Barking & Dagenham

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 15 June 2021 - 6:00 pm
Meeting to be held virtually

(This is an informal meeting and will not be held in public)

Date of publication: 8 June 2021

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBD (Director of People and Resilience)
Cllr Saima Ashraf	LBBD (Cabinet Member for Community Leadership and Engagement)
Cllr Sade Bright	LBBD (Cabinet Member for Employment, Skills and Aspiration)
Cllr Evelyn Carpenter	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Matthew Cole	LBBD (Director of Public Health)
John Carroll	Metropolitan Police
Melody Williams	North East London NHS Foundation Trust
Sharon Morrow	North East London Clinical Commissioning Group
Sharon Lees	Barking Havering & Redbridge University NHS Hospitals Trust
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

Cllr Paul Robinson	LBBD (Chair, Health Scrutiny Committee)
Narinder Dail	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
Vacant	London Ambulance Service
Vacant	Independent Chair of the B&D Local Safeguarding Children Board
Vacant	NHS England London Region

AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council's Constitution, Members of the Board are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting on 9 March 2021 (Pages 3 - 6)**

4. **Covid-19 Update in the Borough (Page 7)**

5. **Barking and Dagenham Borough Partnership - Roadmap to an Integrated Care System (Pages 9 - 29)**

6. **Structural Inequalities-Population Analysis (Pages 31 - 40)**

7. **Local Outbreak Plan for Covid-19 Infections (Pages 41 - 82)**

8. **Mental health and wellbeing of care staff during Covid-19 (Pages 83 - 122)**

9. **Challenges in accessing dental care during COVID-19 (Pages 123 - 150)**

10. **Forward Plan (Pages 151 - 157)**

11. **Any other public items which the Chair decides are urgent**

12. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

    Private Business

    The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

13. **Any other confidential or exempt items which the Chair decides are urgent**

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Barking & Dagenham

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

Prevention, Independence and Resilience

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

Inclusive Growth

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

Well Run Organisation

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 9 March 2021
(6:00 - 7:33 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Nathan Singleton and Melody Williams

Also Present: Brian Parrott

95. Apologies for Absence

There were no apologies.

96. Declaration of Members' Interests

There were no declarations of interest.

97. Minutes (13 January 2021)

The minutes of the meeting held on 13 January 2021 were confirmed as correct.

98. Covid-19 update including vaccines

The Director of Public Health (DPH) updated the Board who noted that many primary school pupils returned to school on 8 March and secondary school pupils would return by 15th March. The DPH expressed his thanks to parents who, following a letter sent by the DPH asking that they arrange for their children to be tested, volunteered their children resulting in a large number of asymptomatic cases being detected.

The Senior Intelligence and Analysis Officer (SIAO) then gave a presentation to the Board and highlighted the following:

- Most London boroughs had been given an amber RAG Rating;
- Most London boroughs had seen a fall in cases;
- Barking and Dagenham continued to maintain a relatively high test rate compared to other boroughs and this was due to more testing of secondary school age young people as referenced by the DPH above.

In addition, the GP Confederation released figures showing that the percentage of persons registered with their GP within Barking and Dagenham who still required the first dose of the vaccine was:

- 80+ years 6.62%
- 75-79 years 11.29%
- 70-74 years 12.14%
- Shielding 36.84%
- 65-69 years 28.28%
- Underlying health conditions (under 65 years) 47.91%

On the 4 March 2021, the infection rate in the Borough was 60.6 per 100,000 people which meant that Barking and Dagenham continued to have a red RAG rating. However, this represented an 85% reduction since 4th January 2021. Eastbury and Thames wards recorded the highest cases rates in the 14 days prior to 4 March.

There were seven Covid-19 related deaths in the week ending 26th February which continued the downward trend. Unfortunately, there had been 531 Covid-19 related deaths in Barking and Dagenham since the pandemic began.

The DPH cautioned that, whilst the overall trend was one of decline, it was likely that cases would fluctuate as the lockdown was eased. The DPH stressed the importance of the public adhering to lockdown procedures and taking all precautions. The DPH also warned that one of the legacies of the pandemic would be the worsening of health inequalities.

The Chair acknowledged that Covid-19 would continue to be a major challenge for the Council going forward and would be a major theme for the Board in the forthcoming 2021-2022 municipal year.

The Board noted the update.

99. Safeguarding Children Partnership Annual Report

The Interim Head of Commissioning at Children's Commissioning (IHC) presented the report to the Board.

The priorities for 2019-2020 were focused on reducing knife crime, gang culture, exploitation, domestic violence and minimising neglect at the pre-birth stage. The report also discussed the partnership arrangements and comments by each of the working group chairs was included in the report.

The IHC focused on the work undertaken to build strong foundations by moving responsibilities from the Safeguarding Children's Board to a partnership model and how this would work within the wider children's protection system.

The Director of People and Resilience (DPR) added that the report set out the start of a new journey with the purpose of reinvigorating how the Council would deal with the protection of vulnerable children. The DPR then highlighted the plan to recruit an independent scrutineer. The aim would be to recruit someone who had a connection to lived experience in order to enhance the inclusion of the voices and experiences of vulnerable children into the Council's protocols and approaches.

The DPR noted that Covid-19 had resulted in challenges owing to restrictions on socialising as well as a rise in domestic violence and neglect nationally. However, the Council was making more use of virtual meetings and the restoration of school classes would also help in dealing with these challenges.

The Committee noted the annual report.

100. IAPT and Community Solutions

The Head of Special Programmes at Community Solutions (HSP) updated the Board. Work to undertake joint working between staff in Talking Therapies and Community Solutions began at the end of 2020. Owing to Covid-19 there had been increased use of the Community Solutions Hubs and residents were presenting with issues related to issues such as housing, money and mental health. It was felt that close working between these two services would enable the development of a holistic response and social prescribing.

The HSP added that Covid-19, whilst illustrating the need for cooperation, also posed challenges since it limited the opportunity to work from office locations. The HSP added that plans had been made post pandemic and that Barking Learning Centre and Dagenham Heathway would be used as locations for the provision of joint services.

The HSP also highlighted the following:

- Joint training would be arranged with staff from the two services in relation to information sharing, awareness of presenting issues among clients and to identify low level mental health needs and issues;

- Improving Access to Psychological Therapies (IAPT) staff, by working with Community Solutions, would develop connections to, and greater understanding of, wider preventative support services; and

- Joint working would present further opportunities to strengthen the referral pathways so that it covered both services.

The Integrated Care Director at the North East London Foundation Trust (ICD) added the joint working plan was part of a wider programme of integration of front facing services.

In response to questioning, the HSP clarified that the overall aim was to provide key support and training across the relevant parts of the service, however it was stressed that it would not be at the expense of individual safeguarding requirements. Following further questioning, HSP said there were already good connections in place and the proposals were a further development of these.

101. Community Hubs: Concepts and Offer

The Chair introduced the item stating that the Council aimed to have a Hub in every ward and emphasised that she was personally committed to the plan. The Hubs would differ from ward to ward, based on the specific needs of that ward. The Chair urged the Council's health partners to take part; in terms of creating ideas for the Hubs and for the set-up of the Hubs themselves.

All Hubs would contain the following four concepts;

- A core information and advice service;
- A differentiated service and/or activity offer;
- A differentiated community offer; and

- A differentiated workforce space offer.

The HSP provided an outline of the Council's plans disclosing that the Council had set itself a deadline of April 2022 for the completion of the rollout of the Hubs. The aim was for the Hubs to be a place where residents could go to raise issues and seek assistance enabling them to access more targeted advice and services.

Though the Hubs would differ depending on local needs that would be evidence based, they would contain a core information and advice service in addition to other council services, as well services provided by health partners.

The HSP explained that the Hubs would enable the Council to better understand local aspirations and needs and they would be adapted to changes in their particular ward. The Hubs would also be linked with the GP Primary Care Networks in the Borough.

The Board expressed their support for the proposal and asked that regular updates on its implementation be provided to the Board.

102. Forward Plan

The Board noted the forward plan.

Health and Wellbeing Board

15 June 2021

Title: COVID-19 update in the Borough	
Report of the Director of Public Health	
Open	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Bianca Hossain, Senior Intelligence and Performance Officer.	**Contact details:** bianca.hossain@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	

Summary

Over twenty-three thousand, five hundred Covid-19 cases have been confirmed in Barking and Dagenham since the beginning of the pandemic, and there have been more than 500 Covid-19 related deaths of Barking and Dagenham residents.

This presentation offers an overview of the current situation in the borough, highlighting the relevant local aspects such as the geographic and demographic spread of the virus and the progress made with the vaccination of residents.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- Review and if relevant provide feedback on the presentation.

Reason

Offering a local overview of the pandemic.

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Health and Wellbeing Board

15 June 2021

Title: Barking and Dagenham Borough Partnership - Roadmap to an Integrated Care System	
Report of the Director of Public Health	
Open	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Sophie Keenleyside Strategy and Programmes Officer Brinda Sinclair Programme Manager Together First CIC	**Contact details:** Tel 0208 227 3657 matthew.cole@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	

Summary

This report provides an overview of steps taken to establish the governance and priorities of the Barking and Dagenham Partnership as a functioning delivery group within the Integrated Care System.

Borough Partnerships are a key element of the BHR Integrated Care Partnership, bringing together delivery of health and care services around the needs of residents. This will include input around the wider determinants of health, at a community/place-based level.

One of the key aspirations for the BHR Borough Partnerships, is to support residents to improve their physical and mental wellbeing before they deteriorate and require significant and/or long term, high costs interventions, supporting them to maintain a healthy life expectancy for as long as possible. We want to direct residents to the right service and support that they need, first time, aiming to achieve the very best value for residents from every interaction that they have with health and care, local authority or community and voluntary sector staff across the system.

This includes ensuring that residents receive a quality experience from each intervention / interaction with health and care services. The need to focus on the wider determinants of health and wider wellbeing has been highlighted even further as the impact of the Covid-19 pandemic on our residents is considered.

'The next steps to building strong and effective integrated care systems across England' set out plans to move to more formal partnership working as Integrated Care Systems

from 2022, which will likely replace the CCG statutory bodies. This proposal is in line with and builds on our plans and journey towards greater integration, with the aim of improving health and care outcomes for residents. It also places even greater emphasis on the importance of supporting the development and maturity of Borough Partnerships throughout 2021/22.

Borough Partnership Boards will link to the work of Health and Wellbeing Boards to deliver the aspirations of more integrated care, closer to home, supporting local people to remain well for as long as possible, and drawing in support for the wider determinants of health (e.g. housing, debt management, employment) as required. They are essential vehicles to deliver on a key ambition of subsidiarity, with more decisions delivered locally where possible.

BHR Partners held a workshop on Wednesday 19th May to share the learning between each of the three Borough Partnerships in relation to their Roadmap development. The session was facilitated by the Ceri Jacobs Managing Director BHR Integrated Care Partnership and was well attended by leads from each borough. Henry Black Accountable Officer NEL CCGs also joined the session as part of the discussion around what sits at each level of the NEL ICS, and to hear what support Borough Partnerships need.

The Barking and Dagenham Delivery Group has been meeting since 2019. Membership includes:

- Local authority: Social Care, Public Health and ComSol
- BHR Clinical Commissioning Group
- Health Providers: BHRUT, NELFT, Together First CIC, PCNs
- Voluntary, Community and Social Sector: BD Collective, Community Resources, HealthWatch BD, Carers of Barking & Dagenham

The attach slide deck is the Barking and Dagenham Delivery Board submission to the19th May Borough Partnership session. Ceri Jacobs will present to the Health & Wellbeing Board the feedback on our submission and propose next steps to the Board.

Recommendation(s)

Recommendations

The Health and Wellbeing Board is asked to:

1. **Note and consider the role of the Barking & Dagenham Partnership within the governance of the emerging Integrated Care System :**

2. **Consider the next steps on the roadmap for establishing the Barking and Dagenham Partnership.**

Attached- The Barking and Dagenham Borough Partnership - Roadmap to an Integrated Care System

Barking & Dagenham

Borough Partnership

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Barking & Dagenham

NHS
Barking, Havering and Redbridge University Hospitals
NHS Trust

Together First CIC
Barking & Dagenham Federation

NELFT NHS
NHS Foundation Trust

BD COLLECTIVE

Roadmap to an Integrated Care System

May 2021

Introduction

The Barking and Dagenham Delivery Group has been meeting since 2019.

The Group initially focused on three key priorities:

1. LD and autism
2. MMR vaccine uptake
3. Hospital discharge

Membership

- Local authority: Social Care, Public Health and ComSol
- BHR Clinical Commissioning Group
- Health Providers: BHRUT, NELFT, Together First CIC, PCNs
- Voluntary, Community and Social Sector: BD Collective, Community Resources, HealthWatch BD, Carers of B&D

What we have achieved together so far

Current Successes

- B&D Covid-19 Vaccination Programme (including health & social care staff, housebound/care homes and specialist clinics for homeless, refugees, LD/SMI and faith)
- Delivering enhanced primary care to B&D care homes, including geriatric and social care input into MDT
- MMR catch-up campaign
- ComSol and IAPT: co-location and integration of IAPT with council services
- Implemented new Social Prescribing Model
- Primary care, NELFT and social care collaboration in Integrated Case Management
- BD CAN, the partnership between LBBD and the BD Collective to respond to vulnerable residents
- BD Connect

In Development

- Mental health transformation programme for adults and older people
- Barking Riverside new models of care
- Primary care active signposting
- Supporting system working to improve discharge process
- Community hubs and emerging neighbourhoods model
- BD Collective VCSE Networks:
  - Re-imagining Adult Social Care
  - Early help for families
  - Youth
  - Food
- Borough-wide Social Isolation Strategy

Looking Back, Looking Ahead

In November 2020, the partnership commissioned a facilitated session to reflect on the working of the Delivery Board over the last 12 months and to look forward to how the Partnership should work differently in the future.

The session was attended by 27 members preceded by interviews of 18 members of the group and also a short questionnaire administered to group members before the meeting.

The outputs of this session have supported the Delivery Board to consider its development approach to achieving the partnership aspirations for future working.

Our Ambitions

Purpose

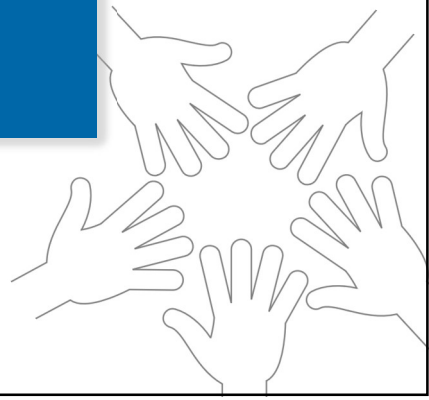
- Improve the population health and healthcare
- Tackle inequalities in outcomes and access across all Primary Care Networks in the borough
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development
- Join up services to support people to live well
- Making Every Contact Count (MECC)

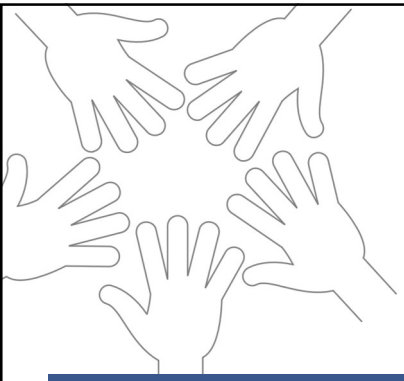
Vision

- To build a strong Borough Partnership in Barking and Dagenham to enable more decisions to be taken at a local level, with the system taking responsibility only for things where there is a clear need to work on a larger footprint.
- To bring together resources from across the statutory and non-statutory sectors to translate them into action that will have real impact on health and wellbeing issues in the borough.
- To ensure an effective resident and patient voice in order to secure grounded and practical change that makes a difference for local people.
- To create a place-based network of community assets, including community hubs in order that every resident has a place to go, a place to do and a place to connect

“ We see the Borough Partnership as the Barking and Dagenham engine room for leveraging our collaborative expertise to influence system working across NEL and unlock barriers to the delivery of improvements in B&D.

Our ability to make informed decisions around health and care will support the partnership in tackling wider issues around inequalities, prevention and the art of the possible. ”





Partnership Goals

1 **To transition the Delivery Group into a Borough Partnership Board** which focuses system leadership on bringing about a real impact on pressing health and wellbeing issues locally.

2 To take forward the **development of integrated place-based care** through collective planning, collaborative approaches and joint commissioning with a focus on broader determinant of health, wellbeing and wider demographics **around prevention** to deliver improved outcomes for local people.

3 **To reflect the patient journey to inform decision-making** where all partners recognise the importance of joining the dots, including the role of the wider civil society (ie community, including social sector and faith) in journeying with people and working out what they need.

4 **To create an enabling framework that strengthens existing partnership working** and professional and clinical leadership in strategy development, alignment of local services delivery and decision making in the interest of local people.

5 **Make better use of collaborative resources and transparency** around what is available in provider service and move towards budgetary oversight.

6 **Set up transparent governance structure and reporting route** to the BHR Integrated Care Partnership Board (ICPB) and links to existing or new bodies eg B&D Health and Wellbeing Board, proposed statutory NEL Integrated Care System (ICS).

Our Success Criteria for Next Two Years

Collaborative arrangements with other partners in ICS

Engagement with patients carers and local communities

Strong borough Leadership

Integration of services across PCNs

Transparent governance arrangements

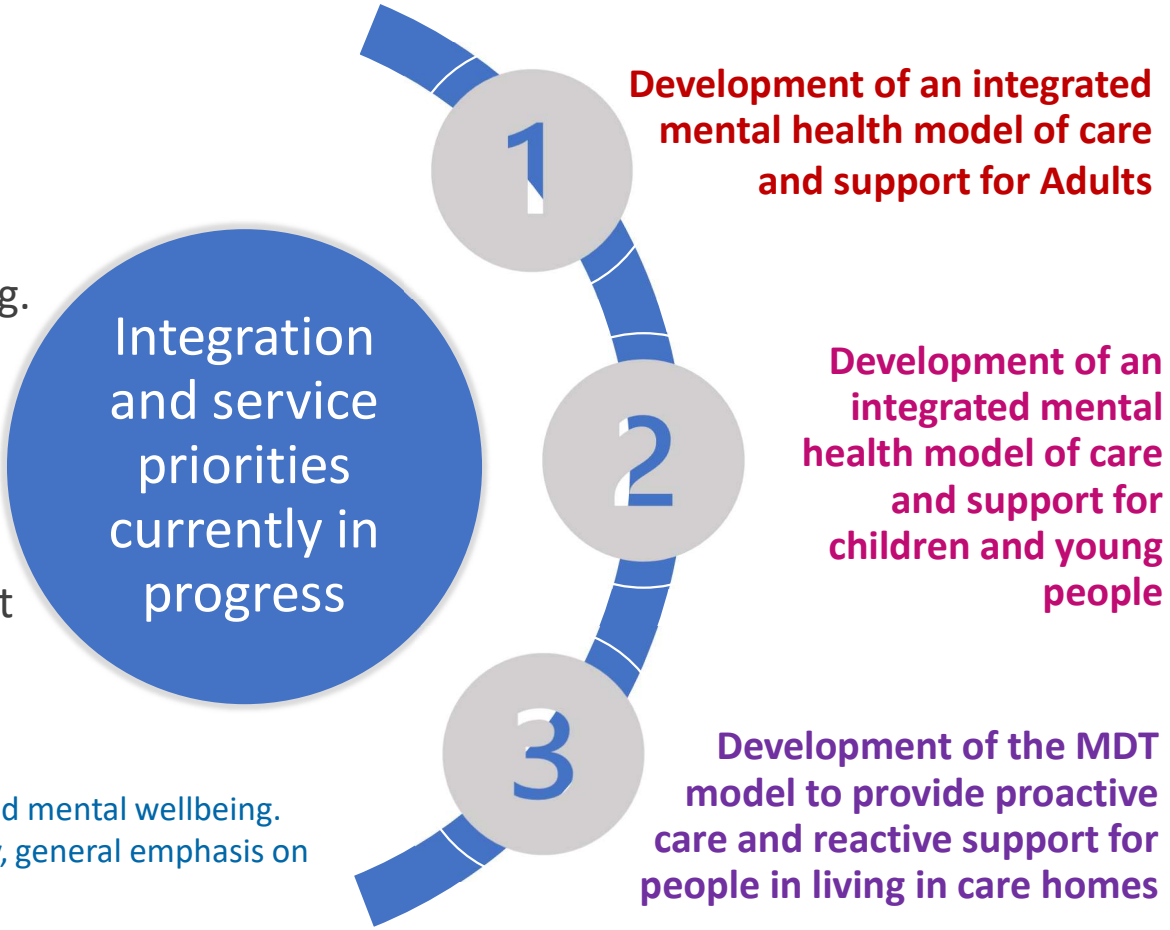
Clear and credible plans

Integration and Service Priorities 2021/22

The partnership has identified a number of areas for development and agreed three which it wishes to focus on in 2021/22 to in order to test impact and new ways of working.

A pipeline of further projects is being compiled for the partnership to consider throughout the year.

We will be seeking to understand where the BHR transformation programmes can support us with the delivery of our goals.



Alignment with joint Health & Wellbeing Strategy:

1 & 2 - Building Resilience - Outcome 5) improve physical and mental wellbeing.

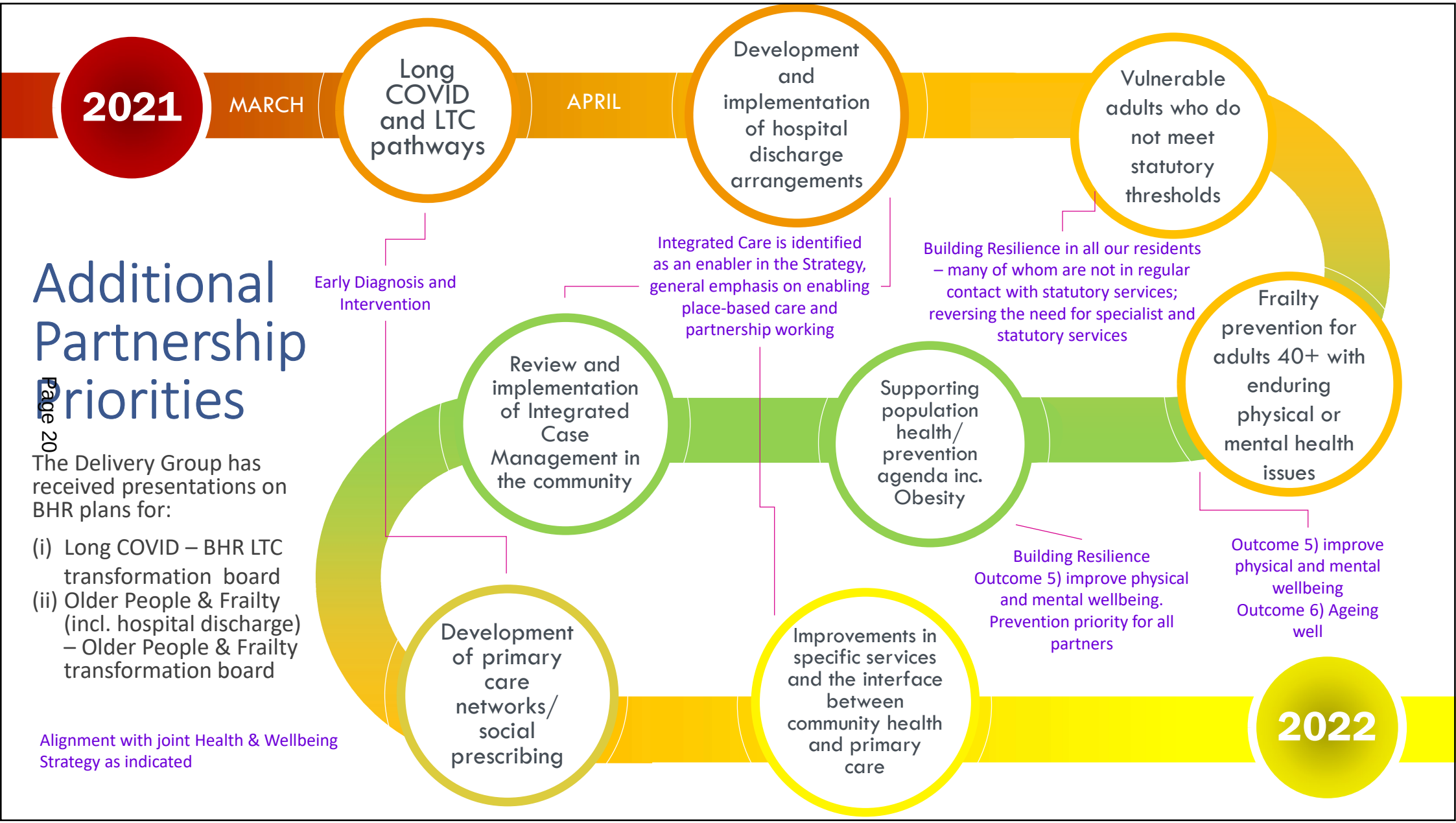
3 - Integrated Care is identified as an enabler in the Strategy, general emphasis on enabling place-based care and partnership working

Additional Partnership Priorities

The Delivery Group has received presentations on BHR plans for:

(i) Long COVID – BHR LTC transformation board
(ii) Older People & Frailty (incl. hospital discharge) – Older People & Frailty transformation board

Alignment with joint Health & Wellbeing Strategy as indicated



Integration and Service - Priority 1

Objective	Deliverables	Governance
To develop an integrated mental health model of care and support to build long term resilience that improves outcomes and experience for adults	▪ Development of PCMH network in B&D to increase capacity of mental health / SMI in the community ▪ Launch first tranche of place-based, integrated community in [Confirm PCNs] ▪ Develop unifying training based on Open Dialogue for staff across key partners to work as one team and deliver more holistic, coordinated care ▪ Deliver evidence based interventions focussing on CBT for psychosis and introducing new clinical roles ▪ Establish new roles for people with lived experience to support recovery ▪ Commission social sector organisations for community resilience building initiatives ▪ Establish a system to effectively engage leaders, staff, service users and the social sector	Board sponsor: - Melody Williams - Locality Steering Group - Sangita Lall (Chair) Representatives from: - NELFT - Local Authority Commissioning, Mental Health Services, Adult Social Care, ComSol - PCNs - Service users - Social sector - CCG - Drugs service

Progress To Date

PRIORITY 1

- **Joint posts primary care and community mental health services** - we have had a good engagement from all 6 PCN Clinical Directors and are looking to establish 6 posts, one for each PCN. Partners are currently working through the finer details of funding, recruitment and contracts
- **Neighbourhood team** - there is a plan to have the first neighbourhood team in place by October/ November around 2 PCNs
- **Service User Engagement** - we have a service user on the steering group and we will have service user involvement on all the locality task and finish groups. A presentation is planned for the local service user forum in the next few weeks and a workshop is planned for the service user and staff workshop for June/July.
- **Staff engagement** - there have been 3 road shows for NELFT B&D staff, including medical staff. A NELFT workshop has been held for B&D operational leads with plans to expand to all staff involved and then a service user and staff workshop as mentioned above.

