MINUTES OF INFORMAL HEALTH SCRUTINY COMMITTEE

Wednesday, 22 September 2021
(7:00 - 9:18 pm)

Present: Cllr Paul Robinson (Chair), Cllr Abdul Aziz, Cllr Adegboyega Oluwole and Cllr Chris Rice

Also Present: Cllr Maureen Worby

Apologies: Cllr Donna Lumsden

7. Declaration of Members' Interests

There were no declarations of interests.

8. Minutes - To note the minutes of the meeting held on 30 June 2021

The minutes of 30 June 2021 were noted.

9. Health and Social Care Impacts and Management of COVID-19

The Planned Care Programme Manager (PCPM) at North East London Clinical Commissioning Group (NELCCG) updated the Committee in relation to the Long Covid-19 Service.

The Long Covid Service was developed for residents of Barking and Dagenham, Havering and Redbridge. The service was developed by working with Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), North East London Foundation Trust (NELFT), NELCCG, the Department of Work and Pensions and various third sector parties. Only GPs could refer patients to the service. As time progressed and a greater understanding of the effects of Covid-19 was gained, service users were able to be placed into three groups.

In the first group, there was a four-week recovery period after a patient had contracted Covid-19 and, from 9 May 2021, circa 11,000 residents recorded a PCR Test. However, the PCPM cautioned the Committee on these figures as not all residents would have known whether they had Covid-19.

The second group had ongoing symptoms of Covid-19. The recovery period was between four and twelve weeks. 320 residents were affected and were supported by their GP.

The third group were patients with long Covid-19. This consisted of people who were still suffering from Covid-19 symptoms at or after twelve weeks. Patients in this situation struggled with their daily routine. Between 65 and 120 residents were expected to be suffering from this and the actual figure of 83 residents was within this range. Most patients were female, Caucasian and of working age. The PCPM cautioned that not all patients gave their racial background, but the data was similar to national trends.

The service was established in October 2020 for 18 months and would last until March 2022. It was for residents aged 18 or over who were registered with a GP and it was open to those who had symptoms that could not be attributed to any other condition. Residents had to have recorded a positive PCR test.

The service was staffed by occupational therapists and clinical psychologists and was reviewed every three months, owing to the fact that knowledge and understanding of Covid-19 was evolving.

When the programme was established, it was determined that 80% of patients would require physiotherapy; however, the figure was actually 90%. Many of the patients would be struggling with their breath and, owing to enforced sedentariness, it was likely that they had gained weight.

Non-clinical pathways had been developed as those suffering from long Covid-19 faced other challenges such as an inability to work or look after dependents. This included psychological support and support relating to financial issues. Social prescribing had also been utilised. The PCPM added that weight management was one of the services being provided.

The PCPM provided the Committee with case studies to illustrate how the service had helped specific patients.

In response to questioning from the Committee, the PCPM acknowledged that there was a waiting list to use the service. This was because it was difficult to model demand in the second wave of Covid-19. Action was being taken to reduce the list, including recruitment of more staff and group treatment offers. The PCPM stressed that all patients referred to the service were triaged within the first week and any patient that displayed medical signs that required immediate attention were then brought forward.

In relation to the discharge criteria, the PCPM stated that discharge would usually occur following twelve physiotherapy appointments, six occupational therapist appointments, or anywhere between three and sixteen psychology appointments. However, this was still under review as it was not possible to accurately determine the criteria given the limited knowledge relating to Covid-19, especially in relation to long Covid-19.

In response to questioning relating to patients who had previously been hospitalised, the PCPM said that as the hospital monitored such patients, along with the GP for six weeks after discharge, it was unlikely such patients would use the long Covid-19 service.

The Chair of the Committee asked what would happen when the long Covid-19 Service expired on 1 April 2022. The PCPM said that it would be dependent on the effects of the third wave of the pandemic. Funding awards were due and if there were excess funds, then these would be put into a reserve.

The Chair of North East London Clinical Commissioning Group (NELCCG) added that existing services were providing support to Covid-19 patients but that it was very difficult to predict an outcome for patients as the recovery process was not linear and affected patients in very different ways. There were some areas of

confluence such as weight and age, but this in itself was not necessarily a guide to outcomes.

The Council's Operational Director for Adults Care and Support (OD) then updated the Committee on the statistics relating to Covid-19 infections. 634 service users had tested positive for Covid-19, of which 243 had sadly passed away and with 152 of this figure dying within 28 days of testing positive. The OD cautioned that these figures were from two weeks prior. Seven of the fatalities were people with learning disabilities, which was low compared to other local authorities.

In relation to care homes, vaccination rates among residents and staff were in excess of 90% and all care home staff had to be vaccinated no later than 11 November 2021. The financial viability of certain care homes was no longer a cause for concern.

There was an increase in dementia placements and cases showed greater complexity. The OD indicated that this may have been due to patients not attending hospitals during the pandemic waves, as well as relatives' reluctance to seek assistance for the same reason. The increase resulted in significant cost pressures.

Referrals to mental health services had risen by 36%, and the OD noted that this was unprecedented. This was due to an increase in mental illness diagnosis, as well as in existing mental health patients requiring support owing to a deterioration in their mental state. Owing to a surge in referrals, including among the children and youths, waiting times had increased.

Sickness rates among staff were lower during the pandemic and staff had swiftly adapted to new ways of working. However, there were signs that staff were showing signs of strain, especially those who worked on the frontline.

In relation to finances, the OD stated that cost pressures had been manageable over the past 18 months but there were questions over the long term given the rising rate, and more complex nature of cases. Central Government funding had mitigated the cost in dealing with the pandemic, but this was due to cease. The OD added that further funding decisions by Central Government were due to be announced in the next six weeks. The pandemic had cost Barking and Dagenham Council circa £11.8 million, of which 48% of the cost related to adults' and children's social care.

