

MINUTES OF INFORMAL HEALTH AND WELLBEING BOARD

Wednesday, 12 January 2022
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Nathan Singleton and Melody Williams

Also Present: Cllr Paul Robinson

31. Apologies for Absence

Apologies were received from Cllr Saima Ashraf, Cllr Sade Bright and Kathryn Halford, representative of Barking, Havering and Redbridge University NHS Trust (BHRUT).

32. Declaration of Members' Interests

There were no declarations of interest.

33. Minutes - To note the minutes of the meeting on 9 November 2021

The Board observed that in the minutes of the last meeting, Item 27 Safeguarding Adults Board Annual Report, it should refer to gaps in knowledge and not experiences. Subject to this edit, the minutes of the meeting held on 9 November were noted.

34. Proposed Appointment to the Health and Wellbeing Board

The Board considered the application by BD Collective to join as a member organization. Elspeth Paisley, Health Lead (HL) at Community Resources, which is part of the Reimagining Adult Social Care Network that is also part of the B&D Collective, was nominated as their proposed representative.

The Chair indicated her support for the application as it would increase the role of the social care sector in the review and decision-making process.

The HL introduced herself and explained her role highlighting that BD Collective supports vulnerable adults, had been involved with projects that are within the Board's remit and therefore would add to the Board's knowledge base.

Although the Board did usually have the authority to amend its own membership, as the meeting was held informally and not in public, the Assembly would be required to approve the appointment.

The Board agreed that the Chair could request that the Assembly approve the appointment of a representative of BD Collective to the Board.

35. Covid-19 Update in the Borough

The Senior Intelligence and Analysis Office (SIAO) updated the Board. There was

an increase in cases in Barking and Dagenham prior to Christmas followed by a decline over the festive period. There was also a corresponding increase in hospital admissions though the rate of increase was less than previous years.

The SIAO also added that;

- 35.4% of the borough's population, aged 12 and above, are still unvaccinated.
- 606 borough residents have died since the pandemic began;
- Barking has the third highest case rate in London with neighbouring Havering having the highest rate;
- The average mortality rate in Barking, week ending 5th January 2022, was 3.3 per 100,000 persons;
- All cases in the borough, except one, since 1st January 2022, have been the Omicron variant.
- Care homes represented a very small proportion of cases overall

The Director of Public Health (DPH) noted that, whilst Covid-19 had caused pressures over the festive period, it was not as serious as the same point the previous year.

The DPH also disclosed that 80.6% of Covid-19 positive patients in intensive care beds in Northeast London were unvaccinated. The DPH also warned that, going forward, Covid-19 would add additional pressures to services adding that health partners would need to draw up a plan of action to deal with the challenges.

The Head of Commissioning, Adults' Care & Support (HCACS) informed the Board that there were ten older adult care homes in the borough and during the festive period, all 10 homes were required to close at some point. Under the Council's risk-based approach, homes are required to close for 14 days where there is a positive test. However, units and particular floors could be kept open if they were sufficiently separate from the rest of the building. Daily discharge calls with hospitals are held to co-ordinate and resolve discharge issues.

The Board noted the update.

36. Urgent Action: Better Care Fund

The HCACS updated the Board. The Better Care Fund (BCF) was approved as an urgent action owing to the short-notice deadline set by NHS England. The Council was given only six weeks to prepare their report and the Board's meeting calendar could not accommodate discussion of the report. However, at the previous meeting, assurance was given to the Board that an opportunity to discuss the report would be given.

The Board commented that, whilst the report contained many commendable proposals, expressed concern in regard to rising cases of Post Covid Syndrome. The Chair concurred and noted that it would be a challenge going forward in terms of resources.

The Director of Integrated Care (DIC) at Northeast London Clinical Commissioning Group (NELCCG), added that cross borough partnerships and working would be utilised going forward in order to deal with Post Covid Syndrome to widen

knowledge of the condition, the effects of which are still not fully understood.

The Board noted the update.

37. Maternity Services Report

The Director of Midwifery and Divisional Director of Nursing for Women's Health (DMD) at BHRUT updated the Board on the Care Quality Commission's (CQC) inspection of maternity services at Queen's Hospital and King George Hospital.