PRIORITIES 2 & 3

- Plans are in the process of development

Development Fund

- It is anticipated that a significant proportion of the development fund will be targeted to organisational development and other enablers of change
- A specification has been drawn up to commission some external support to support the partnership in producing an organisational development plan that covers board and MDT development, building on the needs identified to date and best practice as set out in the Kings Fund report on developing place-based partnerships
- Some funding may be required for analytics and project management support which are likely to fall out of the OD plan

Further Development Areas

We anticipate that further development will be needed to:

- Harness our collective use and analysis of information management/business intelligence data to inform improved decision making and achieve optimal health and care outcomes
- Draw upon the knowledge, skills, experience and agility of the Social Sector, including faith, in forging a preventative approach to health & care
- Set out how the Partnership will tackle health inequalities


Split the delivery priority for mental health into adults and children and convert additional priorities for consideration into Board pipeline
Reflected in revised priorities
Further develop the organisational development plan
Included as part of presentation to inform transitional arrangements
Clarify the data/BI requirement and plan
Included in presentation to inform a stronger outcomes approach
Raise the profile of innovation in the roadmap
To be considered as part of the organisational development plan
you said
we did
Develop a prevention plan
Build in a robust prevention offer
Develop a strong partnership between statutory services and the social sector
Build a culture of equality between all partners
Develop the commissioning approach
Greater board oversight of Better Care Fund Planning

Strengthening the voice of the social sector

Proposal

As a valuable strategic partner, the borough partnership would wish to draw on the knowledge, skills, experience and agility of the VCSE in forging a preventative approach to health & care by:

- **Developing the partnership strategy that gives agency to communities**
- **Empowering communities to develop their own solutions (preventing escalation/crisis)**
- **Piloting new approaches that are transferable and replicable**
- **Reaching every part of the community**

- The **development of local referral pathways** across the Partnership to:
  - Engage with **the social sector via the BD Collective** as part of the wider health and care sector/agenda
  - Ensure the voices of **people with lived experience** are included, involving all ethnicities, diversities and faiths across borough, to broker meaningful insights or discussions into developing equitable and accessible models of care
- Ensuring both VCSE organisations and members of the community are engaged as **co-designers and co-producers** of care and provision in their area

Options

Development of a clinical and stakeholder engagement strategy to reflect the care journey/person centred design with a focus around co-production and a strengthened role for the VCSE sector through PCNs working with the BD Collective Networks and the emerging Community Hubs/Neighbourhoods strategy

Data Sharing to Realise Impactful Benefits

Proposal

Harness our collective use and analysis of business intelligence data to inform improved decision making and achieve optimal health and care outcomes

- Map and identify **local intelligence** available from each organisations to collaborate and share connected data to **shape prioritisation** model, evidence solution provision and inform decision making whereby successful outcomes can be measured across the borough.
- Review **information governance requirements** around data sharing, including sensitive information, setting up appropriate protocols and written agreements as required.
- That the data is presented in a form that can be interpreted or **analysed** to identify the **"art of the possible"** in fuelling real **innovation** and **addressing inequalities and prevention** across the borough landscape
- **Captures transition** from childhood to adulthood related information and other relevant data sets to inform future planning requirements.

Options

- Each representative organisation undertake a data mapping exercise as outlined and for shared, collective use.
- As part of the review of the CEG contract, develop a strategy whereby health data can be shared, at the appropriate level for each delivery organisation. Where there may be a cost implication, and the results is deemed to be of value to the Borough Partnership, to allocate funding towards this.

Organisational Development - building relationships across ICS

With Neighbouring Borough Partnerships

- Exploring synergies and aligned priorities across borough boundaries to share learning and inform possibility of joint approaches
- How continuity of care can be delivered between boroughs
- Encourage multi-borough working, not necessarily tri-borough approach

Across BHR/NEL

- Explore how balance can be achieved around individual borough vs. wider place-based priorities
- Confirm transitional arrangements from local to borough led level and to confirm mandate around this
- What is the ask of the ICP and around prevention and early intervention
- Confirm relationship with the Transformation Board especially where there exists shared values around priority areas eg Mental Health
- Confirm what data the ICP hold that can be shared to inform local need and, any plans for interoperability

Requirements of ICP

- Asks of Transformation Board in relation to our priority areas
- Information – how can the ICP support access to patients information across a pathway of care
- Data sharing and opportunities we can do better with more sharing – example of BD Connect
- Digital integration – example care home, pilots

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Title:	**Structural Inequalities – Population Analysis**
Report of the Head of Insight and Innovation	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Pye Nyunt, Head of Insight & Innovation	**Contact Details:** E-mail: pye.nyunt@lbbd.gov.uk
Accountable Director: Mark Tyson, Director of Strategy and Participation	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	

Summary:

The council, with its partners, is undertaking a comprehensive analysis of structural inequalities that are faced by our residents and compounded by the pandemic. Phase one of the analysis will culminate in September in the publication of the Director of Public Health's Annual Report. Phase two - starting in the Autumn - will include more in-depth qualitative analysis in relation to major equalities challenges. The work will culminate in the production of the Council's next Corporate Plan in 2022, which will set out how we plan to address these challenges moving forward.

This presentation to the Health & Wellbeing Board is an opportunity for the Board to shape the emerging analysis at this early stage, to reflect on initial conclusions and to start thinking about how longer-term strategy will be affected by the analysis in due course.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Note key findings
2. Support ongoing data sharing between partners
3. Review the Levelling Up from Structural Inequalities (LUSI) Model

Reason(s)

To understand structural inequalities that affect our residents. Support in developing action plans for services to address inequalities.

1. Background

1.1. The pandemic taught us that Covid-19 does not affect all people and communities equally. Obvious and well-documented disproportionate impacts include: (1) older people are more susceptible to the worst effects of the virus, with higher mortality rates as a result (2) people from Black, Asian and minority ethnic (BAME[1]) communities are more severely impacted by the virus if they contract it, again with higher mortality as a result and (3) the virus disproportionately impacts those from lower socio-economic backgrounds, who are less able to control their protective behaviours and are more exposed in workplaces, public transport, etc.

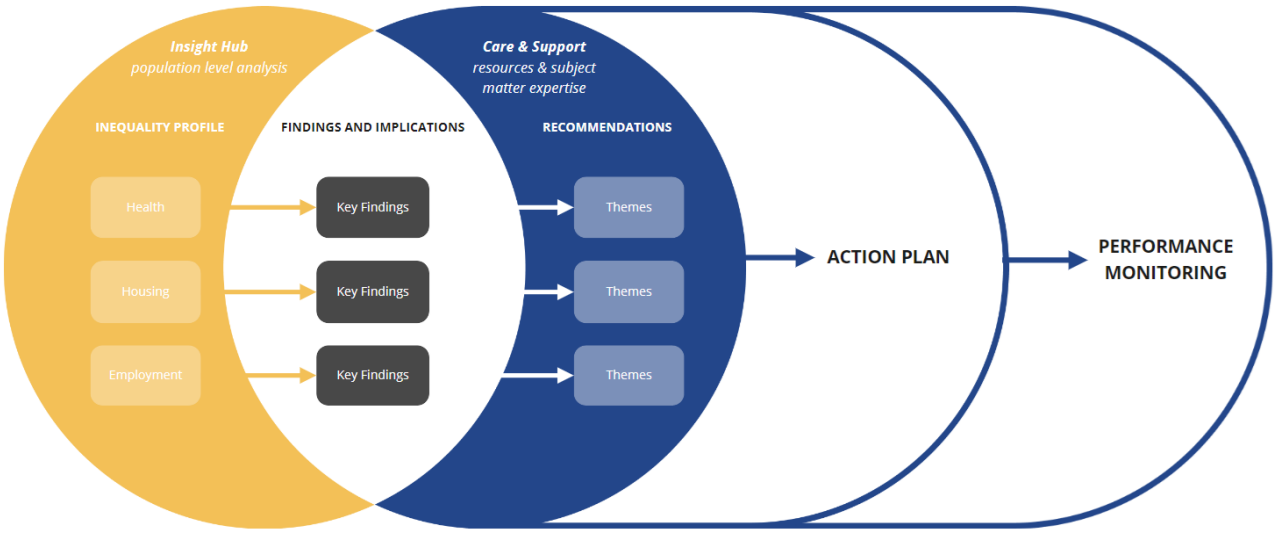
1.2. This paper introduces a high-level model that compares structural inequalities across various dimensions including Social, Economic, Health and Productivity.

1.3. The analysis in this paper is not exhaustive, it is a starting point.

1.4. Whilst the analysis currently examines disproportionality on the grounds of age, gender and ethnicity, the analysis will attempt to cover all 9 protected characteristics in future research.

2. Approach

The diagram below illustrates the approach taken. This paper focuses only on the population level analysis and findings, with some finding from universally available services (e.g., the Homes & Money Hub). Colleagues from Care & Support and other service blocks within the council are developing action plans to address any inequalities/disproportionality within their service blocks.



[1] *The Council recognises that, whilst it is widely used in policy discussions, the term BAME is not universally supported amongst the people that it tries to describe. Language matters, and we continue to work with partners across the local government sector, our employees and community voices to identify the most respectful, accepted and effective way to refer to people of diverse ethnicities in a policy and workforce context.*

3. Levelling Up from Structural Inequalities (LUSI Model)

The corporate Insight Hub have developed a simple data model that helps to visualise a range of inequalities. The model has two purposes; (1) to support the council's levelling up funding bids and (2) to visualise socio-economic inequalities benchmarked against other London boroughs. The LUSI model measures the following four dimensions across the population.

Social Conditions

- Child Poverty
- Fuel poverty
- Household income
- Average household size
- Adults with no qualifications
- Never used internet (digital divide)
- Free School Meals

Economic dynamics

- Unemployment
- Self-employed
- Small businesses
- Universal Credit increase
- Change in volume of House Sales
- Total jobs growth
- Youth unemployment gap

Population age and underlying health conditions

- People aged 65+
- Active residents
- Adults with excess weight
- Under 75 mortality rate from all cardiovascular diseases
- Under 75 mortality rate from cancer
- Under 75 mortality rate from liver diseases
- Under 75 mortality rate from respiratory disease
- Mortality rate from a range of a specified communicable diseases, including influenza
- Excess winter deaths index

Population density and social distancing

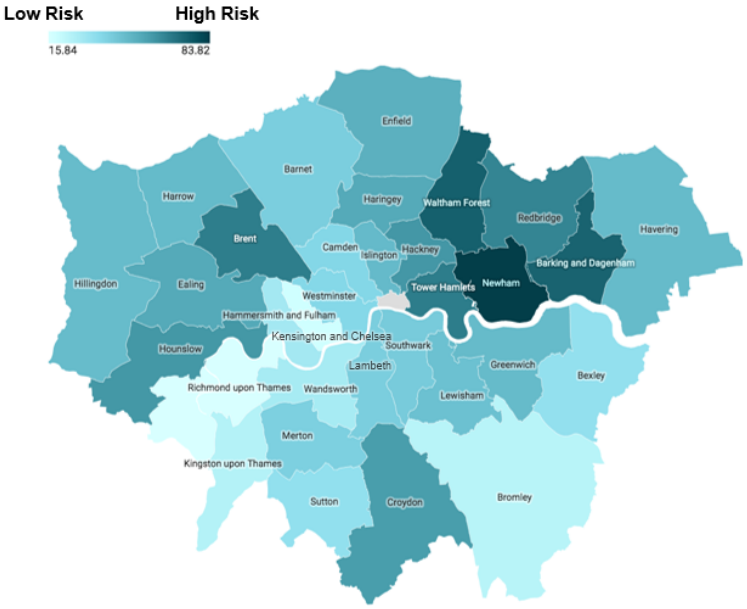
- Population density
- Movement trends in key economic areas/industries
- NEET Levels
- Gross Value Added
- School attendance (% average daily pupil attendance)
- Adults with no qualifications

(Text in red is data to be added to the model – not included in current results)

The model above is very much a work in progress. It seeks to explain when we know people are excluded and how people are excluded i.e., an understanding of the aspects/facets of society and how it is set up that drive inequality.

Findings from the Social Dimension

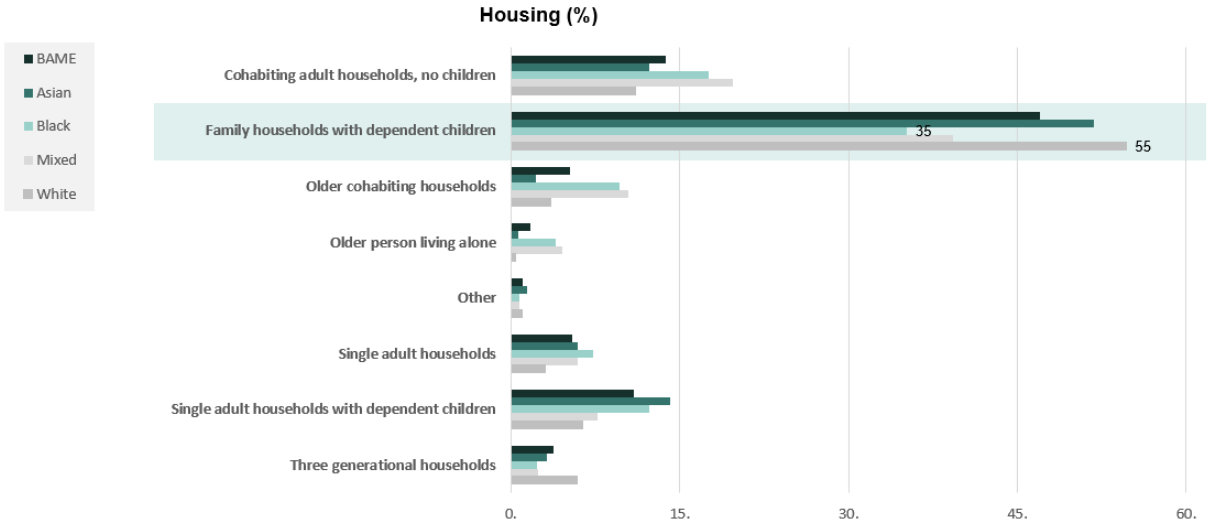
The social dimension attempts to understand how existing social infrastructure and outcomes may put residents at a disadvantage.



Borough	Index Score (out of 100)
Newham	83.8
Waltham Forest	74.4
Barking and Dagenham	73.5
Tower Hamlets	66.7
Brent	66.4
Redbridge	64.6
Hackney	60.0
Hounslow	59.9
Croydon	58.4
Haringey	54.7
Ealing	54.6
Enfield	52.3
Islington	48.9
Harrow	48.6
Havering	48.4
Greenwich	48.3
Hillingdon	48.2
Lewisham	46.5
Southwark	42.7
Lambeth	41.7
Barnet	41.7
Merton	41.1
Camden	38.5
Westminster	38.3
Sutton	34.7
Bexley	34.4
Hammersmith and Fulham	30.1
Wandsworth	29.2
Kingston upon Thames	25.8
Bromley	24.5
Kensington and Chelsea	18.2
Richmond upon Thames	15.8

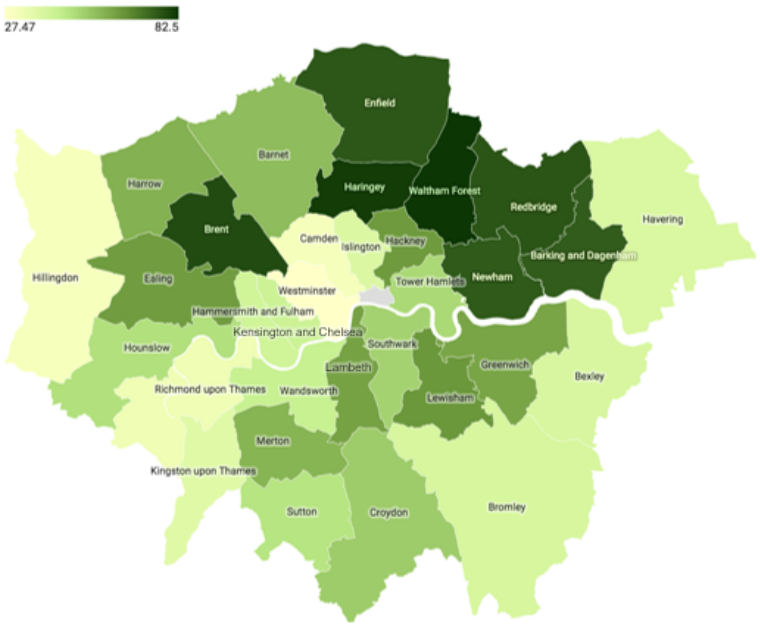
The closer the index score is to 100 the worst the outcomes. B&D is third worst on this dimension in London. This is driven by high levels of child poverty. Given B&D's younger demographic is mostly BAME, the disproportionate impact on BAME children experiencing poverty is a large factor in the results.

Housing also plays a key role in this dimension. A **higher proportion of BAME residents** live in older cohabiting households, cohabiting adult households with no children, single adult households and single adult households with dependent children, than white residents. This often fits the profile of shared living circumstances/HMOs.



Findings from the Economy Dimension

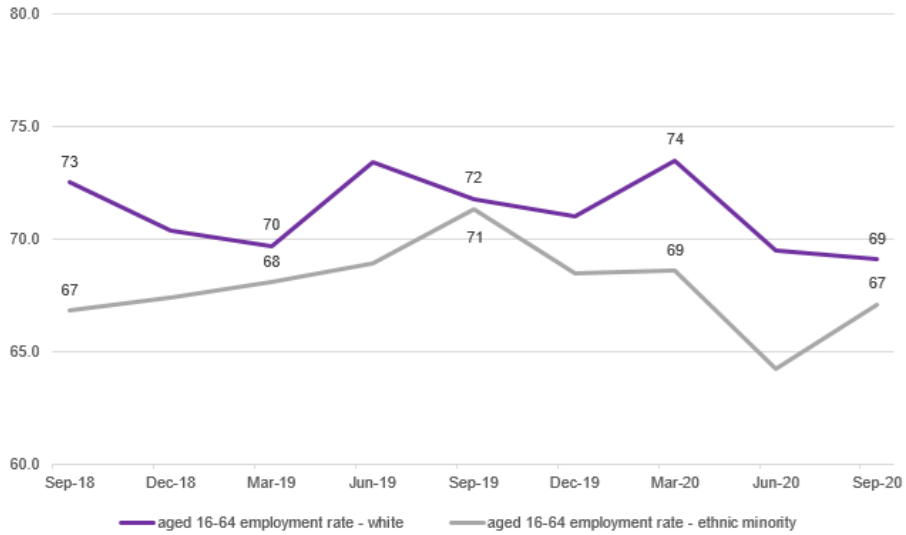
The Economy dimension attempts to understand what factors from the economy have been most impacted by the pandemic.



Borough	Index Score (out of 100)
Waltham Forest	82.5
Haringey	81.2
Brent	78.3
Redbridge	76.5
Enfield	76.1
Newham	75.5
Barking and Dagenham	75.1
Lewisham	64.4
Hackney	63.8
Ealing	63.4
Lambeth	62.3
Greenwich	61.6
Harrow	59.2
Merton	58.3
Barnet	56.6
Croydon	53.2
Southwark	51.8
Tower Hamlets	50.5
Hounslow	49.0
Sutton	47.8
Wandsworth	43.7
Kensington and Chelsea	42.8
Hammersmith and Fulham	41.8
Bromley	40.1
Bexley	39.6
Havering	39.1
Islington	38.7
Kingston upon Thames	37.2
Richmond upon Thames	32.9
Camden	31.2
Hillingdon	30.6
Westminster	27.4

Higher levels of unemployment and a 144% increase in universal credit claimants in the past year have placed B&D 7th worst in London on this dimension.

Employment rates have fallen across the White community (72% to 69%) and BAME group (71% to 67%) from Sep 2019 to Sep 2020. Employment rates fell sharply for both communities from March to June 2020 due to Covid-19. Three months on, employment rates increased in the BAME groups whereas they marginally reduced further in the White community (Source: NOMIS).



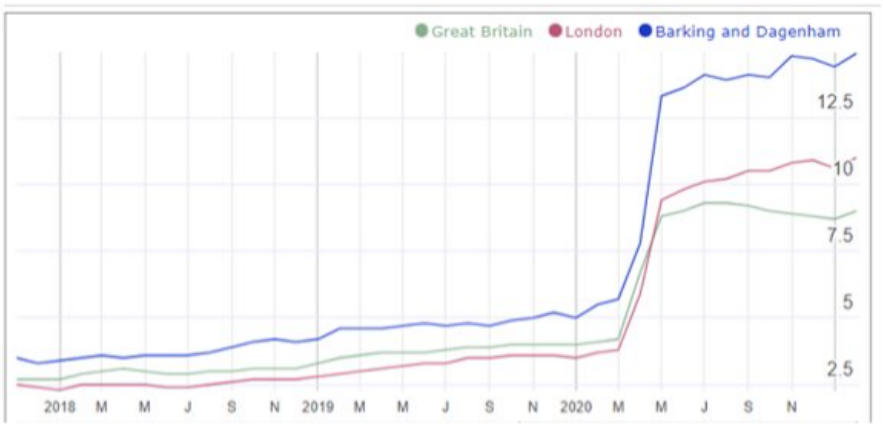
Between Sep 2018 and Sep 2019, the proportion of ethnicities in various industries changed. It went from a high proportion of White residents employed in 'transport and communication', and 'distribution, hotels, and restaurants' to a higher proportion of BAME residents.

This means that BAME residents going into the pandemic were disproportionately affected as they were employed more (as compared to their respective resident population) in these sectors.

Manufacturing and construction on the other hand, with a higher proportion of White residents, was booming in B&D with lots of infrastructure projects that did not shut down during the pandemic.

Younger working residents were also more affected in B&D than other London boroughs. The percentage of out of work claimants aged 18-24 in B&D is significantly higher compared to both London and UK averages.

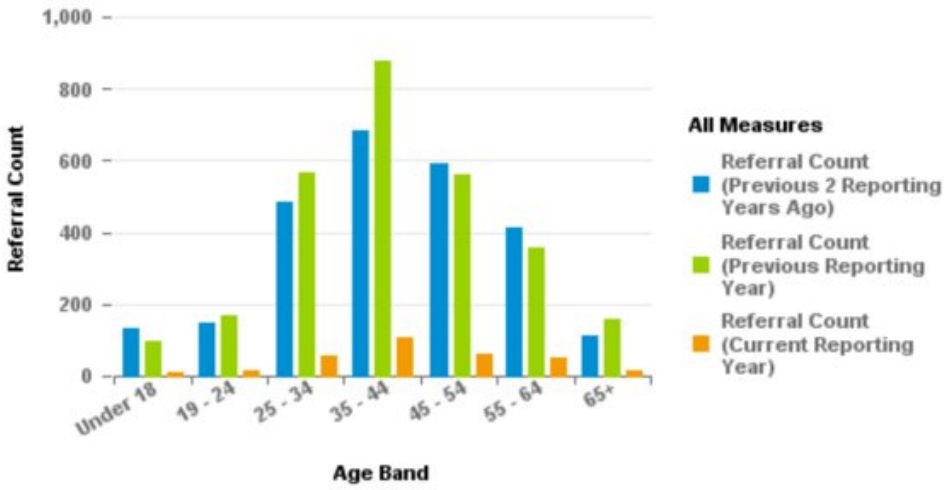
- As of Feb 2021, 14.9% of young people aged 18- 24 (2680 individuals) in B&D were claiming out-of-work benefits, compared to 11% in London as a whole. This figure has more than doubled since March 2020.



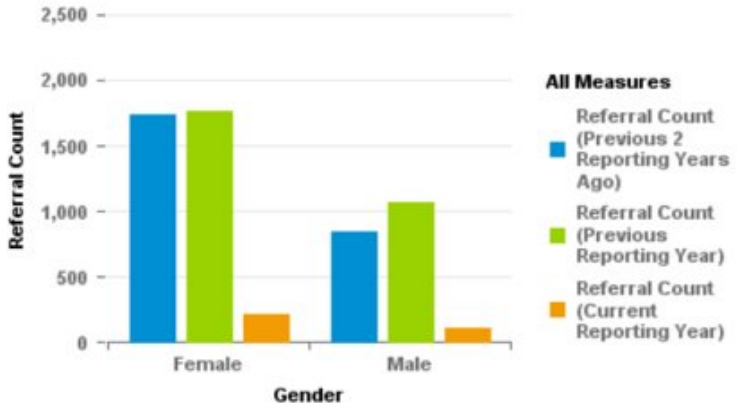
Note: % is number of claimants as a proportion of resident population of the same age

In local support services, i.e., the Homes & Money Hub (HaM Hub), we have seen in 2020/21:

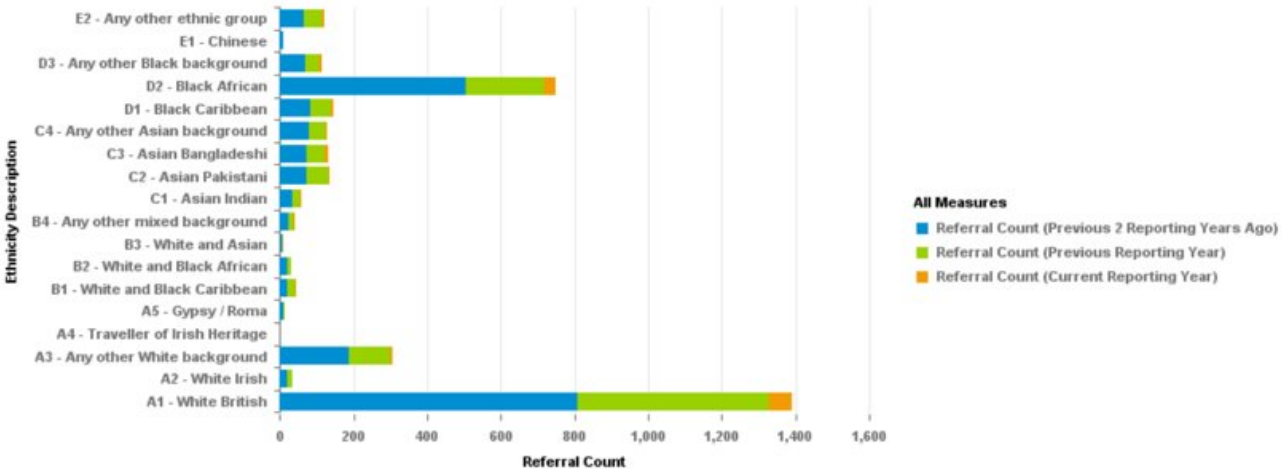
- An increase in usage for those aged between 19 - 44, as well as those in the 65+ age band.
- A decrease in usage for those under 18 and between 45 – 64.
- The largest increase in usage is in the 35 – 45 age group.



- Females continue to access the Homes and Money Hub service more than males.
- More males accessed the Homes and Money Hub in 20/21 than in the previous year.

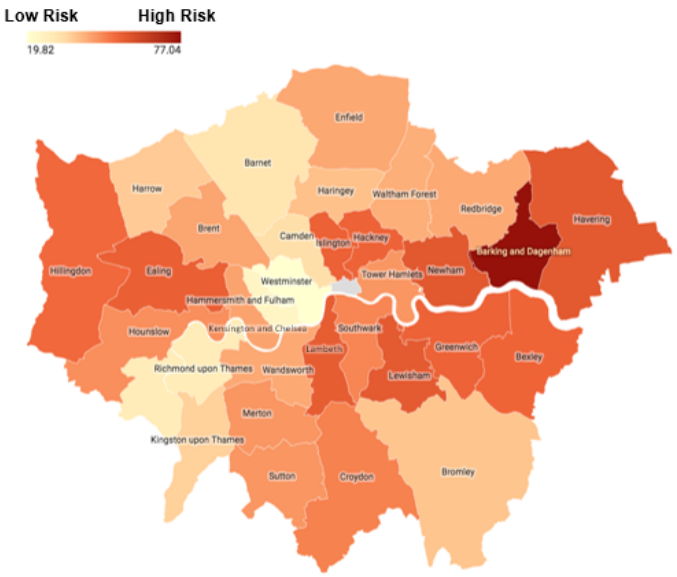


- White British, Black African and Any Other White Background are the largest users of the Homes and Money Hub.
- These 3 ethnic groups account for 72 % of Homes and Money Hub assessments since April 2019.



Findings from the Health Dimension

The Health dimension attempts to understand the underlying health outcomes that may put residents at a disadvantage (particularly making residents more vulnerable to Covid-19). When compared across London, B&D residents experience the worst health outcomes, even prior to Covid:



Borough	Index Score (out of 100)
Barking and Dagenham	77.0
Newham	56.9
Havering	56.5
Lewisham	56.2
Lambeth	55.6
Ealing	54.7
Islington	54.3
Greenwich	54.0
Hackney	54.0
Bexley	53.6
Hillingdon	52.6
Croydon	48.9
Southwark	48.3
Hounslow	46.8
Merton	45.6
Tower Hamlets	45.6
Sutton	45.6
Hammersmith and Fulham	43.5
Brent	43.1
Enfield	42.7
Wandsworth	42.4
Redbridge	42.4
Waltham Forest	41.5
Haringey	38.5
Bromley	37.8
Harrow	36.8
Kingston upon Thames	35.7
Camden	33.3
Barnet	31.2
Richmond upon Thames	28.1
Kensington and Chelsea	24.1
Westminster	19.8

A score closer to 100 is worse in terms of outcomes. The difference between worst (B&D) and second worse (Newham) is 21 points. Strikingly this gap between worst and second worse is greater than the outcomes of Westminster as an entire borough.

