

North Kensington Health & Wellbeing Network

24 June 2021, via Zoom

Actions and Key Points

- Camila Marin-Restrepo (CMR), Project Officer for North Kensington Self-Care Programme (KCSC)
- Kalwant Sahota (KS), Self Care and Social Prescribing Manager, NHS West London Clinical Commissioning Group (WLCCG)
- Tom Richards (TR), Voluntary Sector Development Manager (KCSC)

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)**

- These monthly meetings will be held from 10am to 11.30am from now.
- Future meetings can be found on the website [here](#).

Camila Marin-Restrepo (CMR) used the following presentation throughout the meeting.

[Presentation](#)

4th Anniversary of Grenfell Tower Fire

The forum held a 72 second silence to commemorate the victims of the Grenfell Tower Fire.

Update on Primary Care and Vaccine Roll Out

For slides see presentation linked above

Two local vaccination centres one at St Charles and one at Violet Melchett. Vaccine is now open for everyone over age of 18. Mass vaccination centre at Science museum, predominantly via appointments but do have some walk in sessions. Vaccination bus (AZ only). Some pharmacies are also giving vaccinations as well as the super events at Twickenham and Chelsea.

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)

Better to have booked appointment with your GP. There is a lot of extra capacity, mostly Pfizer vaccine which is good for under 40s.

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).

Statistics on NW London Vaccine Data Uptake

Over 18s: just under 50% uptake

Over 65s: at 80% important to note that these cohorts have been open a lot longer and thus more time to increase uptake levels. Vast majority of this cohort has also had a second vaccination.

RBKC has one of the lowest uptakes in the country despite huge push from primary care. Complexity with demographic in Central London with highly mobile population, people can move outside of the area and register with another GP meaning that they may appear as not having had a vaccine. Also, the borough has highest proportion of people with a second home, a lot of people have moved away or gone abroad which can also help to contextualise low uptake numbers.

Vaccine uptake starts to plateau over time for each age range as most people are vaccinated in first phase when their age group becomes eligible.

Vaccine uptake by deprivation in RBKC borough, higher vaccination uptake in most affluent areas with lowest vaccination uptake in more deprived areas. Middle deprivation area have the highest vaccine uptake in general, but unable to explain reasons behind this trend. Chelsea riverside has highest vaccination uptake in RBKC for over 50+ and clinically at risk.

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,

Questions:

Joe Batty: What is going to be done to end the huge disparity of mortality between North Ken, South Ken and the wealthy sandwich in the middle. Going back to normal is perhaps not the message we should be using? There is a spread of around 15-25 years difference at either end of the borough.

Nick Sodhi: Not sure that it is going to be back to normal ever, there will be different ways of working such as increased digital offer. Some people will want to be seen face to face but others will prefer digital. In terms of the disparity of mortality, Nick mentions that he may not be best placed to answer a question of that magnitude. From a GP perspective, there needs to be services delivered in areas of deprivation that meet those local needs and increase investment that ameliorate health inequalities.

Teresa Meekings: Note 7 on Integrated care after covid has no mention of the role in the "partnership" of the Voluntary and Community Sector - this omission keeps coming up. How will the ICP include Voluntary sector on an equal basis as we have the direct contact with hard to reach clients?

Kalwant Sahota: VCS sector across North West London is part of third sector strategic group there are representatives that sit on ICS boards. Either NW London strategic group should come to the H&W forum on a quarterly basis so that providers can feedback from grassroots organisations upwards and not lose essence of what is being delivered on the ground. If it isn't being articulated enough, then important to relay this back to the strategic group.

Joe: What kind of surveying has been done of population to see that move towards appointments online is what they actually want? Some health professionals can't do their jobs online.

Nick: Not aware of local surveys, but different patients have different needs. Mixed approach gives flexibility as others with different health needs may need to see someone face to face, especially if English is not their first language. Need to look at mixed approach, allowing the patient to get the approach they want. There is

feedback that people struggle to engage digitally with general practice, so it must be stressed that we can have face to face appointments now.

Ewa: Community champions have been supporting vaccine clinics and pop ups, what has been observed is that people who wanted to be vaccinated made up their mind a while ago. Those who haven't been vaccinated won't change their mind as there is resistance relating to the government having hidden agenda. The more vaccination programmes are pushed the more people think they are being manipulated. Would like to know what the best approach is. Are vaccine buses well attended? Feedback from volunteers is that they can be quiet.

Nick: Bus is coordinated by local authority, they do about 50 vaccinations per day, which is not a lot in comparison to bigger events but the focus is to get awareness out in areas with lower take-up. The only vaccine that can be used on the bus is AZ due to storing requirements; there has been bad press on AZ vaccine which makes it a bit tricky. In terms of resistance to vaccine, there is a tension between helping people get vaccine and pestering them, impossible line to get right. Opening up to over 18s, there is now a wider range of people who are open to vaccinate. It is right to keep trying but to balance this with the fact that it is optional and not mandatory.

