MINUTES OF
HEALTH & WELLBEING BOARD and
ICB SUB-COMMITTEE
(COMMITTEES IN COMMON)

Tuesday, 12 March 2024
(5:00 - 7:00 pm)

Members Present: Cllr Maureen Worby (Chair), Charlotte Pomery (Deputy Chair), Matthew Cole, Tom Ellis, Cllr Syed Ghani, Jenny Hadgraft, Dr Ramneek Hara, Ann Hepworth, Cllr Jane Jones, Cllr Elizabeth Kangethe, Dr Kanika Rai, Dr Shanika Sharma, Nathan Singleton, Fiona Taylor, Melody Williams, Craig Nikolic and Dr Uzma Haque

Invited Guests, Officers and Others Present: Debbie Harris and John Dawe, Kelvin Hankins, Philip Williams, Alan Mordue, Patrick Brooks, Susanne Knoerr and Jamie Postendorfen

Apologies: Elaine Allegretti, Pooja Barot, Sharon Morrow, Elspeth Paisley, Sunil Thakker, Christine Brand and Sarah Carter

40. Declaration of Members' Interests

There were no declarations of interest.

41. Minutes (16 January 2024)

The minutes of the Health and Wellbeing Board and ICB Sub-Committee meeting held on 16 January 2023 were confirmed as correct.

42. Resident's Story

The Chair welcomed Jamie Postendorfen from the Just Say Forum to the meeting.

Jamie was the first resident invited to address the Committees in Common and was asked to outline her story and experiences as a local resident who used services from all those represented at the meeting.

Jamie outlined her background as a fostered / adopted child and her experiences as a carer, initially supporting her mother and father from a very young age and now caring for her 19-year-old son who had severe learning disabilities and a partner who was awaiting a diagnosis for autism. She explained the difficulties she had experienced in securing the support that her son needed and deserved and referred to the particular hurdles she was currently facing as her son transitioned into adulthood.

Jamie volunteered in the capacity of Chair to the Just Say Forum, an information group made up of carers from Barking & Dagenham which worked closely with the local authority and formed part of a national network of carers and parents. The Forum received a small amount of funding from the Department of Education which they use to provide parents and carers with appropriate training, hold open meetings to share information, problems and life experiences, which in turn they

feed back to the local authority to get help and assistance. That said even with that support, life can be very difficult and challenging for individual carers/parents, as well she knew from her own experiences. She had a lot of knowledge about 0-16 but when it came to managing the transition into adulthood, she was unprepared for, as she described, the 'bombshell' that it is. Although she had done a considerable amount of research she was shocked as to how much a carer/parent needs to know because in her experience the local authority who have a duty to help quite often don't know themselves.

The Chair encouraged all those in attendance who had not already meet with the Forum to do so, given their knowledge and experiences. She referenced a recent joint session where they looked at why the services collectively were getting the issue of transition so wrong, especially as in most cases this was not about children who were not known to authorities. It certainly should not be left to carers/parents to have to do their own research. One of the challenges, and why the Committees in Common had decided to invite the likes of Jamie to address the meeting was so that everybody could think about whether they offered the right services and what each provides to support residents, highlighting as an example the case outlined by Jamie regarding her non-verbal son, who has rights himself.

Opening up to discussion, the Cabinet Member for Educational Attainment and School Improvement asked Jamie of her experience regarding her son's education, whether there was enough preparation and support for him, what the challenges were and, going forward, what could be improved. Jamie responded that she was not made aware that transition should have started in year 9 and, in her son's case, it did not start until year 13. She had also had to undertake a lot of her own research and despite raising issues through his EHCP review, her son should have had the likes of careers and housing officer support in place much earlier than it was. She felt that, other than education, no other services had been involved in the review process and gave the example of having to suggest herself an adult speech and language referral due to her son being non-verbal. Her son was currently at Trinity and despite the deadline of the end of the month to put in place an educational setting for him, she was still chasing to get a plan in place. Whilst he had severe learning difficulties and would struggle with everyday learning such as Maths and English, that should not preclude him. The Cabinet Member for Childrens Social Care and Disabilities acknowledged the points made by Jamie, recognising that the earlier the transition process started the better the chance of support being in place when it was needed.

In response to a question on the one thing all the bodies represented at the meeting could do to improve things, Jamie suggested that better communication for any parent entering into world of SEND would help greatly.