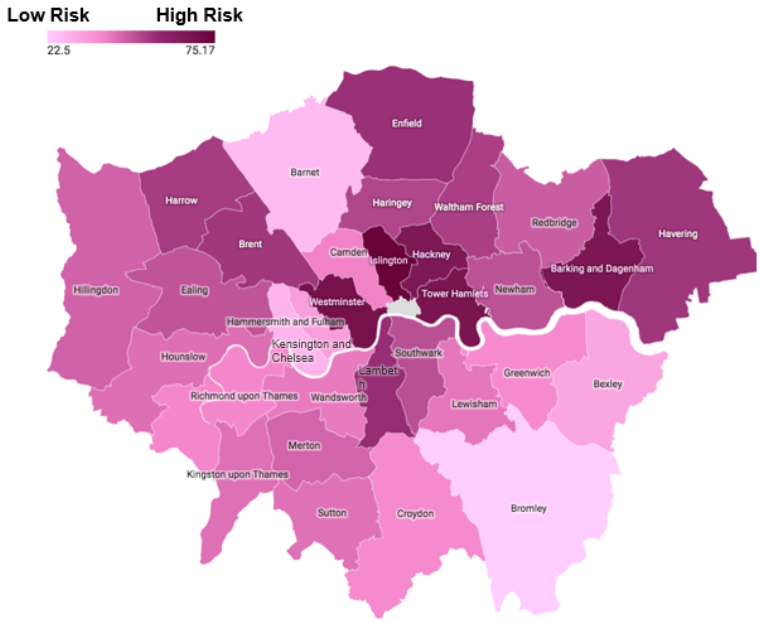
Other key findings from analysis of health data:

1) Long-term health conditions affect BAME residents at much younger ages;
   - the mean age at diagnosis of cancer in both the Asian and African/Caribbean communities is 52. This is 10 years earlier than White British/White other residents.
   - the mean age at diagnosis of diabetes in the Asian community is 52 and in the African/Caribbean community is 53. This is aged 60 for White British/White Other residents.

2) Multi-morbidity (i.e., 3 long-term health conditions) are experienced by African and Caribbean residents 8 years earlier than their White British/White Other neighbours.
   - in African/Caribbean communities, the mean age of diagnosis of the third long-term condition is 57 compared to 66 for White British/White Other residents.

Findings from the Productivity Dimension

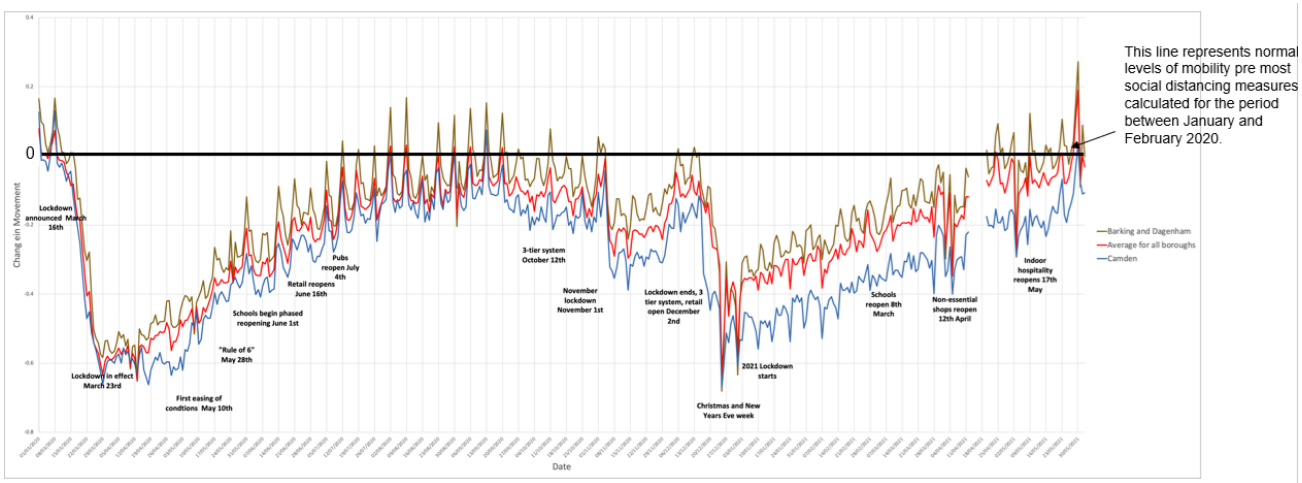
The productivity dimension attempts to understand the impact on productivity of the resident population and workforce. Whilst this is currently the least developed dimension (awaiting additional data), early results show B&D as fourth worst in London. The density of the borough (driven by household composition as previously mentioned) influences this result.



Borough	Index Score
Islington	75.1
Westminster	69.0
Tower Hamlets	67.7
Barking and Dagenham	66.4
Hackney	65.7
Lambeth	56.4
Enfield	55.9
Havering	54.9
Brent	54.6
Harrow	53.8
Waltham Forest	53.1
Haringey	52.0
Southwark	50.2
Newham	49.8
Ealing	49.3
Redbridge	47.6
Hillingdon	46.4
Merton	46.1
Hounslow	44.0
Kingston upon Thames	43.7
Sutton	43.6
Lewisham	42.7
Wandsworth	42.0
Camden	40.6
Richmond upon Thames	39.5
Croydon	38.7
Greenwich	38.5
Kensington and Chelsea	34.0
Bexley	32.2
Hammersmith and Fulham	28.9
Barnet	27.3
Bromley	22.4

One key element of the productivity dimension is levels of mobility in the borough. The chart below shows mobility mapped against covid-19 infection rates for the past year. Key insights from the chart show:

1) B&D residents moved around the most during the pandemic in comparison to all Londoners. Camden residents were the least mobile.
2) Across the summer months in 2020 B&D residents moved about more than they did in previous years. This coincides with government policies such as “Eat Out to Help Out”.
3) Up until 1st Nov 2020 lockdown, most of the movement was on weekends but from Christmas onwards most residents were going out throughout the week.



An Integrated view

Combining all four dimensions of the model provides the following integrated view:

High levels of multidimensional inequality are largely concentrated in North East London boroughs.

Conclusion

There will be more datasets built into the analysis, but early results illustrate how systemic and structural deprivation has led to disproportionate levels of risk and outcomes from Covid-19 in Barking & Dagenham. It is intended that the above model is refreshed quarterly, providing the council and its partners with a strong lobbying position.

The initial modelling also stresses the importance of continued data sharing across the system. Current data sharing agreements with the CCG have been helpful to analyse health data combined with social care data at an individual level.

HEALTH AND WELLBEING BOARD

15th June 2021

Title:	**Local Outbreak Management Plan**
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Adebimpe Winjobi, Head of Public Health Programme	**Contact Details:** Tel: 020 8227 3891 E-mail: adebimpe.winjobi@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	

Summary:

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population**.**

This document based on London template is intended to incorporate the learnings of the past nine months and make local plan for the next phase of the response. Furthermore, it presents an opportunity to identify and share good practice and to reflect developments since the original plans were produced, such as local contact tracing partnerships, enhanced contact tracing and the need to respond to Variants of Concern (VOCs).

The main aim of the Plan is to build on existing plans to prevent and manage outbreaks in specific settings, ensure the challenges of Covid-19 are understood, consider the impact on local communities and ensure the wider system works together to contain the spread of infection locally. Data reporting and surveillance data is not a focus of the plan as this is now business as usual in the local PH Team. It sets out how partners would work together to implement the plans and take a preventative approach and has been developed with a wide range of stakeholders and overseen by the Health Protection Board. This Plan is iterative and will be regularly updated, as further evidence and guidance emerge.

Recommendation(s)

The Health and Wellbeing Board is recommended to agree the use of the LOMP locally.

Reason(s)

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population.

1. Introduction and Background

1.1 Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population.

1.2 The publication of the Government's Roadmap for exiting national lockdown, the accompanying refresh of the Contain Framework and an increasing focus on Variants of Concern (VOC) highlight the importance of LAs urgently reviewing and updating their Local Outbreak Management Plans in order to ensure they remain fit for purpose as well as aid national understanding. Effective planning and deployment at local level is the first line of defence and critically underpins the achievability of the Roadmap.

1.3 This document based on London template is intended to incorporate the learnings of the past nine months and make local plan for the next phase of the response. Furthermore, it presents an opportunity to identify and share good practice and to reflect developments since the original plans were produced, such as local contact tracing partnerships, enhanced contact tracing and the need to respond to Variants of Concern (VOCs).

2. Proposal and Issues

2.1 The main aim of the Plan is to build on existing plans to prevent and manage outbreaks in specific settings, ensure the challenges of Covid-19 are understood, consider the impact on local communities and ensure the wider system works together to contain the spread of infection locally. Data reporting and surveillance data is not a focus of the plan as this is now business as usual in the local PH Team.

It sets out how partners would work together to implement the plans and take a preventative approach and has been developed with a wide range of stakeholders and overseen by the Health Protection Board. This Plan is iterative and will be regularly updated, as further evidence and guidance emerge.

The Health and Wellbeing Board is recommended to agree the use of the LOMP locally.

3 Consultation

- Health Protection Board
- Portfolio Holder for Health and Social Care
- LBBD Covid SITREP

4 Mandatory Implications

N/A

5. Non-mandatory Implications

N/A

5.1 Crime and Disorder
N/A

5.2 Safeguarding
N/A

5.3 Property/Assets
N/A

5.4 Customer Impact
N/A

5.5 Contractual Issues
N/A

5.6 Staffing issues
N/A

Public Background Papers Used in the Preparation of the Report:
None

List of Appendices:
Appendix A - Local Outbreak Management Plan

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Local Outbreak Control Plan for Covid-19 Infection

Barking & Dagenham

Matthew Cole
Director of Public Health

Last Update: 19th April 2021

one borough; one community; no one left behind

Glossary

BAME: Black, Asian and Minority Ethnic

CCG: Clinical Commissioning Group

CQC: Care Quality Commission

DPH: Director of Public Health

GDPR: General Data Protection Regulation

HMO: House of Multiple Occupation

HR: Human Resources

IMT: Incident Management Team

JBC: Joint Biosecurity Centre

LBBD: London Borough of Barking & Dagenham

LA: Local Authority

LOCP: Local Outbreak Control Plan

LCRC: London Coronavirus Response Centre

MDT: Multi-Disciplinary Team

MTU: Mobile Testing Unit

LTS: Local Test Site

MSOA: Middle Layer Super Output Area

PCN: Primary Care Network

PHE: Public Health England

PPE: Personal Protective Equipment

SPOC: Single Point of Contact

UTLA: Upper Tier Local Authority

Introduction

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population.

The publication of the Government's Roadmap for exiting national lockdown, the accompanying refresh of the Contain Framework and an increasing focus on Variants of Concern (VOC) highlight the importance of LAs urgently reviewing and updating their Local Outbreak Management Plans in order to ensure they remain fit for purpose as well as aid national understanding. Effective planning and deployment at local level is the first line of defence and critically underpins the achievability of the Roadmap.

This document based on London template is intended to incorporate the learnings of the past nine months and make local plan for the next phase of the response. Furthermore, it presents an opportunity to identify and share good practice and to reflect developments since the original plans were produced, such as local contact tracing partnerships, enhanced contact tracing and the need to respond to Variants of Concern (VOCs).

The main aim of the Plan is to build on existing plans to prevent and manage outbreaks in specific settings, ensure the challenges of Covid-19 are understood, consider the impact on local communities and ensure the wider system works together to contain the spread of infection locally. Data reporting and surveillance data is not a focus of the plan as this is now business as usual in the local PH Team.

It sets out how partners would work together to implement the plans and take a preventative approach and has been developed with a wide range of stakeholders and overseen by the Health Protection Board. It will be signed off by the Covid-19 SITREP Group and will be approved at the Health and Wellbeing Board on 15th June 2021. This Plan is iterative and will be regularly updated, as further evidence and guidance emerge.

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Our Vision: By Summer 2021 Barking & Dagenham has brought virus transmission dynamics to the stage where we can begin the journey for proper recovery

- Has sustainably low transmission rates of Covid-19 which provide a backdrop for slow and careful re-opening of the economy and life
- Has a strong understanding of what works and what does not work locally
- Has very high vaccine uptake especially across population cohorts at highest risk
- Has articulated how key sectors of our economy can re-open safely and persuaded government through piloting these
- Businesses have applied this advice and are opening safely
- Has strong test, trace and isolate performance

Critical Success Factors

- Transmission of the virus needs to be brought, and kept, as low as possible.
- Surveillance of transmission and variant emergence must be optimal.
- Test, Trace and Isolate needs to work effectively, with a clear testing strategy
- A strategy based on high population availability of Rapid Antigen Testing for Public Health purposes
- Vaccines must be effective and delivered equitably with high take up.
- Reducing viral transmission to the stage where we can exit lockdown.
- A well-articulated, careful, and gradual “opening up”
- Ongoing monitoring, modelling, surveillance, and adjustment.
- Continuing improvements in and adjustments to vaccine and treatment
- Ensuring everyone has the skill set to live and work safely in a Covid-endemic environment
- Clear and Consistent Communications
- Community Mobilisation

Our Covid-19 Local Outbreak Plan builds on existing plans to manage outbreaks in specific settings, ensure the challenges of Covid-19 are understood, considers the impact on local communities and ensure the wider system capacity supports the Director of Public Health

Capacity

- Increased capacity requirements for:
  - Community engagement
  - Testing
  - Contact tracing
  - Infection control
  - Support for vulnerable people
  - Enforcement
- Specialist expertise required
- Mutual aid arrangements available

Stakeholders

- Significant and sustained increase in number of stakeholders, including:
  - Residents
  - Employers
  - PHE
  - NHS
  - Facilities e.g. schools, hospitals
  - LRFs
  - National government
  - Local & national media
  - Community, faith and voluntary sector

Scale

- Plans must be able to deal with outbreaks at an unprecedented scale across multiple locations and facility types simultaneously
- Some plans will involve coordination across other London boroughs and in some cases London as a whole

Integration & Delivery

- Requirement to integrate with new bodies, including:
  - NHS Test & Trace inc JBC
  - Support and Assurance teams
- Requirement to integrate multi-source data to support local decision making
- Requirement to collaborate with PHE Health protection teams, MDT LA, CCGs, hospitals, GPs, around infection control, advice on ground, delivery etc.

Communication & Engagement

- Requirement for comms campaign, with more frequent and consistent messaging & broader scope and channels (e.g. The leader, cabinet members, Director of Public Health, CEO school leaders,)
- Requirement for proactive comms and comms plans

Key Strategies and Plans Needed to achieve this

- Revise Outbreak Plan
- Covid-19 compliant Election Prep Plan
- Schools Strategy
- Vaccine Uptake Plan
- Testing Plan
- Contact Tracing Model revisited
- High Risk Settings Plans Revisited and Refreshed (Care Homes, etc)
- Self Isolation Support Package in Place
- Accreditation Schemes
- Safer Sectors Plans –Retail, Licensed Premises, Workplaces etc
- Enforcement Plans
- Events Plans
- Refreshed communications designed to make clear the skills and steps people need and enhance motivation

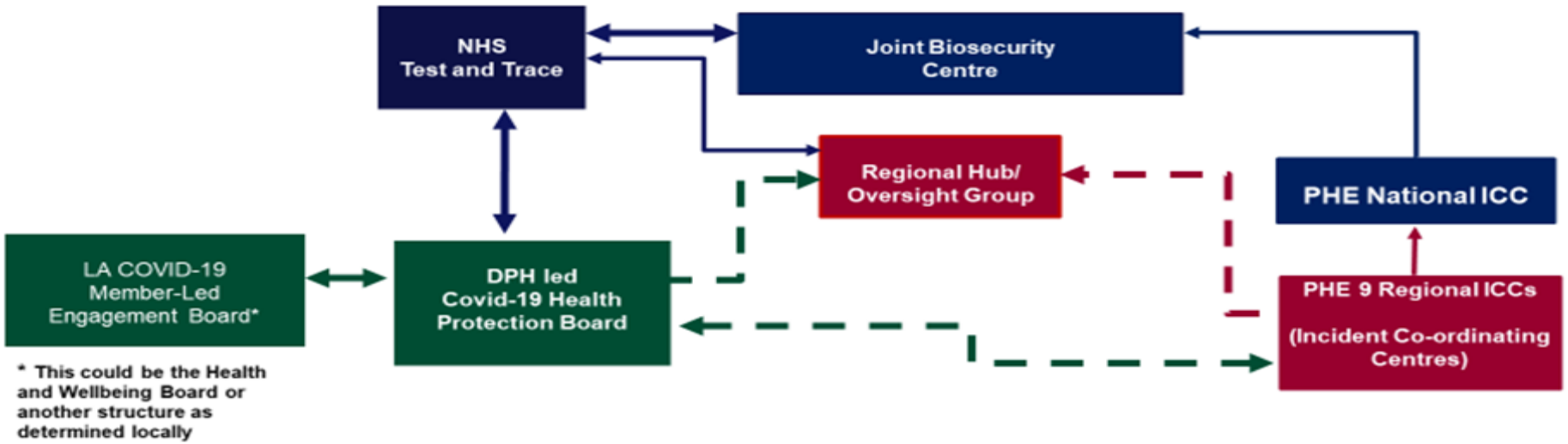
Local Governance

Barking & Dagenham

one borough; one community; no one left behind

The Director of Public Health is the identified Barking and Dagenham single point of contact (SPOC), his primary role is to give assurance that the key organisational elements outlined below are aligned and functioning effectively.

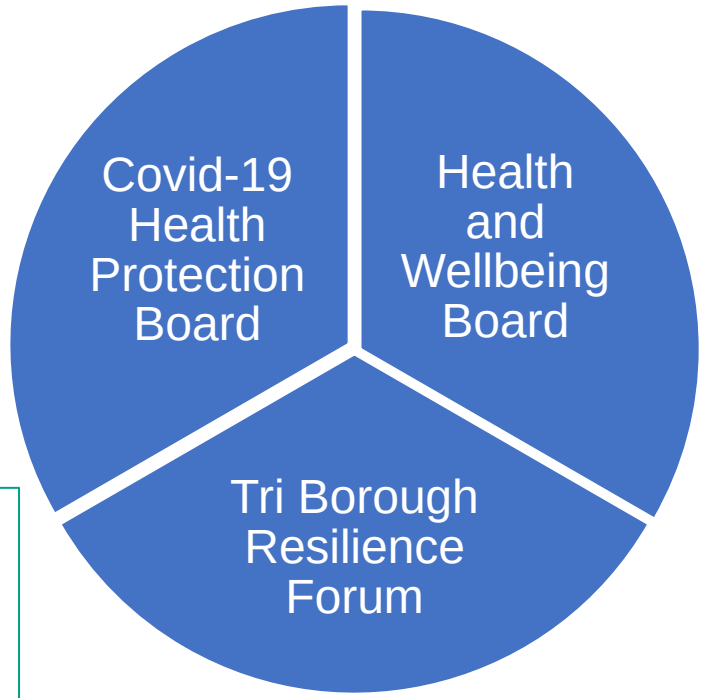
Key Organisational Elements



Who are the key decision makers?

Level	Decision maker(s)	Co-ordination, advice and engagement
Individual setting	Individuals or bodies responsible for that setting (e.g., Head Teacher, restaurant owner)	• London Coronavirus Response Centre • Director of Public Health and team • Multi-functional Silver Groups
London Borough of Barking & Dagenham	Depending on the specific action required decisions may be taken by the: • Chief Executive • Director of Public Health • Deputy Chief Executive/Monitoring Officer/Gold Commander	• Covid-19 Health Protection Board (Local Outbreak Control Board) • Barking and Dagenham COVID SITREP
London	Agreed cross-boundary decisions will be implemented at London system level through the London Coronavirus Response Centre	• Local Resilience Forums • GLA • New Contain/Joint Biosecurity Centre Support and Assurance Teams
National	Under specific escalation scenarios	

- Chaired by Director of Public Health and include the whole system membership including PHE, EHOs, PCN/GP, HR, B&D Collective
- Oversee development of and provide assurance that there are safe, effective and well-tested Local Outbreak Plans in place to protect the health of local population during Covid -19 pandemic.
- Read the Terms of Reference here



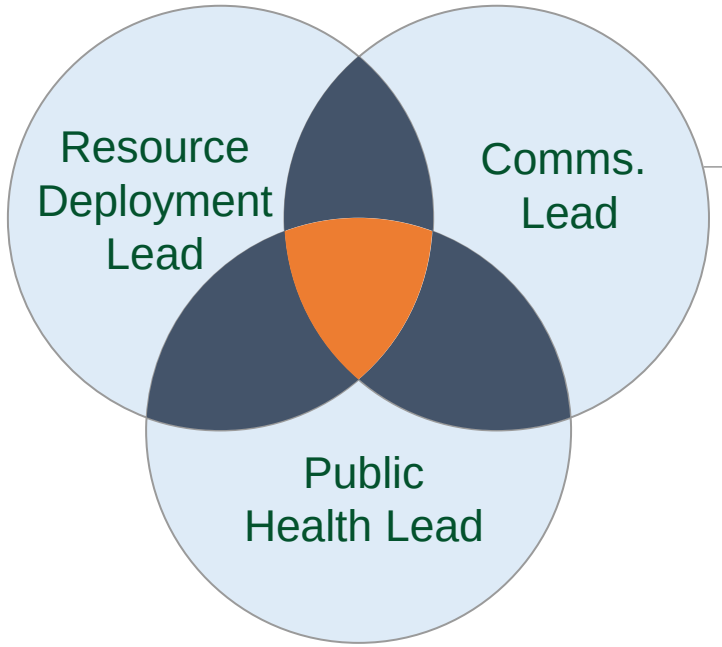
- Chaired by Cabinet Member for Social Care & Health Integration and includes Chief Officers, Met Police, Healthwatch, DPH, CCG, GP Governing Body members, elected members. If local lock-down needs to be imposed, Leader will chair the Board;
- Political and partnership oversight of strategic response and proactive engagement with the public.

Supported at a national level by Government Departments (CCS/RED), TTCE programme and Joint Biosecurity Centre and at a regional level by Local Resilience Forums and Integrated Care Systems (e.g., for mutual aid and escalation)

- London boroughs of Barking and Dagenham, Redbridge and Waltham Forest and includes all Category 1 responders;
- Responsible for determining Council's overall proactive management and emergency response, deployment of local resources and escalate need for mutual aid, if needed.

Range of levers available to encourage compliance locally

The Health and Wellbeing Board has a mandate to provide public communications and provide local accountability…



Health and Wellbeing Board will:

- Provide public-facing delivery oversight of NHS Test & Trace locally
- Provide timely communications to the public
- Act as liaison to Ministers as needed

… and are well-placed to encourage compliance

Behavioral nudges

- Social media
- Tailored local marketing
- Local champions

Active communication

- Public Q&A forums
- Press calls

Political engagement

- Possible option for Ministers to chair combined Local Outbreak Control Boards until legislation is approved

In the past year, we have successfully

- Worked to reduce covid-19 transmission in settings across the borough including schools, care homes, hostel, workplaces, faith settings and hospitals
- Set up testing centres across the borough
- Set up and deliver local contact tracing service
- Carried out enforcement to ensure compliance
- Provided self-isolation payment to eligible residents
- Provided support to vulnerable residents
- Worked with NHS to set up vaccination centres
- Supported with work to increase vaccine uptake in the borough

Plan for the next phase of the response

Barking & Dagenham

one borough; one community; no one left behind

Theme

Our Local outbreak plan will centre on the following themes:

- Addressing inequalities
- Variant of concern (VOC) management
- London testing strategy
- Local contact tracing partnerships
- London Coronavirus Response Cell (LCRC) / Local Authority roles and responsibilities
- Local, regional and national roles
- Vaccination programme
- Inclusion Health
- Communications and Community Engagement

Assumptions

- We are on the exit path from the Pandemic Phase but it won't be plain sailing
- The virus is still circulating and we will enter an Endemic phase but it won't be smooth
- The key priority is to suppress the virus as much as possible for the foreseeable future
- The next few months will be turbulent and volatile in terms of virus transmission, and we may see pauses in steps to exit. We need to be ready for this in terms of public trust, confidence and the epidemiological strategies to respond
- We will be living and working in a covid-endemic environment and we need multiple strategies to manage during this time
- Variants of the virus will continue to cause outbreaks and will require vaccine renewal on at least an annual basis

Addressing inequalities

Following the June 2020 PHE report on disproportionate impact of COVID-19 in, particularly amongst Black, Asian and minority ethnic communities, London Directors of Public Health have responded with health and care partners in the following ways:

Local

Work that London Borough of Barking & Dagenham has implemented following the Public Health England 7 recommendations includes:

- Continuous community engagement with culturally specific COVID-19 public health messaging through community and faith organisations
- Culturally sensitive occupational risk assessments within the organisation
- Supporting community and faith organisations with COVID-19 secure risk assessments for their activities
- Local conversations amongst staff on racism and health inequalities, including work to identify inequalities in our services.
- Use of London behavioural insights research on attitudes towards the COVID-19 vaccines, to target and provide information to our residents via online vaccine question and answer sessions with local health professionals, written FAQs, messaging for community vaccine champions, translated communications, and social media information
- Engaging with local communities on COVID-19 vaccine uptake in a culturally sensitive way, and giving them the information that they needed to be able to inform their own communities via their own trusted people and methods of communication.
- LBBD and the CCG have worked together to plan additional community venues for ‘pop up’ vaccination sites, to get to those communities least likely to access the large vaccination sites.

Sub regional (through integrated care systems)

- NELHCP have produced communications messaging and behavioural insights information to help support local authorities and local healthcare providers to increase vaccine uptake
- ADPH London, PHE London and GLA organised ‘light touch’ peer review of COVID-19 Local Outbreak Management Plan in July 2020 at STP/ICS level with London Directors of Public Health from local authorities to facilitate shared learning and continuous improvement. Discussions that were had during the peer reviews included community engagement and comms, particularly vulnerable groups
- In March 2021 PHE London, ADPH London and NHSE/I London will develop a London Health Equity Delivery Group to be a key vehicle in implementing a standard approach to health equity across London where possible, bring together ICS leaders and regional partners to share practice and align priorities in addressing inequalities. This Delivery Group will report to the Health Equity Group (see next slide)

Addressing inequalities

Regional level (pan-London)

- In August 2020, the London Health Equity Group was formed to provide leadership and coordination to ensure health equity is central to all London level partnership transition and recovery strategies and the London Vision. The aim of the group is to:
    - Oversee the refresh of the Mayor's Health Inequalities implementation plan
    - Promote and support collaboration and action at neighbourhood, borough and ICS/STP level
    - Put in place enabling work identified by local partnerships as helpful to their joint work
    - Provide visible systems leadership and advocacy on health equity issues for Londoners

The Health Equity Group has a wide membership including health and care partners, voluntary and community sector, and faith groups

- In February 2021, ADPH London released a position statement in supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic. This statement highlights racism as a public health issue, given the immediate and structural factors that have impacted ethnic minorities, with intentions to develop an action plan to mitigate any further widening of inequalities in 21/22, focusing on five themes. The themes will be aligned with partner organisations priorities for the London Health Equity Delivery Group, and development and delivery of actions will be reported to the London Health Equity Group.

Emerging priorities that are being addressed on inequalities during and beyond COVID-19 are:

- Improved access to vaccination data between NHS and local authorities to help inform understanding of vaccine access and hesitancy as the NHS vaccination programme continues to rollout with additional priority cohorts
- Recovery planning and understanding the wider impacts post second wave in responding to health inequalities

Responding to Variants of Concern (VOCs)

Responding to Variants of Concern (VOCs)

Mutations and variants of the Covid-19 virus can present a significant risk. As well as potentially being more transmissible and leading to more severe clinical consequences for individuals, mutations also present the possibility for Covid-19 variants to more effectively bypass naturally acquired immunity and/or reduce the effectiveness of current vaccines and therapeutics

Local Authorities, alongside and with the support of PHE and NHS Test and Trace at regional and national levels, have a key role to play in the investigation, management and control of COVID-19 variants designated as 'Variants of Concern' or VOCs. The overarching purpose is to restrict the widespread growth of VOCs in the population by:

1. **detecting, tracing and isolating cases to drive down overall community transmission, and**
2. **case finding additional VOC cases through whole genome sequencing to help assess the risk of community transmission and determine what further interventions and actions are necessary to contain the variant**.

All local authorities need to be prepared to quickly mobilise a suite of appropriate measures if a VOC is identified in their Borough, including local "surge" testing, and complemented by action to trace contacts and isolate cases as part of a wider strategy to control overall transmission.

