

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 8 November 2022
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Matthew Cole, Cllr Syed Ghani, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Nathan Singleton and Melody Williams

25. Apologies for Absence

Apologies were received from Kathryn Halford of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). Ann Hepworth represented BHRUT at this meeting.

Cllr Paul Robinson, Chair of the Health Scrutiny Committee and a standing invited guest, also sent his apologies.

26. Declaration of Members' Interests

There were no declarations of interest.

27. Minutes (13 September 2022)

The minutes of the meeting held on 13 September 2022 were confirmed as correct.

28. Covid-19 Update in the Borough

The Director of Public Health (DPH) disclosed that he expected Covid-19 and flu to impact on services over the winter. However there had, so far, not been a large increase of Covid-19 cases as had been the case in the previous two years.

In relation to hospitalisations, the DPH stated that there had been an increase in admissions of children under the age of three. This was due to the lockdown where the lack of exposure to flu meant that children had less immunity.

Whilst progress had been made in immunising high-risk groups for flu, as well as the Covid-19 booster, uptake had been slow and this was a source of concern. The DPH said that the hesitancy being shown by residents of Barking and Dagenham as well as frontline staff was a challenge.

The Board noted the update.

29. Annual Report of the Director of Public Health

The DPH presented their annual report to the Board. The DPH said that Covid-19 had had an impact on health inequalities and the health and social care system, and the consequences would continue to pose a challenge. Among the effects would be an increase in potentially preventable deaths from conditions such as heart disease and diabetes, owing to hospitals and GP surgeries being limited in

the services that they could provide during the pandemic.

The DPH also warned that rising inflation would impact on borough residents, though it was too early to ascertain the scale and scope. However, the DPH said that, given the demographics of the Borough, there would be a disproportionately negative impact. This would pose additional challenges in enabling the Council and its partners to meet their aims.

Universal services would be more difficult to provide under existing budgets and the DPH suggested that services would need to be targeted at those who were most vulnerable. The move to place-based partnerships provided an opportunity for a locality focused approach as a borough-based approach would not work as well. This would involve working closely with primary care networks, family hubs and the voluntary sector.

The DPH then discussed 'levelling up' funding, noting that there had been much discussion of the concept by Central Government and the media. However, there were difficult questions relating to identifying priorities for such funding.

The DPH also disclosed that it was likely that he would be required to give evidence to the Covid-19 public enquiry in relation to Barking and Dagenham Council's response to the pandemic.

Following comments by the Board, the DPH said that data sharing was crucial going forward. There had been no previous legal impediment, but data sharing was dependent on the willingness of partner organisations to share information. Different organisations had different rules relating to data; however, the introduction of place-based partnerships would address this. The DPH also added that Covid-19 had resulted in greater information sharing.

Barking and Dagenham Council's Chief Executive (CE) thanked the DPH for their report. The CE said that discussions were ongoing on how to run services in a challenging context but stressed that health integration offered an opportunity to provide better support to vulnerable residents. The CE added that one proposal was to recruit a senior level role that would co-ordinate the different services and providers.

The Board noted that demographic growth was a further challenge and emphasised that preventative services were important. The Chair stressed that the continuation of services would need to go hand in hand with reforms to delivery, noting that anti-smoking services had had limited effect. The Board agreed but noted that it required a greater risk appetite and bolder decision making.

The Board agreed to approve the Annual Report of the Director of Public Health.

30. NEL Integrated Care Strategy Update

The Director of Strategic Development (DSD) at NHS North East London Integrated Care Board updated the Board on the Integrated Strategy. The Strategy was the responsibility of the new statutory Integrated Care Partnership (ICP), established in July 2022. The ICP included the NHS and the Council, as well as the community and voluntary sectors. The Strategy set the direction for the system, including the new planning cycle for the NHS, and this required submitting

a plan no later than 31 March 2023. Given the short time span, the plan would be based on an interim basis and further guidance was expected from the Department of Health and Social Care in June 2023. Partners across North East London had been keen to ensure that the Strategy addressed the unique contexts in North East London and that the plan, rather than be a one-off document, would be part of a process of continuous development.

The DSD said that tackling health inequalities were a component of all the local strategies, including improving access to underserved and disadvantaged groups, as well as improving collaboration between providers. The four system priorities had been agreed as:

- Children, Babies and Young People;
- Long-Term Conditions;
- Mental Health; and
- Workforce and Employment.

These would feature prominently in the Strategy going forward and workshops had been held to identify themes and ideas. The DSD said that the workshops had been well attended, with the DSD noting that 200 people attended a workshop on children, babies, and young people.

Among the issues discussed included:

- Equity-recognising that poverty affects health outcomes;
- Prevention- including primary prevention; and
- Personalisation- a more holistic approach that was also tailored to the patient.

The Board noted that there would be challenges in relation to workforce strategy, noting the competition from the private sector as well as the public sector elsewhere in London. The BHRUT Representative outlined the work that BHRUT was undertaking to address the inflationary pressures, such as a school uniform swap. The Chair noted that one of the issues was agreeing a collective approach with Redbridge and Havering Councils, highlighting that Barking and Dagenham had a policy of not commissioning work from contractors who did not pay the London living wage.

