

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 15 March 2022
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Sade Bright, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Elspeth Paisley, Nathan Singleton and Melody Williams

Apologies: Cllr Paul Robinson and Brian Parrott

43. Declaration of Members' Interests

There were no declarations of interest.

44. Minutes - To confirm as correct the minutes of the meeting on 9 November 2021

The Chair noted that the item relating to the Healthwatch tender erroneously said that it would be brought back to the Board before being approved. The Board had agreed that the contract award would be delegated to the responsible officer and the Chair. Subject to this edit, the minutes of the meeting held on 9 November 2021 were confirmed as correct.

45. Minutes - To confirm as correct the minutes of the meeting on 12 January 2022

The minutes of the meeting held on 12 January 2022 were confirmed as correct.

46. Covid-19 Update in the Borough

The Performance and Intelligence Analyst (PIA) updated the board.

The case rate in the borough declined into the first week of March. However, rates have started to rise again and, as of 9 March 2022, the number of cases had started to rise and the all age case rate was 302 per 100,000 residents which meant that the Borough had an amber rag rating.

Excepting those aged 0-4 years, all age groups have been affected by the rise with the PIA highlighting that among residents aged 70-79 year olds seeing a 74.2% rise in cases resulting in 240 per 100,000 residents. This was likely to be due to the waning effects of vaccinations. The PIA emphasised that, whilst the rise was a concern, there had not been a rise in cases in care homes. Close monitoring would continue.

Testing levels have declined since January 2022 and the peak of the Omicron wave. The downward trend was expected to continue especially from 1 April 2022 when testing kits would no longer be freely available on the NHS. This would create a challenge in relation to data collection and estimation the prevalence of Covid-19 in the borough. The Council was looking at other methods of estimation such as testing wastewater.

Vaccinations continued to be carried out, but the pace had plateaued. For residents aged 60 and above, 71% have received all three vaccinations. For residents aged 16 and above, the figure was 78.6%. 58% of pregnant woman had received at least one jab.

However, the PIA cautioned that for those aged 60, as the first group to be immunised, the vaccine would start to wane and therefore they would be prioritised for the fourth jab as part of the summer booster campaign.

Regarding hospitalisations, the number was 7.4 per 100,000 residents and was on an upward trajectory. 635 people have died of Covid-19 which was defined as any person whose death certificate mentioned the virus.

In response to questioning, the Barking Havering and Redbridge Hospitals NHS Trust (BHRUT) representative explained that there had been a circa 50% increase in admission but cautioned that admissions levels were lower than in January 2022. Additionally, the case tended to be accidental Covid-19; that is a patient was admitted for an unrelated reason but tested positive.

The Director of Public Health (DPH) said that excess deaths were being monitored and whilst data had not shown evidence of higher than average deaths this year so far from certain conditions, such as cancers, rubella etc, it was anticipated that deaths and ill health would increase owing to the lack of early diagnoses due to the focus on Covid-19.

The Board noted the report.

47. Barking and Dagenham, Redbridge and Havering Older People and Frailty Transformation programme update

The Director of Integrated Care (DIC) at North East London Clinical Commissioning Group (NELCCG) updated the Board. The programme began in 2018 and it was being refreshed owing to the move from a BHRUT based system to a borough based partnership model a new approach would be required on delivery mechanisms. This was a priority as hospital admissions were higher in north east London than in the rest of London suggesting that insufficient support was being given to elderly people at home.

A proposal was developed through the Older Peoples' Board to refresh the plan and focus on joint activities that would have the most impact. The first phase was to undertake diagnostic work to ensure that plans and decisions were based on the available information in Barking and Dagenham, Havering, and Redbridge. It was expected that the diagnostic work would commence in May 2022 and would last for 14 weeks.

A model of care was drawn up that spanned the pathway from prevention to hospital admission and developed several business cases that enabled the NELCCG to obtain additional funding. The partnership illustrated the importance of connecting health and social care. Covid-19 had impacted the programme and as NELCCG emerges from the pandemic the DIC said it was necessary to refresh the programme to take account of rising health inequalities as a result of the pandemic.

A Frailty Unit had been established at King George and Queens Hospitals, initially as a pilot, enabling patients to be referred to receive a geriatric assessment. The unit meant that patients were more likely to be sent home with support rather than be admitted to hospital as would likely be the case if they had attended accident and emergency.

A national standard for rapid response care was implemented requiring patients to be seen within two hours. 62% of patients were seen within two hours. A considerable investment had been made in the rapid response service and the DIC said that it was expected reported that a business case had been approved to provide support in care homes. Waiting lists increase during Covid-19 and so investment would be made to reduce it as well as greater investment in 'strength and balance' services to increase mobility and reduce the risk of the elderly suffering falls that require hospital admissions. The population health management pilot had been launched and there was an opportunity to deep dive into the causes and factors behind falls.

