

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 10 February 2021
(6:00 - 7:45 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Abdul Aziz, Cllr Peter Chand and Cllr Chris Rice

Also Present: Cllr Maureen Worby

Apologies: Cllr Oluwole

16. Declaration of Members' Interests

There were no declarations of interests.

17. Minutes (8 December 2020)

The minutes of the meeting held on 8 December 2020 were agreed as a correct record.

18. What is the Health and Wellbeing Board's role in tackling health inequalities?

The Cabinet Member for Health and Social Care Integration presented a report on the Health and Wellbeing Board's (HWB) role in tackling health inequalities, noting that the Covid-19 pandemic had highlighted the importance of this issue, due to the very different health outcomes faced by minority communities. Therefore, some of the priorities and targets set by the Board previously were likely to be reviewed going forward. Local government was making a strong case to increase health and wellbeing boards' powers to include a statutory duty to improve public health and drive the whole health inequalities agenda. The Board had three main priorities under its health inequalities workstream, namely, best start in life, early diagnosis and intervention, and building resilience.

The Cabinet Member stated that in order to reduce health inequalities, a whole system approach would need to be adopted, which meant considering the wider detriments to health such as deprivation and other issues, such as the lack of access to outdoor space and Wi-Fi networks. The Council's Community Solutions team had undertaken some very positive work with the local Clinical Commissioning Groups (CCGs) around 'social prescribing', which was about holistic, preventative work to address the issues that were causing health inequalities. The Cabinet Member then highlighted some of the most challenging areas for the Borough, such as cancer screening rates and high morbidity, which had been exacerbated by some health services being closed at the start of lockdown. She referred to the Director of Public Health's Annual Report, stating that his next one would focus on health inequalities to support the Board to understand the patterns and shape its response. She did not feel the full extent of the Covid-19 lockdown on mental health would be known until the autumn of this year and expressed concern as to the magnitude of this. The Director of Public Health echoed the Cabinet Member's comments and emphasised that the country would be dealing with Covid-19 for years to come. He felt it was time for all local

bodies to work together to press the health reset button- future pandemics could not be ruled out and it was essential to think about investing in services in the most holistic way possible.

In response to a question, Dr John, Chair of the Barking and Dagenham CCG, stated that the local CCGs did not have control over which groups to vaccinate against Covid-19 first and were obliged to follow national guidance on this. The over 70 and 'clinically extremely vulnerable' groups were currently being worked through and in the next few weeks the over 60s and those with conditions which made them vulnerable to would be vaccinated, followed by the over 50s. The NHS would contact people via text, or their GP practice would contact them to inform them of how to get vaccinated when the time came. Discussions around vaccinating the homeless were ongoing, with a view to vaccinate them in the next week or so, and those in care homes who had not been vaccinated during the first round were also a priority.

In response to a question, the Cabinet Member and Dr John confirmed that treatment for those already diagnosed with cancer did not stop during the Covid-19 lockdown, but cancer screening had. Clearly, commissioners and providers would have to give serious thought as to how to encourage residents to attend their screening and other appointments in hospitals.

In response to questions, the Cabinet Member stated that:

- One of the issues to address was how the HWB could include a stronger community voice. Healthwatch was represented on the Board, and some members of the public did attend; however, she felt a more creative and engaging way to include input from the community needed to be adopted. The Board, due to procedural issues, had a level of formality which could put some people off, so she was considering whether there were other ways to engage local residents on the health issues affecting the community, for example, a webinar to inform residents on the progress of the Covid-19 vaccination programme had been scheduled for next week;
- She was confident that the new duties in paragraph 1.3 of the report would help health and wellbeing boards strengthen their role in tackling inequalities but the Borough's HWB had already implemented many of these measures; for example, she was already on the North East London (NEL) Integrated Care System (ICS) Board;
- She agreed that there was a significant lack of understanding in the system of the pressures around protecting people with LD in relation to, for example, their inability to understand and abide by social distancing and other measures to control the spread of Covid-19. Unfortunately, this group was not in the priority groups to receive vaccinations, and this was not within local control. Local representatives would ask the local MPs to put more pressure on the Government to give higher priority to this cohort;
- The Board itself had not, as of yet, commissioned work to review how the pandemic would affect its three priority areas and how the Council and its partners needed to respond to the new challenges going forward. This was because recent Board meetings had to be cancelled in recognition of the need for the Council's health partners to focus on getting through the pandemic and vaccination programme. She confirmed that this work would be essential going forward and without it, it would not be possible to deliver on the current framework and strategy because of the pandemic having

impacted upon health outcomes so much. The Council's Director of People and Resilience had sponsored an inequalities review and once complete, it would be helpful to present the report to this Committee for consideration; and

- She believed the Board was well connected to all parts of the Council to bring a holistic approach to debates and decision making via its membership. However, if Members felt more could be done to enhance this, she was open to suggestions.

19. To what extent did the Integrated Care System help deal with Covid-19?

The Council's Head of Commissioning, Adults (HCA) delivered a presentation on the Council's perspective on the extent to which the Integrated Care System helped deal with the Covid-19 pandemic, which covered the following areas:

- Impact on providers;
- Strengths of the system;
- Actions taken;
- Areas for Improvement; and
- Impacts on recovery.