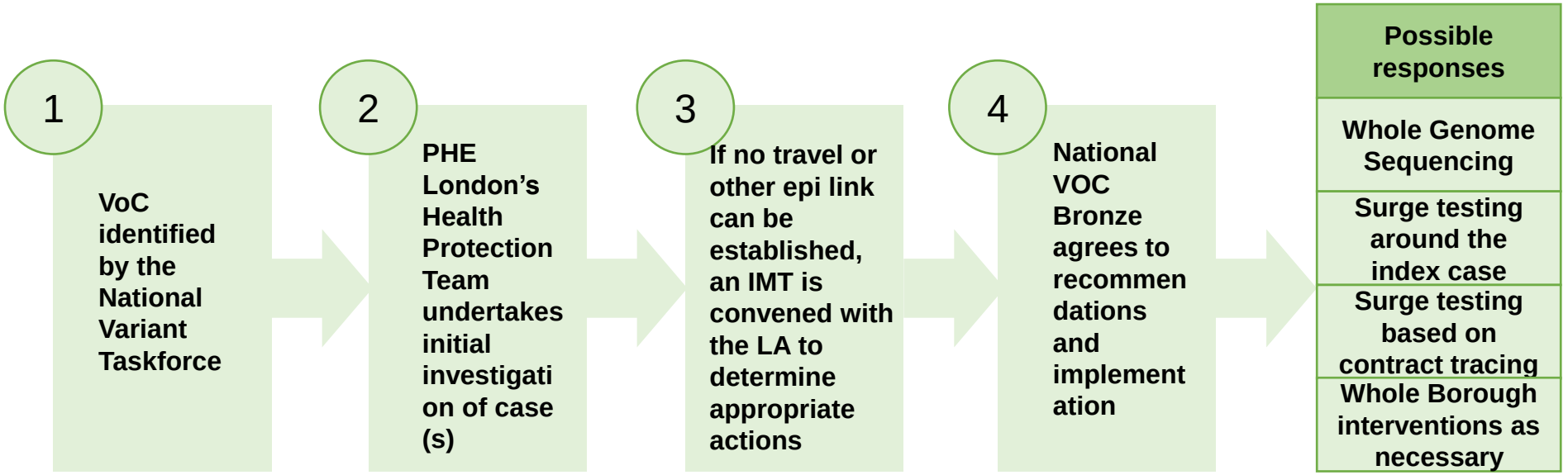
Following the identification of a VOC, PHE London's Coronavirus Response Cell (LCRC) will conduct the initial investigation to gather additional information, complete a minimum data set and establish whether there are epidemiological links to countries of concern. Those VOCs without an epidemiological link will require wider investigation and response, and this will be determined jointly between the Local Authority, on the advice of the DPH, and PHE London's Health Protection Team.

The combination, scale and focus of the tools deployed to investigate and control VOCs will be locally led, informed by the data and risk assessment, current epidemiology, knowledge of the local community and grounded in health protection principles and specialist health protection advice. Plans will need to be flexible and adaptable to different circumstances, such as the geography, communities or settings in scope.

The planned local response to a VOC(s) will need to be reviewed and supported by PHE National VOC Bronze to ensure the response is appropriate to the assessed risk and, critically, that the national support required for implementation of the plan (e.g. whole genome sequencing, surge PCR testing) can be mobilised within available national capacity.

Responding to Variants of Concern (VoCs)

Variants of Concern (VoC) Investigation and Management



Responding to Variants of Concern (VoCs)

Guide to determining Public Health Action- range of approaches

Whole Genome Sequencing	Increase symptomatic PCR testing	Targeted surge asymptomatic PCR testing	Rapid and enhanced contact tracing	Support for isolation	NPIs
• Define and agree coverage/scope of PCR positives for WGS (over & above routine 5% surveillance) including pillar 1, and time period • Data led eg small area/geography around VOC case; setting specific; whole borough • Contingent on national capacity Explore leveraging local hospital and academic sequencing capabilities	• Consider increasing symptomatic testing capacity via additional MTU deployment, increased or changed opening hours • Enhanced or increased local communications to encourage and ensure people get tested. • Start or potentially increase the local booking arrangements for LTS sites	• Determine target population, geography or setting • Determine best operational method(s) for targeted surge testing eg: • Door drop model (Council, VCS or other trusted delivery partner, commercial partner) • Collect and drop model, roving model • ATS (swapping in PCR for LFDs or including supplementary PCR tests for positives) • Surge of up to 5000 asymptomatic tests • MTUs deployed for asymptomatic testing, not on the national portal, for walk up and booked via local system	• Immediate tracing response to positive cases from the defined area/population ie tracing begins on entry of positive case to CTAS/the trace process • A dedicated team within NHS Trace contacts all positive cases from the defined area, using tailored scripting • LA's Local CT Partnership service works alongside national VOC Trace cell • Re-enforcement of isolation and public health advice to all cases and contacts • Consider using enhanced contact tracing to identify and investigate potential transmission events/clusters as part of wider OB control	• Package of self-isolation support to meet practical and emotional/well-being support needs of cases and contacts • Self isolation payments and discretionary support for those in financial need • Consider enhanced welfare support/follow up calls and other enhancements	• Post national restrictions/lockdown, consider need for targeted, local NPIs/restrictions as part of VOC control approach • Reinforce covid-secure and IPC measures in key settings **Monitoring and evaluation** Evaluation framework in place to assess impact of local measures, inform future VOC response and outbreak control more generally. Requires data on sequencing results to be made available to the LA and IMT in a timely way, to assist with any real-time amendments to the approach, or to inform programme extension and support overall evaluation

Communications and engagement

- Locally led plan for culturally competent communications and community engagement
- Coordination of announcements and clear messages about purpose and restrictions in place during implementation of local variant control measures/surge activities
- Ensure alignment of national comms with local comms
- Managing the need to inform the public about VOCs without driving negative behavioural or psycho-social outcomes
- Harness existing community assets, networks and trusted messengers eg community champions
- Specific considerations include: an inbound helpline; a postcode checker on Council website

Local Testing Strategy

Aims and Purpose of testing

- To **find** people who have the virus, trace their contacts and ensure both self-isolate to **prevent onward spread**
- **Surveillance,** including identification for vaccine-evasive disease and new strains
- To investigate and **manage** outbreaks
- To **enable** safer re-opening of the economy
- To prepare for surge testing in case of VOC. Our surge testing plan is here

Pillar 1 (NHS Settings)
PCR swab testing and LFD antigen testing in PHE and NHS labs
(RT-qPCR, LAMP & quicker testing

- Symptomatic patients that arrive in a hospital setting
- Asymptomatic patients to support infection prevention & control e.g. elective care, inpatient care, mental health, maternity and discharge planning
- Symptomatic NHS frontline staff and in an outbreak situation and household members
- Routine testing of asymptomatic NHS staff and contractors
- Intermittent testing of non-symptomatic NHS staff e.g. as part of SIREN study

Pillar 2 (Mass Population/Community)
Mass symptomatic PCR swab testing (RT-qPCR) and asymptomatic VOC surge testing

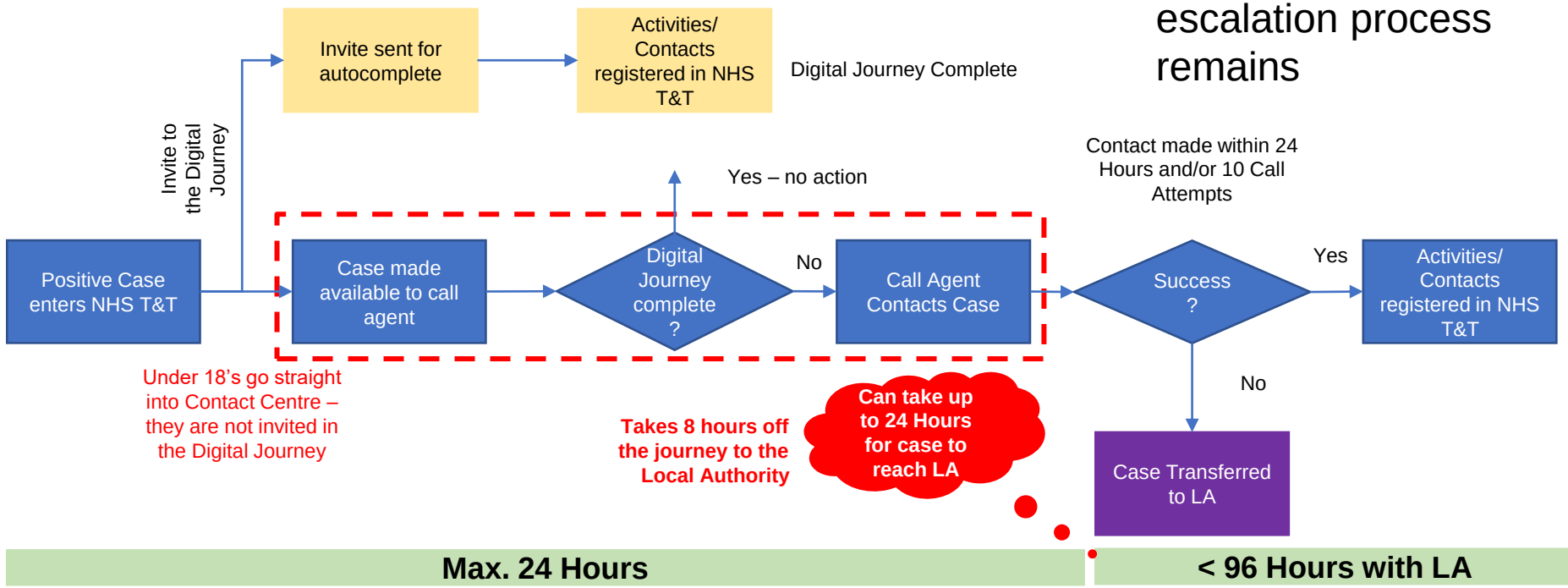
- 1 Drive-thru Regional Test Site
- 2 MTUs
- 3 LTS
- Home Testing Kits
- Regular whole care home asymptomatic testing; weekly for staff, every 4 weeks for residents
- CQC-registered domiciliary care provider weekly staff testing

Pillar 2 (Mass Population/Community)
Asymptomatic rapid antigen testing (Lateral Flow Device tests)

- LFD tests delivered through asymptomatic testing sites
- Council Workers
- Schools
- Adult social care:
  - visitors
  - visiting professionals
- Rapid response LFD testing following care home outbreaks
- Domiciliary care
- NHS staff
- Private sector testing
- Pilots

Local contact tracing partnerships

Process flow:



LA & Tier 2 escalation process remains

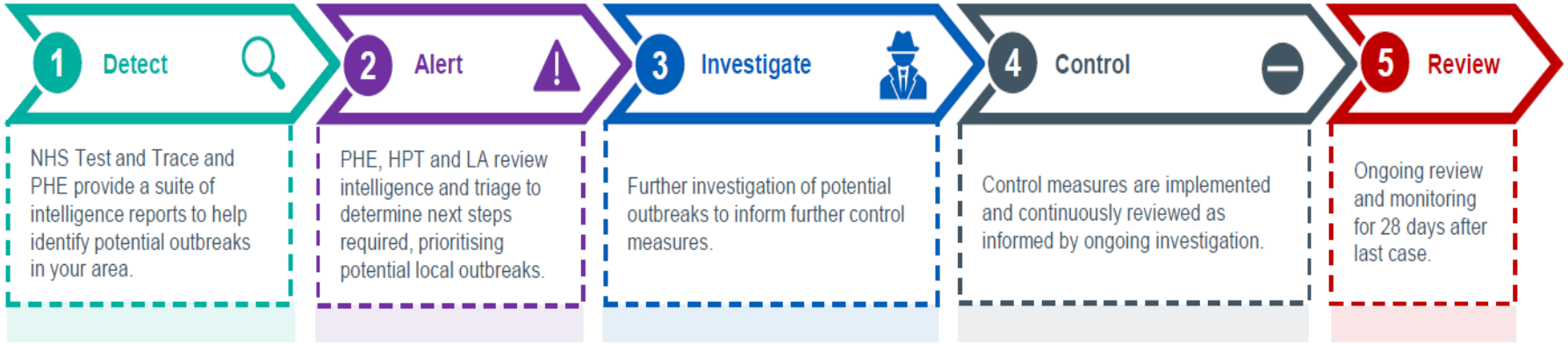
In the new process:

- The Index Case record is made available to the National Contact Centre at the same time as the first invite is sent for the Digital Journey
- Call agents will be required to check if the Index Case has completed the digital journey before contacting the case.
- If contact is not made within 24 hours and/or 10 call attempts the Index Case is transferred to the Local Authority..

Barking & Dagenham

Enhanced Contact Tracing

The 5 stages of Enhanced Contact Tracing and Bespoke Support



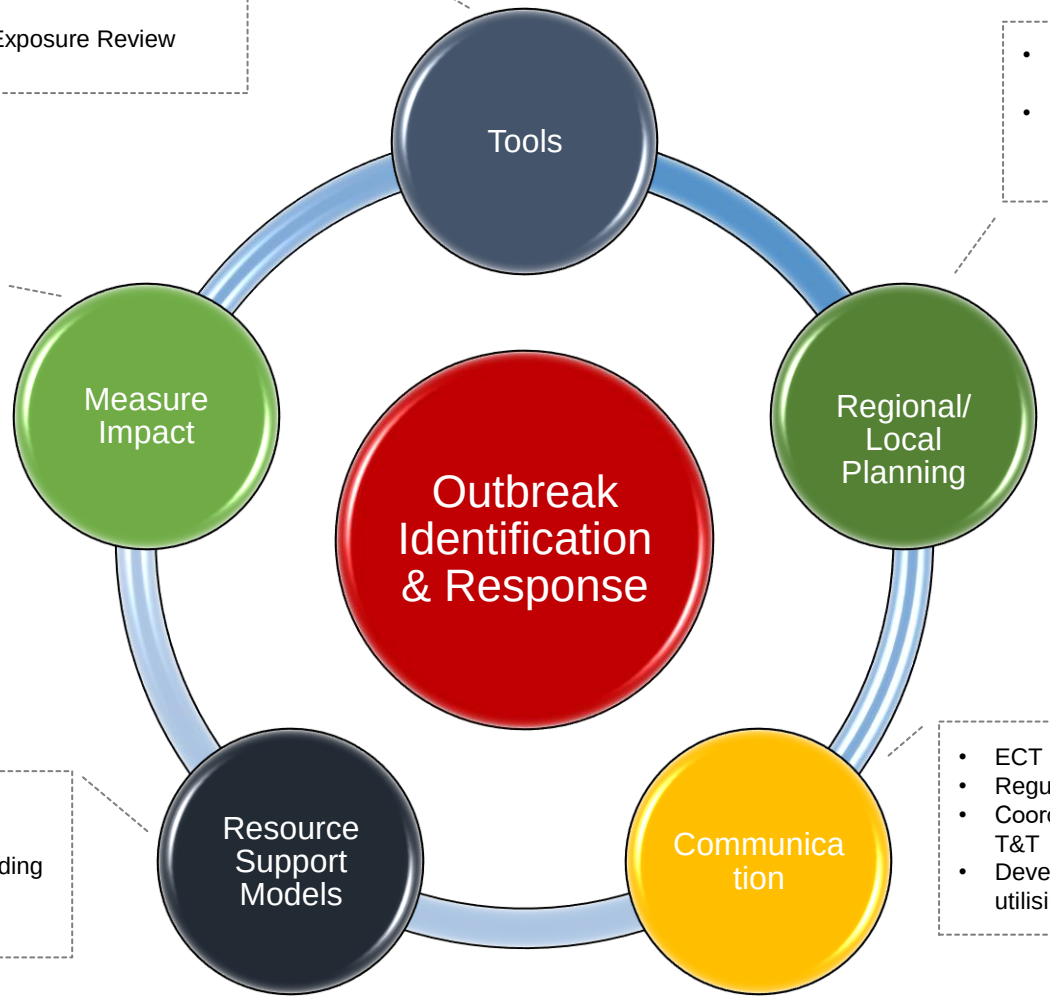
Support levers

1 Detect	2 Alert	3 Investigate	4 Control	5 Review
• Improved Common Exposure Reports • Postcode Incidence Reports • ICert	• Toolkit • Training to interpret reports • Toolkit training	• National Resource - Local Based Contact Tracers • National Resource - Local Based Health Professionals • Mobile Testing Units • Postcode push-Home Channel	• Regular touchpoint meetings and Comms • National Resource - Local Based Contact Tracers	• Capability and capacity building • National Resource - Local Based Contact Tracers

Barking & Dagenham

Outbreak Identification & Rapid Response Framework

- PowerBI integrated reports & analytics
- Toolkit- standard operating procedure CE reports
- NHST&T App – Using Alerts to warn and advise
- Operational Playbook for post ECT actions based a set of key principles
- iCERT- Interactive Common Exposure Review Tool



- HPTs & LAs co-design ECT operating plan/s
- Increase usage of or effectiveness of using reports, tools & resource

- Baseline & benefits realisation
- Build out the operational and data flows analysis processes
- Agree monitoring metrics for COVID-19 cluster detection and response
- Develop reporting platforms

- Identify agile resourcing models to support end-to-end ECT process
- Capability & capacity building including provision of training
- National resource

- ECT Explainer
- Regular touchpoint meetings
- Coordinated “Newsletter” approach across T&T
- Develop a suite of Communications utilising appropriate delivery platforms

Barking & Dagenham

What is our approach to local containment?

- It is of utmost importance that we understand the geographic spread of the virus and take rapid steps in order to contain any potential outbreak and keep our communities safe.
- In order to do that, we need to **know what is happening**, and have **robust principles for decision making**, co-created and agreed by all stakeholders.
- These principles are set out in the **Contain Framework** (previously called the playbook/toolkit).
- We will then ensure that decision makers have the guidance they need via the **Action Cards.**
- Outbreak reporting form completed and sent to London Health Protection Team

Contain Framework + Action Cards

Prevent and Manage Outbreaks in various settings

Setting	Schools & Early Years	Care Settings	Hospitals	Places of Worship	Workplaces	Community Clusters
Action Card	Read the document here	Read the document here	Read the document Here and here	Read the document here	Read the document here	Read the document here
Plans/Risk assessment tools	Read the document here	Read the document here	Read the document here	Read the document here	Read the document here	Read the document here

LCRC/Local Authority Response

	Local Authority	LCRC Health Protection Team
Case and contact investigation management	Receive notifications of cases via national test and trace route Investigate and manage cases and contacts as per local SOPs Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols Provide support packages as required	Receive notifications of cases via clinical leads / local authority leads if meet the criteria as agreed in national test and trace protocols Investigate and manage high risk cases and contacts as per local SOPs
VOCs (or other cases of concern)	Investigate and manage VOC/VUI etc cases and contacts – at present those lost to follow up Establish and lead IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing	Investigate and manage initially VOC/VUI etc cases and contacts Liaise with LA contact tracing for help with no contact cases Investigate and manage any identified settings Advise and support LA IMT to investigate and manage VOCs/VUIs cases and clusters with enhanced case and contact tracing, and targeted testing (community or setting focussed) including surge testing
Enhanced contact tracing (Cluster) investigation and management	Investigate, identify priority clusters Manage clusters as per relevant settings SOPs Chair IMTs if required	Overview of cluster identification and management Overview management of priority settings Attend IMTs if required
Settings (care homes workplaces, schools, ports, prisons, homeless etc)	Receive notification of cases and clusters via a number of different routes Investigate and manage cases and clusters in settings. Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Chair IMTs if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting	Receive notification of cases and clusters via a number of different routes Overview and investigate and manage cases and clusters in high priority settings Review and update resources Provide advice and support Provide advice and support around contact tracing, isolation, infection control practices, COVID safe environments and testing etc including written resources. Attend IMT if required Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting

Local regional and national roles

Level	Place-based leadership	Public health leadership
LOCAL	*LA CE, in partnership with DPH and PHE HPT to:* a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Member-Led Covid-19 Engagement Board *(or other chosen local structure)*	*DPH with the PHE HPT together to:* a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead) b) Review the data on testing and tracing and Vaccine uptake data c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to LRF/SCG
REGIONAL	*Regional team (PHE, JBC, T&T, London councils and ADPH lead* a) Support localities when required when required on outbreaks or specific cases or enduring transmission or substantial cross-boundary b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview of risks issues and pressures across the region especially cross-boundary issues	*PHE Regional Director with the ADPH Regional lead together* a) Oversight of the all contain activity, epidemiology and Health Protection issues across the region including vaccine uptake b) Prioritisation decisions on focus for PHE resource with Las or sub regions c) Sector-led improvement to share improvement and learning d) Liaison with the national level
NATIONAL	*Contain SRO and PHE/JBC Director of Health Protection* a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources	*PHE/JBC Director of Health Protection (including engagement with CMO)* a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre

Vaccination programme

Governance of COVID-19 Vaccine Equity work across London

London-wide Governance

- Strategic Oversight
- Advisory reference groups
- Assuring and decision-making

Strategic Co-ordination Group | **Health and Care Strategy Group** | **London Health Board** | **Health and Care Leaders' Group** | **London Leaders Covid-19 Committee** | **Delivery Coordination Group**

London Vaccine Programme Board (GOLD)

To bring together the work that is taking place across London on 4 areas related to the Covid-19 vaccine programme: consistency of communication, engagement with the public, tackling vaccine hesitancy and equality of access (TOR in the appendix)

London Vaccine uptake and engagement steering group

Vaccine engagement and communications group

To support the co-ordination of sustained communications and community engagement across all London partners to support a rapid and high uptake of the vaccine in London and to ensure that all London's communities, irrespective of ethnicity, religion, income, tenure or place, are informed of the benefits of taking the vaccine. (TOR in the appendix)

Biweekly COVID-19 Vaccine Programme Data Steering Group

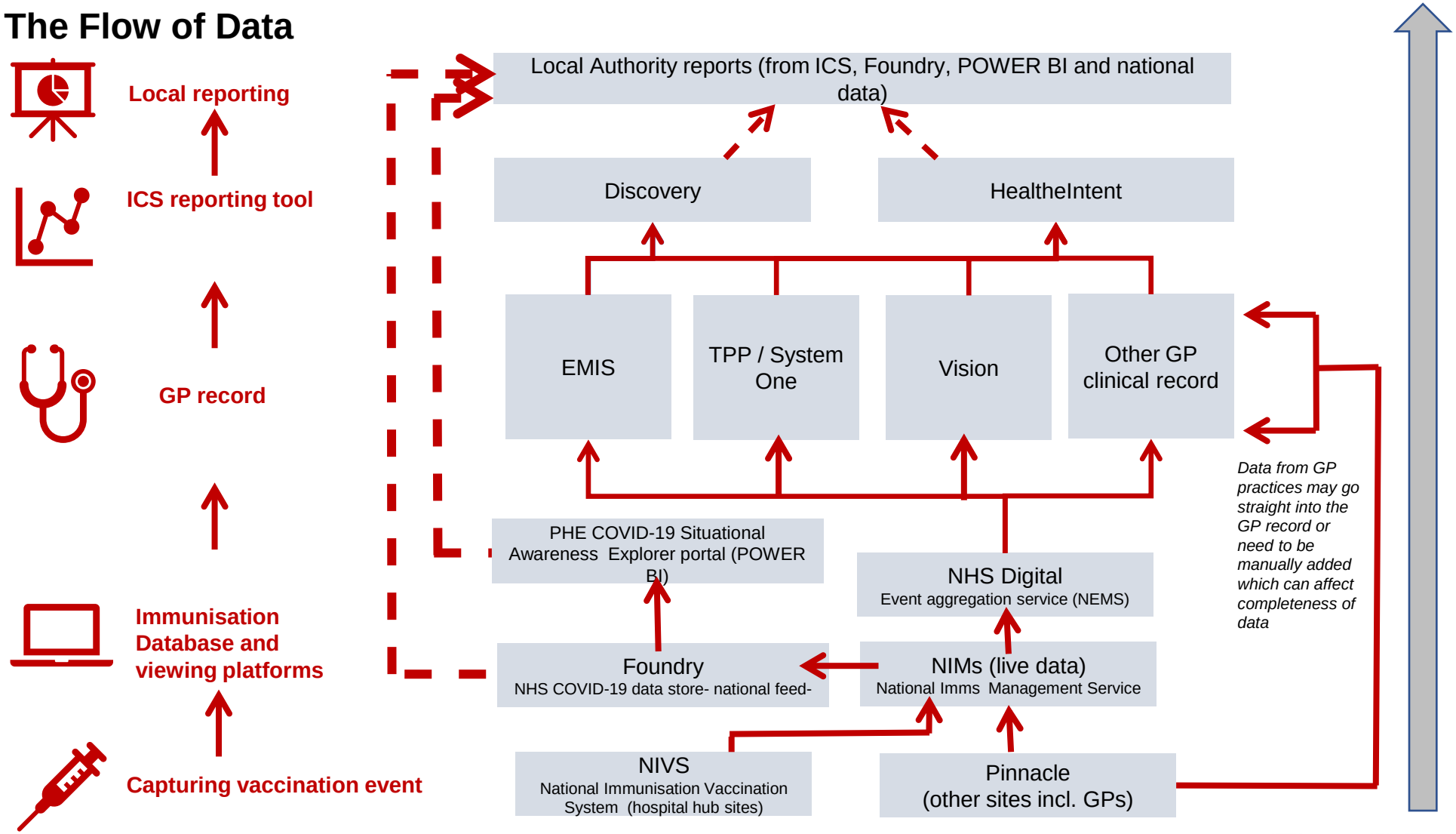
To work as a system to maximise our collective understanding and use of vaccination programme data to generate insight, inform action and share learning to increase uptake and address inequalities

Vaccine impact Programme

The purpose is to understand and respond to vaccine hesitancy and increase the percentage of Londoners from black and other minority ethnic communities, disadvantaged and other low take up groups, who are vaccinated. Immediate improvements in vaccine take up from certain communities is framed within a longer term strategic focus on tackling health inequalities.

COVID-19 Vaccination data

The Flow of Data



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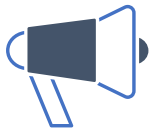
Communications & engagement - key to outbreak planning

Objective: Engage our communities to ensure reasoning behind decisions widely known encouraging compliance in accordance with the goals of containment



Campaign Launch

- National Test & Trace campaign launch
- TV, Radio, Social Media, TV, Print

Info Availability

- Public access to timely local data about infection rates to ensure public are informed
- Strengthen online and telephone information about reporting outbreaks via PHE
- More consistent local council COVID helplines

Community Engagement

- Strong local community engagement: equivalent of national campaign in all 152 upper tier councils

Local authority Strategy

- Proactive and reactive
- Maximise individual and community ownership and local "peer pressure" to self isolate
- Make comms appropriate for all communities, esp. vulnerable, diverse, hard to reach
- Build on national campaign with a tailored local campaign (e.g. use local partners, local languages)
- Transparent, open, frequent local briefings

Communications Plan for a local outbreak

Aim:

- To develop a common approach across B&D's partners to communications regarding outbreaks in the borough and support the development of a coordinated approach to proactive and reactive communications across the borough

Objectives:

- All staff, members, partners, the media and the public are informed of developments regarding local outbreaks in a timely, accurate way using established channels

- All partners work together to communicate with their stakeholders and the public using their established channels to reinforce behaviours required to control Covid-19 and prevent local lockdowns

- Reassure the public that B&D partners are working together to control Covid-19

- Build confidence across the partnership that we have timely and accurate information about developments regarding Covid-19 and are able to play their part in managing a local outbreak or local lockdown.

Responsibility:

All partners are responsible for fulfilling their duty to "warn and inform" under the Civil Contingencies Act 2004. This plan will guide the work of all partners.

This group will be responsible for:

- Coordinating all reactive media handling across the partnership to enquiries from the media about local outbreaks

- Developing a coordinated approach to communications – getting consistent information to all stakeholders in a timely manner

- Identifying opportunities to amplify messaging about keeping the borough safe and making information readily available to those who need it.

Supporting vulnerable residents

Supporting vulnerable residents through our front line services is core Council business. Our Community Solutions Service will be ensuring that a comprehensive system of support is and remains in place as we all respond to Covid-19 at the individual and at the community level. Working together with our partners, we want to ensure that no one becomes more vulnerable or is left without appropriate support as a result of the rollout of the national Test and Trace service.

Where the contact tracing process identifies a complex case or one involving a high-risk location, the case will be referred to LCRC and the Director of Public Health and his team to deal with. These teams have worked in this way for many years and have tried and tested ways to deal with such complex cases.