In relation to employment, the DPH noted that the demographics of Barking and Dagenham rendered providing support challenging, as many of the residents did not have family members to turn to, as they often lived abroad.

The Board noted the report.

31. Barking and Dagenham Place-based Partnership Winter Summit

The Director of Integrated Care (DIC) at NHS North East London Integrated Care Board gave an update on the Winter Summit that took place on 20 October 2022. This summit, which was an NHS-led approach, took place every year to plan for the challenges of winter. This year's focus was on preventative approaches to support vulnerable people at home and avoid hospital admissions. This was the first summit since the establishment of the Integrated Care Partnership.

Discussions were held on the Office for Health Improvement and Disparities' Winter Resilience Framework. This framework had been set up for London and consisted of a ten-point plan. At the summit, three points were the focus:

- Promoting staying well and winter campaigns;
- Optimising case finding diagnosis and the management of long-term conditions; and
- Supporting health and wellbeing and the resilience of the work force.

Partner organisations were invited to share their top three challenges. The winter period was always a challenge and the continuing fallout of Covid-19 as well as rising inflation added to the pressure. Discussions were undertaken to agree a common approach and to identify six approaches that could then be taken forward. The DIC highlighted areas such as immunisation and prevention work. The DIC also highlighted discussions on helping families with additional needs, persons with complex needs and working with schools.

The Adults Delivery Board was due to meet next week (week beginning 14 November 2022) to consider the outcome of discussions held at the Winter Summit. The DIC concluded by adding that the partnership model would enable approaches to be taken that were not previously available.

The Board noted the update.

32. Healthwatch programme of work - 22/23 Progress Report

The Healthwatch Manager (HM) updated the Board on the activities of Healthwatch since April 2022.

Healthwatch had five board members and interviews for an additional member were being undertaken. There were plans to recruit more volunteer board members as to improve representation from Barking and Dagenham. Membership of Healthwatch rose by 70.

30 pop up and engagement sessions had been held and Healthwatch attended the Mental Health Users Group. The feedback from the group was good and they had invited Healthwatch to return.

Healthwatch has sought to raise its profile and, during the reporting period has engaged with 622 people. The HM disclosed that dental care was identified by residents as a major issue and would have a major impact. The HM highlighted two projects; Healthy Living and Pre-Frailty.

In relation to Healthy Living the HM stated that:

- 126 responses were received;
- 40 pieces of information was received;
- 9 recommendations were made; and
- Barking and Dagenham Council had responded positively.

HM disclosed that residents were basing their conclusions on obesity on self-perception and were not checking their actual BMI which was a source of concern.

Feedback was also received in relation to how the health living service was taking into consideration ethnicity, religion and general culture awareness. Healthwatch had made recommendations in relation to this and would be following them up in two months.

In relation to Pre-Frailty, Healthwatch's report had been shared with stakeholders in London working in Anticipatory Care, to help others in its implementation. The report had uploaded to the London NHS Future website. Additionally, the findings were being used to develop a pilot model for pre-frailty care in Barking and Dagenham. The findings were also being reviewed on a national level.

GP practice websites were reviewed following residents' feedback on accessibility and ease of use. The draft report would be sent to NHS North East London for feedback and would be shared with the Board once feedback had been received. Another project, which was part of the wider maternity strategy, looked at pathways from antenatal to postnatal care and involved surveying 900 women across North East London via the use of interviews. The findings have been submitted to NHS North East London and NHS England. The HM regretted that she could not share the findings with the Board at this point but said that the report would be published in due course.

The HM then outlined the work in progress for the remaining period between October 2022 and March 2023. Among the projects outlined included:

- Who Knows? - which would consist of ascertaining how high the profile of Healthwatch was among residents;
- EHCP- this would involve visiting schools to talk to parents and children via focus groups. The plan was still being finalised and would not be completed until February 2023;
- Health Visiting- this piece of work was ongoing and would not be completed until February 2023. 47 responses from residents had been received at the time of the Board meeting; and
- Enter and View Visits- Healthwatch's Board had challenged the focus on health programmes and would like to see work undertaken on social care.

The DPH suggested that services were not being targeted at groups in the community that require them most and cited lifestyle and frailty services. In relation to maternity services suggested that, for the Board's assurance, a report be compiled on maternity services in Barking and Dagenham as the DPH noted Barking and Dagenham has a higher birth-rate than the national average.

In response to questioning, the BHRUT representative stated that BHRUT would respond to the report and to address any recommendations. Additionally, BHRUT would prepare a report for the Board next year. The HM clarified that Healthwatch's maternity report would address issues on a North East London basis.

Addressing concerns from the Board in relation to engagement, the Chair emphasised that the new area community hubs would offer a new source of engagement for residents and that this would be beneficial going forward.

The Board noted the report.

33. Forward Plan

The Board noted the forward plan.