

MINUTES OF THE INFORMAL HEALTH AND WELLBEING BOARD

Tuesday, 15 June 2021
(7:00 - 9:00 pm)

Present: Cllr Maureen Worby (Chair), Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow and Melody Williams

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes (9 March 2021)

The minutes of the meeting held on 9 March 2021 were noted.

3. Covid-19 Update in the Borough

The Director of Public Health (DoPH) updated the Board confirming that cases had increased as the third wave was underway. It was expected that the third wave would peak in mid July or August though the DoPH stated that this would be dependent on the vaccination rates.

The Delta Variant of Covid-19 was 60% more transmittable than other variants and vulnerable people in cohorts that had not been vaccinated had been affected.

The Council and North East London Clinical Commissioning Group (NELCCG) were due to submit its surge vaccination plan to the Government on 16th June in order to facilitate the lifting of all remaining restrictions on 19 July.

Four wards, Longbridge, Goresbrook, Abbey and Heath would be prioritised for surge vaccinations as they presently have a low vaccination rate.

The Senior Intelligence and Analytics Officer (SIAO) provided an update on Covid-19 cases. Cases in Barking and Dagenham had started to rise however the borough had the lowest case rate in London. In relation to variants, the SIAO disclosed that samples that could be tested for genotyping, 84 variants of concern had been identified and the Delta variant, which was the most infectious, accounted for 64 of these indicating its increasing dominance.

The number of cases, per 100,000 people, among 19-24 year olds had increased considerably. An increase in 17-18 age group had also been noted, though the SIAO cautioned that it was a small group.

In relation to Covid-19 related deaths, defined as Covid-19 being recorded on the death certificate, the number of deaths stood at 550 people.

The DoPH stressed that, as Covid-19 cannot be eradicated, approaches to managing infections will have to be undertaken.

The Committee noted the update.

4. Barking and Dagenham Borough Partnership - Roadmap to an Integrated Care System

The Borough Partnership was established as a delivery group as part of integrated care and place based care. Following changes in the structure of CCGs and the move toward integrated care systems, North East London CCG also worked together into 3 groupings: Tower Hamlets, Newham and Waltham Forest (TNW), Barking and Dagenham Havering and Redbridge (BHR), and City and Hackney (C&H).

These groups of boroughs, also known as integrated care partnerships, were designed to act as a bridge between the strategic role of NEL-wide work and the concentrated local relationships delivering transformation in each borough.

The Managing Director of NELCCG (MD) explained the centrality of partnerships to developing integrated care and funding was set aside to draw up roadmaps for implementation and it was intended to establish the partnerships by April 2022.

An event was held in May to discuss the proposals presented by the boroughs and Barking and Dagenham's was the most developed as the Council had been working on the plan for longer. The MD noted that the proposal included examples of already existing collaboration, cautioning that there was still a lot of work to do.

The MD noted that it was intended that the Partnership would manage budgets and staff across all the participating partners. The proposals provided a route to achieving this and the provision of services and how responsibilities would be transferred gradually.

In response to questioning from Cllr Carpenter, the MD emphasised that the structure was drawn up by the partnerships and not NELCCG, so it was not being imposed and that the partnerships would be as flexible to the needs of each borough as is possible and desired.

Clarification was sought in relation to services for children. The MD highlighted that the partnership would enable children needing support to access it without having to go through Child and Adolescent Mental Health Services (CAHMS).

The Board, noting the limited national based guidance, questioned the MD on safeguarding and how this would be incorporated into the integrated care partnership. The MD disclosed that a new Director of Quality and Safeguarding had been appointed and would start work in July 2021. The Director, along with the Accountable Officer, would be responsible for ensuring that safeguarding regulations and protocols are upheld and the right systems, which would be borough based, are in place.

The MD stressed that the Borough Safeguarding Board would continue to have a role in the partnerships.

The Board noted the report.

5. Structural Inequalities-Population Analysis

The Head of Insight and Innovation (HII) and the Consultant in Public Health (CPH) presented to the Board. The Council was undertaking a comprehensive analysis of structural inequalities faced by residents and how Covid-19 pandemic has compounded these.

The analysis looked at nine protected characteristics and sought to establish and understand disproportionate effects on residents based on those characteristics. The initial analysis examined structural inequalities based on three of the characteristics; age, gender and race.

The HII showed the board the model that would be used to carry out the analysis and invited the Board to suggest data points that they believed would be helpful promising that they would be considered. The model focused on social conditions, economic dynamics, population age, underlying health conditions, population density and social distancing.

Following questioning from the Board, HII explained that children and young people were included but that the terminology may not make that clear. However, the model structure would enable comparisons to be made when the report was completed. The Chair asked that, in relation to children and young people, obesity rates be made clear and that the rate of uptake of all recommended vaccinations be clearly defined.

In relation to social outcomes, the HII noted that Barking and Dagenham residents, compared to other London boroughs, scored the third worst outcome in London highlighting fuel poverty and child poverty. Regarding health outcomes, Barking and Dagenham had the worst health outcomes in London and that the difference between Barking and Dagenham and Newham, which was second, was 21 points.