All referrals from the LCRC for the supporting vulnerable resident pathway will come to the Director of Public Health as the Council's single point of contact. The Public Health team will undertake their normal health protection practice which is:

- Check the resident is not known to council services in respect of safeguarding. If known the case is directly referred to social care as per existing protocol

- If the resident is not known to services, the Public Health team will refer the resident to the Adult Intake Team in Community Solutions. The intake team will assess the residents needs and put a support package in place for the duration of the isolation period

Contact: intaketeam@lbbd.gov.uk or phone 020 8227 2915 if you would like further advice or support.

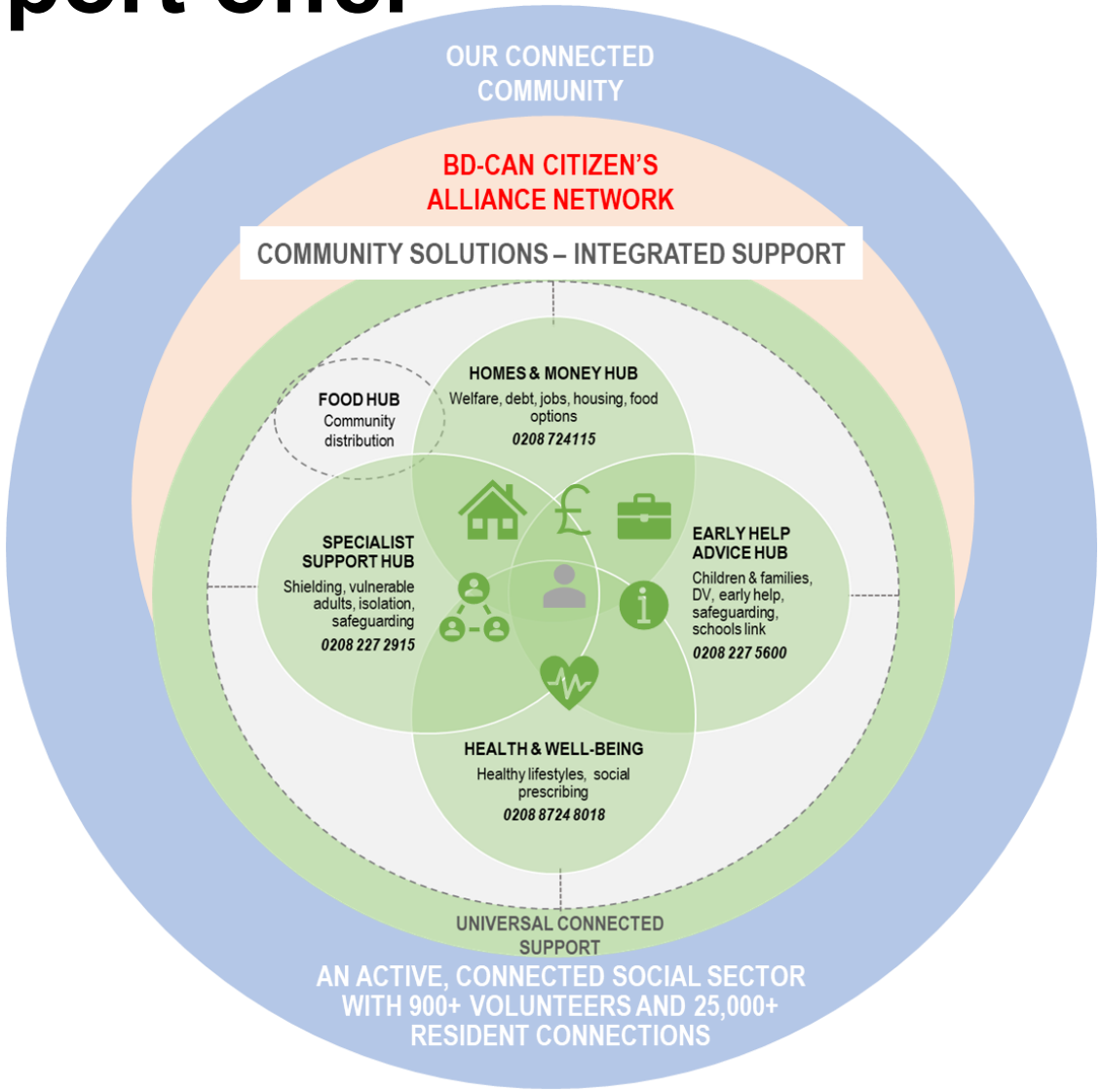
Barking and Dagenham's support offer

- **Barking & Dagenham Citizens Alliance Network (BD-CAN) –** generalist support for vulnerable members of the community who lack support networks and need help with simple, practical tasks

- **The Specialist Support Hub –** specialist support for our vulnerable residents, including anyone who currently receives adult social care services or who has been identified as extremely vulnerable by the NHS

- **Community Solutions –** integrated front door support on issues ranging from homelessness, debt advice, benefits support, job support, food, early help

- **Central food hub** – coordinated access to food supply managed across a network of distribution sites



Barking & Dagenham

Specialist support hub

Main community partners are the ILA and DABD:

Supports the following residents:

- Anyone who is shielding – who has received a letter from the NHS telling them they are extremely vulnerable
- Anyone who receives adult social care, whether arranged by the Council or arranged privately
- Anyone living in specialist Council accommodation such as sheltered housing, a hostel or a domestic violence refuge
- Anyone who has recently come out of hospital and needs support
- Anyone who is not known to social care, but who is believed to be especially vulnerable due to additional needs

- Food shopping (the resident pays for the food shopping but not the service)
- Medication
- Gas and electricity top up
- Referrals on to other partners including Reconnections

Supported access pathway for vulnerable residents

A supported access pathway is also under development to address some of the risks with applying the national model locally. This approach is based on Community Solutions, B&D Collective, NHS and other colleagues working together to support our most complex and vulnerable residents by using relationships of trust, wherever they may exist. We recognise that in order to support people best we need to take a person-centred approach which builds on existing relationships.

This means that in developing a pathway for ‘supported access’ we recognise that the initial referral point could come from a variety of locations depending on who the resident feels most comfortable with for example: GP, pharmacist, faith leader, food bank, other B&D Collective organisation, social worker, local public services (like mental health, SEND etc), housing officer, Facebook, mutual aid provider etc.

Residents who go through the supported access pathway is also intended to put in place the support the resident might need to enable them to participate in testing and possible 10 day self isolation (e.g. translation, food and supplies, financial support etc.

The supported access pathway will evolve from our learning from the BD-Can programme and Community Solutions Specialist Support Hub.

Risks and threats

The Council is responsible for addressing issues of low-take up and engagement with hard-to-reach groups and communities. Our challenge is that the assumption that most of the contact and engagement with the testing and tracing regime will be managed through the app, website and phone and direct engagement with the public.

There are potentially several barriers to users successfully engaging with the proposed national model, which will be particularly relevant to Barking and Dagenham:

- Gaining local communities' trust with regards to national contact tracing initiative
- Digitally excluded groups being missed
- Residents without access to an email account being disadvantaged
- Residents facing financial hardship as a result of Covid-19, who would usually have access to a smartphone, but no internet connection (due to insufficient funds)
- Demand for tests exceeds the number of tests available
- Tracing programme is unable to meet demand
- Exacerbating existing inequalities through the (method of) delivery of messages
- Access issues beyond our control are reflected negatively on the Council
- Those concerned about surveillance/ data protection may not engage with the contact tracing programme
- Covid-19-related fraud and scams undermining trust in the national programme and individual representatives

HEALTH AND WELLBEING BOARD

June 2020

Title:	**Mental health and wellbeing of care staff during COVID-19**
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: No**
Report Author: Manisha Modhvadia, Acting Healthwatch Manager	**Contact Details:** Manisha.modhvadia@healthwatchbarkinganddagenham.co.uk
Sponsor: Nathan Singleton, CEO, LifeLine Community Projects	

Summary
This report highlights the physical and mental well-being experiences of care home and domiciliary care staff during the COVID-19 pandemic. This evaluation, carried out independently, focuses on the support available to staff through statutory services and other means. Recommendations for improvements and developments form part of the report.

Recommendations

The Health and Wellbeing Board is asked to:

- note the findings in the report
- note the recommendations in the report

Reasons for report
To highlight to the Board the physical and mental wellbeing experiences of care home and domiciliary care staff during pandemic.

1. Introduction and Background

1.1 Healthwatch Barking and Dagenham published a report based on the experiences of residents and staff from care homes during the beginning of the pandemic. At the time, the findings showed that overall, residents and their families felt that care home staff provided excellent care for both the health and well-being of their residents during the COVID-19 crisis.

1.2 Feedback received from care home staff made it clear that dealing with the unknown factors of the virus, lack of PPE and training, positive cases, death and the strain of additional communication requirements caused them fear. As a result, staff were tired and anxious after dealing with a high-stress situation for several months. The findings made it clear that support was needed for the mental health of staff working in these areas.

1.3 The findings from the report formed the basis of undertaking this project. The aim being to talk to care and domiciliary care staff to ascertain what support is available to staff when it comes to mental health and how their mental health and wellbeing

has been impacted. In addition the project would be to explore good practice and where support can be improved.

2. Key findings

2.1 Findings from the report show that 90% of staff said their managers and colleagues had treated them very well or well enough in regards to their mental health and wellbeing. Interviews revealed examples of where peer to peer communication and a caring approach by managers, helped staff to cope better during their difficult times. However, it is also evident that different forms of support works for each individual.

2.2 Evidence collected from staff shows that peer support has been recognised as a way of coping during the pandemic as well as the key role manager's play in supporting staff wellbeing. Overall employers have tried to support staff as best as they can in exceptionally difficult circumstances. However, it is also apparent from care home and domiciliary staff, that coping with the unknown issues has impacted their mental health and wellbeing.

2.3 The report shows 30% of participants found out about mental health and wellbeing services themselves, interestingly they identified themselves as either domiciliary care workers or Personal Assistant (PAs) working either independently or with agencies.

2.4 The report shows how COVID-19 has massively affected the daily lives of 60% of those staff that provided Healthwatch with feedback. The interviews carried out with staff, gave an insight into the causes that emerged. Staff reported changes to their routines soon after the first lockdown was implemented. Individuals reported having to work for extended hours, wearing uncomfortable PPE equipment for long periods.

2.5 In addition staff reported their personal lives being impacted by changes imposed by government guidance and work related issues such as:

- having to think about childcare arrangements as schools closed
- caring for their frail and elderly relatives
- shopping for food and household goods proved challenging between shifts

2.6 Like NHS staff, social care staff are key workers and they were also hit by the circumstances that prevailed with the lockdown, whilst having to continue to work. Some experienced hardships and financial difficulties at this time; piling more worries onto an already fraught situation.

2.7 Recommendations within the report are based on the evidence collected from staff covering four themes:

- Disparity between care services
- The opportunity to share concerns
- Support for BAME staff
- Community resources to support care staff

We have received a positive response from London Borough of Barking and Dagenham to the recommendations made.

3. Consultations (list if any)

3.1 The online questionnaire link was sent out to;

- 99 local domiciliary care providers,
- 10 nursing and care homes,
- 11 mental health and learning disability service support providers.

3.2 Healthwatch Barking & Dagenham used Twitter and Facebook to send out the link on social media and made it accessible on the website. 10 staff members agreed to be interviewed.

List any appendices
Full report attached

List any background papers used in preparing the report

NONE

NOTE ON KEY DECISIONS
By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet, Health and Wellbeing Board, or other committees / persons / bodies that have executive functions.

The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

*(i) Those that form the **Council's budgetary and policy framework** (this is explained in more detail in the Council's Constitution)*
*(ii) Those that involve **'significant' spending or savings***
*(iii) Those that have a **significant effect on the community***

*In relation to (ii) above, Barking and Dagenham's **definition of 'significant' is spending** or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).*

*In relation to (iii) above, Barking and Dagenham has also extended this **definition** so that it relates to **any decision** that is likely to have a **significant impact on one or more ward** (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).*

*As part of the Council's commitment to open government it has extended the scope of this document (Forward Plan) so that it **includes all known issues, not just "Key Decisions**", that are due to be considered by the decision-making body as far ahead as possible.*

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Care Home and Domiciliary Care Staff Wellbeing During COVID-19

March 2021

healthwatch
Barking and Dagenham
Delivered by LifeLine Projects

Contents

1. Introduction

Details of Report:	
Overview	This report highlights the physical and mental well-being experiences of care home and domiciliary care staff during the COVID-19 pandemic. This evaluation, carried out independently, focuses on the support available to staff through statutory services and other means. Recommendations for improvements and developments form part of the report.
Date	March 2021
Author	Richard Vann
Contact details	Healthwatch Barking and Dagenham LifeLine House Neville Road Dagenham RM8 3QS richard.vann@healthwatchbarkingandagenham.co.uk 0800 298 5331

1.1. Acknowledgements

We would like to thank the individual care staff who took the time out of their busy schedules to take the opportunity to participate and provide Healthwatch with their thoughts and experiences from a personal perspective.

1.2. Disclaimer

Our report is not a representative portrayal of the experiences of all care home and domiciliary staff, only an account of what was contributed at the time of undertaking this project.

2. About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

3. Background

Healthwatch Barking and Dagenham published a report based on the experiences of residents and staff from care homes during the beginning of the pandemic. At the time the findings showed that overall, residents and their families felt that care home staff provided excellent care for both the health and well-being of their residents during the COVID-19 crisis. However, it was also obvious from feedback received from care home staff, that dealing with the unknown factors of the virus, lack of PPE and training, positive cases, death and the strain of additional communication requirements caused them fear. As a result, staff were tired and anxious after dealing with a high-stress situation for several months. There is a risk that the current work force could suffer PTSD or 'burn-out' from being on high alert for so long. (A full report can be found here). Within the findings it became obvious that support was needed for the mental health of staff working in these areas.

The findings from the report formed the basis of undertaking this project. The aim being to talk to care home and domiciliary care staff to ascertain:

a. what access to mental health services are available for managers and staff in these situations
b. How this is communicated to staff
c. How well managers/staff welfare is supported in the workplace – and how the staff feel that COVID has impacted on their day-to-day work
d. Whether there are some more effective ways to support the workforce that will benefit the recipients of these services.

This report looks at the experiences of **staff working in** nursing homes, residential care homes and domiciliary care settings including personal assistants, during the COVID-19 pandemic.

The type of care staff provide includes personal care, such as assistance with washing, toileting and dressing, or household tasks, such as cooking and cleaning.

Working in close proximity with individuals needing support and in working spaces shared by other care staff at different times, raises the potential for personal wellbeing concerns.

To support local authorities during the pandemic, the Government announced extra money to support providers of adult social care services, through an Infection Control Fund. Including those with whom the local authority does not have a contract, to reduce the rate of COVID-19.

Healthwatch Barking & Dagenham wanted to understand what the impact has been on the health and wellbeing of individual domiciliary and care home staff working during the pandemic. Focusing on how they access mental health support, what support is available from their employer. In addition, the effective communication channels between the system and individual care homes and domiciliary care providers, their managers and their staff.

4. Methodology

Healthwatch developed a questionnaire to gather the views of local domiciliary and care home staff. The staff were given the option at the end of the survey to take part in one to one interviews with Healthwatch enabling the team to explore in more detail, their personal experiences of health and well-being whilst working during the pandemic.

Each individual that agreed to be interviewed was asked to provide their contact details so a convenient time could be arranged to speak with them.

During the interviews, each participant was asked the same three open questions;

- **What is your experience of working in your caring role during the pandemic?**
- **What effect did it have on your health and wellbeing?**
- **If you needed support for how you were feeling, where did you get it from?**

The online questionnaire link was sent out to;

- **99 local domiciliary care providers,**
- **10 nursing and care homes,**
- **11 mental health and learning disability service support providers.**

Healthwatch Barking & Dagenham used Twitter and Facebook to send out the link on social media and made it accessible on the website. 10 staff members agreed to be interviewed - six worked within domiciliary care services and four worked in care homes or nursing homes.

5. Executive Summary

Over the course of the COVID-19 pandemic, care home and domiciliary care staff have been key workers supporting and caring for the most vulnerable people in our local communities.

During the first lockdown, public attention was very much focused towards the care provided in hospitals across the NHS, due to the vast numbers of people who became severely ill because of contracting the virus.

However, there was another cohort of heroes, based in our community – those working in adult social care who got little mention and praise for the work and pressures they faced during this time and little recognition of the impact that the pandemic was having on their mental health and wellbeing. By the time the next national lockdown arrived, more emphasis and importance was placed on the efforts and work of social care staff, but mainly those working in care homes, with the work of domiciliary care providers not highlighted so much.

The objectives of this report are to highlight;

- The physical and mental wellbeing experiences of care home and domiciliary care staff during the COVID-19 pandemic.
- Capture the experiences of staff, in their own words, of working in care home and domiciliary care settings in Barking and Dagenham over this time.
- Provide a focus, particularly on their mental health and the support available to them through statutory and other means.

This is what we found from the Survey Responses and Information from the NELFT Integrated Care System.

- According to Skills for Care (see item 6.3) there are approximately 45,000 people working in adult social in North East London who are from BAME backgrounds. From our responses, 50% of the staff identified as being from a BAME background.
- From our survey, domiciliary care staff accounted for around three times more responses (78%) than staff working in local care and nursing homes (22%).
- From across both care settings, 90% of staff said they had been treated very well or well enough by their managers and colleagues when needing to have support. The interviews revealed examples of where peer to peer communication and an empathetic and caring approach by their managers, helped staff to cope better during their worst times.
- When looking to access mental health and wellbeing services, 80% of staff were either supported by their employer (50%) or found out where to go to seek help of their own volition (30%)

- On our survey, staff were asked how they receive communications relating to mental health and wellbeing services. 70% indicated that they received contact via their employers, and 40% found out the information either by speaking with colleagues or contacting their GP.
- Feedback shows that for 60% of respondents the impact of COVID 19 had a massive effect on their lives during this time. People indicated that the increased pressures and anxieties of doing their jobs, while trying to keep themselves and the people they come into contact with safe, took its toll on them. Some became uncharacteristically emotional, could not sleep after long shifts and in some cases, were not eating and drinking well. During the later surges of the virus, 50% of people said that it was not as difficult or that they were not affected at all and found their own ways of coping and self-resilience.
- Looking at better ways that would benefit and support them and their colleagues, 80% of all staff felt that all that was being done was as well as it could be. The 20% that indicated there was ways to support them better, didn't make any suggestions to what they might be.
- Support resources in place for social care organisations across the sector to access, are mainly aimed at managers and senior staff working in operations or human resources.
- The common themes that emerge from the interviews with social care staff, shine a light on the immense stress and anxiety the pandemic and lockdowns caused for those individuals.

Staff told Healthwatch they were in a frightening situation with not much information available at the start of the pandemic lockdown.

Evidence from interviews also reveals the impact on staff's mental health and wellbeing, and how their home lives became affected.

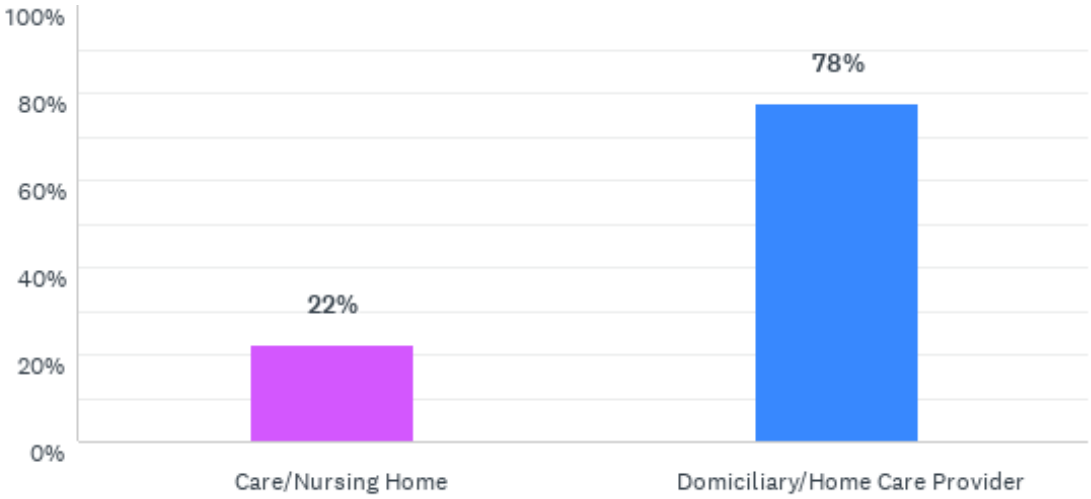
A sense of helplessness, not wanting to burden their families and feelings of guilt for taking time off, has contributed to people's anxieties and depression.

Feeling undervalued in their job roles and the impact of working long hours, only compounded the negative situation that each person found themselves in.

6. Social Care Staff Responses & Interviews

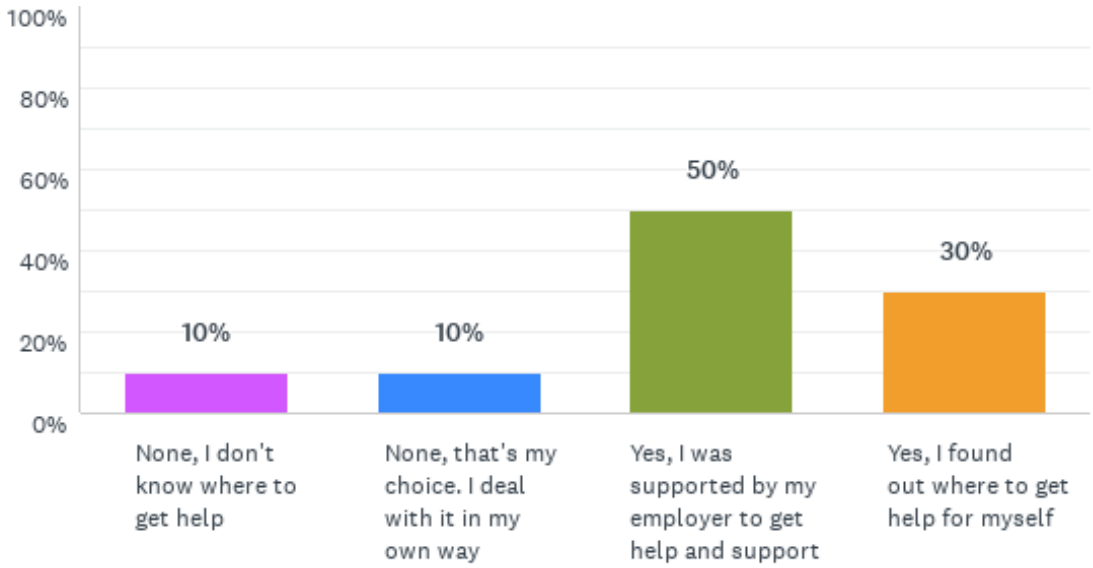
6.1. Questionnaire Responses and Demography

Where do I Work?



The number of domiciliary home care staff that responded to the questionnaire is four times more than those from local care homes. Given the number of Domiciliary Care providers that Healthwatch contacted compared with the number of Care/Nursing/Extra Care providers, the number of individuals that participated from both is proportionate.

What Access to Support from Mental Health and Wellbeing Services do you have?



The majority of participants (50%) indicated that they were supported by their employer to get help and support and this helped them with their mental health and wellbeing.

Most of those – 40% - who said that they received help from their employers, are care home workers. Being given leave on full pay to unwind and spend much needed family and self- time, was one of the ways their managers provided support to alleviate the build-up of stress in people.

Interestingly 30% of participants who told us they found out about mental health and wellbeing services for themselves were either domiciliary care workers or Personal Assistant (PAs) working either independently or with agencies.

Some staff (10%) chose not to seek any help and (10%) who are domiciliary care workers, indicated that they didn't know where to get any help.

How is Information about Mental Health and Wellbeing Support Communicated to you?

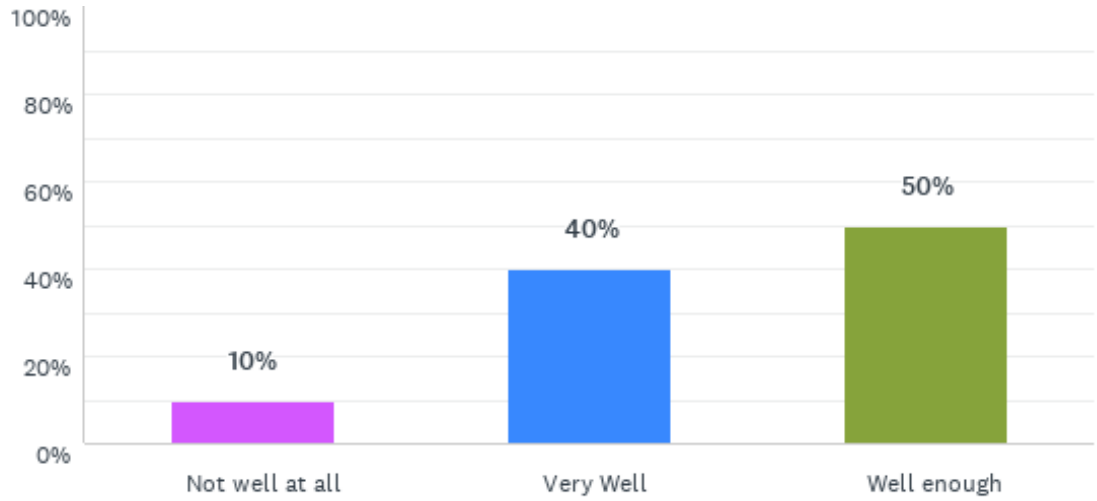
The Respondents had the choice to pick more than one option as to how they received information about mental health and well-being services.

The majority of participants said they received or were sent messages via social media, email or in conversations about keeping well. These were an even mix of both care home and domiciliary staff.

Referring to details of support organisations to contact, 40% of the staff – the majority working in care homes - indicated that they had access to these. They didn't say if they received the information from their employers.

Speaking with colleagues and friends was also a preferred way for 20% of staff to communicate about services. Getting in touch and communicating with their GPs was the way 20% of care workers said they got their information.

How well, as Managers and Staff, Do you feel Supported by your Employer?



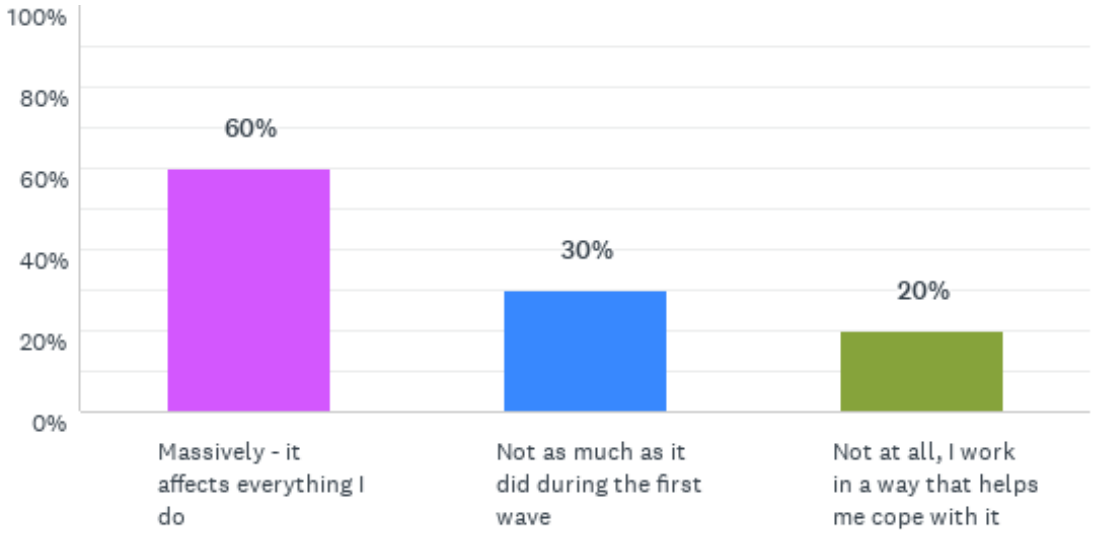
The vast majority of staff that responded (90%) said they were treated very well or well enough by their employers. This is confirmed in the interviews that were carried out with individual members of staff and feedback included:

- Being supported when stressed and burnt out;
- peer to peer chat groups to vent feelings and shared experiences helped staff overcome the impacts of working in such an intense environment.
- options to accept external help for mental health needs was made available if people chose to seek that help.

The minority of responses (10%) said that they weren't treated well at all and this is reflected in the interviews with staff.