In response to questions, the HCA stated that:

- The Borough did not have a designated site to accommodate care home residents with Covid-19 who had been discharged from hospital because the designated sites in the boroughs of Redbridge and Havering had enough capacity to take in Barking and Dagenham care home residents. The Borough had fewer care homes than Havering and Redbridge, and the strict guidelines around which provisions could act as a designated site, particularly around layout, meant that many of the Borough's care homes would not be adequate. Furthermore, one of the care homes had an insurance issue which would prevent it from acting as a designated site, and the others that were approached declined. The current arrangement, nonetheless, had worked well, as there had been a seamless process between brokers and commissioners which meant that the Borough's affected residents had moved through the provisions smoothly;
- All care home staff had access to Covid-19 testing on a weekly basis, which could be increased if there was an outbreak within a care home;
- As to whether a plan had been drawn up to address the areas identified for improvement by the Social Care team following the third wave, much of this was incorporated into the Council's Winter Plan, which was presented at the last meeting of this Committee. Additionally, the Council and its partners regularly examined, as a system, how processes could be improved, for example, via the weekly discharge improvement working group which involved key partners; and
- The local brokerage and hospital discharge teams were working closely together to support local residents who were being discharged from hospitals that were further afield, and whilst this process initially involved some learning, it was now working well and these residents were being supported to transfer into a designated site or their care home, whichever was appropriate.

The Operational Director for Adults Social Care confirmed that during the midst of the pandemic the Borough's discharge figures remained steady, and currently it

was very low (approximately five) which was very manageable.

In response to a question around the vaccination figure for care home residents, the Managing Director for the Barking and Dagenham, Redbridge and Havering (BHR) CCGs stated that 87 % of care homes residents had been vaccinated now (it was 83% at point the slide was drafted). The remaining 3% who had not yet been vaccinated included residents who had declined (or their families had declined on their behalf because they did not have capacity); residents who wished to defer being vaccinated as they wanted to see the impact it was having within the general population in terms of side effects first; and residents who could not be given the vaccine because they had Covid-19 at the time it was being rolled out in their care home. Individuals in the latter group would be offered the vaccine once they recovered.

In response to a question regarding dispelling myths around the Covid-19 vaccine, it was stated that:

- The CCGs did not have complete or reliable data around the number of the Borough's care home staff who had declined the vaccine, as this data was captured by GPs and many of the staff resided in areas outside of BHR; however, the figure was expected to be broadly in line with the general population. Discussions with the local acute Trust indicated that higher levels of hesitancy against the vaccine were seen in their Black and Asian staff groups. Joint work was being undertaken across care homes to address this issue in the form of webinars, and the Chairs of the CCGs and the Trust Champions for different groups were working hard to promote the vaccine and dispel the myths around it. The measures to keep residents safe in interactions with staff who had not had the vaccine included vaccinating the majority of care home residents, regular testing of staff, the ensuring of a smooth discharge process to enable residents to stay in a designated site whilst they recovered and, the support provided to care homes to help them adhere to infection, protection and control practices; and
- BHR had been hit very hard by the pandemic and much of this was down to health inequalities, which was caused by socio-economic issues. The Council and its partners were developing a local plan to address this; however, much of this work would need to take place at the BHR level due to the interconnectedness of three boroughs. There was a working group at the NEL ICS level, led by the Newham's Director of Public Health, focussing on health inequalities and the Integrated Care Partnership at the BHR level was also working on inequalities and whilst some of this work had halted due to the pandemic, there was clear commitment to resuming this work. Ultimately, this area was one of high priority.

In response to a question from the Chair regarding the pathways for dealing with those directly affected by Covid-19, the following responses were given:

- A patient's oxygen level was often a good indicator as to whether the patient needed to be admitted to hospital. Pulse oximetry, which monitored a patient's oxygen level, was provided to GPs, and therefore often helped avoid hospital admission. Pulse oximetry also supported earlier discharge as it meant patients could be discharged sooner into their own home if their oxygen level was good. GPs had access to a 24 hour helpline which allowed them to talk to a consultant for advice on the issue of hospital

- admission for a particular patient, for example;
- There were some patients who had 'long Covid' (referring to the long term symptoms of Covid-19, which persisted weeks or months after they were first infected). Work led by respiratory consultants and lead GPs was ongoing to understand these symptoms better in order to commission the right services to care for these patients going forward. Pulse oximetry would also have a role in supporting these patients and managing their care;
 - The BHR CCGs' Transformation Programme would have an impact on many of the issues discussed today. The Programme saw a pause during the height of Covid-19 in the summer; however, this work was being resumed now;
 - During the pandemic, local health and care services had escalated their use of 'Coordinate My Care' (CMC) records, which were records for patients in care homes, containing their health plan and were very important in facilitating a smooth information flow between health and social care providers; and
 - 'Social prescribing' had become an important asset for the Borough, especially in supporting patients who were isolated by Covid-19. This, together with other support such as the provision of essential food packages, demonstrated the positive impact of a community led approach.

In response to a question, Dr Jagan stated that two doses of the Covid-19 vaccine were required to provide as much protection as possible. National guidance stated that these could be up to 12 weeks apart. BHR CCGs were in a position to now start giving the second dose for some patients.

20. Joint Health Overview and Scrutiny Committee - Update for Noting

The Chair stated that this report was withdrawn and an update on the Joint Health Overview and Scrutiny Committee would be provided at the next meeting.

21. Work Programme

The Chair referred to the agenda items on the Work Programme that had been scheduled for the meeting on 28 April 2021 and explained that requests from North East London Foundation Trust and BHR CCGs to move their agenda items to the meeting on 30 June 2021 had been received. In recognition of the impact the current situation around the pandemic was having on these organisations, the Committee agreed to the requests. Following discussion around the potential items that could be presented at the 28 April meeting, the Council's Director of Public Health agreed to provide a Covid-19 update, to include the latest infection rates and the progress of the local vaccination programme, with a key focus on the most vulnerable including those with learning difficulties.