

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 24 May 2023
(7:03 - 9:10 pm)

Present: Cllr Paul Robinson (Chair), Cllr Michel Pongo (Deputy Chair), Cllr Muhib Chowdhury, Cllr Irma Freeborn, Cllr Manzoor Hussain and Cllr Chris Rice

Also Present: Cllr Maureen Worby

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes - To confirm as correct the minutes of the meeting held on 29 March 2023

The minutes of the meeting held on 29 March 2023 were confirmed as correct.

3. Health Inequalities Programme

The Consultant in Public Health introduced an update on the 2023 Health Inequalities Programme. In 2022, the Council had received six months' worth of funding from the North East London Integrated Care Board (NEL ICB) to work on addressing health inequalities. The Council was committed to using this funding as an opportunity to build the partnership approach in Barking and Dagenham, to ensure that this was place-based, co-produced and co-delivered across the place partners, and to influence the wider system in terms of its working styles and culture. This update also provided context as to:

- Inequalities challenges in Barking and Dagenham, across the life course;
- The types and principles of interventions that were proven to reduce health inequalities and increase health equity; and
- The eleven Barking and Dagenham health inequalities programme workstreams.

The Health Lead (HL) for Community Resources then updated the Committee as to partnership working that had been undertaken as part of the programme, as well as the importance of community power and community agency in the prevention of ill-health. The update also provided context as to the work that had been taking place as part of the localities approach, such as mapping with residents in terms of assets that they identified as connecting places in the community, and future work that was to be undertaken, such as a podcast starting in June 2023, which would ask residents who they turned to when they faced difficulties in their lives. Much work was being undertaken in this space, with the HL highlighting the importance of joint-working and innovation.

The Chief Operating Officer (COO) at the Together First Community Interest Company (TFCIC) reiterated the importance of partnership working, as well as highlighted issues within the health system, such as people in Barking and Dagenham getting older age frailties up to two decades before people in non-

deprived boroughs, yet funding to GP surgeries in the Borough was not reflecting this and resulting in the Community Sector often needing to pick up the gaps. He highlighted numerous positive examples of partnership working in addressing health equalities and detailed some of the workstreams relating to these.

The Chair of the TFCIC then highlighted the extent to which the Covid-19 pandemic had made visible the challenges faced by residents, as well as the need to work differently. She detailed some of the work undertaken by the Borough's Health Inequalities Leads, such as community pop-up clinics and winter coat appeals, and work being developed, such as breast screening programmes for those patients with serious mental illness or learning disabilities, as well as work to support young carers with their caring roles. She emphasised the need to work innovatively to address issues, with the Place-based Partnership essential in collaboratively building on infrastructure. The Programme Director of the TFCIC also highlighted the benefits of close partnership working with the GP leads and their enthusiasm, and the innovative nature of the work being undertaken.

In response to questions from Members, officers stated that:

- Through the TFCIC and Public Health working collaboratively, officers had been able to compare the ethnic makeup of each borough ward against the different cohorts that were coming forward for Covid-19 vaccinations during the pandemic. They were then able to look to improve the figures for uptake through targeted communications, and encouraging community leaders to send out vaccination uptake messaging to their communities. This method had proved to be very successful in improving vaccination rates. They had also created risk lists of those residents with the highest risk of decline should they contract Covid-19, and worked to encourage their vaccination uptake, such as through having nurses call them in their native languages, to arrange their vaccination appointments.
- A further success story had been through encouraging patients with learning disabilities to attend Covid-19 vaccination appointments at the Vicarage Fields site, which was familiar to them and enabled them to have confidence in attending.
- From a community perspective, it had been noted that there was a big issue in terms of trust and building trust; there had been nearly 2,000 conversations with local residents, from a wide range of ages and ethnicities, and this theme of trust had featured frequently. The sector had helped to link an Eastern European lady, whose son had autism, with other parents of children with autism, to mutually support and connect with each other, with the group starting out at 8 parents and now spanning 40. Whilst services did often need to be involved in providing support, it was important to note that connecting individuals with local neighbourhood support networks could be just as vital.

The Cabinet Member (CM) for Adult Social Care and Health Integration noted that whilst it was recognised at a North East London level that work needed to be undertaken around health inequalities, the formula used by NEL ICB, as was the case nationally for allocating funding, was based on the previous census and not the current one. Whilst the first year of the funding allocations had been based on a bidding process, the funding this year had returned to the national formula, which meant that Barking and Dagenham had lost out on £400,000 worth of funding.

Provisions had been made in the Council's Public Health Grant for this year to account for this £400,000 funding, so that funding could continue for identified projects for another year. As the commitment from NEL ICB was for three years, the Council knew that it would receive another £700,000 over the next two years, which enabled it to plan, and by making up the £400,000 shortfall, this would give all the capacity to jointly lobby for an additional allocation going forward.