Feedback indicated that where an employer showed no compassion or appreciation for the circumstances their care worker was working under resulted in the member of staff feeling like they wanted to pack their job in.

How Do You Feel that COVID has impacted on your Daily Life?



COVID has massively affected the daily lives of 60% of those staff that responded. The interviews that Healthwatch carried out with staff, gives an insight into the causes that emerged.

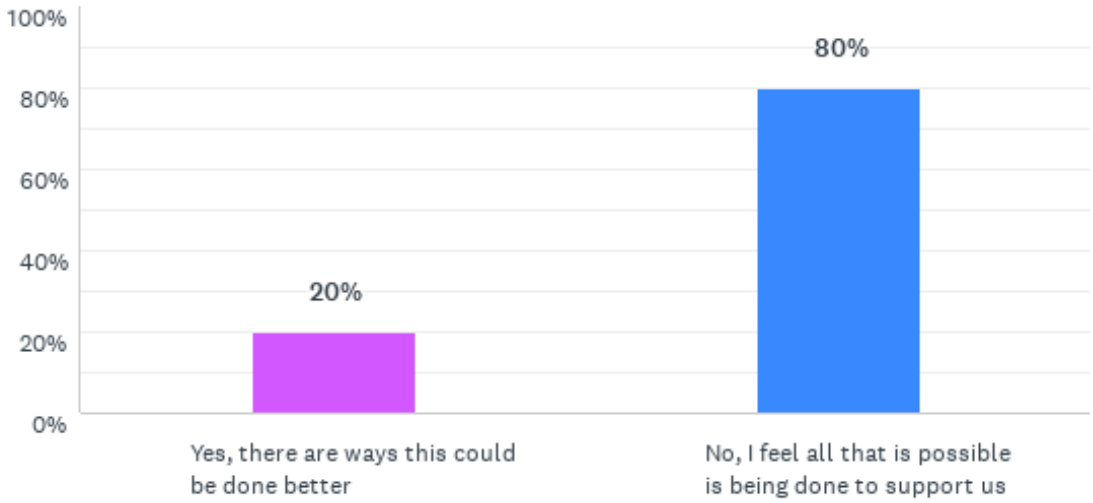
Staff reported changes to their routines soon after the first lockdown was implemented. Individuals worked for extended hours, wearing uncomfortable PPE equipment for long periods of time.

Their personal lives were impacted by changes, some staff members had to think about childcare arrangements as schools closed, others were caring for their frail and elderly relatives and shopping for food and household goods proved to be a challenge. This was all part of a recipe of negative effects chipping away at their minds.

In contrast, 30% of respondents said that they were not affected as much for the next waves of the virus, as they were during the first outbreak.

Some care home and domiciliary care workers (20%) said that they were not affected at all and that working in ways that they found themselves, helped them to cope.

Do you feel there are better, more effective ways that would benefit you and your colleagues to be supported?



Staff were asked **if they felt there were better, more effective ways that they could have been supported.** Most of the staff (80%) that completed the questionnaire indicated that they did not feel that anymore could be done to support them.

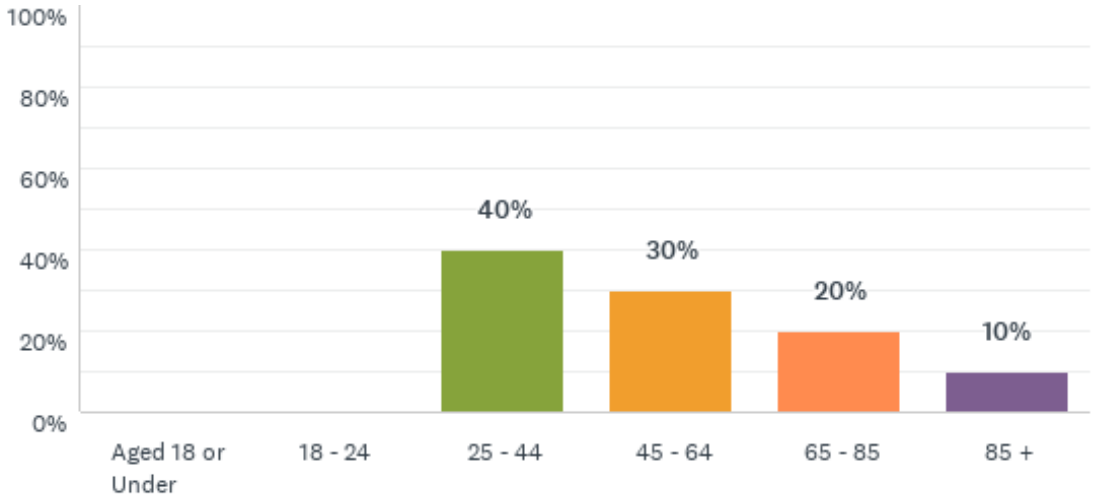
Whilst interviewing staff they told us what support worked for them, this was a little different for everyone and was dependent on their circumstances. Feedback included

- being able to contact their GP and receiving help and treatment to help the individuals cope from day to day.
- being offered the chance to contact managers anytime to talk out what was on their minds and to discuss about practical support that would be appropriate for them.
- one domiciliary care worker described how their service user gave them counsel and suggested changes in their work patterns to free up extended periods of time off for when the stresses of the job got too much.

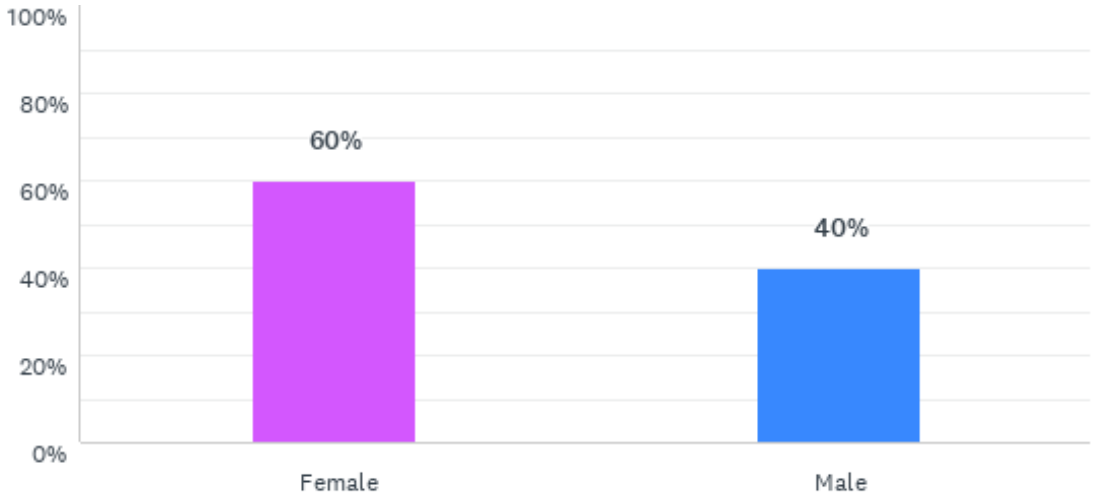
In contrast to that, 20% of respondents said there are ways that would be more effective and beneficial to support them and their colleagues. Staff suggestions include being better appreciated by employers and consideration from colleagues. Having safe spaces in care homes where staff can go to de-stress while at work was a suggestion of a good practice that emerged from the interview with Mrs D.

Demography

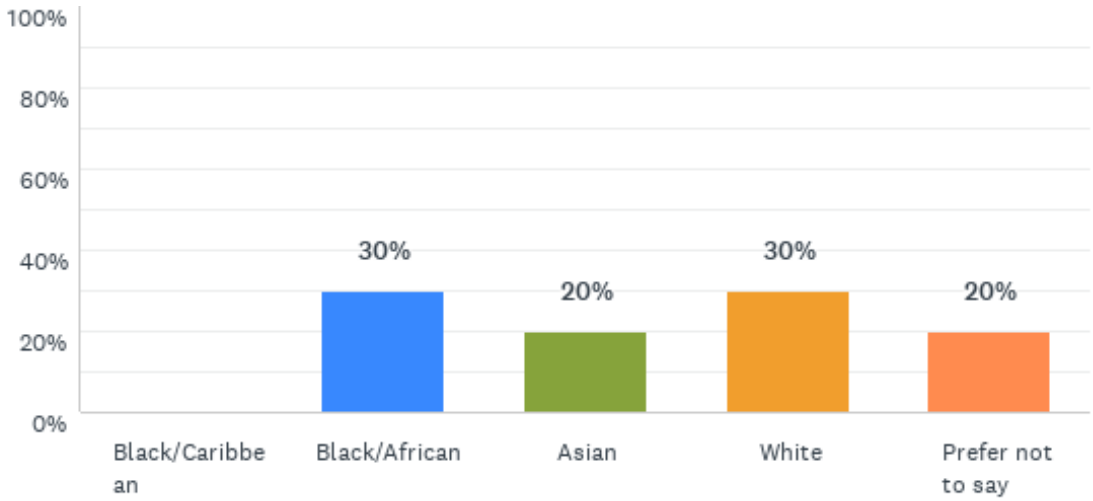
Age



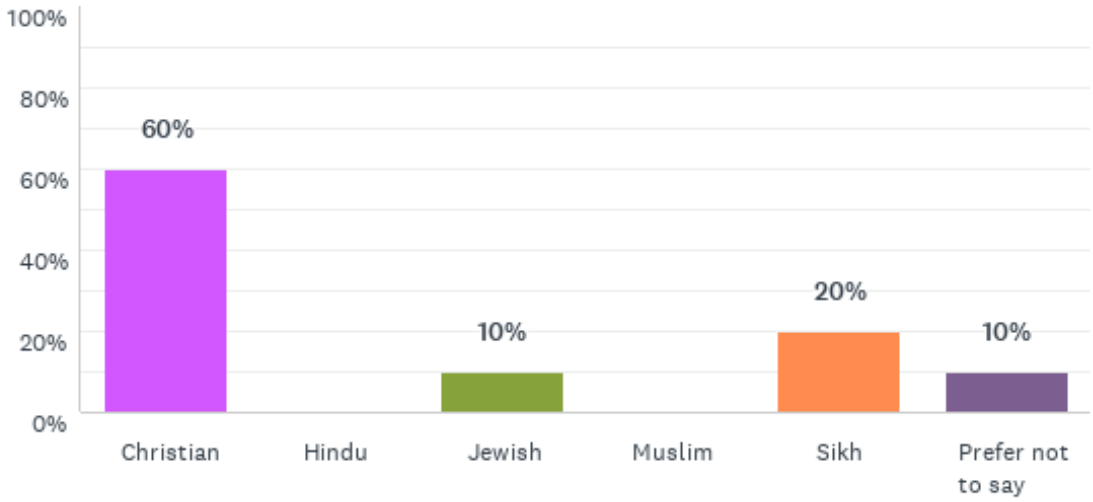
Gender



Ethnicity



Faith/religion



6.2. Staff Interviews – Their Perspective and Experience

Domiciliary Care Staff

Mrs. A

It all happened and came about so quickly for me, COVID had suddenly arrived, my first thoughts were for my family and kids and the people I go to care for every day.

Some of the most vulnerable people relying on me, both in my personal and working lives, under this very scary and unknown dark cloud.

I honestly struggled to get my mind around it at that point, with the changes to daily routines and the way I would have to work. It was a shock to my mind and body.

Everything was being spoken of about what our amazing NHS staff colleagues were going to have to go through and endure – nothing was said about the effect this could have on me or my home care colleagues doing the same job as me.

It was more than a bit demoralizing thinking that the work you were doing was so undervalued. Chaos and greater fear just made it worse, no PPE or proper training and guidance at first. The information from the government was a mess and not helpful.

There were times I did not want to come to work but I did, it was getting harder and I was feeling depressed.

One of my older women had the virus and I felt very anxious about entering her home and being near her. The more I started to see COVID cases though, the more I got used to it and the PPE got better – three more of mine somehow contracted it, but they had all recently been sent home from Queens Hospital in Romford. Lord knows what was going on there! It was shocking sending these very vulnerable, elderly people home with the virus when they did not go in there with it!

Working constantly took its toll on me, my home life was harder to cope with, I was not doing what I always did and as supportive and helpful as my husband is, he was feeling it too. I never thought I would cry in front of my kids like that, but I did.

To her great credit – and to be honest, she dragged me back from the brink of quitting – my manager was incredible. I had tried to get on with it and for the first time, let myself open up to someone who knew how I was feeling and all my anxieties and concerns came pouring out. She as much as coerced me into taking paid time off - to spend time with my family and to unwind. My work was covered, and as much as I love my job and the people I give help and support to, I really needed this time. My manager said I could get in touch with her at any time if I needed to talk things out. She said if I felt I needed further help, there was services she could give me information about...if I wanted it.

Dealing with my people has become part of a routine within the pandemic now. The vaccination has given way to real hope and at the right time of year!

Ms. B

It was a very stressful time for managers and staff. Our manager fell ill during this time and several staff left as they were worried for their families. Other staff with symptoms self -isolated and returned to work later.

We had five positive COVID 19 patients in the beginning and two members of staff tested positive so we needed to have 10 staff in quarantine; this had a big impact on our staffing levels and consequently it put those of us left under huge pressure.

I struggled to cope and it was getting at me. The job I was doing was not to the same standard, rushing from one person to another, not knowing what was going to be waiting for me. Going home to an empty house at the end of 15 hours out working was really tough.

I had to move back to my home, having stayed with my parents and did not have anyone to talk to. I did not feel like doing anything like cooking for myself, it became too easy to order a takeaway. I was not eating or sleeping well and I started to drink more than just a glass of Wine when I got home.

One of my friends, who I hadn't had much contact with, works in a local care home – it was such a relief to be able to talk with someone that understood the situation I was going through. In a different way, she was dealing with a similar situation and had experienced the loss of people she cared for, to the virus. I call it a plague.

As time went on, it got easier to deal with – I adapted the way I worked and was much more in control of the time – I knew what I was doing and was seeing a manageable group of the same clients 3 or 4 times a day.

By the time my manager had come back to work, I was feeling better – he had had a rough time and we spoke about things that had happened. It was really helpful and encouraging.

If it had not been for my friend, it could have turned out different for me – as it is, I'm fine and looking forward to getting back to normality.

Ms. C

There are three of us that work as private personal assistants for a lady. We each do eight hour shifts out of 24 hours, over seven days a week – taking it in turns to work the different times.

When the COVID situation came along, there was no support or PPE help for us. It was a scary time, my partner ended up being furloughed which caused concern and worries about the drop in our income. He took over looking after our young child, while I carried on working.

My colleagues both live at home with their parents so it was a worrying time for them too. Someone we know who works as a coordinator for a care agency outside of the borough, gave us the access to PPE that we needed, by agreeing to register us temporarily as their staff, and the lady we work for was asked to meet the costs for the PPE that we needed.

Things changed for us when my colleague's mum became unwell and she wasn't able to work. I had to work 12-hour shifts, spending more time away from my family.

The lady I work for is lovely and a real character with a wise head and she somehow could see I was feeling down – which caught me by surprise as we don't cross professional boundaries, but I realized this whole situation crossed all manner of human boundaries.

She really helped me to cope better and along with my other colleague, made the suggestion, until we were three again – that instead of both doing 12 hour days, why not do two days 'live in' and two days off. It gives us both time off to recover and be at home without so much pressure.

I was not aware of any support services and did not give it a thought for where to go to get it. In hindsight, it has made me realise just how easily this can creep up on you and how quickly it can affect you.

My friend from the care agency said she has all sorts of information for help where you can contact someone to speak with if you get down and do not feel you can speak with family about it.

Mr. D

I run my own care agency and this period of time over the last 10 months has been a stress I've never had to deal with in my professional life, coupled with that in my family life too.

Staff were anxious and scared when all this started and it seemed a long time that we were waiting for guidance. The guidance should have come sooner, it's not as if they didn't know this was coming. We was left to get on with it as we waited for the system to crank itself into some form of supportive action.

We waited four weeks into the lockdown before we could get some proper guidance and support. Care homes, were given the priority by the local authority while home care providers like us were a distant after thought, so it seemed.

I do think the action taken was all too late. Things should have started happening a lot sooner and as a result of that, I had several staff who got exposed to the virus and had to isolate, as did other staff they came into contact with. Then there was the affect it had on their families too.

At one point, I had 18 staff off – and as I was struggling to keep my clients supported and with a service, I didn't realise that the constant stress was affecting my health. Our family is grown up, but the effect was spilling over into life at home. There was no escape from it.

As the boss of the company, who could I go to, to talk with? I didn't want to burden my family; we was all having to cope with the lockdown and the restrictions. Most days I was working into the early hours doing long days. My mind was overloaded and I wasn't sleeping.

There is a network of other local care agencies and I decided I needed to speak to someone who would be well versed in exactly what was going on and the impact it was having. A bigger concern was supporting my team with their own worries and wellbeing. I spoke with a couple of the business owners in the network and it was clear we was each facing the same pressures or similar.

It was a good opportunity to discuss common concerns, offload our minds in a discreet setting and speak about what could work as solutions to support our staff and ourselves in the best ways possible. By now we have access to resources that already exist, it's about knowing the right information is there and being informed about it, so when you need to utilise it, you can.

I feel communication for my business and that of my peers has been poor from the local authority. The work we do in our local community at this time has been immensely important; keeping people supported and safe. I feel we are undervalued and have been neglected in recognition for the role we carry out.

Mrs. E

I have been doing care work all my working life – over 30 years – and never have I experienced anything like this last year!

I think that all us care staff should be granted a bonus as appreciation for the hard work that we are providing. This would go a long way with staff morale. Some of us are mentally exhausted trying to keep each other going and motivated. Not to mention the hardships it's caused in my home life.

I've been exhausted, irritated and angry trying to cope with very little support or appreciation. If it wasn't for my lovely people I go in to support, I would have jacked it in with this company I'm with. Not so much as a 'thank you' from them.

There comes a point when looking after 'we' becomes 'me' and I went sick – it all got too much for me and I was at breaking point – I knew we was all in the same situation, but without anyone to really feel I could talk to, I had to deal with it as I knew how.

I was beside myself with anxiety – I was feeling guilty for letting my people down and that having someone to talk to – some kind of mental wellbeing support – might help. I didn't know where to start not knowing then, that there was colleagues having the same issues as me!

A few us that was off sick, connected up on WhatsApp and started little group chat sessions – the trauma of seeing people that we cared for who died because of COVID, was very much on our minds - we had eight clients die from it.

I can't tell you what a difference those chat sessions made to me...and still do. We support each other and I'm speaking with people now I didn't even know worked for the same agency!

I have since found out that you can have counselling sessions through the GP, but quite frankly, I don't think anything else could have helped me like our group. We all know some things that people from outside couldn't appreciate or help with.

Mrs. F

It's been a very scary and emotional time for me – I caught the virus quite early after the lockdown. I was going out to support clients in their homes and at the beginning of the pandemic, some of them was still seeing their family members as normal.

It's from one of them I'm certain I caught it and when it hit me, I became very sick – a frightening time – my family had to self-isolate and keep themselves as safe as they could away from me.

The agency I worked for was really supportive and kind to me. They rang my husband almost every day to see how I was and were giving him advice about what to do to help me if it got really bad and I needed extra care.

They also told him that they would continue to pay me my full wage while I was off sick. It was one less worry at a bad time for us financially.

After almost 5 weeks of just existing and thankfully avoiding being admitted to hospital, I started to feel better and getting stronger after being completely wiped out. With my body mending, I started to get down and depressed – I couldn't understand why I felt that way and I became anxious and started having panic attacks. This wasn't me! I couldn't get my head around it!

My employer spoke with me about it and again they was so supportive, and didn't put me under any pressure to get back to work. They said that I should contact my GP to discuss it and see what help I could get through them.

I eventually managed to get an appointment with a doctor and they were very empathetic towards me. If I needed to speak with someone, they offered me the number of a counselling service with the mental health clinic and to help me with my depression and down days, prescribed me some medication to help me over a period of time until I got myself together.

Overall, I have had the worst of the pandemic, but also the kind of help and support that makes me feel so grateful.

Nursing/Care Home Staff

Mr. A

As manager of the care home, when we first went into lockdown, it was very stressful trying to manage the different expectations. Staff, relatives, regulatory bodies, and residents...the pressure was intense.

Different information coming from different sources and a lack of guidance from central government didn't help. I was spending so much time dealing with the deadlines of bureaucracy that the more important work of looking after residents and staff at a traumatic time for many, weighed heavily on me.

At least having the experience to make decisions in everyone's best interests was invaluable for managing the situation.

There were a number of staff that needed to isolate and quite a few went off sick because of the virus, which left me trying to cover their work times with other staff who themselves were stretched to their limits.

It's my job to set an example with the team, but the way I was feeling, through what to me was stress, made me feel terribly anxious, and to be honest, fearful of how long I could carry on.

The section managers and team leaders were doing their best to keep it going and getting on and just doing the job, we lost the momentum for communicating and speaking to each other about our own feelings and concerns at the time. I made a point of ringing round and talking to them about issues they needed to talk about, but I had no outlet for mine.

I didn't get to take any time off and when I was at home on those rare occasions, my head was filled with what was happening – losing residents to the virus was particularly stressful and having to speak with families that couldn't come to see them.

The council was very good with us - they were really helpful and that came as a great help to me, having people I could speak with about what was going on and the assistance with getting the PPE, extra funding etc.

The longer the pandemic has gone on, the easier it has been to work through it. It's been a tough time if I'm honest, there have been times when the stress caused me anxiety that I didn't feel I had time to get help with. As it is, I deal with it in my own way, but once this gets back to some kind of normality, then I can perhaps look back, reflect on things and speak with someone about how I feel and what has affected me.

Mrs. B

Thank you for your time to speak with me – it has been a difficult time for me during this pandemic; my dad died from coronavirus and I have not had the chance to properly mourn his loss. It has been devastating for me and at times, I don't know quite how I've gotten through it.

I work in a home for people with Dementia and at the beginning and during the first lockdown I found it to be a very challenging and worrying time. There was a huge increase in my daily workload and I was constantly on the go.

As it got worse, my colleagues and I were struggling. Some went off sick or had to isolate because family members caught the virus and that left us short during the shifts.

My colleagues are brilliant and we did all we could to help and support each other through it – my manager couldn't do enough to help and support us and it really made a big difference going in everyday, even though I had that constant feeling of dread in the pit of my stomach.

I haven't had to contact any support services for the time I have been working – it was very stressful, yet as a care home, we pulled together and supported each other.

On the other hand, I haven't come to terms with dad's death and I have considered arranging some bereavement counselling for myself for which I have the contact details of a local organization.

Miss C

The way I changed during the pandemic has affected me as a person.

When not working, I found myself going out for my own essential disposable masks and gloves. When the consequence of catching the virus can mean the deaths of people you care for, I found it hard not to become obsessed.

On my days off, I had this bouncing around in my head a lot. I started to get obsessive about particles and think about all the different ways they can get spread and deposited on surfaces.

When some residents caught the virus, I spoke with colleagues in the home about it and they gave me a bit of perspective when they said 'it might not have been you that passed it on' and there's truth in that, but it didn't sit well with me - the feeling of guilt was really horrible.

When the home accepted a number of residents from hospital, some turned out to have positive COVID tests, I was feeling guilty about that too. It was making me feel emotional and I started to feel unwell and depressed.

My colleagues and I were fearful of taking the virus back home, especially those that live with vulnerable family members. It caused me great anxiety, but I keep on going because it's my job, I need the money, and I don't want to let anyone down.

On one night shift, I sat with a dying resident holding her hand. Her daughter called on the lady's phone to see how she was. She could hear her breathing was very ragged, and got very upset. It was a very sad experience for me as I tried to let her know, her mum wasn't alone and that I was giving her all the love and care. The experience left me feeling very down and upset.

My colleague saw me crying and it must've got back to my manager. She was lovely and I had a cry and let out the way I was feeling with her – my depression and how obsessive I'd become.

We was already stretched with staff being off, but she told me to take some time off away from the home, to have a break. She told me how much she appreciated my work and that I hadn't had a break from it. She asked me if I felt I needed to speak with someone who could help me more and offered me details of some services that could help. She also suggested I should take the time to speak with my GP to see what help they could give me.

My experience has been overwhelming on my unit, I do have the support of my employer and colleagues as well as my GP who has given me help to cope better.

Mrs. D

I've been working in care homes for over 20 years and I've experienced all sorts of situations, but nothing could've prepared me for what this virus did to me personally. I'm a strong person but it has affected me.

It was an anxious time for me when the pandemic and lock down started, not least because my husband is unwell with an illness that leaves him vulnerable and I see it as my mission that he is kept totally protected.

When we got the first outbreak in the home, it was worse – I didn't want to deal with the residents who were infected, but didn't feel I could say anything about it as we was all in the same situation. I knew some of my colleagues felt the same and they started to go off sick rather than come in.

Their reasons were valid, but I felt that some of them had let themselves down and those of us that were left to pick up the pieces, at a time when the residents needed us most. It made me feel angry and inwardly resentful because of the risks I was taking.

I struggled with having to wear the PPE for long periods of time during my shifts – it was very uncomfortable to wear for long periods of time – especially the masks – and I got increasingly emotional at the thought of having to wear it. Long hours with a lack of breaks I was starting to get panic attacks and was feeling like I was losing control which was having a knock on effect at home.

I was getting to my breaking point and burst into tears at work, which for me was humiliating because I'm made of stronger stuff. One of the team leaders took me to one side and could see I was at my wits end. She said we should find an area away from the others and offered me a shoulder to lean on and a listening ear. I really appreciated it, but it was all a bit too little too late for me. I said I couldn't deal with it anymore and walked out.

The following day, the home manager got in touch with me – I really didn't feel much like talking with her, but she was talking about things she could do better to help and support me – in essence she apologised that the situation had got so bad for me and recognised that I needed to have a break. She asked how I felt and if I would like to take some days off to unwind.

I was glad I was given some help by her and she was talking about having a space in the home where it was safe so that staff could take themselves off and relax if things got too much.

I did get in touch with my GP to talk about what might help me and was given some options to consider.

Emerging Themes from Speaking with Staff

On reflection from the conversations with domiciliary and care home staff, it has identified issues which are affecting their wellbeing. These include:

- Anxiety around the first and subsequent outbreaks of the pandemic caused by circumstances where there was a lack of good information; people having their lives changed rapidly by the restrictions and living to rules outside of normal daily routines. Having to work longer, more demanding hours while trying to balance home lives as normal as possible. Fears for family, service users and colleagues catching the virus was uppermost in their mind.
- Grief from the suffering and deaths of people they cared for at work and also those in their own families deeply affected care workers. Seeing people they care for everyday catching and suffering from the effects of the virus. Dealing with emotional relatives who couldn't visit their loved ones who were at end of their life. The aftereffects and mental health issues connected to not being able to mourn relatives who had passed away.
- Physical and emotional effects of having to wear PPE for long periods of time, especially the discomfort of wearing masks. Long shifts of constantly changing PPE, the soreness of continually changing gloves and using hand wash on their hands.
- Long hours with a lack of breaks and leave. The demands of working in care homes that are usually busy, became far more demanding as the virus affected residents and staff, leaving gaps in staffing levels while the need to support people who were highly vulnerable grew more intense and stressful. Staff were losing the quality time needed to have a balanced home life with their partners and children.
- The sense of feeling undervalued, especially domiciliary care staff. As the attention and focus was very much on NHS staff and to a lesser extent, people working in care homes – there was very little mention of the sacrifices and hardships that domiciliary care staff were dealing with day to day on a par with their peers.
- Uncertainty around the lifting of lockdown and getting back to normal life. The sense of not seeing any light at the end of tunnel as the pressures intensified and individuals were becoming unwell at the prospects of facing depressing and anxious days.
- Stress caused by the need to work longer hours, the impact on home life and financial pressures as the pandemic affected family finances. Partners became furloughed or laid off from their work as incomes reduced, even with the support offered by government.
- Fear and anxiety changing the way individuals react emotionally and the potential mental health problems this is causing. How the stress is affecting the mood and character of people, causing changes in their personality and the

way the react to the people around them. Staff breaking down and becoming emotional when they would not usually react in that way.

- Deciding to deal with issues on their own and not seeking help from peers, colleagues or contacting clinicians. Choosing instead, to use their own ways of helping themselves with support. These individuals didn't indicate or divulge how they went about that.
- Maintaining a balanced life, eating, drinking and sleeping healthily while working longer, intensified shifts. Turning to alcohol more often, existing on the convenience of takeaway meals because they can't be bothered to shop and cook for themselves. Going to bed anxious to the point of not being able to sleep.

