

# MINUTES OF INFORMAL HEALTH AND WELLBEING BOARD

Tuesday, 14 September 2021  
(7:30 - 9:05 pm)

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

## 11. Apologies for Absence

There were no declarations of interest

## 12. Declaration of Members' Interests

There were no declarations of interest.

## 13. Minutes - To note the minutes of the meeting on 15 June 2021

The minutes of the meeting held on 15 June 2021 were noted.

## 14. Covid-19 Update in the Borough

The Director of Public Health (DPH) updated the Board on the Government's Winter plan. Plan A consisted of vaccination, testing and the general public adhering to guidelines on social distancing. Plan B involved the mandating of masks in certain areas.

The Government had also proposed offering booster jabs to the over 50's and those with long term conditions, as well as offering vaccinations to 12-15 year olds.

The DPH cautioned that, whilst cases were plateauing, the winter period could prove challenging as the impact, notably admissions to intensive care, had not decreased. Public behaviour would determine the outcome.

The Senior Intelligence and Analytics Officer (SIAO) updated the Board on the Covid-19 infection rates highlighting that:

- Barking and Dagenham had the eighth highest rate of infections in London;
- There had been an increase in infections following the start of the school year;
- There had been 558 cases within the seven days leading up to 9 September 2021, which represented a rise of 5%;
- The highest rate of infections was among persons of school and college age, with 17-18 year olds recording the highest rate;
- From 1 March 2020 to 9 September 2021, Longbridge ward had the highest cumulative number of infections;
- Thames ward had the highest number of infections from 27 August 2021 to 9 September 2021;
- The Delta variant was the most common Covid-19 variant;
- Testing rates rose from 30 August 2021 and this contributed to detecting

- more cases;
- 560 Covid-19 related deaths had occurred within the Borough since the start of the pandemic; and
- 63.3% of residents had received their first vaccine dose, whilst 54.6% have received their second dose.

The Chair said that the data showed that communications to the public were still required to warn them of the continuing danger. The Deputy Chair concurred and suggested more assistance for Barking and Dagenham College, as well as schools, in emphasising the needs for vaccination and social distancing.

The Chair said that vaccines would be given to children who are in the care of the Council. The Chair, in response to questioning, also confirmed that youth workers would assist as well.

## **15. Director of Public Health Annual Report**

The Consultant in Public Health (CPH) and the DPH updated the Committee.

The context of the report, that was focused on equalities, was explained and the CPH cited previous research that indicated that Black and Minority Ethnic (BAME) groups were disproportionately impacted by, and more likely to die from, Covid-19. Research had also shown that BAME communities were less likely to access services and reported that their experience of such services was disproportionately negative.

Barking and Dagenham's ethnic composition had changed considerably, with the BAME population constituting 65% of the population in 2019. In 2001, the figure was 19%. The CPH also highlighted that, compared to the White European residents, BAME residents were:

- Disproportionately living in older cohabiting households with dependent children;
- Disproportionately overweight, especially black adult women and black children. In the latter case, there was a higher level of obesity among young black boys of school age;
- More likely to develop cancers, with the mean age for BAME men to develop these being ten years less than white men;
- More likely to be diagnosed with diabetes at a younger age than white residents; and
- More likely to experience multimorbidity at a younger age with life expectancy among African and Afro-Caribbean men being, on average, seven years less than white male residents.

A lower proportion of BAME people experiencing multimorbidity lived in households that were receiving housing benefit and council tax benefit.

The CPH disclosed that Barking and Dagenham, along with Newham, had very high levels of structural inequalities compared to the rest of Greater London, with Barking and Dagenham having the worst figure. Social conditions, economic dynamics, population age and underlying conditions, combined with population density, explained the high figure.

The CPH explained that these factors contributed to the impact that Covid-19 had on the Borough's residents and noted that:

- The number of Covid-19 cases among Asian communities was disproportionately higher, with overrepresentation among the Pakistani and Bangladeshi communities. The Asian communities were also overrepresented in relation to Covid-19 hospital admissions;
- Black African and Black Other were underrepresented among Covid-19 cases; and
- The average age of Black African and Black Other admitted to hospital was 73 years, compared to 80 years for White residents.

In relation to the Covid-19 mortality rate:

- The mortality rate for Bangladeshi, Pakistani, other Asian, as well as White Other was higher than for people identifying as White British;
- Pakistanis, Black African and Afro-Caribbean were of a lower average age at the time of death;
- Mortality rates of Adult Social Care Clients had increased by one third, rising from 13% to 17%; and
- 25% of young people were concerned about their mental health during lockdown.

The CPH outlined the further exploratory work that would be undertaken, citing the need to future proof services in the face of changing demographics as well as to reach out to communities where there was a low take-up of services. The CPH added that this would also need to be carried out with the Council's health partners.

A board member, noting the comments of the CPH in relation to youth mental health, disclosed that attempts to secure additional funding from the Integrated Care Service (ICS) had been unsuccessful. The Integrated Care Director (ICD) from NELFT disclosed that additional funding had been granted to Newham and Waltham Forest and this was a decision of the ICS.

