

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 13 September 2022  
(6:00 - 8:00 pm)

**Present:** Cllr Maureen Worby (Chair), Elaine Allegretti, Matthew Cole, Cllr Syed Ghani, Cllr Jane Jones, Sharon Morrow, Elspeth Paisley, Melody Williams and Kathryn Halford

**Apologies:** Dr Jagan John, Cllr Elizabeth Kangethe, Fiona Taylor, Sue Lees and Anju Ahluwalia

## 12. Declaration of Members' Interests

The Integrated Care Director (ICD) at the North East London Foundation Trust (NELFT) declared an interest in relation to Item 23 on the basis that NELFT are currently in the process of an asset transfer of the site and building to Barking, Havering and Redbridge NHS Trust (BHRUT).

The Chair ruled that this was not a disqualifying interest.

## 13. Minutes - To confirm as correct the minutes of the meeting on 14 June 2022

The minutes of the meeting held on 14 June 2022 were confirmed as correct.

## 14. Covid-19 Update in the Borough

The Director of Public Health (DPH) updated the Committee.

Cases numbers were low however the DPH cautioned that widespread testing was not being undertaken. The latest vaccination programme was being rolled out. The first phase involved vaccinating care home residents and the next phase would involve vaccinating over 50s.

It was intended that the Covid-19 and flu vaccine would be given at the same time, however this had still not been clarified. A new Covid-19 vaccine would be deployed which was designed to provide protection against the omicron variant as well as the original.

The start of the new school term and the Queen's funeral will have an impact on cases and the DPH warned that the Winter period would be challenging. The DPH confirmed that, in Barking and Dagenham, it would be delivered via GPs.

The Board noted the update.

## 15. Monkey Pox Update

The DPH disclosed that London was the epicentre of the outbreak accounting for 69% of UK cases. 2,304 cases in London were confirmed. The number of cases had declined from 30-40 cases in June and July to five cases per day in August. Most cases had occurred among men who have sex with men. The DPH stressed

that the risk from monkeypox to the general population was small and that the situation continued to be monitored.

The Board noted the update.

## **16. Childhood Immunisations Report**

The Public Health Principal (PHP) updated the board. Childhood immunisation rates in London were below World Health Organization targets and was lower in deprived communities. The PHP highlighted MMR, HPV and Flu vaccinations as a particular area of concern.

The PHP then outlined the plan of action to address the relatively low vaccination rates;

- A national MMR communications campaign;
- A Polio booster for children in London aged 1-9;
- Immunisation Co-Ordinators who are supported by practices;
- Communications with parents and guardians via schools;
- Vaccination 'catch up' clinics in community locations;

A campaign to promote childhood immunisations will be undertaken via

- Residents' newsletter;
- Council website and social media;
- Libraries and children centres;
- Family/Community hubs;
- Community and faith groups;
- Community events/festivals;

In response to questioning, the ICD explained that NELFT was providing child immunisation information, sending communications to families and contacting parents to ascertain why they were not vaccinating their children and challenging false perceptions relating to vaccines.

The Board noted the update.

## **17. Integrated Care System Place Arrangements**

The DPH informed the Board that all key milestones had been delivered in terms of getting shadow arrangements for place-based partnership and the ICB Subcommittee. The inaugural meeting was due to take place on 29 September.

The DPH explained how the governance structure would work. Place based governance would consist of the Partnership Board and the Integrated Care Board. The Health and Wellbeing Board would meet in common with the Partnership Board and Integrated Care Board.

As the first meeting in common it was planned to present the terms of reference for the Executive Committee, the Adult Delivery Group and Children Delivery Group for approval.

The DPH also announced that Dr Rami Hara would be joining the Health and Wellbeing Board as a representative of the Integrated Care Board whilst Sharon Morrow, previously the representative of the Clinical Commissioning Group, would continue as a representative of the Integrated Care Board on an interim basis.

The Integrated Care Partnership and the Health and Wellbeing Board will be required to work collaboratively on drawing up an Integrated Care Strategy. Plans produced by NHS North East London ICB will be subject to the approval of the Health and Wellbeing Board.

The Board noted that it has taken a considerable amount of time to establish the structure and that the governance requirements was greater, and some questions remained. The Board also noted the challenge for NHS NEL ICB as it covered seven boroughs which were considerable in their demographic differences. Additionally, the appointment of a new Secretary of State for Health and Social Care may result in further changes.

The Board noted the update.

## **18. Pharmaceutical Needs Assessment**

A Representative from Healthy Dialogues (RHD), who assisted in carrying out the Pharmaceutical Needs Assessment (PNA).

RHD explained that the purpose of the PNA was to inform plans on the commissioning of specific and specialised pharmaceutical services and to support the decision making process for applications for new pharmacies undertaken by NHS England. The PNA will apply from 1 October 2022 to 30 September 2025.

The RHD said that the assessment concluded that Barking and Dagenham's pharmacy provision was satisfactory with 39 dispensing pharmacies within the borough as well as provision in neighbouring boroughs are within a mile of the borough borders. The RHD said that they could not foresee any gaps in provision and no areas were identified as in need of additional provision during the lifetime of the PNA.

The Local Pharmaceutical Committee (LPC) sits on the partnership board and have indicated that they favour developing joint services. Pharmacies have agreements with NHS England which include minimum opening hours. Commissioning would transfer to the ICB from April 2023.

The Board agreed to ratify the Pharmaceutical Needs Assessment.

## **19. Joint Strategic Needs Assessment**

A summary of the Joint Strategic Needs Assessment (JSNA) was presented to the Board. The JSNA was jointly produced jointly across Barking and Dagenham, Havering and Redbridge. The JSNA was grouped into four pillars.