New discharge pathways had been implemented as required under national guidelines, and the OD highlighted the Discharge to Assess model, which aimed to assess discharged residents, primarily older people, in their own homes, rather than the hospital, ensuring that a more realistic assessment of an individual's needs took place in their home environment. Colleagues working on the Joint Assessment and Discharge Service (JAD) had returned to their roles. There were no increases in delayed discharges, which would enable support to be provided in the community rather than in hospital.

Following questioning, the OD stated that those facing a mental health crisis would contact NELFT. The Council's involvement was limited at the initial stage and did not have a waiting list as such in relation to initial contact. NELFT had obtained

non-recurrent funding to assist in clearing backlogs.

The rate that the Council paid for the care homes was uprated twice during the pandemic to ensure their financial stability; however, the rate would be reviewed given that care home occupancy rates had risen. In relation to the requirement that care home staff had to be vaccinated, this had been mandated by Central Government, and those who were not vaccinated would not retain their positions. Care home staff would have to provide acceptable evidence of vaccination.

The Committee noted the report.

10. Update on NHS Blood Test Tube Shortage

The Managing Director (MD) of Barking and Dagenham, Havering and Redbridge Integrated Care Partnership (BHR-ICP), updated the Committee. The supply issues had been addressed, communications had been sent to primary care providers, NELFT had restarted normal services and extra clinical sessions had been held in order to clear the backlog.

A Committee Member requested an update on their understanding of plans to increase blood testing capacity at Barking Community Hospital. The MD of BHR-ICP assured that patients were not being required to wait for a long period of time for blood tests and home visits were arranged within a few days of first contact.

Blood testing was being undertaken on multiple sites and the capacity was linked to the population that the site served.

The Committee noted the update.

11. The Council's Public Health Response to COVID-19

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

The pandemic was an unprecedented challenge that had tested the public health system to the extreme. Owing to the changes brought by the Health and Social Care Act 2012, the public health system was transferred to local authorities.

Epidemiological evidence suggested that Barking and Dagenham, in the context of London, was a borough of enduring transmission. The Borough’s residents had been affected in two ways:

- High case rates, which were likely a product of the significant number of residents working in frontline jobs; and
- Overcrowded housing.

Case rates remained high, though the age profile had changed since the pandemic started, with 11-18 year olds worst affected.

The pandemic had disrupted education and health plans, such as tackling health inequalities. In addition to this, some patients were reluctant to access services owing to the pandemic, which was likely to result in an increase in the severity of other conditions, as sufferers did not seek help promptly.

The DOPH added that the economic and social consequences of the pandemic would affect the Borough's residents for years to come.

Two winter plans had been drawn up by Central Government. Plan A consisted of:

- Testing;
- Vaccination; and
- Sensible behaviour by individuals.

Plan A was predicated on vaccination and natural immunity.

Plan B would see the reinstatement of provisions such as mandated mask wearing, reconsideration of vaccination passports and restrictions on workplaces and hospitality venues.

The DOPH added that for the NHS, there was little to distinguish either plan in terms of effects, and warned the Committee that the NHS would face a challenging winter owing to Covid-19, flu, norovirus and respiratory syncytial virus. It was likely that plans to deal with a demand surge could need to be invoked as early as November 2021. However, Barking and Dagenham, and London generally, had been effective in dealing with the challenge of Covid-19.

Of the consequences arising from the pandemic, the DOPH noted that health and social care services would become less public facing and would use digital methods. In terms of recovery services, many services were hospital-based and it could be better to provide these services in the community.

Health inequalities had worsened and outcomes in cancers and cardiovascular diseases over the next five to ten years were likely to decline due to people presenting with symptoms at a later stage. The DOPH said that a new approach would be needed going forward in dealing with patients, making services more accessible whilst changing the ways of working.

The Chair asked about the low rates of contact tracing in the Borough, unregistered persons and other hard-to-reach sectors. The DOPH responded that the target was the completion of a questionnaire, by the infected person, rather than the number of people contacted. Self-isolation could not be enforced and the DOPH noted that many residents worked in low paid jobs, insecure jobs and zero hours contracts and so were reluctant to self-isolate.

The Cabinet Member for Social Care and Health Integration disclosed that, in relation to unregistered residents, a vaccination service based at the Broadway Theatre for unregistered people took place whilst specialist drop-ins were held for people with learning disabilities.

The Integrated Care Director (ICD) at North East London Foundation Trust (NELFT) discussed the vaccination programme in schools. Staff who worked in children and adolescent services were not being redeployed as such services remained essential and the backlog in these services needed to be cleared. Instead, school nurses would support the vaccination drive and be on the front line.

12. Joint Health Overview and Scrutiny Committee

The Committee noted the minutes of the Joint Health Overview and Scrutiny Committee.

13. Work Programme

The Chair informed the Committee that some changes had been made since the 30 June 2021 meeting:

- An item on smoking cessation, which had been requested by the Committee at its last meeting, had been provisionally added to its 19 January 2022 agenda; however, this could change depending on the scheduling of decisions being made around this service; and
- The ‘Early indications from the ‘Team Around the School’ model’ item which was scheduled for the 23 February 2022 Committee, had now been retitled to ‘CAMHS Schools’ Team’. The item would look at CAMHS developments with schools and would therefore have more relevance to the Committee.

The Chair also requested that an item be added to the Committee’s 23 March 2022 work programme, for NELFT to update the Committee on the progress of the improvement actions previously detailed at its 21 October 2020 meeting (minute 10 refers) in relation to its Care Quality Commission inspection.

The Committee **agreed** to accept the changes and addition to the Work Programme.