6.3. Barking, Havering & Redbridge Integrated Care System (ICS) - Support for Staff

BHR Integrated Care System (ICS) has recognised that staff working in health and social care have been impacted on by COVID.

Staff in the social care sector have had to shoulder in particular, increased bereavement, familial distress, colleagues' distress and fears about COVID whilst having to implement many new processes and policies in an ever changing landscape.

On average - according to the NELFT Integrated Care System - 75% of the health and social care work force are from Black, Asian, Minority, Ethnic (BAME) communities, and who have been disproportionately impacted by COVID.

In Social care, (from the Skills for care data workforce collection) across 8 local boroughs, it is estimated that there are 37,100 staff, with 5 having the highest BAME workforces in London with a 75% average. In total, there are just over 45,000 BAME staff working across Health and Social Care in North East London.

There is a general feeling that staff are undervalued, unsupported and uncared for. There is also evidence of staff feeling afraid and unsafe:

"Many staff told us that they would not feel safe to talk about their concerns to their managers … Many staff find it difficult to talk about their own needs and priorities the needs of others." In terms of what might be helpful **"Specific support for BAME staff, not only during the pandemic"** was identified amongst others.

The managers of care settings have worked above and beyond, under immense pressure, in order to deliver safe homes for residents and to support their staff. They have managed care settings through each emerging wave of the pandemic. Their efforts may well have meant that they haven't taken time to take care of their own wellbeing.

Support already in place includes:

1. Registered Manager Webinars - run by Skills for Care - cover a range of topics to support managers and their services, and have been developed since the start of the pandemic.

   They are 30-minutes long and some of the webinars are also supported with bite size resources.

   They cover 7 categories:

   ① Training
   ② HR
   ③ Recruitment
   ④ Leading your service
   ⑤ Wellbeing
   ⑥ Technology
   ⑦ End of life

2. Building your own resilience, health and wellbeing guide and resources is a practical guide to building your own resilience, health and wellbeing. This booklet is for anyone working in adult social care. It explains what resilience is and how you can build your own resilience.

3. Greater resilience better care is a written Guidance for managers in adult social care services, and individual employers, to support them to reduce work-related stress and build the resilience of their staff. Stress is a significant cause of mental and physical ill-health, and can contribute to errors and misjudgements, low morale, sickness absence, burnout and high staff turnover – which all undermine quality care and support.

4. Developing resilience in practice is a written guide for team leaders and managers in adult social care organisations, and individual employers, to support them to build the resilience of their staff. It explains what resilience is and shares examples of how other adult social care employers have developed the resilience of their workforce at an organisational and team level.

5. Wellbeing for registered managers is based on the Five Ways to Wellbeing; identified by the New Economics Foundation as Connect, Be active, Take notice, Keep learning and Give. It includes practical information, top tips, case studies, action plans and workbook exercises. Registered managers can use the guide by dipping in and out of it or looking at sections one at a time.

6. BAME webinars on wellbeing - Skills for Care has been acutely aware of the challenges facing Black, Asian and ethnic minorities. COVID-19 has highlighted and brought these challenges to the forefront for many communities. The Office for National Statistics 2020 data recently revealed the disproportionate impact of COVID-19 illness and death among those in ethnic minority communities.

7. Registered manager's networks are important in these challenging times to stay in touch with your peers. The Skills for Care Facebook group is now open to all registered managers and front-line managers in similar roles. Staying connected with each other and sharing advice, experiences and guidance is vital. Join this growing group of managers who are using it every day.

8. Talking Therapies are psychological treatments for mental and emotional problems stress, anxiety and depression. There are lots of different types of talking therapy, but they all involve working with a trained therapist. This may be one-to-one, in a group, online, over the phone, with your family, or with your partner. The therapist helps you find answers to the problems you're having. For some problems and conditions, one type of talking therapy may be better than another. Different talking therapies also suit different people.

7. Recommendations

The findings within this report highlights the impact on the health and wellbeing of those working in care homes and providing care to residents in their own homes. Personal and work lives have been affected. Whilst there are services available such as IAPT, GP services and some support from managers, it seems this is not communicated to all staff in the same way and therefore there is a difference, in not only knowledge, but also evident in the support being provided. Furthermore, the pandemic has also affected the financial situation of some staff adding extra worry to them.

As the country comes through the current wave, there is no guarantee that there will not be further national or local lockdowns. It is, therefore, crucial that the system is well placed and prepared to not only support staff to retain their jobs but also to maintain good mental health and wellbeing. Ensuring that staff receive support in a safe and timely manner will help towards prevention of more serious matters.

Looking at the feedback provided from the surveys and interviews, recommendations have been made.

7.1. Disparity between the Social Care Services

As the Integrated Care System evolves, it is evident that within domiciliary care services, there is a view that they do not get the recognition from the local authority for the work they do, compared with care homes. The risks and value of the services individual staff provide is fundamentally the same, the difference being the settings in which each provides their care.

It is recommended that:

- Barking and Dagenham council and commissioners consider ways in which to develop closer integration of the services and shine a light on the importance and value of the work that domiciliary care workers bring to the wider local care sector. They made sacrifices to ensure that the borough's most vulnerable people have remained safe and cared for in their own homes. One consideration is for the Adult Social Care team to write to all local domiciliary care providers to acknowledge and show appreciation for the work and dedication that staff have made.

7.2. The Opportunity to Share Concerns

There are local forums for care homes and domiciliary care providers to talk about operational matters and these are for managers and senior staff. To support staff across the sector, all staff could benefit from having access to dedicated forums to

share issues with colleagues that work in both settings. Evidence from feedback shows that peer support was recognised as a way of coping during the pandemic as well as the key role manager's play in supporting staff wellbeing.

It is recognised that employers have tried to support staff as best as they can in exceptionally difficult circumstances. However, it is also apparent from care home and domiciliary staff, that coping with the unknown issues and factors relating to the virus has taken its toll on individuals.

It is recommended that:

London Borough of Barking and Dagenham run a pilot of an online forum for frontline staff only – and in collaboration with both care home and domiciliary care providers, consider developing a network as a local option for all frontline care workers from across the sector to discuss what their challenges are, providing a platform where they can seek support from each other.

7.3. Support for BAME Staff

According to data from the NELFT Integrated Care System, 75% of the workforce across both care home and domiciliary care services in North East London are from Black, Asian, Minority, Ethnic backgrounds.

Even though the sample of respondents to this study is small, that isn't reflected by those that responded (50%) from BAME backgrounds and gives some insight into how critical the concerns are that care staff from some backgrounds have been impacted by the pandemic and to such an extent that it has affected their health and mental well-being.

An existing resource, BAME webinars on wellbeing doesn't go far enough as it's a resource for leaders and managers, and not those that are providing the face to face care support every day.

Black, Asian and Minority Ethnic (BAME) staff have been disproportionately affected by the COVID-19 pandemic and domiciliary and care home staff may well have suffered additional stress as a consequence. It is important this is considered when looking at their wellbeing and ways of supporting them that are targeted and specific to those individuals.

It is recommended that that:

Barking and Dagenham adult social care commissioners should consider developing a guide to good practices for BAME staff working in the local adult social care sector. An example of this refers to that developed here by Surrey Heartlands Health Partnership.

7.4. Community Resources to Support Social Care Staff

Almost instant upheaval to daily lives, the uncertainty of job security, how people were going to get by and survive whilst coming to terms with having their choice to live their life, taken away.

Like NHS staff, social care staff are key workers and they were also hit by the circumstances that prevailed with the lockdown, whilst having to continue to work. Some experienced hardships and financial difficulties at this time; piling more worries onto an already fraught situation.

It's clear that staff within the care industry need support in other areas of their personal lives which may have been impacted by the pandemic- therefore care homes and domiciliary care providers should be provided with relevant contact details of statutory and voluntary sector organisations who can support their staff when may need it. The information should include but not be limited to:

- financial support and advice including benefits
- details of food banks across Barking and Dagenham and neighbouring boroughs

Healthwatch Barking and Dagenham would be happy to produce this and share it with BHR care home provider forum, councils and the home care provider forum to distribute online to care homes and domiciliary care providers.

It is recommended that:

Information and advice about contacting and getting access to local Food Banks, Money Advice Services and in-work benefits advice, should be made available in all local care homes and domiciliary care businesses, as part of a package of measures to support staff whose changes in circumstances can be supported quickly to ensure their wellbeing and that of family members that rely on their income too, does not become affected by changes in their personal income circumstances.

8. Responses from Barking and Dagenham Council

Thank you for report. This provides us with fantastic insight into the experience of care staff, and I was greatly encouraged by the survey findings which indicated that many staff felt well supported and that their organisations were doing well in offering them support as they navigated a pandemic.

However, rightly, the report also raises issues that staff had and the transcripts particularly highlight some of the more personal stories and struggles of working throughout COVID-19. Thank you for this valuable report which helps us as a commissioning body hear the human voices behind the services that have been at the forefront of the last 14 months.

In respect to your recommendations I will address these individually.

Recommendations and responses:

1) Barking and Dagenham council and commissioners consider ways in which to develop closer integration of the services and shine a light on the importance and value of the work that domiciliary care workers bring to the wider local care sector. They made sacrifices to ensure that the borough's most vulnerable people have remained safe and cared for in their own homes. One consideration is for the Adult Social Care team to write to all local domiciliary care providers to acknowledge and show appreciation for the work and dedication that staff have made.

Response: As a council we are aware of the disparity of focus from the Government on certain providers across health and social care. Providers and PAs have been thanked in forums and in letters that have been sent from our Cabinet Member and the Commissioning team. We have shared the Healthwatch report and this recommendation with our Cabinet Member for Social Care and Health who acknowledged the need to ensure staff are appreciated and thanked, LBBD are running a thank you roadshow across the borough for all key workers on the 3rd and 4th of July.

2) London Borough of Barking and Dagenham run a pilot of an online forum for frontline staff only – and in collaboration with both care home and domiciliary care providers, consider developing a network as a local option for all frontline care workers from across the sector to discuss what their challenges are, providing a platform where they can seek support from each other.

Response: We are currently working with Care Provider Voice and with our existing forums to develop the best network for our providers. The way that this runs in the future will be led by our providers and we will use the findings of this report to inform future work. This is a 6 month project which is currently in month 2. Councillor Worby agrees that there is a need to ensure that frontline staff have access to support and fora independent of senior provider staff.

3) Barking and Dagenham adult social care commissioners should consider developing a guide to good practices for BAME staff working in the local adult social care sector. An example of this refers to that developed here by Surrey Heartlands Health Partnership.

Response: We will build this very important recommendation into the Care Provider Voice work and will review the example given above in developing this work. The Council is undertaking a piece of work to address racism and inequality within LBBD and these findings will help us to ensure that these inequalities are tackled within our provider networks too.

4) Information and advice about contacting and getting access to local Food Banks, Money Advice Services and in-work benefits advice, should be made available in all local care homes and domiciliary care businesses, as part of a package of measures to support staff whose changes in circumstances can be supported quickly to ensure their wellbeing and that of family members that rely on their income too, does not become affected by changes in their personal income circumstances.

Response: This recommendation will also be taken into account in the provider engagement work and will be explored in provider fora.

HEALTH AND WELLBEING BOARD

June 2020

Title:	**Challenges in accessing dental care during COVID-19**
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: No**
Report Author: **Manisha Modhvadia, Acting Healthwatch Manager**	**Contact Details:** Manisha.modhvadia@healthwatchbarkinganddagenham.co.uk
Sponsor: **Nathan Singleton, CEO, LifeLine Community Projects**	

Summary
The report presents the experiences of local people accessing dental services during the COVID-19 pandemic of 2020/21. It is an independent evaluation of the experiences of people using the services in the London Borough of Barking and Dagenham and responses from dental practices during the pandemic. Recommendations for improvements and developments form part of the report.

Recommendations
The Health and Wellbeing Board is asked to:

- note the findings in the report
- note the recommendations in the report
- consider the wider impact on health and care services

Reasons for report
To highlight to the Board the experiences of local residents accessing dental care services.

1. Introduction and Background

1.1 COVID-19 has meant that local health and care services have had to change the way they deliver services and in most cases the number of patients they see to ensure they are COVID secure and following guidance. This has affected access to a number of services.

1.2 In Barking and Dagenham, one of the main concerns raised by local residents has been access to emergency and non-emergency dental care. Healthwatch Barking and Dagenham received a number of calls from individuals which resulted in the team looking further into the matter.

1.3 Access to dental care has also been identified as a national concern by Healthwatch England. A meeting has been set up between London Healthwatchs, Healthwatch England and the commissioners of dental care (NHS England)

2. Key findings

2.1 Findings within the report show that dental practices offering both NHS and private services declined to offer appointments to NHS patients, however appointments were available for those willing to pay for a private service.

2.2 Residents expressed concerns to Healthwatch as for many the cost of private dental care is not an affordable option. This highlights the inequality in getting access to good quality dental care in Barking and Dagenham. Although good public health focuses on prevention, locally, residents are having problems with getting an appointment.

2.3 Residents found themselves being referred from dental practices to other local dental practices to be told there were no appointments available. In some cases, individuals were unable to access emergency appointments due to delays and demand. People shared their stories with Healthwatch and said they have experienced pain and discomfort as a result.

2.4 Although patients are directed to NHS 111, this service is for urgent appointments. By local access being so limited there is a risk we will see a greater economic impact on local NHS services and a lack of a preventative approach to dental care.

2.5 Healthwatch are still receiving a number of calls from local people, who are struggling to access dental care.

2.6 Local people need to be able to access both routine and urgent dental care in a timely manner, which is also affordable in a tough economic climate. This will support and prevent other parts of the local health economy having to pick up the care and higher costs of other health risks caused by poor dental health. Without improved access to NHS dental care, not only do people in the borough risk facing far greater dental problems in the future, but it also puts more pressure on already overstretched hospital and GP services. Untreated dental problems can lead to pain, infection, and the risk of long-term harm.

2.7 This is a national issue, which is being looked at by Healthwatch England and NHS England.

3. Consultations (list if any)

3.1 Local residents were consulted for feedback.

3.2 NHS England have been sent the full report and were asked to respond to the recommendations.

3.3 Barking and Dagenham CCG have been sent the report.

List any appendices
Access to Dental Care Report

List any background papers used in preparing the report

NONE

NOTE ON KEY DECISIONS
By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet, Health and Wellbeing Board, or other committees / persons / bodies that have executive functions.

The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

> *(i) Those that form the **Council's budgetary and policy framework** (this is explained in more detail in the Council's Constitution)*
> *(ii) Those that involve **'significant' spending or savings***
> *(iii) Those that have a **significant effect on the community***

*In relation to (ii) above, Barking and Dagenham's **definition of 'significant' is spending** or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).*

*In relation to (iii) above, Barking and Dagenham has also extended this **definition** so that it relates to **any decision** that is likely to have a **significant impact on one or more ward** (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).*

*As part of the Council's commitment to open government it has extended the scope of this document (Forward Plan) so that it **includes all known issues, not just "Key Decisions**", that are due to be considered by the decision-making body as far ahead as possible.*

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Dental Services During COVID-19

January 2021

healthwatch
Barking and Dagenham
Delivered by LifeLine Projects

Contents

1. Introduction

Details of Report:	
Overview	This report presents the experiences of local people accessing dental services during the COVID-19 pandemic of 2020/21. It is an independent evaluation of the experiences of people using the services in the London Borough of Barking and Dagenham and responses from dental practices during the pandemic. Recommendations for improvements and developments form part of the report.
Date	January 2021
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1.1. Acknowledgements

We would like to thank the local people who took time out to participate and provide Healthwatch with their thoughts and experiences.

1.2. Disclaimer

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was contributed at the time of undertaking this project.

2. About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services,
- listen to what people think of services,
- help improve the quality of services by letting those running services and the government know what people want from care,
- encourage people running services to involve people in changes to care.

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

3. Background

COVID 19 has meant that local health and care services have had to change the way they deliver services and in most cases the number of patients they see to ensure they are COVID secure and following guidance. This has affected access to a number of services. One of the significant issues that people raised locally was about access to NHS dentistry in Barking and Dagenham.

As COVID-19 restrictions were eased, a number of local residents who were struggling to access both urgent and routine dental care contacted Healthwatch Barking and Dagenham. Two main issues residents told us about included:
Not being able to register with a dental practice as they were told that the practice were not accepting new registrations. Patients who were on a dental practices list were unable to get treatment in a timely manner and were to waiting weeks for some treatments not deemed to be an emergency .

There are three main reasons this issue needs to be resolved:

- People will end up trying to access urgent dental care through NHS 111.
- Individuals who would like to book a routine check-up will end up not being able to find a dentist prepared to give treatment. The delay in seeing a dentist will mean any dental issues will not be identified and could lead to other health complications, and this could have financial implications for patients.
- A greater economic impact on local NHS services in the end, and lack of a preventative approach to dental care.

Health and care services are working hard to deal with COVID-19, but if access to NHS dental care is not improved, people risk facing far greater dental problems in the future, but it also puts pressure on already overstretched hospitals and GPs.

4. Methodology

Healthwatch created an online survey seeking the views of local people who had experienced dental services at this time and looked into areas including:

- Issues with registering with a dental practice- if they could-if they could not? If they could not, what they did next?
- The experiences of anyone who has accessed dental practices during the pandemic.
- On Facebook, Healthwatch engaged with local people through the local community page, speaking about their experiences and gathering their comments. Also, Healthwatch carried out anonymous mystery shopper calls at 20 dental practices in Barking & Dagenham, to find out if they were registering new patients and offering appointments.

5. Executive Summary

During the COVID-19 pandemic over the summer, while some restrictions were lifted, local people struggled when it came to accessing routine care.

One of the significant issues that local people have raised with Healthwatch, is about access to NHS dental services.

The COVID-19 crisis has had a major impact on many areas of NHS services and problems in local dental care appear to be of particular concern. Before the pandemic, people in Barking and Dagenham were not telling local Healthwatch there were any concerns about accessing NHS dental appointments. During the summer months of COVID 19, one of the main concerns residents reported, was being unable to register with NHS dentists, despite ringing around and trying to book appointments.

This was frustrating for people - being referred from dental practices to other local dental practices – to be told the same information and also discovering that only Emergency appointments that were already subject to delays, were being scheduled. People have said that they have been left in pain and discomfort as a result. According to NHS England, patients aren't required to register with a dental practice, yet dental practices in Barking and Dagenham are telling them they need to register.

Some Individuals told Healthwatch they were offered the option of having private treatment, but for many this is not an affordable option, highlighting the inequality in getting access to good quality dental care in Barking and Dagenham. Although good public health focuses on prevention, locally, residents are having problems with getting an appointment.

Health and care services are working hard to deal with COVID-19, but we believe the NHS in Barking & Dagenham should give more attention to resolving issues in dentistry.

From the responses Healthwatch received from local people, it has highlighted challenges in accessing dental services. Some individuals have said the service has worked well for them – being able to get a quick appointment at one NHS practice in Dagenham – The Heathway Dental Surgery - and where the NHS 111 service dealt well with people's calls.

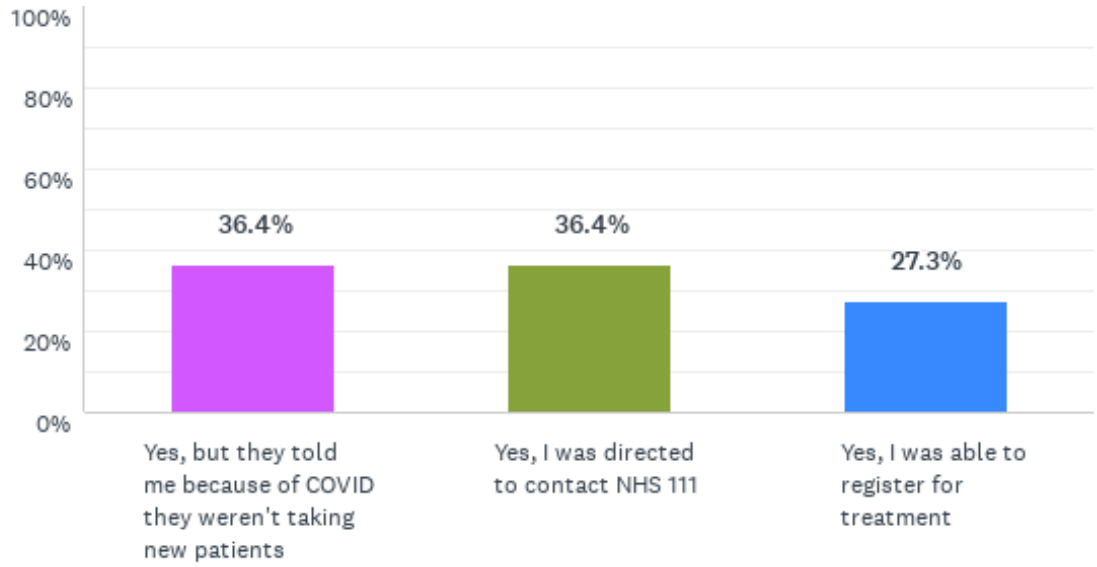
Residents need to be able to access both routine and urgent dental care in a timely manner, which is also affordable in a tough economic climate. This will support and prevent other parts of the local health economy having to pick up the care and higher costs of other health risks caused by poor dental health.

Without improved access to NHS dental care, not only do people in the borough risk facing far greater dental problems in the future, but it also puts more pressure on already overstretched hospital and GP services. Untreated dental problems can lead to pain, infection, and the risk of long-term harm, which is comparable with other medical conditions. People with dental needs must be able to access the care they are entitled to.

6. Residents' Responses

There were 12 individuals who responded to the survey. Their responses are cited below.

6.1. Have you tried to register with a dentist during the last 9 months?

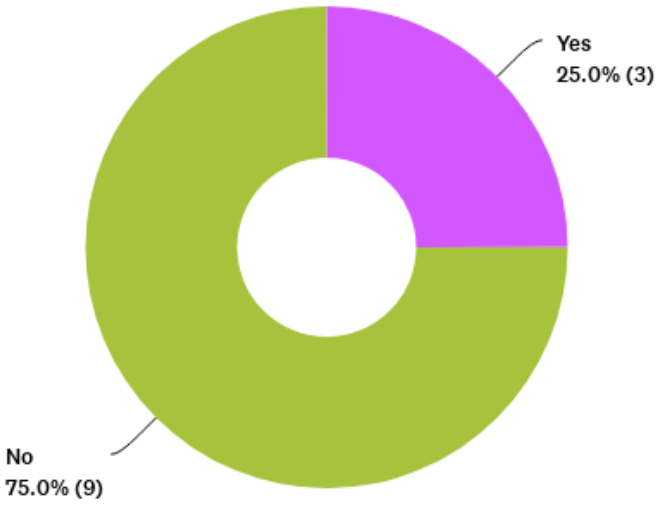


Less than a third of people that contacted a dental surgery was able to register for treatment. Almost 73% of the individuals that needed treatment were either referred to NHS 111 or were informed that a practice wasn't taking on new patients because of COVID 19. Feedback from a resident cited that they was "taken off the dental register, due to not having seen their dentist in a long while" and that they was told "I could re-register after 18 months!"

The NHS website contradicts this, stating that people don't need to register with a Dentist. The message to the public is one of confusion and misinformation. Referring people to NHS 111; patients aren't clear that this call is only for people who require emergency dental treatment.

Healthwatch sought to find out if NHS Dental services received more funding to see patients during the COVID lockdown. From March to June 2020, their funding was reduced as services ceased face to face activity other than for emergencies at chosen Hub sites. From June 2020, when restrictions were lifted, their funding returned to current contractual arrangements. Advice from the Chief Dental Officer as services resumed, was for NHS services to take into account the urgency of needs; the particular unmet needs of vulnerable groups and their available capacity to undertake activity. (Reference: Dental Preparedness - 13/07/20)

6.2. Have you found it easy to find out clear information about when local dental services are open for appointments?



The majority of people (75%) trying to get reliable information about access to their local dental practice, indicated that they struggled to do so. Lack of available appointments, frustration at trying to contact a practice by phone for days and individuals being turned away if their need wasn't deemed an emergency. Collectively, this shows a lack of good service at a time when people need it to work well for them.

There appears to be an emphasis on appointments being undertaken for emergencies; a person pointed out how good the NHS 111 service was at finding them an emergency appointment only.

Healthwatch went onto the Barking and Dagenham CCG website to find out about local dental services. It was over 3 years out of date and offered no accurate information that might be useful for local people seeking to find out current information.

Comments from local residents

'The dentists are all doing their own thing!'

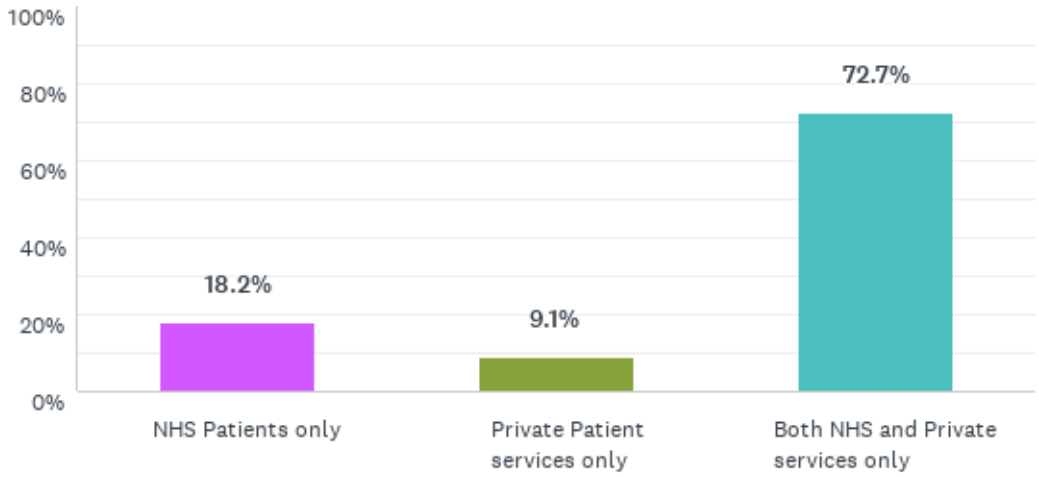
'NHS 111 really good, they always find you an appointment, but more to do with emergency appointments!'

'Did get back through, but unable to book an appointment as they were all gone.'

'I could not get through on the phone to them for three days. It just kept going through to voicemail or cut off! When I did finally get through, I was told the dentist would ring me back, unfortunately that was another nightmare as my phone was not accepting the private number and didn't ring, just went to my voicemail.'

'I phoned my dentist to ask if they were making appointments, but it's just emergencies only.'

6.3. If you contacted a local dental service, what service did they offer?



Overall, 91% of dental practices in the borough offer NHS services and 82% offer privately paid services. This shows that potentially, there is a high offer of affordable services for people in the borough and private treatment for those who can afford it. A high proportion – almost 73% of practices – offer both NHS and Private services. People's experiences of the offer of services varies between practices. Some individuals have indicated that they can't get a service, while some have said how good the service has been from practices they use. One individual cited how delays caused them pain to the point they took their own action to repair their teeth! NHS commissioned Dental services can refuse a patient treatment in some circumstances, or if legislation is put in place to prevent delivery of a normal service. Practices are not allowed to give priority to private patients over those needing NHS services.

Comments from local residents

'Was taken off the dental register, due to not having seen the dentist in a long while. Someone answered back to that saying I could re-register after 18 months!'

'Had trouble with getting a dental appointment, the phones kept ringing with no answer'

'On the corner of Hedges man's Road and Heathway, he has been my dentist for the last 30 years and is brilliant. Dagenham Dental Surgery!'