The last inspection was in June 2018 and maternity services were rated as 'good' in all inspection categories. The CQC undertook an unannounced inspection of maternity services in June 2021 in response to concerns made by whistle-blowers. The recent inspection focused on the 'safe' and 'well lead' categories. The DMD assured the Board that BHRUT were already aware of the concerns and had already developed an action plan to address them.

The CQC were concerned that there was a disjoint between senior staff and the divisional management team and were also troubled that key members of the midwifery team were leaving the service. The CQC also questioned whether recent improvements in the service could be sustained as a result.

The CQC published its report on 1st October 2021 and, whilst the rating for the 'safe' category was rated 'good,' the CQC downgraded BHRUT's maternity services in the 'well lead' category from 'good' to 'needs improvement.' The DMD added that the CQC did not review BHRUT's maternity services in the remaining categories of 'effective,' 'caring,' and 'responsive' and therefore they retained the 'good' rating from the June 2018 inspection.

Maternity staff told CQC inspectors that there was bullying in the department and an unpleasant culture. Staff also did not feel respected, supported, or valued.

The CQC also concluded in their report that the systems in place to manage performance were not always effective nor did they sufficiently identify risks and issues. Additionally, the CQC cited incidences that were not in compliance with the Health and Social Care Act 2008. The CQC ordered BHRUT to take action on six requirements and also identified additional requirements that it recommended BHRUT should undertake.

The DMD updated the Board on the action BHRUT would be taking to address the CQC concerns and highlighted the following;

- Safety was discussed at every meeting and staff were encouraged to speak up about any risks they see, either to management or an independent guardian service;
- Incidents were discussed on a weekly basis, to ensure that they were swiftly; addressed and lessons learned which were then disseminated;
- Monitoring guidelines were being reviewed and updated;
- BHRUT was a member of NHSE/I's Maternity Safety Support Programme (MSSP);
- An action plan was being drawn up with staff to improve the working culture and address the CQC's report;
- CQC Action Plan, and all other plans, would be fed into a master

improvement plan which will report, via the Maternity Governance Process, to the BHRUT Board;

- A Divisional Director for Women and Child Health was being recruited as was a second head of midwifery;
- Additional staff had been recruited to the clinical leadership team;
- Joint work was being undertaken with the Maternity Voices Partnership

The DPH noted that all the maternity units in Northeast London are facing pressures owing to a disproportionately high birth rate. The Board acknowledged this but conveyed their dismay that the CQC downgraded BHRUT's maternity services in two areas. The Board also highlighted that adverse reports made it difficult to attract staff which added to the pressures.

However, the Board did emphasise their understanding of the challenges and pledged to support BHRUT in improving its services.

The Board noted the report.

38. Maternity Services-Equity and Equality Needs Assessment

The DMD presented to the Board highlighting the following;

- The still born rate in Barking and Dagenham is 2.2 per 1,000;
- 50% of woman who give birth are from black and ethnic minorities

Barking and Dagenham had;

- the second highest admission rate for neonatal intensive care admissions in Northeast London;
- the second highest rate of caesarean sections in Northeast London
- the Highest prevalence of obesity and blood pressure among black and mixed race women;

The Maternity Senior Responsible Office (MSRO) cautioned the Board that not all maternity data recorded ethnic origin and that further research was ongoing.

An action plan was being drawn up on further data analysis and NHS England had provided recommendations on topics of analysis and methods. Deep dives of identified key issues would be undertaken as well as community asset mapping.

Owing to the Omicron variant, the plan had been delayed but it was hoped that the analysis of the first phase of data would be undertaken by the end of February 2022.

The Board was taken through data on ethnic minority staff showing that there had been an increase in ethnic minority staff in senior positions. The Board praised the report for its detail and showing the depth of the challenges that were faced. However, the Board also expressed concern that five woman died within 42 days of delivery and that no information on the ethnicity of the women was included.

The Board also expressed concern at the higher levels of obesity among women from black and minority ethnic communities (BAME) and that a lower number of Black and Asian woman were taking folic acid. The Board, noting that the report suggested this could be due to deprivation, questioned whether this required

further analysis as opposed to urgent action. The Director of Nursing and Caldicott Guardian (DNCG) at NELCCG clarified that an action plan was being drawn up but that further analysis would be undertaken and the results fed into the plan.