Fiona Russell, Director of Care, Community and Health Integration said that better support around pre-diagnosis was something that the Council was currently looking at. Turning to Jamie's carer role for her father with Alzheimer's she asked her to expand on the challenges this presented and what was it that the Council could have done better to support her. She responded that it was hard watching the deterioration of a loved one before you, especially their mental capacity, seeing in her father's case he was phenomenal with maths and spoke four languages. In the later stages he did not recognise any of the family. That led to her mother having a mental breakdown and suffering long term depression and why Jamie become a carer at such a young age. Generally, there was not a lot of

support for the family and why Jamie had to do most of the care.

Jenny Hadgraft made reference to a report which Healthwatch were about to publish about pathways to EHCP. Whist the majority of parents and carers had good support, she echoed Jamie's point about some feeling isolated and requiring more support and guidance.

Dr Sharma paid tribute to what Jamie has done. Seeing she had been a carer since the age of eight, she asked her what three things she would want to see in place that could really help and support young carers in Barking and Dagenham. Jamie responded that training for teachers to pick up the signal behaviour signs of problems in early years was vital, as was information for parents to be more aware of the unduly influence they might have on their children as young carers. Also maybe putting in place a system for children to talk to someone if they feel they needed to.

Andrea St. Croix, NHS Independent Complaints Advocate for B&D, said it was so important to have a holistic approach between the NHS and social care, seeing the number of people who were falling through the gaps. Melanie Williams, NELFT, stated that whilst the focus is on the growing younger population, we are seeing a significant increase in dementia diagnosis in the Borough's older population, and there was clearly a need for better support for carers in this group, otherwise we end up with significantly higher support costs given the complexity of their health needs, something this Board and Committees in Common should not lose sight of.

The Chair thanked Jamie for telling her story, the reason behind which was for this Board and Committees in Common to reflect in our own services as to whether actually do we think enough about the families of young people, particularly as to the sorts of issues highlighted this evening.

43. London Ambulance Service Update

Patrick Brooks from the London Ambulance Service made a presentation about the pressures the service had been under this winter, the proactive work the LAS has been doing with stakeholders and partners, and against that backdrop, information around response times and performance particular in relation to Borough GP practices.

LAS was the only Pan London NHS Trust which operates across the whole of London covering all the London Boroughs and the City. He outlined the number of calls taken over a typical day including over 5,000 and 6,000 to 999 and 111 respectively. There are three levels of service namely 'hear and treat' where people are dealt with over the phone by callers and clinicians with a range of pathways and advice suggested, then others dealt with at the scene through what is known as 'see and treat' and finally 'see and convey' where people are taken to A&E.

Currently there are 3,200 paramedics supported by 1,400 emergency medical technicians, with a broad range of skills together with 380 nursing and medical staff in control rooms and 1,300 call handlers. In NE London there are 853 paramedics and technicians who collectively carried out over 33,000 face to face responses between 1 January and 26 February 2024.

Mr Brooks outlined the various categories of calls and response times. Over the last winter period there was a call increase of 7,000 in core demand, in response to which he outlined the strategy for managing this demand. Hospital handovers played a crucial part and the Service continued to work with its NHS partners in NE London to reduce delays and safely release ambulance crews from hospitals which has made a big difference for medics and patients, freeing up clinicians to attend to those who need the most urgent care. The main thing is to ensure patients are directed to the right pathways and minimising the number conveyed to hospital emergency departments. As things stand less than 50% of patients attended are ending up at hospital.

In response to the presentation a number of questions/observations arose. These included whether the LAS felt there are enough services in the community available to avoid escalation to hospital. The primary pathway available are the GP's. In NEL there are a lot of community service pathways available, however the challenge comes when they reach capacity.

From a customer care perspective, issues were raised regarding how the level of harm caused by ambulance delays was evaluated and, from an acute perspective, how many individuals were driving relatives or others direct to hospital when they should be in an ambulance receiving treatment before they arrive at hospital. Although the current response time to category 1 (life threatening) met the 7-minute national target and category 2 (emergency / potentially serious) at 29 minutes had, over the past few months, dramatically improved, it was recognised that the service did not know with any certainty on a case-by-case basis where the greatest risks sat, resulting in many unwell patients requiring treatment self-presenting to hospital.
The LAS continue to work closely with hospitals to access the 'front door' risk, but perhaps it would be useful to conduct an audit to assess the number of patients that should/should not have been convened to hospital by ambulance rather than self-present. It was important to note that in NEL it is not possible to self-present at a hospital emergency department. Those individuals are required to go through an urgent treatment centre unless convened by ambulance. Of course, some will then be referred through to ED which has a knock-on effect for the whole pathway. The LAS also has a contract for a taxi service for those patients assessed as not requiring an ambulance but needing to attend hospital.