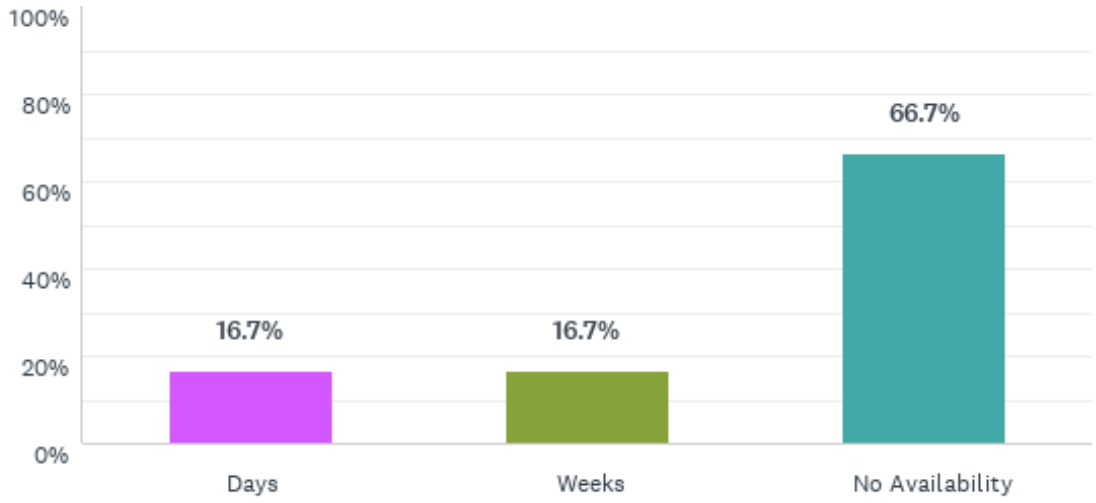
'On many occasions, I have been taking painkillers and filling in my teeth myself with a repair kit. They are not being very helpful at all.'

'I had an appointment in May 2020 to have a wisdom tooth taken out. They put it back until August and then it got cancelled to November. I got a text to say about coming in November, but unfortunately I couldn't do that date, as I have to go and have an operation the day after they wanted to take my tooth out, which I have to be put under sedation for.'

'The dentist went through all COVID questions, and then said we could have an appointment for the next week. I was told it would be an assessment, only first appointment.'

'Not sure. I am NHS but perhaps they offer both. I haven't had an appointment since last year.'

6.4. How long were you told you would have to wait for an appointment?



Almost 67% of respondents said there was no availability for an appointment. In equal measure, some waited days, whilst others said they had to wait weeks. In one example, the person was told to contact the practice in May 2021 for an appointment! Given the capacity for services being offered in the borough, this raises concerns of a disparity between the potential offer and the reality for local people when trying to get appointments.

Comments from local residents

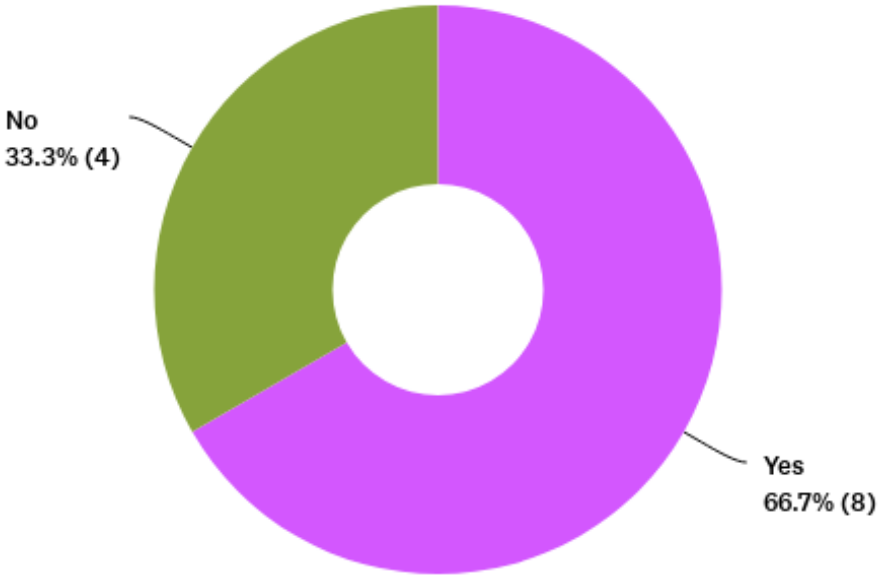
'Not all dentists are the same, there must be more to that then meets the eye.'

'I had an appointment for the dentist, who then said I needed to be referred to Whalebone Lane to have two teeth taken out. I didn't hear nothing from Whalebone Lane so I rang back my dentist, to then be told my paperwork had gone missing and I would have to pay again. That was three weeks later. This was in May this year. I am still waiting to see what they are going to do now, regarding taking my teeth out.'

'Whilst in the room the dentist assessed her teeth, was talking about what has been happening, like everyone does nowadays, revolves around our current situation. The dentist, then did carry out the work that needed to be done for my granddaughter, and was very pleasant and efficient at her job. My granddaughter has to go back in 6 months for a check-up. I did ask her if I could sign up at the dentist, she said not at this current time, they are not taking any new patients on, try and register next year in May 2021!'

'Emergencies only.'

6.5. Has your health been affected by not getting a Dentist appointment?



In response, 67% of people said their health, both physically and mentally; was affected by not being able to get a dental appointment. Some tried methods to self-manage the pain, another took drastic action to extract their own tooth! Affecting individuals mentally to the point where they didn't eat properly and that the pain was unbearable to deal with. People shouldn't be suffering because the service isn't meeting their needs at a time when they needed it.

Comments from local residents

'I had to get strong pain killers and been using oil of cloves.'

'Agony, in the end the tooth was pulled out by my husband.'

'Emergency appointment.'

'I can't eat properly.'

'The pain is unbearable at times.'

'She said if I have gas and air they could do it at the end of December. I asked why, and she said because they haven't got or had the PPE for these times. So I have ended up taking the December appointment, as I couldn't stand the pain any longer.'

'I don't think I have any problems, but usually have regular check-ups and I'm over-due for that, but not having any toothache or anything so hopefully nothing wrong.'

6.6. Would you like to tell us more about your experience of using dental services at this time during COVID?

There is a sense of anger and frustration from the people who responded. Some because of the negative perception that they have from their experiences due to a lack of good information and communication. This seems to be happening exclusively where people access NHS services. Yet with a Private service, people can get an appointment either the same day or day after, where PPE isn't a problem and the issues pertaining to COVID 19, used for NHS services when delaying or denying an appointment; don't affect services offered privately. In one example, a local practice that provides both NHS and Private appointments, said they were not taking on any more NHS patients, but they could offer private appointments for the following day.

Comments from local residents

'Disgusting, no one cares.'

'My answer would be offensive. Useless money grabbers when you needed them most!'

'It was good service by 111.'

'Rubbish what service.'

'They have left me in the dark, terrible service.'

'It's been very poor.'

'When we got there we were told to use the hand sanitiser, and go and sit on the chair, which out of 10 chairs, only two were to be used the other were taped off. There were other people waiting, but they were outside. There seemed to be a few people walking around with their PPE on, and kept going to the front desk, and talking to the receptionist. After about half an hour, we were called in to see the dentist.'

'Have not been able to, but not urgent.'

6.7. Case study: The impact of not getting the right dental treatment—Mrs N.

I called my local practice where I am a registered patient, as I was experiencing mild toothache. I was advised that the dental practice could not carry out aerosol generating treatment due to COVID-19 restrictions, so they extended an upcoming appointment to 9th September with the view that this treatment would likely be available by then.

In the early hours, I woke with excruciating pain which worsened through the day and I experienced swelling around the lower jaw. Late afternoon I called NHS 111 who had a dental consultant call me back. This person advised that there isn't any emergency treatment in the local area until 9am minimum the following day and gave me a number to call, which I did.

The pain got worse by the evening and a NHS 111 call left me with no option but to go to A&E which I was advised would be a long wait as it would not be treated as a priority and they probably would just give me stronger pain killer and so it would be best if I sat it out until morning.

I managed to see an emergency dentist who advised I would need root canal to treat a suspected tooth abscess. They referred me back to my dentist with a prescription for antibiotics which I immediately got and started to take. I tried different times the following day from 8.45 am to get through to my dentist and it went to voicemail straight away.

Eventually, late afternoon, someone picked up the phone as I was leaving a message and said they couldn't provide any more emergency appointments that day and to call in the morning to book an appointment. That evening, I noticed a red patch down my neck and called NHS 111 again. The doctor I spoke to advised I had developed cellulitis and prescribed stronger painkillers and additional antibiotics which my husband collected immediately, and I started to take straight away.

I called my dentist in the morning and the receptionist arranged a call back. The dentist was reluctant to see me but offered to have a quick look. I went and she said I did need urgent treatment, but was unable to do root canal, and referred me back to the emergency dentist - who called me and said the best option was an extraction at my own dentist.

I called my dentist and she said that they could not do an extraction due to the swelling and she didn't think the anaesthetic would work. By the afternoon I had developed a temperature and tried calling my own GP for advice and was told that the best option would be to try NHS 111 or go to A&E as they didn't have capacity to call me back even though it was an emergency.

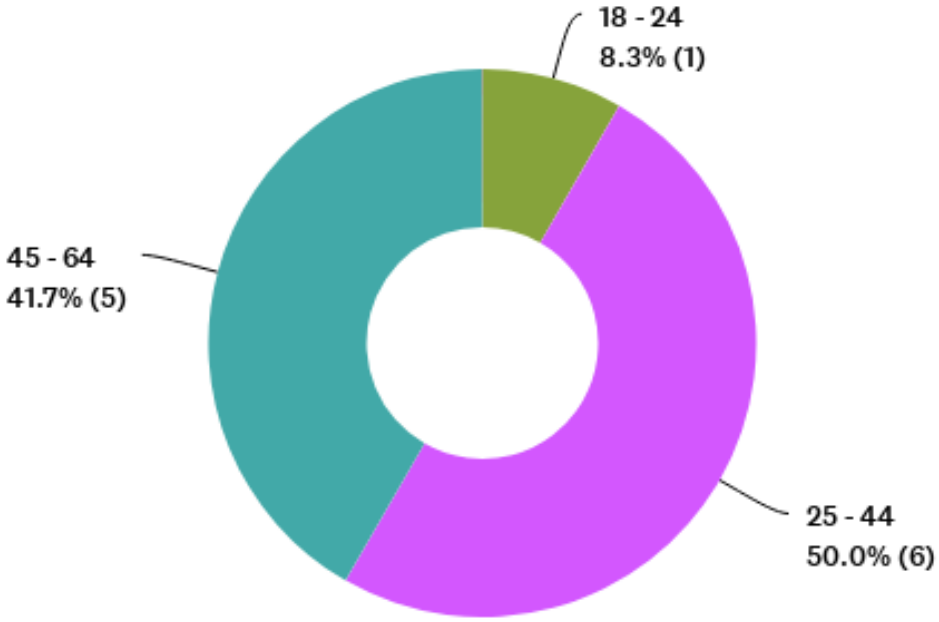
So, I went to A&E. After a 2 hour wait to see a triage nurse, they admitted me. I was X-rayed, the infection drained, and then put on IV antibiotics overnight and the following day and put on the emergency surgery list. Fortunately, I didn't need to go for emergency surgery, but they had to put me through 4 courses of antibiotics with a potential second night for observation.

The doctors allowed me to leave providing the dentist agreed to treat the tooth within seven days. I managed to book an appointment. I received a text saying this appointment is cancelled and again all I got when I called is a voicemail. So frustrating!!

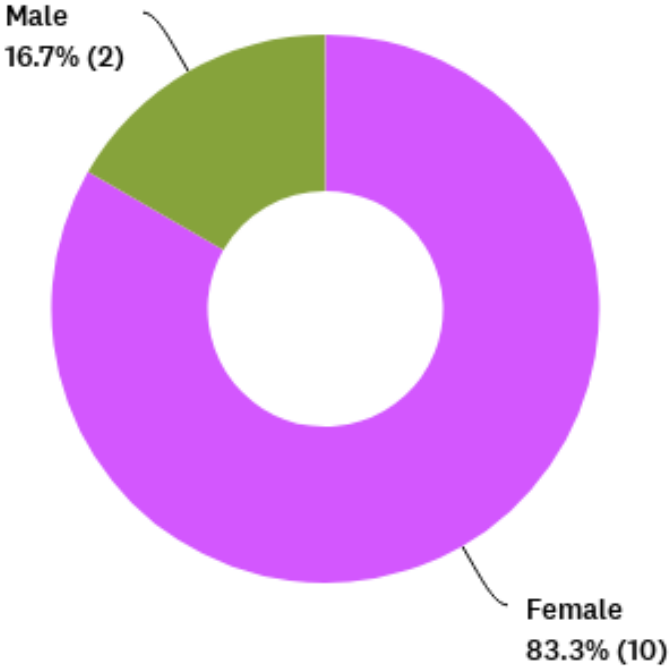
I wanted to highlight this as there seems to a failure in the local emergency provision which is having undue impact to people's health, but also a massive burden on the already stretched A&E and hospital services. If the emergency dentist had treated me when they should have, the events that followed would never have happened and I wouldn't have had to suffer in the way that I did."

6.8. Demography

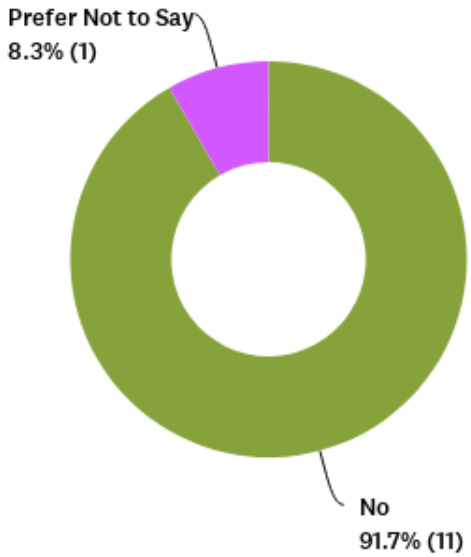
AGE



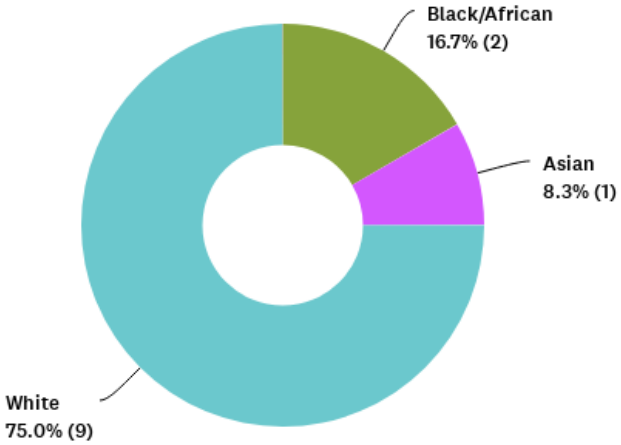
GENDER



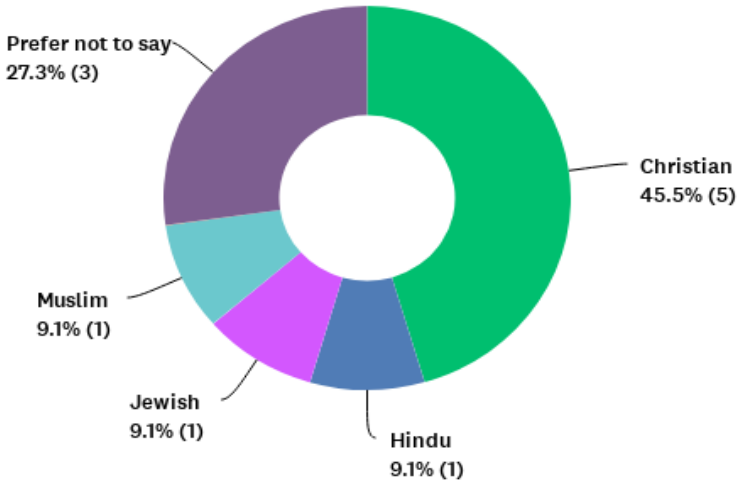
DISABILITY



ETHNICITY



FAITH / RELIGION



7. Key Findings from mystery calls

During November 2020, Healthwatch Barking & Dagenham contacted 20 dental practices in the borough; posing as patients. The aim of the calls was to identify and evidence the real time experiences that local people have when contacting the dental practices.
It was also to ascertain if there are disparities between the national message and the local reality of how services are supporting patients - to find out the information they are telling patients about the availability of their service.

As a mystery shopper exercise, Healthwatch used individual circumstances to elicit questions for each call, focusing on the offer, the information that's available and how well the caller was dealt with as a patient, a relative calling for a child or as someone new to the area seeking a service.

From the 19 dental practices Healthwatch contacted, 14 (73%) offer NHS services only;
3 (16%) offer both NHS and Private services and 2 (11%) offer Private services only.
There was one service that no longer offers Dentistry. From the information Healthwatch gathered from the practices, 17 (89%) provide NHS services.

In Dagenham there are 11 practices and in Barking there are 8. Of the 5 services that offer private treatment, 3 are in Barking and 2 are in Dagenham.

All but one practice offering NHS services, was either not registering new patients, citing the coronavirus pandemic; not offering any appointments until weeks and months ahead because they were fully booked; referring patients back to NHS 111 to book emergency appointments only or telling people to try another Dentist. This seems to be happening exclusively with NHS dental services. When looking at the NHS England Website it clearly states that dental patients do not need to register with a dental practice.

Private practices however, offer same day or next day appointments and it seems, are not affected by the same challenges and restrictions posed by coronavirus that NHS services are.

It emerged from one practice offering both NHS and Private services – the 3rd practice contacted - declined to take anymore NHS patients; but offered to give a same day appointment when told the patient was so desperate, they was willing to pay for a private service.

Where all but one of the NHS services is telling people to contact another practice, they are effectively directing people into other local practices that will be telling them to do the same thing. This pushes people into a frustrating and dead end cycle that provides no hope of getting a service unless their treatment needs are deemed as an emergency or they opt to pay privately which is not possible for the majority of people.

Practices are using a voice message as the first point of contact and information for patients. One, citing **"Due to the coronavirus pandemic, the practice is restricted in the dental service we can provide and the amount of patients we can provide face to face treatment for. Patients will be assessed over the phone and urgent patients will be treated as priority. Outside of practice working hours, patients should call NHS 111."** Calling 111 is for an emergency only. Faced with this, it's hardly surprising that people trying to get a NHS appointment at a local practice, perceive that a service is not working well for them.

With the first COVID lock down from March 2020, dental practices ceased services for routine appointments; instead, people were advised to contact NHS 111 for emergency treatment only. As the second set of restrictions were implemented, the clear message from the NHS was that dental services would be open to provide appointments.

These are the responses from the practices:

1. **Orchard Road (DS) Ltd (Dagenham – NHS)**

   If I want to register, I have to visit the dental practice and fill in a form. I asked when the next available appointment is and was told "not until January 2021". I explained that I had severe pain and asked if I could be seen sooner. The answer was the same, "January." I called again and this time a different receptionist picked up the phone. She said "All emergency appointments are released on Monday 8.30 am."

2. **Rush Green Dental Surgery (Dagenham – Private)**

   The mystery caller found out this was a private Dental Surgery. "I was told they do not work for the NHS, I can be seen the same day after booking an appointment. Prices depend on the treatment – just to be seen is £50, X-rays – £10 each, Fillings - £80 pounds."

3. **Dagenham Aspire Dental Care – (Dagenham – NHS & Private)**

   Due to the current virus, the practice is not registering new patients. They are fully booked with their own patients and are not taking new patients at the moment, especially for check-ups. I said, "I have a swelling and I need to be seen by a dentist urgently." The answer was "We cannot guarantee an appointment. In case there is a cancellation we will call you but better not to wait and call 111." Then I asked if it was possible to be seen privately because I was so desperate and ready to pay for the service. The receptionist muttered "These appointments are fully booked as well." To my surprise I was called back maybe 30 or 45 minutes later. They asked me whether I called 111. They told me they were ready to see me at 1 pm but I had to bring an interpreter because they could not provide one for Bulgarians and Romanians. Their closing hours on Saturday was 1 pm. This was for a private treatment.

4. **David's Dental Care (Dagenham – NHS)**

   I rang the practice and went straight through to a voice message. The following message was left "Due to the corona virus pandemic, the practice is restricted in the dental service we can provide and the amount of patients we can provide face to face treatment for. Patients will be assessed over the phone and urgent patients will be treated as priority. Outside of practice working hours, patients should call NHS 111." Calling 111 is for an emergency only. After the message you have to leave your name, phone number and description of the problem and you will be contacted in a few hours or the next day within the working hours. Nothing was mentioned about new patients.

5. **Abbey Dental Barking (Barking – NHS)**

   This practice said they are fully booked at the moment, and said they are not registering new patients. They advised me to check what the situation would be in 5 weeks and that I would have to call 111 if the problem is an emergency.

6. **NHS The Child & Family Centre (Barking – Service information search outdated)**

   Five years ago it was a Dental Practice. At the moment it offers GP services.

7. **Dental & Medical Clinic (Klinika) (Barking – Private)**

   This is a private clinic. You can book an appointment on the same day to see a dentist.

8. **East Street Dental Practice (Barking – NHS)**

   This practice said they are not taking new patients because they are fully booked and said I should try to call them again at the beginning of December. I was told it is not because of the coronavirus pandemic but instead "Let's see if there will be any changes in December. You can try another dental practice or call 111."

9. **Essex Family Dental (Dagenham – NHS)**

   I left a message that my daughter needed to be treated because she had a toothache. I got no reply so rang again and it was answered this time. I was told I should go to the surgery, collect a registration form, fill it in at home for my daughter and return it back to the surgery to make an appointment. It was emphasised that the earliest available appointments were in 2 or 3 weeks and if a cancellation came up, she might be seen earlier, otherwise if it was an emergency, I should contact NHS 111.

10. Dagenham Dental (Dagenham – NHS)

There was no answer to my call, I went through to a voice message which gave their opening times and it advised patients to call 111 in case of an emergency or to leave a message. I left a message and received a response, they said "At the moment due to the coronavirus pandemic, we are not registering any new patients and will only see existing patients." I was advised to call back in mid-January and was told "We might be able to squeeze you in between other emergencies if you become an emergency case." I was told that "every dental practice would only take emergencies due to COVID 19."

11. Levitan Dental Surgery (Dagenham – NHS)

They said they could register me, but said that the earliest appointment would be in January. "Due to the coronavirus pandemic, we are fully booked and are running late because we cannot see as many patients as we usually would. In an emergency you will need to call 111."

12. Smile Dental Surgery (Barking – NHS & Private)

I was advised "I am afraid we are not registering new NHS patients. We are full up at the moment. We are not taking any new private patients either. We are already booking for February and March 2021. In an emergency you should call 111."

13. The Heathway Dental Surgery (Dagenham – NHS)

I had no problem getting an appointment here, the receptionist said "The next available appointment is on 11th of December, would you like this one?"

14. Thames View Dental Surgery (Barking – NHS)

When I contacted them, they said "We are unable to book any routine face to face appointments and are only treating patients with emergencies." Outside of their opening hours, patients are told to call 111, but only in an emergency.

15. The Barking Dental Practice (Barking – NHS)

When contacting this practice I was told, "We do not register new patients at the moment, because we are too busy and we do not know when we can take anymore new patients yet."

16. Essex Family Dental (Dagenham – NHS)

I got a response straight away to my call, I was told "You can register with us immediately by coming into our practice and filling in the forms we need from you, but you should be aware that we have no appointments available until the New Year because of COVID 19. In an emergency, you will need to call 111 or try another dental practice."

17. Ilford Lane Family Dental Surgery (Barking – NHS)

There was only a voice message for this practice that said "Leave your name and phone number and we will get back to you as soon as possible. In an emergency, you should call 111."

18. Five Elms Dental Clinic (Dagenham – NHS Specialist Practice)

This practice specialises in providing a dental service for disabled people. Patients do not register for this service; they accept people who contact them or who are directly referred to them.

19. My Dentist (Barking – NHS & Private)

Although the voice message for this practice said "We remain open during the coronavirus pandemic." When I spoke with the receptionist she told me they were not booking any NHS appointments. If I wanted to be registered, I was advised to call back in January because "At the moment we are taking private patients only." I asked again, why they weren't booking any NHS appointments. The answer was the same "At the moment we are not taking NHS appointments."

20. Inspire Dental Dagenham (Dagenham – NHS)

The first response I got was from the voice message whish said "We are experiencing a high volume of calls. Please hold and we will answer as soon as possible."
After a wait, I eventually got through to someone who told me "We aren't taking any new patients at that moment because we already have too many. You could call 111 or try another dental surgery."

8. Recommendations

The experiences conveyed by people and the responses Healthwatch received from local dental practices serving the population of Barking and Dagenham has raised issues that should be addressed.

8.1. Access to Dental Services

Although the sample size for this project was small, the majority of the residents highlighted poor experiences when trying to register and get appointments. The mystery shopping exercise found that when people tried to get a service as a new patient they were:

- told by dental practices that they were not taking on new patients citing the coronavirus pandemic;
- referred to NHS 111 for emergency appointments
- were directed to other NHS practices in the local area that would give them the same messages

From the contact with local dental practices, Healthwatch Barking & Dagenham found out that NHS dental services account for 89% of those is the borough – see item 7.1 - it is essential that it is fit for purpose to meet the public health needs of the local community. Our findings show that people are struggling to register with local dental practices and there is not clear communication as to where they should go if they are unable to register at a practice? A confusing, mixed message causes frustration for people at a time when they are already feeling vulnerable to a debilitating health concern. It is clear that the current local offer is not meeting the dental care services that people need.

Taking the findings into account we recommended that:

- NHS England share their plans on how they will be ensuring that Barking & Dagenham residents are able to access local dental services; be seen in a timely manner; provide more resources to reduce the backlog of patients causing waiting times to become longer and to turn around what has now become an increasing problem for the local NHS.

8.2. Patient registration

The NHS Website - Dentistry clarifies that there is no requirement for people to register with a dentist, as there is with a GP service. However, local dentists are saying they are not 'registering' new patients and people have been told they have become a 'de-registered' patient – see 6.1. This is in contrast with NHS information and the message to the public. Although this may be driven by dentists finding practical ways to manage patient lists, it is actively misinforming and penalising people. This issue can be incredibly frustrating for patients. Local dental practices need to be better supported to help those most in need and address the inequalities this creates in the service.

NHS commissioned Dentists cannot refuse to provide a service to patients, unless legislative change permits practices to do so, as with the COVID pandemic lockdown. Practices providing Private and NHS services should not prioritise private patients over those receiving NHS services.

It is recommended that:

- NHS England addresses the confusion caused by the issue of "registration" and why dental practices in Barking and Dagenham are telling patients they must register with a practice when the NHS states they don't?
- NHS England should remind practices in Barking and Dagenham of their responsibilities to NHS patients in relation to private patients, to ensure equity in the service is maintained.

8.3. Clearer information and signposting

There needs to be clear, accurate information about what to do if people cannot get an appointment with a dental practice. It creates an unnecessary problem for people if they cannot access information about the services available to them. It is imperative, especially at this current time, that people seeking information about local dental services can access the accurate information they need.

It is recommended:

- Local Dentists should be giving clear signposting advice about the urgent care that is available; where they cannot offer an urgent appointment to patients on their lists and those calling on the assumption that they have to register.

- Having looked at the Barking and Dagenham CCG - Dental Information – see 6.2 - it is outdated and currently offers inaccurate information that was last updated in January 2017. Action should be taken by the CCG to remedy this quickly and provide information that is current and accurate. The section should be updated to ensure the public are kept informed about local dental services.

Barking & Dagenham

HEALTH and WELLBEING BOARD
FORWARD PLAN

THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council's Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council's website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council's budgetary and policy framework (this is explained in more detail in the Council's Constitution)
(ii) Those that involve 'significant' spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council's commitment to open government it has extended the scope of this document so that it includes all known issues, not just "Key Decisions", that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)
- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact John Dawe, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@lbbd.gov.uk)

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to https://modgov.lbbd.gov.uk/Internet/ieDocHome.aspx?Categories=-14062 and select the committee and meeting that you are interested in.

Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board's business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to John Dawe, Senior Governance Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (email: yusuf.olow@lbbd.gov.uk

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed. It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to https://modgov.lbbd.gov.uk/Internet/ieListMeetings.aspx?CId=669&Year=0 or by contacting John Dawe on the details above.

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For 'key decision' items the title is shown in **bold type** - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 14.9.21	**COVID-19 update in the Borough** • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 14.9.21	**Healthwatch Contract** • Wards Directly Affected: All Wards		Sonia Drozd, Drug Strategy Manager (sonia.drozd@lbbd.gov.uk)
Health and Wellbeing Board: 14.9.21	**Director of Public Health Annual Report** • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 9.11.21	**COVID-19 update in the Borough** • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 12.1.22	**COVID-19 update in the Borough** • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 15.3.22	**COVID-19 update in the Borough** • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 14.6.22	**COVID-19 update in the Borough** • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

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