

MINUTES OF HEALTH AND WELLBEING BOARD

Wednesday, 18 January 2023
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Matthew Cole, Cllr Syed Ghani, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Nathan Singleton and Melody Williams

34. Apologies for Absence

Apologies were received from the following;

Fiona Taylor, Chief Executive of Barking and Dagenham Council
Kathryn Halford-Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). Sarah Dunton deputised.
Cllr Paul Robinson, Chair of the Health Scrutiny Committee
Anju Ahluwalia, Chair of the Adult Safeguarding Board

35. Declaration of Members' Interests

There were no declarations of interest.

36. Minutes - To confirm as correct the minutes of the meeting on 8 November 2022

The minutes of the meeting held on 8 November 2022 were confirmed as correct.

37. Adult Social Care Discharge Fund

The Head of Commissioning (Adults) (HCA) updated the Board.

In September 2022, the Government announced its plan for patients; among the provisions included £500 million for the rest of the fiscal year to support safe and timely discharge from hospital into the community with a focus on patients who are ready to leave hospital but are unable to do so owing to issues with social care.

Barking and Dagenham received £1.55 million which was equally divided between the Council and the Integrated Care Board (ICB). The money related to the Better Care Fund (BCF) and was being administered under its regulations.

The funding was being monitored and, as a condition of the award, updates were being submitted to the Government every two weeks.

The HCA disclosed that the Council and the ICB were given four weeks by the Government to prepare a funding application and the deadline was 16 December 2022. As the Board did not have a meeting scheduled for December, the Chair agreed to the submission of the funding application, pending approval by the full Board at the next meeting. Input was sought from various stakeholders including social workers, residents, civil society and North East London Foundation Trust (NELFT).

The HCA explained the approach to the Board highlighting that:

- Seven beds in Kallar Lodge, that were previously closed due to staff shortages, had been brought back into use via the deployment of agency staff;
- Finance had been set aside to enable homeless patients to be discharged from hospital into short-term accommodation; and
- Additional funding was being provided to the British Red Cross to provide an enhanced homes settle and support service for more complex discharges.

Work had been undertaken with providers to establish incentives in relation to recruitment and retention of staff, and to provide funding to previously unfunded homecare and crisis intervention proposals for patients being discharged.

The HCA referred to the additional funding, separate from the BCF, to be provided by the Government in relation to the block booking of beds. The HCA cautioned that there were few beds that could be booked in Barking and Dagenham and that the criteria was strict; funding could only be used for bed-based step-down care only and there were rules relating to the types of intervention.

In response to questioning from the Board, the HCA clarified that five permanent members of staff had been recently recruited to Kallar Lodge; however, owing to the challenges of recruitment, the use of agency staff was necessary, though the HCA was confident high turnover of staff could be avoided.

The Board agreed to approve the funding application report. The Board also agreed that the Section 75 governing the Better Care Fund be amended to include the Adult Social Care Discharge Fund for 22/23.

38. Covid-19 Update

The Director of Public Health (DPH) updated the Board.

Covid-19 remained a challenge as it had circulated alongside the Flu, Scarlet Fever and Streptococcus A (Strep A) with the DPH highlighting staff absences owing to Flu.

Flu had a bigger impact in the Borough than Covid-19, though in the period running up to Christmas 2022, there had been a large increase in Covid-19 related admissions to general and acute beds. Admissions had declined since.

A new variant of Covid-19, called XBB1.5, had been identified and was becoming dominant. A Spring booster programme was being considered but it was likely that another wave of Covid-19 towards the end of Winter/ beginning of Spring 2023 would occur. Strep A infections were slowing and this was also reducing pressure.

The DPH disclosed that this was a period of excess recorded deaths when compared with previous years, and whilst Covid-19 had played a role in this, other factors such as cardiovascular conditions and cancers may have played a part. Research was being undertaken to ascertain why.

The Board noted the update.

39. Integrated Care Partnership Board - Update

The Joint Forward Plan Guidance was published on 23 December 2022. The ICB, NHS Trusts and Foundation Trusts were required to formulate a joint five year forward plan by 1 April 2023 that contained the following principles:

- Must be fully aligned with partnership ambitions;
- Supports subsidiarity by building on existing strategies and plans; and
- Delivery focuses on including specific objectives and milestones.

The DPH explained that aligning Barking and Dagenham specific objectives with North East London objectives would be a major challenge adding that the Joint Forward Plan had to be completed and in place by 1 April 2023. A paper would be brought to the next Board meeting in March 2023

The Board noted that three of the clinical leads were GPs based outside of the Borough and sought clarification on how they would communicate and influence GP's within the Borough. ICB representatives responded that the roles were subject to an open application process, the appointees most closely matched the requirements and that the appointees did have experience within Barking and Dagenham. Such appointments had occurred previously under the Clinical Commissioning Group setup and that the GPs would work as part of a team enabling good practice to be shared across all Boroughs in North East London.