The Chair expressed her dissatisfaction with this disclosure, noting that both boroughs received more funding per child than Barking and Dagenham. The Deputy Chair, who sat on the board of NELCCG, said that he would investigate why the award was given.

The Chair then noted that the report showed that bespoke approaches to communities was required rather than a general approach. The Deputy Chair responded that this was being undertaken and noted that the vaccination programme was a good example of joint working. It was intended that this would be expanded.

The Board noted the update.

## **16. Joint Strategic Needs Assessment**

The Principal Manager, Performance and Intelligence (PMPI) updated the Board.

Historically, the JSNA was used to strengthen joint working between the Council and the NHS, inform strategic and operational decision making, reduce inequalities and monitor long term conditions.

The information obtained during the JSNA was also used in planning and commissioning services as well as the community hubs.

The PMPI said that the upcoming JSNA would consist of six chapters relating to:

- Children and young people;
- Maternity;
- Cancer;
- Long Term Conditions;
- Older People; and
- Mental Health

Two new chapters would be included:

- Planned care;
- Urgent and Emergency Care

The project would be undertaken in conjunction with Havering and Redbridge Councils and the PMPI demonstrated to the Board, the various matrix styles that would be used so that, when presenting the report, where more information would be collated, it would be easy to understand and would enable the Board to focus on any particular area.

The PMPI expected the report to be completed by December 2021 and the assessment would be presented to the Board at the meeting scheduled for 12 January 2022.

The Board noted the update.

## **17. Clinical Strategy Update**

The Director of Equality, Diversion and Inclusion (DEDI) at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) updated the Board.

BHRUT began working on their ten-year strategy in 2019/2020 but the work was delayed due to Covid-19. However, work had since restarted and BHRUT was refreshing the strategy.

The DEDI updated the Board on the work that had been carried out prior to Covid-19:

- **Managing Demand:** demand for acute services was increasing and some of this demand could be better served in alternative settings of care;
- **Access quality and safety:** Access across many services was poor; however, the quality and safety of services had improved; and
- **Enablers:** Workforce constraints was a limiter and Covid-19 challenges had impacted on the financial position. Improvement required more efficient use of estate assets and improved use of technology.

The three pillars of the clinical strategy were:

- Running highly reliable hospitals;
- Accelerating borough-based partnerships; and
- Collaborating with NEL Partners.

The strategy was clinically led and would involve engagement with partners, patients, stakeholders and other communities to get their view. Owing to the continuing pandemic, engagement would be done digitally.

The DEDI said that the core elements were:

- Learning lessons from the clinical strategy;
- Impact of Covid-19 and associated ways of working; and
- Policy Developments in relation to government proposals and BHRUT's cooperation with Barts Health.

The aim was to complete the draft strategy by the end of 2021.

The Deputy Chair expressed concern that BHRUT's clinical strategy could differ considerably from Barts Health's strategy, noting that Barts Health also served patients in Barking and Dagenham and emphasised the importance of collaboration.

The Deputy Chair also requested that the strategy embed the health inequalities agenda, which is a priority for Barking and Dagenham. The Deputy Chair then suggested that early intervention also be addressed in the strategy.

The Chief Executive of BHRUT explained that the aim of the strategy was to determine what the population of Barking and Dagenham needed and the actions required by BHRUT to achieve this. However, the Chief Executive cautioned that some services would only be effective if they were provided outside of hospital.

In response to questioning from the Chair, the Chief Executive clarified that a document would be published on the collaboration between BHRUT and Barts Health and what it meant for residents of Barking and Dagenham.

The Board noted the update.

## **18. Phlebotomy Update**

The Director of Transformation (DOT) at NELCCG updated the Board.

The new phlebotomy pilot went live on 1 July 2021 and was an example of collaborative work between NELCCG and NELFT. The pilot would run for one year and aimed to get residents' and patient's feedback. The model had a mix of community services provided by NELFT and services provided by the primary care networks (PCNs). Negotiations with PCNs in Barking and Dagenham were still ongoing. However, four sites in Barking and Dagenham, operated by NELFT, were providing phlebotomy services. Feedback from patients had been positive, with 91% rating the service as 'good' or 'very good.'

However, some classes of patients, such as domiciliary patients, were

underrepresented and action was being taking to include them. The waiting time for blood tests had fallen sharply and resulted in issues being detected earlier.

The Board noted the update.

#### **19. BHR Academy Formal Launch Agenda**

The Academy Programme Lead (APL) at BHRUT updated the Board and took the Board through the formal launch agenda.

The academy would formally launch on 23 September 2021. The academy would enable career pathways for staff and would assist in harmonising practices by training staff from local authorities and trusts.

A single training dashboard would enable efficient data management by creating a single platform with which to review, develop and train the entire workforce.

The Board noted the update.

#### **20. Forward Plan**

The Board noted the forward plan

#### **21. Any other business**

There was no other business