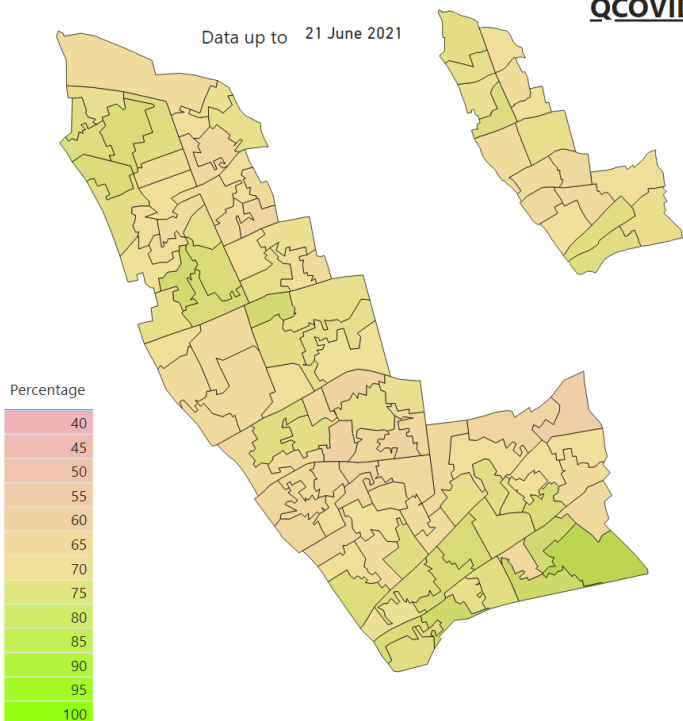
1st Vaccine Given
2nd Vaccine Given

WSIC dashboard Refresh Date: 18/06/2021 14:14:56

Latest Data: 16/06/2021

Vaccination uptake and decline data for priority groups LSOA and Wards in RBKC (those aged 50 years and older, care home residents, the clinically extremely vulnerable and 'at risk', % of eligible population up to 16th June)

Vaccination Uptake in the 50+, Care Homes, Clinically Extremely Vulnerable, 'At Risk' groups and QCOVID



	1st Dose	Refused	Abroad	Abroad as % refused	Status pending %	Deprivation rank
Chelsea Riverside	75%	5%	0.6%	12%	20%	3
Norland	75%	4%	1.0%	26%	21%	6
Dalgarno	74%	4%	0.3%	8%	21%	2
Stanley	74%	5%	1.3%	26%	21%	6
Royal Hospital	73%	5%	1.1%	21%	22%	7
St. Helen's	72%	4%	0.3%	7%	23%	3
Campden	72%	5%	2.2%	43%	23%	7
Notting Dale	71%	5%	0.8%	16%	24%	2
Pembridge	70%	5%	1.2%	25%	25%	5
Redcliffe	69%	4%	1.3%	30%	26%	7
Abingdon	68%	5%	2.4%	47%	27%	7
Golborne	67%	6%	0.6%	10%	27%	1
Holland	66%	6%	2.4%	39%	28%	7
Colville	66%	6%	0.9%	16%	28%	4
Queen's Gate	66%	5%	1.6%	36%	30%	8
Courtfield	65%	6%	2.6%	44%	29%	7
Brompton & Hans Town	65%	8%	2.7%	33%	26%	7
Earl's Court	64%	5%	0.9%	20%	31%	4
Kensington and Chelsea	69%	5%	1.4%	26%	25%	

Source: NWL WSIC DID as at 16th June 21

Beyond COVID.....

Beyond the COVID vaccine roll out the priorities for primary care across North West London include:

1. Facilitating recovery from COVID and playing a key role in managing a backlog of activity and demand accumulated during the pandemic as well as changing health needs such as Long COVID
2. Reduce levels of health and care inequalities
3. Improving Access to General Practice
4. Addressing variation in primary care delivery and outputs
5. Focus on prevention and personalisation
6. Ongoing development of Primary Care Networks (groups of GP practices working together)
7. Integrated Care Partnerships - providing proactive 'anticipatory' care bringing together primary care networks, hospital and council services to meet individuals' needs.
8. Development and rollout of a single offering for primary care across NWL,

Introduction to Partnerships

Benefits of Partnership Working

For service users	For organisations
Can address multiple issues at once	Can reduce duplication in services, saving money and encouraging cooperation over competition
Don't have to repeat their story several times	Can reduce overheads/back office costs
Much more natural/human experience	Likely to increase chances of being awarded funding
Can have stronger working relationships with a smaller number of trusted staff	Opportunity for peer learning
Less likely to fall between the cracks in provision	Can produce better, longer term outcomes for service users, reducing long term dependency
	Potential to bring in new skills and expertise that doesn't exist within the organisation

Types of Partnership

- Informal (the examples below can also be formalised)

Signposting

Shared case working

- Formal

Bulk purchasing arrangements

Shared back office services

Data sharing agreements

Joint contracts/sub-contracting

Consortium/consortia

Principles of a Successful Partnership

- Openness, trust and honesty between partners
(embed this by being transparent about expectations from the very beginning and throughout)
- Agreed shared goals and values
(embed this by agreeing a clear mission early, and a framework to set out the expected outcomes, activities, methodology and responsibilities of each party)
- Regular communication between partners
(embed this by creating a system for monitoring and evaluating progress, and by setting out staff responsibilities)

Barriers to Partnership Working

- A lack of commitment to the principles of partnership working, a lack of trust between partners and an unequitable allocation of responsibility are common reasons partnerships struggle.

Other barriers may be:

- no clear boundary between partners' responsibilities
- reluctance to share information and data with other partners
- lack of time available to commit to the partnership, particularly in the early stages
- misconceptions or previous negative experiences of partnership working
- potential conflicts in philosophies of the partners
- lack of training/experience among partners in partnership working

Choice of Partners

- The choice of partners is important. Partnerships are often formed from existing networks or where there is a history of collaborative work between potential partners. However, there are circumstances where it is important to invite new partners to the table.

What Could Your Organisation Offer to a Partnership (10 min exercise)

Resources	Expertise	Relationships
Funding, equipment, a venue, transport	Understand the needs of the community	Established relationships in the community
Staff time, back office support, volunteers	Have run similar projects before	Relationships with funders
Infrastructure (software, policies and procedures)	Experienced staff already in place (no need to recruit)	Able to lobby decision makers
Existing comms channels		Links across the sector
		Relationships with governing bodies

Key steps to take once a partnership has been established

- 1. Identify aims and objectives
- 2. Clarify roles and remits
- 3. Ensure partners are committed, willing and supported
- 4. Ensure partnership has appropriate resources and staff are trained where necessary
- 5. Establish structure and processes
- 6. Get working!
- 7. Review and evaluate

Any
questions?



NK Self-Care Branding

Suggested names for the programme:

- *WellNorthKen*
- *WellConnect in North Ken*
- *HealthConnect North Kensington*
- *Every day steps North Kensington*
- *My health first*
- *NK Connects*
- *CommunityHealth*
- *CommunityConnects*
- *Others?*