In response to a question about community support Mr Brooks explained that the 111 service has a huge directory of robust and comprehensive community services to ensure patients go through to the right pathway through set algorithms and triage. That said the service is always keen to develop new pathways so as to promote patient care and most importantly keep them in the community, when appropriate to do so.

The work described in today's presentation over the last 12 to 18 months had focused on partnership working at both at site and regional level. It now felt very different with real innovations coming through. It's a constant improvement cycle and there are questions about how things can be joined up better to manage the pathways for patients generally.

Melody Williams, NELFT referenced a pilot going live on 2 April in NE London with NHS 111 press 2, a direct line through to a mental health clinician, given a significant number of calls through to LAS are to do with mental health crisis.

Ann Hepworth, BHRUT commended the LAS as a great partner for improvement who have together worked well to make some massive improvements over the past 12 months to the hospital 'front door' into ED. That said there is still a massive demand which continues to grow. There are two things in particular that could be done in partnership across the system to improve matters. These include getting a better shared understanding where the risks are held across urgent emergency care, so that on any given day it would be possible to identify where the real pressures are for local residents. The second is about longer-term output, given that Queens Hospital remains a significant outlier across the whole of NE London for avoidable emergency attendance compared to the Royal London for example. Consequently, there is a need to properly understand why this is happening and look to reduce it to improve people's lives. Mr Brooks stated that it was a point well-made and agreed it's a good time to look at new innovations and have single points of access.

Councillor Jones referencing an experience from a recent family emergency made the point about ambulances taking patients to alternative hospitals out of the BHRUT area and the concerns that the social care relationships at these hospitals (in this case Newham General) are not the same as in BHRUT. Mr Brooks stated that in general patients should be conveyed to their nearest hospital particularly where they have ongoing needs as that is where their records will be. He undertook to look into the case highlighted as it seems they should have been convened to the preferred place of care for which he apologised.

Other points raised concerned the Duty Doctor Scheme which was a great example of successful multi-disciplinary working looking after the needs of the patient, which was trialled in this area but then dropped. Mr Brooks agreed with the comments and would support its reintroduction.

It was reported that Healthwatch did a report last year on service user experiences in the Borough and 50% of respondents stated that hearing of excess waiting times on calling for an ambulance had stopped them requesting one or would deter them in the future. It was suggested that the recent improvements should be better communicated to local residents to give them more confidence to call an ambulance should it be required. Mr Brooks undertook to provide contact details of the patient experience team who could pass on the results of satisfaction surveys etc.

Reference was made to the 45-minute limit that was introduced in January to ease pressure on the LAS at hospitals and the impact this has had, as well as other ways to solve the problems. Mr Brooks responded that prior to this there was no maximum wait time for crews who could spend an entire shift waiting in a hospital corridor with a patient for a hand over. This had led to hospitals introducing a whole range of improvements such as streaming and assessment of patients. This now allows crews to be released quicker and has led to response times for category 2 incidents to be brought down as reported earlier. For the record the plan is to reduce the handover time to 30 minutes.

The Chair thanked Mr Brooks for his informative presentation and for responding to questions.

44. Verbal update on CIC Development Session

Fiona Russell, LBBD Director of Care, Community and Health Integration together with input from Kelvin Hankins, NEL ICB and Matthew Cole, LBBD Director of Public Health provided a summary of the recent discussions at the Committees in Common Development Session which focussed on how the CIC had operated over the past year.

She highlighted the main findings which included that the CIC had reduced duplication, facilitated consistent and strong engagement, that relationships were growing and deepening, that there was healthy challenge and a preparedness to have the difficult conversations, an appreciation for a space for good discussions and the ability for deep diving. Issues for improvement focussed on matters of governance and specifically thinking about ideas for joint agenda planning, following up actions, as well as the tensions and conflicts around having space for both discussion and to business, such as making decisions around commissioning, finance etc, especially seeing there are only have two hours available every two months.

Finally, a questionnaire and survey had been issued to all participants who were encouraged to complete and return it, the review and evaluation of which would be used to form a report to be presented to the next meeting of the Council's Health Scrutiny Committee.

Kelvin Hankins then summarised the discussions on the proposed priorities for this Forum as a system which led to a lively debate and helpful feedback. Whilst there was broad agreement, there was work to be done about achieving an all-age approach, the challenge as to where assisted technology sat, how outcomes would be measured, not just the historical ones, and their relevance to residents, and how this linked to the big conversation and residents' views, and how this would be articulated into the overall plan. All this would be pulled together and reported back to the next meeting of the CIC for more discussion.