The COO at TFCIC explained that Barking and Dagenham was let down in terms of funding, with GP practices in the Borough being paid for around 20,000 fewer patients than it actually had due to the weighting formula. The reason for this issue was due to the younger average age of the Borough. Furthermore, other national and London funding weightings also meant that Barking and Dagenham was frequently let down in its allocations, which exacerbated health inequalities in the Borough, particularly as residents tended to suffer from health conditions at an earlier age than those in other parts of the country.

The Chair of TFCIC stated that these challenges were faced by GPs on a daily basis and were also evident through workforce retention. Whilst positive news had been received that 5,000 more GPs were to be trained, with 100 of these likely to come to London, there was an issue whereby GPs had been trained in the Borough, but then moved elsewhere due to the lack of an inner London weighting pay. The CM stated that these issues were well acknowledged by NEL ICB and it had given a commitment to look to address these. There was also now a commitment from the three inner London Boroughs (Tower Hamlets, Newham, and City and Hackney) to receive a standstill to their funding allocations, whilst the outer London Boroughs caught up; positively, there was an acknowledgement that funding needed to be evened out. The Health Lead for Community Resources stated that a systems approach needed to be taken, working together differently to address inequality and the Programme Director for TFCIC stated that staff retention issues were also due to the tough working conditions across London.

In response to further questions from Members, officers stated that:

- One of the projects that Public Health had commissioned the TFCIC to undertake had been around health checks for those aged 30-39 in the BAME community, as Public Health had recognised a need for this through data. This project had been particularly successful in encouraging those who may not normally approach Health services, to receive health checks.
- TFCIC was also looking into how services could be provisioned differently, within the community hubs through pop-up clinics. It was also working on childhood immunisation uptake, and targeting its public communications messages differently to increase this, as well as encouraging uptake through using health checks to begin these conversations. It was also looking into targeted clinics, such as for veterans, and into increasing GP registration.
- A pop-up clinic at the Borough's Coronation Festival had been successful in enabling 102 people to receive a health check, who otherwise would not have gone to their GP to have this; however, health check information would be passed to each individual's local GP, to enable conversations to continue.
- Colleagues were working to ensure messaging around GP registration was becoming widespread, to ensure that all communities knew that they were

- able to use GP services for free at the point of access.
- To ensure long-term change, colleagues were focusing on changing infrastructure and how all partners worked together in practice.
- The CM stated that colleagues were about to join the place system with the Council's Health and Wellbeing Board, to become a "Committee-in-common". This would further increase partnership working, and would also include representatives from the Metropolitan Police, further increasing the depth of debate and expertise.

The Chair requested that colleagues return in six-months' time, to update the Committee as to the progress of the Health Inequalities Programme.

4. Mental Health Transformation Programme Update - One Year On

The Integrated Care Director (ICD) at North East London NHS Foundation Trust (NELFT) delivered a one-year programme update on the progress of the Barking and Dagenham Community Mental Health Transformation Programme, the background behind this and the challenges. In 2019, all areas across the country had been required to submit their plans around a new framework for community mental health services, with the bid submitted by NELFT and its partners being ranked as one of the most positive bids and transformation programmes. The update also provided context as to:

- The vision and principles of the Mental Health and Wellness Teams;
- The progress as of May 2023, with a particularly positive element being the development of Peer Support Workers who were now embedded within Mental Health and Wellness Teams and who were employed by MIND, further highlighting the importance of partnership working and the fact that statutory organisations were not always best placed to employ and develop peer support, which worked best through the Voluntary and Community sector;
- The training of all staff in different approaches and modalities, such as in trauma-informed care and open dialogue (an approach involving the people who were around an individual);
- The introduction of more point of care testing, to support more physical health monitoring, as physical health issues tended to be higher in those with mental health conditions;
- Increased engagement with the Voluntary and Community sector;
- The next steps to be undertaken, such as developing the service offer for young adults, and developing more Peer Support Workers across the life course;
- The fact that transformation work was being undertaken, as caseloads and demand continued to increase.

In response to questions from Members, the ICD stated that:

- The programme had a number of measures relating to aspects such as recruitment, staff training and individuals with severe and enduring mental health issues accessing physical health checks. It also had outcomes measures around individuals' social engagement and ability to move into employment opportunities, as there were lower rates of employment amongst those with mental health issues. These measures were being

worked through with the wider system and the mental health collaborative.