The Board noted that it was important that the final programme should be co-produced with recipients of the services and asked that 'co-producers' be used instead of 'stakeholders.'

In response to questioning, the DIC states that the variance in borough of residents attending 'strength and balance' classes was likely due to the fact that the service already existed in Redbridge and was introduced in Barking and Dagenham more recently. Responding to questions relating to dementia, priority will be based on the borough partnership. If Barking and Dagenham delivery board wish to prioritise dementia work then this could be done. In relation to hospital admissions, acuity determines how long a patient will remain in hospital with the doctors being unwilling to discharge patients until they are medically stable for discharge. Regarding catheter clinics, they had not been established yet.

The Chair noted that, whilst Havering had a higher proportion of elderly residents, they tended to be wealthier than elderly residents of Barking and Dagenham and this should be taken into consideration adding that previous funding did not consider deprivation among elderly residents. In addition to this the Chair stressed the need for outpatient services within the Borough.

The Board noted the report.

48. The Integrated Care System/Local Borough Partnership Proposals And Governance- Position Update

The DPH explained that he was Chair of the Barking and Dagenham Delivery Group. The Board would have a pivotal role in the governance of the partnership. Prior to developing the decision-making process, two milestones would need to be delivered. A model for the care and clinical leadership must be drawn up by 31st March 2022. In addition to this, the shadow arrangements for the place-based partnership agreed at the Board meeting taking place in June.

The DPH also empathised that the integrated process will not just consist of health providers and the Council. It will include groups such as Healthwatch, the voluntary sectors and local schools.

The Consultant in Public Health (CPH) explained the context to the Board. The aim would be to determine which work could be done at borough level. Membership of the Governance structure would need to be drawn up and the Board's role within would be clarified. Leadership roles would need to be drawn up and persons appointed whilst clarification of the decision making process and the statutory status of such decisions would also have to be clearly stated and the intended outcomes. The final proposal would need to be completed in June and submitted to the Board.

The Chair noted that, at present, block contracts applied across multiple boroughs and said it would take time to disentangle them but that it was expected that this would be completed by 1st April 2023 whereby Barking and Dagenham will have greater flexibility in overseeing the purchase of services.

The CPH then focused on actions that would be taken pending Parliament passing the Health and Social Bill. The bill will refer to shared outcomes against an agreed plan and the role of the Care Quality Commission (CQC) will be reflective of it. In addition to this, the CPH also stated that;

- There will be a single leadership role across health and social who will be held accountable for the delivery of outcomes;
- Pooling and funding arrangements would be simplified;
- There would be increased use of digital technology by patients and staff;
- Improved use of shared data between services;
- Joint training, integration and development for social and health care staff
- A delegation framework of healthcare interventions that social care workers would be able to carry out;
- A career passport was being designed to enable staff to move across professions.

The Board noted the update.

49. BHR Joint Strategic Needs Assessment 2021-22 Update

The Principal Manager, Performance and Intelligence (PMPI) updated the Board. The assessments were still ongoing, and the introduction and demographics chapter were still outstanding. In addition to this the completed chapters would need to be amended to include Covid-19.

In regard to the pharmaceutical assessment, it was hoped that a draft would be ready by the next meeting of the Board in June 2022.

The Board, noting new residential developments in the borough, requested that this be factored into the assessment going forward. The PMPI responded that work had been undertaken into this and noted that circa 20,000 former residents remained registered with GP Surgeries in the Borough. Also, the Council estimated that circa 30,000 residents are registered with surgeries outside the Borough. The PMPI added that further research would be undertaken to determine why this was the case and whether any groups were particularly prevalent in the data.

The Board noted the update.

50. Forward Plan

The Forward Plan was noted.

51. Any other public items which the Chair decides are urgent

The Chair noted that Brian Parrott, Chair of the Adult Safeguarding Board who attends the Board as a Guest, was standing down. The Chair gave thanks to The Adult Safeguarding Board Chair for this contribution on behalf of the Board and wished him well in his future endeavours.

The Chair also noted that Cllr Evelyn Carpenter was seeking re-election in the forthcoming Local Elections. The Chair thanked Cllr Carpenter, on behalf of the Board and residents, for her contributions to the Board. The Chair highlighted her diligence, close attention to detail and her strong commitment to paediatric and adolescent care and wished her well in the future.

Cllr Carpenter expressed her thanks to her fellow councillors and staff for their work and support.