Theresa Pope: Will there be clear message to older people in particular that they can have face to face or will they have to request this? Majority of older people will not want to be digitally included. Worried that it will stop older people from going to the doctors. Living with COVID-19 is the norm now so we need to adapt to this.

Nick: Message should be out there, still tension as we are in the middle of COVID-19 and there are concerns about the Delta variant. Happy for message to go out that you can and should book face to face appointments.

Kalwant Sahota: Health are working with RBKC around their Digital Inclusion Plans to link into any digital champions offers to include health support to support patients that would like to use digital support. RBKC are doing a mapping of current offers in place.

Partnerships Session

Delivered by Tom Richards, Voluntary Sector Support Manager at KCSC.

Link to presentation is included above.

Breakout Rooms

Group 1: Good discussion some organisations can share training and experience, strategic relationships with decision makers and funders, others had experience of working in consortia working with other organisations effectively, partners that they would welcome working with Corinna works on climate project with older people in RBKC – difficulty in getting message out into community. If anyone has community space and/or residents for CML get in touch

Group 2: Open Age has centres and venues. Good knowledge of local population in RBKC and understand needs of older people. Similar to Age UK, and additionally could offer volunteers and see what is already existing to see if projects can be spread across potentially. Important thing is to share out responsibilities as there are similar facilities. VCKC has volunteers and clients who are difficult to reach, resources and activities. Shelter

has housing expertise and have a lot of older clients, people who have become recently unwell, could be worked on together with an organisation. Can refer into borough, only one adviser based in RBKC currently – don't have a lot of advisers as they normally would have. Couple weeks wait to see housing adviser in RBKC. Also have dedicated inbox for NK. Shelter will provide details on how to refer. Informal partnerships happen all the time.

Group 3: Connecting in terms of services, sharing space, referral pathways and systems, working better together to offer holistic approach.

Branding of NK Self-Care Programme

Forum is funded by NK Self-Care Programme but currently it doesn't have a brand, a lot of work is done and there are a number of services available but may not be as visible due to lack of branding.

Suggested names:

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

It was suggested that the community should be consulted, consultation could go out through Grenfell Network. Noted that the network doesn't cover whole of area but Joe is happy to share with Grenfell network. Positive feedback on WellNorthKen, as it could work well on twitter and NK Connects – short and sweet.

Update on how to refer clients to Shelter (North Kensington)

Shelter provide advice and advocacy for those in bad or unsuitable housing, at risk of homelessness or experiencing homeless, particularly the "hidden homeless". There is also a number of internal teams that provide a range of services and also referral routes to externals like Fair Finance and employment support so once a client is referred, they take a holistic approach in supporting the housing query and then looking at any other services that could support the clients situation. The internal services available after referral and initial interview include:

Housing Advice Support & Guidance – currently delivered remotely across London. Usually delivered in outreach locations in most London Boroughs though will see how we restart this due to COVID-19 restrictions.

Information Resource Centre – self-guided practical help, DHP applications, grant applications, private rented sector (PRS) workshops etc

Resilience Service – Links clients with services for additional support needs including mental health support

Legal team – Provide legal advice to clients eligible for Legal Aid

DIYSA – DIY support for clients where we can provide materials and also skill sharing to empower client sin DIY work

For any clients you would like to refer, contact north_kensington@shelter.org.uk for the referral form. The client will then be contacted and booked in to the next available appointment.

If you have a client facing imminent eviction (same day or in next few days) or an urgent situation you can call the Session Supervisor to pick up on the same day by calling **0344 515 0314**. You can just call with the clients contact info, name, address and date of birth, the reason for the urgency (so imminent eviction for example) and they can reach out to the client to triage into support if needed.

Also, some general information you could share with clients that are able to action themselves: If you are homeless or need advice about your housing situation please call the Shelter London Advice Line on **0344 515 1540**, lines are open 9.30-6 Monday to Fri. There is also the brilliant webchat function accessed through our [website](#).

Polls

Training/Workshops:	36.36%	Nutrition + exercise	18.18%
Discussions:	27.27%	Creative projects	18.18%
Expert speakers:	27.27%	Changes in the NHS	18.18%
GP Updates:	9.09%	Resilience, green initiatives	27.27%
		What is Social Prescribing?	18.18%

Attendance:

<i>Organisation</i>
Age UK Kensington & Chelsea
Change4Life service
Community Champions
Community Living Well
Community Massage London CIC
KC Mind
NWL CCG
Open Age
The ClementJames Centre
The Dalgarno Trust
Shelter
RBKC
Volunteer centre

Next meeting: 22 July 2021, 10:00am – 11:30am