The Board was also informed that the place-based teams were being developed and NHS staff in North East London were being consulted on the structure.

The Board noted the update

40. Safeguarding Adult Board Annual Report 2021/22

The Chair of the Safeguarding Adults Board was unable to attend the Board meeting. Therefore, the Chair of this Board updated her colleagues. The Safeguarding Board sought to ensure that no adult faced abuse or neglect. The Chair noted that child safeguarding often attracted more attention; however, adult safeguarding was just as important since adults at risk were vulnerable.

The Chair disclosed that 1,826 reports had been raised. This was an increase on the previous year. Additionally;

- 40% of reports were dealt with as information advice and guidance;
- 26% of reports involved the reporting of persons who were already known and were under investigation;
- 66% of reports involved abuse and neglect of the elderly.

234 enquiries were undertaken under section 42 provisions- this was where a person or persons was under formal investigation due to prima facie evidence of abuse of neglect.

Board members noted that 27% of the locations of alleged abuse of adults

occurred was in care homes. The Chair clarified that this figure did not mean that abuse occurred in the care home, highlighting cases where the care home had brought abuse by family members to the attention of the Police and the Council.

The Chair also made reference to the issue of hoarding, noting the impact on family and neighbours of the hoarder. A serious case review was undertaken in relation to hoarding and, as a result, a new policy of highlighting hoarding had been implemented.

The Chair added that greater emphasis was required on quality and performance as well as joined up approaches to avoid silo approaches.

The Board heard of the measures being taken to prevent abuse and to encourage greater reporting from black and ethnic minority groups as 68% of reports related to White European adults.

There was discussion on the issue of self-neglect and when this would require an intervention, with the Chair noting that it was not always clear when such intervention was warranted, as self-neglect did not necessarily indicate an underlying mental health condition.

The Board noted the report.

41. Joint Local Health and Wellbeing Strategy (JLHWS) 2023-2028 Refresh

The DPH updated the committee.

The Integrated Care Strategy (ICS) was required to reflect the Barking and Dagenham ICS and not the other way round. Responding to questioning, the DPH explained that the ICS would replace previous plans in force before the ICB was established. The DPH then clarified that the new plan changed the way the NHS commissioned services.

The ICB Representative clarified that the Clinical Commissioning Groups (CCGs) had long term delivery plans which had now come to an end. In the Joint Forward Plan, the NHS was being asked to consider issues relating to the defunct CCG's long term plan and cited children and adolescents as well as mental health as areas that the plan would deal with. Whilst each of the seven boroughs would have their own plan, there would be areas of common interest.

The Board agreed to the direction taken in regard to the refreshing of the Joint Local Health and Wellbeing Strategy, in the context of the newly established Place- based partnership and Integrated Care System.

42. Babies, Children, Young People and Families (0-25) Partnership - Best Chance Strategy

The Strategic Director for Children and Adults (SDCA) updated the Board.

Barking and Dagenham had one of the highest rates of children and young people in the UK and the highest rate of children under the age of five. In addition to this, a high number of children lived in deprivation and child obesity was a serious problem. There was also high demand for children's social care.

The SDCA said that the Best Chance Strategy aligned with the principles of the Joint Health and Wellbeing Strategy and its priorities, especially the 'Best Start in Life.' It also had clear aspirations for early diagnosis and intervention and building resilience. The SDCA added that it sought to reduce the exposure to adverse childhood experiences and increase support for those children who had experienced them, using a trauma-informed approach.

A further paper would be brought to the Board on how the Council and stakeholder organisations would work together delivering the proposals. A dashboard consisting of key performance indicators would be drawn up and outcomes measured against it.

Information sharing and the development of integrated record keeping would be needed, and family hubs would be used to acquire information that would be used in delivering services and the strategies that underpinned them.

The ICB Representative added that the proposals had been approved by the Integrated Care Partnership Board.

The Board agreed to endorse the Barking and Dagenham Best Chance Strategy 2022 - 2025 including the proposed governance arrangements.

43. Forward Plan

The Board noted the forward plan.

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

The Chair highlighted the adverse report by the Care Quality Commission (CQC) which had resulted in all three Urgent Treatment Centres that served Barking and Dagenham residents being placed into special measures. The Chair expressed her concern and requested that it be added to the Forward Plan as an item for consideration by the Board at the next meeting on 14 March 2023.

The Chair announced that a pilot was to be undertaken by the Council that would be the equivalent of Alexa. The Chair said that a proposal would be brought to the Council's health partners inviting them to take part as it would represent a fundamental change in how the Council delivered services. The Chair requested that it be added as an item for the next meeting of the Board.

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