In relation to folic acid, the DNCG disclosed that it was provided free to pregnant woman, so it was not related to cost but understanding and knowledge. Improving information provided to BAME pregnant woman was a priority. The Board also noted that twice as many women from a BAME background were affected by Covid-19 as white woman and urged that action be taken to address this.

The Board heard that white staff were more likely to be appointed from a shortlist that included BAME and that inequality was an issue in BHRUT. The Board noted that whilst BAME staff were more likely to access training courses, this was not having any apparent effect on promotion.

The DNCG responded to the Board's concerns acknowledging that improvements in the reporting of ethnicity was required. Racism remained a problem in the NHS and may be impacting on recruitment and treatment of BAME woman. The DNCG assured the Board that racism would be challenged and addressed.

An equality and diversity director, from a BAME background, has been recruited to BHRUT's executive board to ensure that the recruitment process addressed the issues raised. BHRUT's representatives were confident that, by next year, the issues would be addressed.

The Chair requested, and the DNCG agreed, that going forward, Eastern Europeans be listed separately as Barking and Dagenham had a large population and listing them as 'white' would mean potential issues would be missed.

The Board noted the report.

39. BHR Joint Strategic Needs Assessment 2021-22 Update

The Consultant in Public Health (CPH) updated the Board. The 2021-2022 Joint Strategic Needs Assessment (JSNA) would focus on the following;

- Children and Young People
- Maternity
- Cancer
- Long Term Conditions
- Older People
- Mental Health

The effects of Covid-19 would also be included in the assessment. The CPH disclosed that Barking and Dagenham has focused on Maternity and Cancer and had completed the assessment in conjunction with Havering and Redbridge. Barking and Dagenham would lead on the online platform whilst Havering would lead on the needs assessment. The JSNA would contain more data and recommendations and would be accessible by an easy-to-use online tool which was demonstrated to the Board.

The CPH also added that further collaboration was planned, including a joint pharmaceutical needs assessment. The statutory deadline was set for October

2022, however the CPH was confident that it would be completed by June and would be presented to the Board for consideration.

Following questioning, the Principal Manager, Performance and Intelligence, (PMPI) explained that the Council did not have access to primary care data owing to changes at NELCCG, including to the team that deals with this data, but it was expected that it would be available once NELCCG had completed its restructure.

The Board noted the update.

40. Carers Charter and Action Plan

The Commissioning Manager, Adult Care and Support (CMACS) update the Board.

The Charter outlined the Council's strategy titled 'Lets care for carers' acknowledging the important role they played and the effects of Covid-19. The Charter also incorporates the Care Act 2014 and the Children and Families Act 2014.

The National Carers Survey 2018-2019, the most recent available, found that

- 56% of carers are woman;
- Average median age of carers was 61;
- 1 in 3 carers are not in paid work;
- 1 in 3 carers have longstanding illnesses;
- 1 in 4 carers have a physical impairment;
- 1 in 3 carers spend 14 hours per day caring;
- 3 in 5 carers had been carers for five years or more;
- 4 in 5 carers are providing more care since lockdown;
- 78% of carers reported that the needs of those they care for had increased;
- 64% of carers have not taken a break in the last six months;
- 58% of carers say their physical health has been negatively impacted;
- 64% of carers say their mental health has been negatively impacted;
- 11% of carers in had reduced their work hours;
- 6% of carers had given up work completely

The CMACS stated that the Charter was drawn up with input from various stakeholders including carers, voluntary sector, NELCCG and focus groups.

The Charter covered four categories;

- Working together for carers
- Carers wellbeing and employment
- Supporting young carers
- Carers in the wider community

The Board praised the Charter and the involvement of carers in drawing it up. The Board suggested that in relation to young carers, apprenticeships be offered as well as university places. The Board also asked that, as well as referring to schools, the Charter also includes colleges.

The Board agreed to endorse the Carers Charter 2022-2025.

41. Forward Plan

The Board noted the Forward Plan.