Finally, Matthew Cole, LBBD Director of Public Health reported on the LGA Public Health Review feedback where eight recommendations were made, most of which related to how partners work together in this Forum and in Place arrangements. A series of meetings were planned to work through the next steps which would be presented for consideration to the Place Executive on its journey to the Committees in Common.

45. A New Strategic Approach to Healthy Weight in Barking & Dagenham

Philip Williams, Head of Localities Commissioning made a presentation on a new strategic approach to healthy weight in Barking and Dagenham. He outlined the scale of the problem with the Borough having one of the highest rates of overweight and obese adults and children in London leading to increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease and some cancers. National child weight measurements had recently been issued which were not good, but also masked some considerable differences across the Borough with some schools having up to 70% of the children that were considered overweight or obese compared to an overall average of around 40%.

The primary means for tackling the issue has been through the delivery of individualised weight management programmes, with the focus of many of these programmes focussing on supporting individuals who were at higher risk of disease due to their unhealthy weight. Given there were of the order of 100,000 adults classified as overweight/obese it would take more than 150 years to offer everybody a programme, which was simply not practical. Also, evidence showed that generally this approach did not lead to sustained changes in healthy behaviours beyond the life of the programme. Therefore, this has necessitated a different way of doing things at a population level. There were many different interconnecting factors involved with the issue from environment, social, economic, cultural, biological, to where people live etc. Consequently, this needed to be addressed in the round rather than focussing on simply being overweight. There were hard choices to make and certainly no quick fixes, but it was vital to start somewhere.

The approach needed to be a whole Borough Partnership. It was not feasible for one body such as the Council to solve the problem. It would require a partnership approach around food, activity, the environment collectively supporting work around healthy weight. The proposal involved designing a new model of support that recognises all these factors, providing upstream interventions connecting heath, the Council, the VCS and local community groups.

To achieve the aims of this new approach this Forum needs to facilitate the change working with a provider who will act as an enabler in the process, using their expertise in engaging with communities, networks and partners, and their experience of developing innovative healthy weight initiatives. Once a partner was in place it was proposed to engage them to do the design work in Phase 1 between July 2024 and March 2025 and implement a Health Weight Plan under Phase 2 from April 2025.

Mr Williams outlined what the Plan would look like, which would involve amongst other things, supporting ongoing partnership work around food, activity, and the environment, facilitating the delivery of co-produced community weight and nutrition activities, and working with the likes of the VCFS and partners, to build a volunteer/ network of healthy weight champions and peer support groups.

There were of course inherent risks. It would be a lot harder to achieve, but unless it was tackled as a system approach then inevitably it would fail. It needed to be inclusive and accessible and something that fitted in with people's lives. Tackling obesity would require a sustained and integrated set of measures to address social norms so that over time healthy behaviours would become easier for all. When delivered across a whole system multiple small changes in large numbers of people can have a large impact at population level.

The Chair recognised that this was a huge shift for everybody, but seeing the results of recent engagement work around healthy lifestyles it was clear that residents were keen to make positive changes, and therefore the challenge for this Forum, was: are we ready to help our residents make those changes?.

The approach being advocated was very much supported by this Forum as clearly the current strategy was not working for residents, although along with lifestyle changes it was important to consider pathways as currently there was not a pathway for obese children in the Borough.

A lot of work was achieved in the recent Borough wide pop up where child height and weight measurements were undertaken. The results of that work showed that a number fell into the overweight category. According to the parents there was very little knowledge as to where to seek help and advice. Most of the parents wanted to see a family approach. Dr Hara who did this work would be happy to share the results with this Forum, as she had with the Public Health team, whom she was working with on childhood obesity.

Dr Hara requested that the membership and co production of the strategy needed to be a little wider, suggesting that it would be helpful to reach out to the likes of Tesco and other major supermarket chains who run young children activity and lifestyle programmes, to see how the Borough might tap into the resources they have. A lot of her patients were getting obese as they could not afford the cost of fresh fruit and vegetables, and to that end perhaps the supermarkets could be asked to support us, and then we could 'retrain their plate' to eat more healthier, seeing many have an emotional connection to their plate.

Craig Nikolic, Together First CIC said that they now had considerably more data, and the right level of demographic information, and were now in a position to target those with severe obesity in a more informed way. The Chair responded that whilst we might have the data, the key was how do we change the overall approach, not just eating habits, but also the lack physical exercise, seeing that the Borough has the least active population in the Country. A whole system approach needed to be tackled and what represented the biggest challenge.