- There had been some very sad cases involving young people and knife crime in Barking and Dagenham, which often had a ripple effect across young people in schools. Recently, NELFT had ensured that there were Mental Health Support teams in schools to support with the impact of these incidents, running workshops around mental resilience, working from a trauma-informed perspective and looking to create whole schools' approaches around mental health and wellbeing.
- Before the Covid-19 pandemic, the Integrated Mental Health team (between NELFT and Barking and Dagenham Council) had been disaggregated, which had been followed by investment from the Council in terms of social care capacity. The disaggregation had enabled Health to focus on health care, and social care to focus on social care issues. Through the transformation programme, social care colleagues were working collaboratively with NELFT as part of a steering group with local resident and lived experience representation; whilst this had all been a large change, there was now a very productive way of working.
- Whilst there were bed flow issues in terms of mental health beds at Goodmayes Hospital, with the lowest bed base for mental health beds in Northeast London and the second lowest bed base in the country, it did not have significant delayed transfers of care as in other areas of Northeast London. There was also frequent praise for the collaborative work between social care and the Health community team, in terms of supporting people to move on, and move on with a care package.
- Whilst the Mental Health and Wellness Teams were not physically co-located, there were a range of different workers within the service, and social workers and health workers were part of ongoing reviews and joint care plans, as part of more integrated working.
- There were always challenges around workforce retention. Whilst the NELFT workforce had increased, NELFT did not have the workforce whole time equivalent that was now dealing with the increased demand. A percentage of the workforce was also agency and locum.
- Caseloads per worker were monitored to ensure that these were not unmanageable, particularly for cases around those who had more severe mental health diagnoses.
- All health agencies were working through a degree of backlog; for example, certain assessments had had to be suspended for a period of time during Covid-19 and this had increased waiting lists. NELFT was working through recovery plans to reduce these waiting lists, and it also worked within national targets for assessment, based on the risk stratification. The vast majority of patients who came through to NELFT came through its Access team, and were seen within 18 weeks.
- NELFT was part of a national quality improvement programme along with the Royal College of Psychiatry, specifically looking at the Autism Spectrum Disorder (ASD) service and how patient flow could be improved.
- Services were now much more linked than previously. Barking and Dagenham had also not received a Regulation 28 report (whereby a coroner would look into the death of an individual receiving treatment and whether this had been preventable) for a number of years.
- NELFT worked very closely with the police in terms of domestic abuse. There was a Mental Health Liaison Police Officer and NELFT did lots of case-by-case joint working with this officer. NELFT received MERLIN

reports when there was a domestic abuse incident, and it also undertook dash risk assessments, with staff upskilled to be able to undertake these and refer into MARAC and other support agencies. NELFT was also part of the Violence Against Women and Girls' group (VAWG). It was able to share information with the Police in terms of those individuals who came to the attention of the Police due to being unwell, as well as was able to work with other agencies in supporting those individuals who frequently used emergency services, known as "frequent fliers". NELFT also worked with the Police in terms of reducing the potential risk to staff and the public, in terms of those individuals who were particularly aggressive, to promote a zero-tolerance approach.

- NELFT staff were trained in smoking cessation skills, and would refer patients on to further specialist services as appropriate. Quite often, many accessing NELFT services had quite ingrained smoking habits and as such, staff used the 'making every contact count' approach in their service delivery. Healthy eating and increased physical activity approaches were also used, for example, employing Support, Time and Recovery workers to accompany individuals to access healthy living programmes as necessary.
- Supporting residents with their mental health in the community was the goal, rather than in an entirely hospital-based setting. This would be achieved through infrastructure such as the community hubs and new health centres, encouraging a community-based model and greater flexibility for residents. Support was also being provided in schools, such as through the Schools' teams, and the Thrive approach, ensuring a whole life course approach.
- In terms of risks relating to delivering the model, workforce recruitment and retention, high population growth and the parity of funding as to this, and the long-term impact of the Covid-19 pandemic were all cited as factors.
- Improving Access to Psychological Therapies (IAPT) services had been renamed nationally as 'Talking Therapies'.
- Around 40 to 60% of all GP consultations related to mental health. It was hoped that the Talking Therapies Practitioners could be linked to each GP Practice and the relevant Primary Care Network (PCN), to enable them to look into the residents seeking help, troubleshoot any issue and ensure multi-disciplinary working at a PCN level. This would also mean that individuals presenting to their GP with lower level needs could be seen by Talking Therapies or the PCN mental health practitioner, those with high-level needs could be seen by secondary care services in crisis response services and inpatient units, and then those who did not fall into the criteria of low-level need and the areas that Talking Therapies would benefit, could be seen and supported by the Mental Health and Wellness Team.

5. Joint Health Overview and Scrutiny Committee

It was noted that the minutes of the last meeting of the Joint Health Overview and Scrutiny Committee could be accessed via the link provided on the front sheet of the agenda pack for this meeting.

6. Minutes of Barking and Dagenham Partnership Board

The minutes of the last meeting of the Barking and Dagenham Partnership Board were noted.