

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 10 November 2020  
(6:00 - 7:40 pm)

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

**Also Present:** Cllr Paul Robinson and Brian Parrott

## **78. Apologies for Absence**

Apologies were submitted on behalf of Cllr Evelyn Carpenter and Ian Winter.

## **79. Declaration of Members' Interests**

There were no declarations of interest.

## **80. Minutes (15 September 2020)**

The minutes of the meeting held on 15 September were confirmed as correct.

## **81. Director of Public Health update on Covid-19 cases in Barking and Dagenham**

The Director of Public Health (DPH) introduced the regular report on Covid-19 cases in Barking and Dagenham and asked the Intelligence and Analytics Officer to present the latest data (as of 30 October), highlighting the relevant local aspects such as the geographical spread of the virus and the different groups at higher risk of admission to hospitals and of deaths, and a range of comparisons with cases across NE London.

The DPH referenced the main drivers for the upward trend of positive cases in the Borough and in NE London generally with increasing rates of testing, which was in contrast to the reduction in testing and lowering positive case numbers in London as whole. It was therefore inevitable that the number of positive cases per 100,000 of the Borough's population would exceed 200 probably by tomorrow.

In total there had been sadly 183 deaths in Barking and Dagenham which was up four from the previous week. The increasing death rates were mirrored in the other NE London Boroughs with the over 59's having the largest mortality rates. This was particularly concerning given that based on the first wave it was this age group which tended to get hospitalised leading sadly to death.

The presentation also set out the latest COVID statistics for schools which since the October half term showed a marked increase in positive cases both in staff and pupils, and that given that these statistics did not include the more vulnerable teachers who were isolating, it meant that a number of schools were starting to struggle to cope. The DPH commented that the increase during half term did not

bode well for the upcoming Christmas and New Year break and would require detailed planning between the Council and schools as to how this worsening situation could be managed.

The statistics indicated a considerable increase in adult household transmission and the DPH drew particular attention to the worsening case rates in the over 65's, which had spilled over into the Borough's care homes. Whilst the testing regime in the homes had identified asymptomatic cases, given the two-day window of testing to results, this had meant an opportunity for the virus to spread. The DPH confirmed that in most homes the virus had been contained. However unfortunately in one home there had been a significant outbreak of up to 40 cases.

It was evident that lapses had occurred in procedures where in particular three patients released from hospital back into care homes and who had tests carried out in hospital, did not have their results recorded on their discharge notes, resulting in a lack of infection protection support in the homes. There was also a variation in the primary care support available to the local care homes when it was most needed. Despite the positive news coming out of government about a possible vaccine and ramped up testing, it was the DHH view that for colleagues in both the local hospitals and care homes this Winter would be very challenging, and therefore given the problems this and last week partners needed to work through how to strengthen and improve the interface with the integrated care systems.

Shelagh Smith, BHRUT gave the Board an update on the position in the local hospitals during the second wave of the pandemic, providing details of the number of positive cases in both Queens and King Georges, and described the problems and challenges faced by staff during this time. She outlined the plan to introduce lateral COVID testing for all staff in both hospitals as part of a national roll out.

Following the presentation, the Chair expressed her concerns about the recent outbreak in the local care home and that colleagues at the CCG and NELFT needed to answer for what had happened. She was particularly frustrated at the lack of immediate action and support provided to the staff and the reasons given by the CCG for their inaction, namely their claim the home was not on their list of registered homes, it being assessed as an Assisted Living home as described on a list held by the CQC, and therefore not covered by any enhanced service. This would be changed going forward. She was also very disappointed about the absence of any out of hours GP support over the previous weekend at the height of the outbreak and why it had taken so long for Infection Prevention Control (IPC) to go into the home too. Her view was that the care home staff had been badly let down.

Dr John, Deputy Chair whilst happy to look into any concerns about the local GP's response in the weekday, put on the record that contractually there was no out of hours GP practice cover for any patients available anywhere in this country, whatever the circumstances.

Melody Williams, NELFT explained why the IPC had not responded quicker, citing issues of delays in establishing it in the Borough as well as recruitment problems, albeit there had been some clinical support backfilled through the Community District Nursing Service. She confirmed that the ICP had visited the home today and would continue to monitor the situation.