Fiona Taylor, Chief Executive added that all partners could get behind the strategy. She stated that in the past most had run programmes with no definable outcomes, thinking that was enough. Moving forward we needed to identify what are the key things that as system leaders we can really impact change and certainly obesity was one of those things. This forms an essential part of the localities model which as Fiona Russell added needed to be community lead. In terms of system wide and it being a priority, the recent Peer Review into Public Health indicated that partners had too many priorities and made too many commitments. Therefore, there needed to be a clear focus and to that end coming together behind childhood obesity, felt like a step in the right direction.

Other comments expressed were about the wider aspects of the strategy, highlighting as an example that if we advocate greater exercise in green spaces, then how safe do people feel about using these spaces and consequently we may need to consider other factors such as the prevalence of knife crime in certain parts of the Borough. Acknowledging this point, there was already a Childhood Obesity Task and Finish Group, the membership of which could be expanded to consider these aspects. On this point the Cabinet Member for Enforcement and Community Safety outlined the work of the SNT's in the Council's parks and open spaces which was having a positive effect in reducing anti-social behaviour and knife crime, and leading to a greater use of our green spaces by the community.

Charlotte Pomery, ICB and Deputy Chair in supporting the whole system approach made a few comments. She recognised that whilst it was a good start there was clearly a lot more work required such as what would the strategy mean for commissioning, if health services adopted something that was less individually based, and what would this look like. She was pleased it was aligned to localities

and proposed to be community led, as this sent a powerful message and something she would be keen to run with across NEL. She was also aware that a lot was being done around health equalities funding and whether we should top slice some of that. She felt that there was a lot more that could be done to achieve a wider population health approach to commissioning of the health services.

Ann Hepworth, BHRUT felt that we must accept that we cannot fix the problem and that for this whole system approach to succeed we must not follow the usual path and potentially suffocate this with our processes such as Task and Finish Groups, but instead support communities to find their own solutions and create possibilities.

Healthwatch were putting together its work plan for next year and would be happy to revisit this topic and build on its existing community engagement and equally would be keen to co plan. This was particularly welcomed by Dr Sharma, Clinical Director, Barking & Dagenham who was keen to get our workforces involved, as maintaining staff health and wellbeing was vital in terms of helping and supporting residents.

Mention was made that whilst families may have the knowledge and awareness to buy and cook fresh food, the fact that many were in fuel poverty was a significant factor and should form part of the whole system approach. This had been highlighted by parents in the engagement feedback, with one solution being to establish communal kitchens where families could prepare and eat together. This could build on similar initiatives which community groups are operating in the Borough.

In conclusion in welcoming the report, the HWBB and Committees in Common recognised the need to urgently change the approach to managing healthy weight in Barking and Dagenham and therefore **AGREED** the new strategic way forward as presented.

46. Adult Substance Misuse (Drug and Alcohol) Integrated Service - Contract Variation

Claire Brutton, Head of Disabilities' Commissioning, presented a report explaining that due to delays in the current procurement exercise for a new contract, for the reasons set out in the report, it was necessary to seek approval for a variation of the contract for the provision of Adult Substance Misuse Service with CGL to extend it for five months from 1 April to 31 August 2024, in accordance with the Council's Contract Rules.

The Health and Wellbeing Board **resolved** to:

(i) Approve the variation of the contract for the provision of Adult Substance Misuse Service with CGL for a period of five months from 1 April to 31 August 2024 in accordance with the strategy set out in the report; and

(ii) Delegate authority to the Strategic Director, Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration, to extend the contract and all other necessary or ancillary agreements.

47. Young People Substance Misuse (Drug and Alcohol) Integrated Service - Contract Variation

Claire Brutton, Head of Disabilities' Commissioning, presented a report explaining that due to delays in the current procurement exercise for a new contract, for the reasons set out in the report, it was necessary to seek approval for a variation of the contract for the provision of Young People Substance Misuse Service with V-I-A (formally known as WDP) to extend it for five months from 1 April to 31 August 2024, in accordance with the Council's Contract Rules.

The Health and Wellbeing Board **resolved** to:

(i) Approve the variation of the contract for the provision of Young People Substance Misuse Service with V-I-A for a period of five months from 1 April to 31 August 2024 in accordance with the strategy set out in the report; and

(ii) Delegate authority to the Strategic Director, Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration, to extend the contract and all other necessary or ancillary agreements.

48. Questions from the public

There were no questions from the public.