

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 9 November 2021  
(6:00 - 8:00 pm)

**Present:** Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Sade Bright, Cllr Evelyn Carpenter, Sharon Morrow and Melody Williams

**Also Present:** Brian Parrott

**Apologies:** Cllr Saima Ashraf, Matthew Cole, Nathan Singleton and Cllr Paul Robinson

## 22. Declaration of Members' Interests

There were no declarations of interest.

## 23. Minutes (9 March, 15 June and 14 September 2021)

The minutes of the formal meeting held on 9 March 2021 and informal meetings held on 15 June and 14 September 2021 were confirmed as correct.

## 24. Covid-19 Update in the Borough

The Senior Intelligence and Analytics Officer (SIAO) disclosed that the Delta variant remains the most prevalent in the borough. There was a new variant, designated as Delta Plus, discovered in October that was presently under investigation but only fourteen cases had been detected in the borough so far.

The SIAO also stated that since the last Board meeting

- Average daily hospital admissions had increased from five to seven
- As of 2<sup>nd</sup> November, there were 64 Covid-19 patients from the borough in Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) which represented an increase from 51 patients
- The number of patients requiring mechanical ventilation was reduced from 15 to eight.

In addition to this, the SIAO explained that 33.4% of residents aged 18+ were still unvaccinated and persons aged 40 and under had the lowest vaccination rate. Barking and Dagenham had the 16<sup>th</sup> highest case rate in London which was an improvement on September where it was 9<sup>th</sup>. Longbridge ward continued to have the highest cumulative case rate. Since the pandemic began, there has been 583 Covid-19 related deaths.

In response to questioning, the SIAO clarified that the low rate of testing, relative to other parts of London and England, did impose limitations on the data but until people agree to be tested there was no way to discern infection rates and variants among such persons.

The Chair expressed concern at the levels of people unvaccinated, noting that vaccinations among persons aged 12 and above was only 54%. The Chair also requested that, going forward, the Board be provided with data on booster injections in the borough. Additionally, the Chair also requested how many staff at care homes were relieved of their position due to their refusal to be vaccinated.

In response, the Strategic Director-Children and Adults (SDCA) disclosed that work was ongoing to ensure that care home staff were fully vaccinated by the 16<sup>th</sup> December deadline set by the Government. Only two care homes were run by the Council with the remainder being privately run. Work was focused on four care homes where more than five staff members had still not received their first dose. There had been issues with data accuracy on vaccines however, take up was 90% and the SDCA was confident that there would be no impact on service delivery.

The Deputy Chair explained that 100% of all patients in intensive care had not been vaccinated whilst 7% of those aged 16 or under had been vaccinated which was skewing the figures. Concern was also expressed that few members of the public were wearing masks.

The Integrated Care Director (ICO) at North East London Foundation Trust (NELFT) said that communications were ongoing to encourage unvaccinated groups to book an appointment and these communications would utilise social media. However, given the differences in group profiles, there could not be a one size fits all strategy therefore communications would need to be tailored.

The Board noted the update.

## **25. Healthwatch Tender**

The Lead Commissioner for Health (LCH) presented a report to the Board on the tender of the Healthwatch contract which expired on 31<sup>st</sup> March 2022. An engagement event would be taking place and would include two service users who would be involved in the design of the new service as well as being part of the tender panel. The Council wanted Healthwatch to be more visible in the community and to give voice to residents.

In response to questioning, the LCH clarified that Healthwatch would be expected to undertake more collaborative work across Barking and Dagenham, Havering and Redbridge with more tri-borough investigations, research and programmes.

The Board agreed to delegate the contract tendering process to the Chair and the Director of Public Health. The Board also agreed that the tender proposal would be brought back to the Board for the final decision.

## **26. Barking and Dagenham (B&D) Update Report on 2021/22 Adult Mental Health Investment and Long Term Plan Progress**

The Mental Health Transformation Programme Director (MHTPD) at the North East London Foundation Trust (NELFT) presented to the Board on NHS England's long term plan in relation to mental health.

The aim was to develop an evidence-based skills development programme in

order to facilitate long term resilience to the challenges that would be faced in the coming years. This would be done by:

- Increasing access to psychological therapy;
- Promote continuity of care and avoid patients being dealt with by several teams;
- Develop a primary care model based around the primary care networks;
- Greater use of apprentices, recruitment of persons with lived experience to develop the future workforce and implement new ways of working as well as training existing staff: and
- Work with the third sector to develop community mental health resilience and support.

The MHTPD set out what had already been achieved including:

- Model of care and interfaces;
- Barking and Dagenham locality steering group;
- Open dialogue training commencement;
- Training matrix developed to facilitate staff development; and
- Contracts were developed with the third sector for the peer support worker service;

The MHTPD then clarified that the immediate priority for NELFT was to;

- Address service pressures;
- Produce new systems and processes in cooperation with key stakeholders using feedback from service users; and
- Complete recruitment and staff training.