The JSNA showed the following in relation to Pillar 1- wider determinants of health-

- Life expectancy in the borough was lower than for London and England;

- 19% of residents are income deprived compared to 11% in Havering and 12% in Redbridge;
- The unemployment rate in Barking and Dagenham was 9.1% compared to the London average of 6.5% and the England average of 5.1%.
- The proportion of working age people in employment was 62.6% compared to the rate in London of 73.8% and the rate in England of 74.7%.

In relation to Pillar 2-Health behaviours and lifestyle, the JSNA showed-

- 18.1% of adults in the borough smoked which was the highest rate in London;
- 66% of adults were overweight or obese which was the second highest rate in London;
- 10% of children were overweight or obese by the age of five which was the second highest figure in London;
- 50% of children were overweight or obese by the age of 11 which was the highest figure in London

In addition to this, the CPH added that 37.1% of alcohol dependent adults completed a course of treatment as did 5.7% of opiate users.

The Consultant in Public Health (CPH) disclosed that the priority actions would be social prescribing and to factor health into all policies undertaken by the Council and partner organisations.

In relation to Pillar 3-places and communities, the JSNA showed-

- 19.8% of adults walked as a form of travel, which was below the London average which was 22.1% and the England average which was 15.1%.
- Abbey and Gascoigne wards are at particular risk from climate change
- Air pollution was attributed to 6.8% of deaths which was higher than the figure for London which 6.4% and the England average which was 5.1%.

The priority action was address travel infrastructure and a partnership response to address climate change and air pollution.

In relation to Pillar 4-places and communities, the JSNA showed-

- 10.3% of Children and Young People had mental health issues which was higher than the England average of 9.2%;
- 49% of residents with a long term condition felt that they received the assistance that they needed;
- Upon attaining the age of 65, males could expect to live for another 8.4 years and females for another 8.5 years. This was below the average for London and England.

The priority actions would be to strengthen children's adolescent services and to support older residents at risk of falls, social isolation, and preventable illness.

The DPH cautioned that progress on addressing the issues highlighted by JSNA had been disrupted by Covid-19 and that the legacy of the pandemic would negatively impact heart disease, diabetes and deaths at home.

The Chair, whilst acknowledging that there had been improvements over the last thirty years, concluded that the rate of improvement was not satisfactory noting that the issues identified in previous JSNAs had not been fully addressed. The ICD at NELFT acknowledged this noting that preventative action is challenging since it requires building up engagement with communities, especially deprived areas and motivating them to change. The ICD highlighted the issue of child obesity noting that many residents would be surprised at data showing 50% of children are overweight by the age of 11 as society has lost sight of what an ideal weight is and that addressing this would be a challenge.

The Board agreed to approve the Joint Strategic Needs Assessment.

## **20. Barking and Dagenham Place Partnership bid to NEL Integrated Care System for health inequalities funding in FY22/23**

The CPH announced that the Council had succeeded in its bid for £1.1 million and work was underway on the work streams with BD Collective and Community Park. A clinical director had been appointed and it was intended that the partnership agreements would be concluded by the end of the September 2022.

The Board congratulated the public health team and their partners for their success and noted the report.

## **21. Barking and Dagenham Better Care Fund Plan**

BCF provides funding support to councils and NHS organisations to jointly plan and deliver services. The fund consists of £30 million to improve social care outcomes such as community services, integrated discharge hub and initiatives such 'home first' and 'discharge to assess.' Among other areas, the BCF also pays for social workers, care packages as well as providing support for carers.

Since the inception of the BCF, the council has worked with Havering and Redbridge when it comes to submitting the bid to NHS England. The Director of Commissioning-Adults (DCH) explained that, every year, NHS England ask councils and NHS organisations to submit an application outlining the planning and finance for proposed services. The DCH added that NHS England gave applicants six weeks to submit their applications. The deadline was 26 September.

NHS England asked applicants to structure their submissions around two key objectives-

Enable people to stay well, safe and independent at home for longer;

And

Provide care in the right place at the right time

In addition to the objectives, the submission also contained provision for carers that Barking and Dagenham have considerable experience owing to the carers charter. The submission also contained a demand and capacity plan as requested by NHS England.

The DCH also disclosed that, going forward, there would be a review of joint provision with Havering and Redbridge and that this could lead to disaggregation

in some services.

The Board approved the submission to the Better Care Fund.

## **22. Proposed Community Diagnostic Centre at Barking Community Hospital**

BHRUT Programme Director for Diagnostics and CDCs updated the Board.

The CDCs are the result of an independent review and are designed to increase capacity, place diagnostics in a community setting and to quicken access by enabling direct access via a GP referral rather than through a consultant. The Government has provided funding and BHRUT intends to invest £14.9 million in Barking Community Hospital to boost diagnostic capacity and a CT scanner had already been installed. Funding would also be provided to use existing diagnostic resources for longer periods enabling those who cannot attend during working hours to attend.

In response to questioning, the direct access provision would, at first, relate to simpler treatments. In addition it was planned to construct a network of direct access centres across North East London and patients would be able to use the site closest to their home or work. The PDD said that this process would take five years.

The Board noted the update.

## **23. Forward Plan**

The Chair reminded Board members and partner organisations that items for future consideration should be emailed to the Governance Officer as soon as possible especially if the item was a key decision.

The Board noted the Forward Plan

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

The Chair noted that Dr Jagan John was no longer a member of the Board owing to the transition from CCGs to ICBs. The Chair thanked Dr John for his contribution to the Board and his support as Deputy Chair and wished him well in future.