An analysis was undertaken in relation to employment, revealing that there had been a considerable change in relation to the black and ethnic minority (BAME) population, aged between 18 and 24 between 2018 and 2019. The HII noted that, prior to the pandemic, young BAME people were more likely to work in sectors that have been affected by Covid-19, whereas a disproportionate number of white young people worked in industries that were relatively unaffected and the HII highlighted construction as one sector. More quantitative research would be undertaken to understand the causes of the discrepancy.

The HII then briefed the Board on mobility during Covid-19 and provided comparative data from Camden and the average for all of London. Barking and Dagenham residents had been more mobile than other London boroughs and during the early stages of the lockdown residents stayed at home, but that by October this had changed and residents largely stayed at home during weekends only.

The HII concluded that the data showed the nature of the employment a typical Barking and Dagenham resident was engaged in, adding that many had to be physically at their place of work. This was in contrast to Camden residents.

The CPH added that the annual public health report would be published in September 2021 and, in addition to the HII's localised analysis, it would include national level data and NHS related analysis examining hospital admissions from an equality perspective. The report would be different from previous years as the

key finding will cover more themes and there would be input from primary care network directors, NELCGG as well as other stakeholders.

The report would also inform the Council's corporate plan.

The Board noted the report.

6. Local Outbreak Plan for Covid-19 Infections

The DoPH highlighted the key points of the plan adding that it been considered by the London assurance process and that the Covid Health Protection Board had approved it.

The Chair gave thanks, and the Board's appreciation, to the public health team for all their work in protecting residents during the Covid-19 pandemic, mitigating challenges and providing support.

The Board noted the plan.

7. Mental health and wellbeing of care staff during Covid-19

The Acting Healthwatch Manager (AHM) presented to the Board, Healthwatch's Report. The report related to research undertaken on behalf of the Council during September and October 2020. Care home residents and staff were asked about their experiences in relation to each other, family members wanting to visit and overall impact on staff.

Care home residents were complimentary overall but best practice, in relation to family visits, varied from care home to care home. Healthwatch recommended improvement in communications.

Phase two of Healthwatch's research related to the impact of Covid-19 on care home staff and their mental wellbeing. 10 case studies where undertaken and, whilst staff where overall satisfied with the support given, domiciliary care staff felt under appreciated and that more information in relation to support and wellbeing would be helpful.

Staff were impacted by long working hours, double shifts, financial issues, access to food, pressure supporting their own family members as well as the death of care home residents.

Healthwatch recommended providing care home staff with details on where they can seek assistance if they have issues such as information about food banks.

The Integrated Care Director at North East London Foundation Trust (NELFT) responded by explaining to the Board that NELFT had been recently commissioned to provide support to the care sector in North East London.

NELFT had launched the 'Keeping Well' service, just before Christmas, for care staff and is free of charge. Staff can access a website for information and where necessary can be given fast tracked access to services such as talking therapies.

The Chair welcomed this development but suggested that communications needed

to be put out to staff, especially in domiciliary care, informing them of the support available.

The Board noted the update.

8. Challenges in accessing dental care during COVID-19

The AHM reported that, during the pandemic, they received enquiries from the public in relation to access to dental care. The AHM noted that NHS appointments, as opposed to private ones, were hard to obtain and that there was confusion in regards to whether registration with dental practices was required. AHM clarified that registration was not required in the way it was required of GP practices. It was observed that only 23% of those who sought an appointment were granted one.

The AHM warned that dental issues, if left untreated, would result in a later need for emergency treatment that, as well as being unpleasant for the patient, is costlier.

In response to questioning from the Board, the AHM disclosed that there had been issues with contracts where once the agreed amount had been spent, dentists declined to see any further NHS patients.

NHS England was responsible for agreeing contracts with dentists and AHM and the MD agreed to liaise to draw up a possible plan of action in dealing with the problems highlighted in the report.

The Board noted the update.

9. Forward Plan

The Board requested that a thorough report be provided in relation to child mental health provision across all health partners, with information on funding and why there was disparities.

The Chair requested that health partners be more proactive in adding items to the forward plan rather than responding to enquires and requests from the Board.

The forward plan was noted.

10. Any other public items which the Chair decides are urgent

The Chair disclosed that there were ongoing discussions between Barking and Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Barts Health NHS Trust in relation to operational collaboration.

The Chair, noting past problems in BHRUT, acknowledged that it could be a positive development but expressed concern that, in its proposed form, it could be detrimental to the residents of Barking and Dagenham. The Chair noted that whilst BHRUT and Barts would continue to have separate boards they would have the same Chair. A permanent Chief Executive of BHRUT would also be appointed. The Chair noted that two people with particular knowledge of Barking and Dagenham would be leaving.

The Chair added that, in her view, Barking and Dagenham had long been marginalised as there was no hospital in the borough and expressed her opposition to the proposal to open an emergency treatment centre at Mile End Hospital in Tower Hamlets, arguing that it was not convenient for Barking and Dagenham residents.

The Chair also questioned whether the changes were appropriate given that the Covid-19 pandemic was still ongoing.

BHRUT's Chief Nurse (CN) responded that the Chair would be invited to take part in Stakeholder Groups and would be able to articulate her concerns. The CN also said that the appointment of a permanent Chief Executive, given the previously high turnover of senior staff, would provide stability but acknowledged that it may be unsettling.