Sharon Morrow made a request that in order to learn lessons she would appreciate if the CCG could be invited to join the First Incident Management team that had been set up so that going forward the CCG could organise support across the system. The DPH posed the question for the Integrated Care Partnership Board (ICPB) as to what are the expectations of primary and integrated care were to keep care home residents safe and not end up with a situation of overwhelming hospital beds during the coming Winter.

A number of other questions were raised and were responded to by the DPH as to how the infection was able to enter the care home and about the three hospital patients who were tested and were allowed back into the homes without any record of testing on their discharge notes.

The Director of People and Resilience asked that building on the good work of the partners the Board should agree a principle of safeguard and protect first and worry about the governance and what should have done at a later date. It was clear in this instance that the delay in providing the home with support did have a detrimental effect. All parties agreed that going forward lessons needed to be learnt from this incident and that assurance would be sought that as far as it was possible that a similar situation could not arise in the future. The Deputy Chair added that this should include making care home staff aware of what other than GP services are available to call on should a resident's health worsen, and in respect of infection control, if a COVID positive resident remains in the home, what steps to take to contain the spread of the virus.

## **82. Adult Social Care Winter Plan**

Having regard in particular to the increasing second wave of COVID-19 all local authorities have been asked by government to present an Adult Winter Plan which outlines steps being taken to reduce the impact of the pandemic and normal winter pressures on the health and social care system.

The Head of Adult Commissioning presented an overview of the Plan which was appended to the report, the full extent of which contained over 100 elements which the local authority in liaison with health partners and local stakeholders were required to address.

Sharon Morrow informed the Board that the local CCG was working closely with the Council to ensure that the NHS and Adult Social Care winter plans were fully joined up.

The Board noted the content of the local Plan.

## **83. Integrated Care Partnership planned arrangements update**

The health and care system in BHRUT had faced a number of significant challenges in the last few months, demonstrating the need to work together across health and social care and have the right structures in place.

At a joint meeting on 20 October members of the seven NEL CCGs supported a merger to form a new single North East London CCG from April 2021, paving the way for the three systems across NEL to further develop local integrated care partnership arrangements based on what is referred to as the 80:20 principle, namely 80% of delivery continuing at a local level and 20% at NEL level, where it makes sense to do things together and achieve economies of scale.

Alison Blair, Director of Transition and colleagues in BHRUT have continued to work over the past few months on these arrangements, bringing forward regular progress reports to this Board. This latest report and presentation focussed on governance and structural matters building on developing the current structure of the ICPB including the role of the Borough Partnership Delivery Group chaired by the DPH, and which currently reports through this Board. A more detailed report on these matters is due to be presented to the Board in January 2021, when approvals would be sought as to how the ICPB proposes to work together in practice including the proposed terms of reference for the key governance bodies of the BHR Integrated Care Partnership. It was noted that a workshop is being held at the end of November to progress these issues.

The DPH commented that these structural changes will hopefully present the opportunity for the Delivery Group to get on and make a real difference such as the place based changes that are necessary to address a number of health needs from paediatric through to older people services.

The Deputy Chair remarked that for him this was about the B&D Partnership and therefore structurally it was important to get this right as based on the 80:20 principles most decisions should be taken locally and be accountable.

The Chair commented that from her discussions with colleagues across London the pace and direction of changes varied considerably. Important for B&D the changes were being led and directed from the bottom up rather than being dictated nationally. She concluded that once the governance and structural arrangements were more finalised, she would present them to her Cabinet colleagues for a view.

Accordingly the Board noted the report.

#### **84. Phlebotomy System Update**

Following concerns expressed about the lengthy waiting times for local residents for non-urgent blood tests, Ceri Jacob, Managing Director, BHR CCG provided the Board with an update on the current position.

Prior to the pandemic Barking, Havering and Redbridge a range of providers across acute, community and primary care provided phlebotomy services/clinics across approximately 53 sites. However, with the onset of the COVID-19 pandemic, the focus shifted to enable providers to respond with the priority being to keep patients and staff safe while maintaining a blood testing service for people living in the three boroughs.

As the position moved into the recovery phase of services from June, BHRUT was unable to re-open up its phlebotomy sites as staff had been 're-purposed' to support inpatient care, and as such could only continue with phlebotomy for priority patient groups. In response, the CCGs and the community services and primary care providers worked closely together to restart community clinics (previously provided by BHRUT and NELFT) and to rapidly increase capacity by funding additional clinics and staff resources, enabling the introduction of a number of new community clinics.