The MHTPD disclosed that, whilst the aim was to begin implementation in December 2021 in at least two boroughs there had been technical issues. It was now expected that the plan relating to Barking and Dagenham would go live in March 2022.

The Integrated Care Director (ICD) updated the Board on actions taken to resolve issues with the crisis pathway including;

- Hospital beds closer to the patient's home with an improved support network;
- Reduction in hospital stays required for patients;
- No use of private sector beds since November 2020 when the Clinical Decision Unit was established;
- The Integrated Crisis Assessment Hub, introduced in November 2020, had achieved a patient satisfaction rating of 80%; and
- Improved joint working with the police and ambulance services enabling a quicker response and handover.

In relation to those aged between 18 and 25, the ICD stated that further research was required on this age group. An external organisation, called 'At Scale' had been commissioned to carry out research in order to assist NELFT in meeting the needs of 18 to 25 years olds. The ICD identified sub-groups at risk:

- Care leavers/children in care;
- Those on edge of youth justice services;
- Those with special educational needs; and
- Young carers and children separated from their families.

In relation to perinatal services, staff recruitment was ongoing and staffing resources were providing to be the biggest challenge in meeting the targets set out in the long-term plan. 80% of additional required staff had been recruited for the eating disorder service.

The 'Improving Access to Psychological Therapies' (IAPT) had been ranked among the two highest performing within seven IAPT services across North East London Integrated Care Services. The ICD also confirmed that the 'Keeping Well NEL' had been launched to support employees.

The Director of Integrated Care (DIC) at North East London Clinical Commissioning Group (NELCCG) responding to questioning, outlined how the three year mental health investment plan was being drawn up by NELFT and NELCCG. A Finance and Performance Group was established consisting of staff from both organizations. This was to ensure that investment was more closely aligned to service development, delivery and anticipating potential shortfalls, such as staff shortages, so that investment can be swiftly aligned to address any issue that arose. DIC acknowledged the complexities and the challenges that come from sudden increases in demand.

The Chair requested that a further update be given in six months as this would enable the Board to hear the feedback from service users and to further discuss the plan's development and challenges.

The Board noted the update

## **27. Safeguarding Adults Board Annual Report 2020-21**

The Independent Chair of the Safeguarding Adults Board (ICSAB) presented to the Board.

There were issues of mental health and emotional wellbeing that were challenging to quantify as was domestic violence. Covid-19 had placed pressure on care homes and the 'care at home' scheme however ICSAB praised the Council for its response.

ICSAB highlighted his concern that a disproportionate number of adults with learning disabilities had died of Covid-19 in the borough. It was therefore important to acknowledge that gaps existed in knowledge. ICSAB cited, as an example, the gap in experience of people who have had safeguarding undertaken on their behalf and highlighted this as an area requiring improvement.

ICSAB discussed the new North East London partnership arrangements that come into force on 1<sup>st</sup> April 2022 disclosing that he had met with the Chief Nurse and that the meeting was productive. A proposed adult safeguard partnership assurance tool was discussed with ICSAB. Further discussions would take place.

The Strategic Director, Children and Adults (SDCA) clarified the definition of 'known persons' that was alluded to in the report. SDCA explained that data improvement exercises had been undertaken and that this likely resulted in changes to the number of known cases owing to such improvements. SDCA also stressed that the Council was largely responsible for producing such data despite other agencies also being responsible for dealing with adults at risk. The SDCA indicated that this would need to change.

The Board noted the update.

## **28. BHR Health and Care Academy Launch**

The Chief Nurse (CH) at Barking, Havering and Redbridge University Hospitals (BHRUT) updated the Board on the BHR Academy. The Academy was launched in response to challenges with the workforce in terms of required numbers and qualifications.

Programmes have been implemented to address this including working with Barts Health and NELFT to increase the size of the workforce and upgrade skills. The BHR Academy aims to broaden this work and to involve more stakeholders. The CH stressed that, in addition to recruitment, moving existing employees to new positions, following training, is also part of the process and to create a pool of skilled staff in sufficient numbers.

The CH highlighted problems with health visitors, mental health nurses and allied health professionals. In terms of employment, a pilot was undertaken in the Summer of 2020 where care leavers were offered apprenticeships and whilst the numbers of care leavers were relatively low, this was a programme that could be expanded.

The Consultant in Public Health (CPH) raised the importance of reflecting the public health role of all health and care staff when workforce needs are looked at

The CH concluded by stating that the improvement plan was ongoing and further updates would be given.

The Board noted the update

## **29. Forward Plan**

The Board noted the forward plan.

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

NHS England (NHSE) intended to implement changes to the rules regarding the administration of the Better Care Fund. The Board is required to sign off on the changes, however NHSE had indicated that the changes would need to be signed off before the next meeting of the Board which was in January 2022.

Therefore, the Chair of the Board or the Chief Executive would be required to sign off the changes on the Board's behalf. The nature of the changes would be presented to the Board at the next meeting.

The Board noted the update.