However, despite this a gap between capacity and demand remains with a consequent rapid increase in waiting times, and which led to a Serious Incident (SI) being declared on 14 October 2020. In response NELFT agreed to lead an investigation into the SI under the leadership of a Non-Executive Director (NED) across both NELFT and BHRUT. Oversight of the whole process will be via a weekly system meeting jointly chaired by a CCG Governing Body Lay Member and the CCGs' Managing Director. It was recognised that this had been an incredibly difficult time for patients causing them considerable stress and anxiety about getting a simple blood test.

The Deputy Chair recognised that this issue had been a disaster for all concerned, and that despite the subsequent good work carried out by NELFT supported by Community Solutions and the positive 'call to action' by local practices, his preference would have been to see all GP's offering routine blood tests to their patients. Going forward the priority now was to reduce the backlog in the coming months, in respect to which despite recruitment challenges, two additional phlebotomy staff had been secured locally.

In response to a question Ceri Jacobs reassured the Board that the infrastructure was in place to ensure there was sufficient lab capacity to manage the uptake in blood tests now being performed to address the backlog.

The Chair whilst welcoming the steps and efforts now being taken to address the backlog had concerns as to why locally we were so dramatically affected compared to other areas. Ceri Jacobs explained that in part the problem was due to the fact that unlike many other Boroughs, Barking and Dagenham did not have the model of primary care support in place prior COVID and therefore when the pandemic struck it was not geared up to respond. This is now being addressed for the future.

The Chair concluded that whilst appreciating the efforts now being taken to address these problems, given what has happened and that Dame Margaret Hodge had rightly raised a lot of concerns, she would be asking the Chair of the Council's Health Scrutiny Committee to conduct a scrutiny into what went wrong and why in order to learn lessons etc.

#### **85. Situational update on waiting lists including use of King Georges as a Day Centre to support NE London**

In the light of the pandemic the Board received a presentation from Shelagh Smith, BHRUT on the current position regarding waiting lists at both Queens and King Georges Hospitals as well as the use of the latter site as a day centre to support NE London.

The presentation detailed the progress around reinstating services during the various national responses to the pandemic, and which whilst complicated and complex, has seen the majority, when safe to do so, and in accordance with IPC guidelines, restarted through a phased approach. Given the ever changing circumstances and challenges a number of these services are being delivered from differing locations across NE London with a series of hubs being set up. Locally work started at King Georges as it was easier to set up green pathways, those being non-COVID protected pathways to allow for elective programmes to get up and running quickly. Endoscopy is now operating at both sites and all patients are now able to have blood tests and children under 12 able to be seen. However, given the increase in COVID infection rates, patients are again declining appointments due to anxiety or isolation requirements.

The presentation also covered infection prevention controls, an overview of national standards and targets including referrals for treatment, diagnostics and cancer treatment and performance, introduction of a temporary surgical hub at King George to support NE London with plans to make it permanent, details of waiting times and numbers which given the second lockdown and rises in COVID cases will inevitably vary, and challenges and constraints going forward. Staff wellbeing is seen as a high priority with shielded staff again where possible working from home although burn out, stress and mental anxiety is taking its toll with increasing levels of staff sickness.

In response to the presentation the Chair made the point about the importance of having more joined up communications to reassure the public about the safety of going into hospital, given the level of COVID secure precautions that are in place. On that point she suggested that the BHRUT might want to speak to the Council's Media team about using the Leader to relay the safety message in one of his weekly video calls, given the large local audiences they reach.

## **86. COVID funding**

The Chair wanted it placed on record the ongoing dispute with colleagues in NHS as to the disparity of COVID payments to outer NE London authorities in comparison to inner NE London authorities, and which she will continue to lobby for.

In response Ceri Jacob, Managing Director, BHR CCG stated that as far as she was aware the rules around financial payments had been applied consistently and that this was not an issue of outer v inner NE London, but more to do with the treatment of exceptional circumstances concerning Newham CCG. She was aware that the initial response to a representation made by Barking and Dagenham had not been accepted and that further discussions were taking place to reach an agreement.