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**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
22 September 2021 (1.00 - 3.00 pm)**

Present:

Elected Members: Councillors Robert Benham, Jason Frost (Chairman), Damian White and Nisha Patel

Officers of the Council: Mark Ansell

North East London Clinical Commissioning Group: Sarah See

Havering Primary Care Networks: Dr Asif Imran

Other Organisations: Paul Rose, Anne-Marie Dean

Present via Zoom: Daniel Weaver, Barbara Nicholls, Ratidzo Chinyuku, John Mealey, Nick Swift, Dr Nikhil Rao, Mathew Trainer, Pippa Ward, Mehboob Khan, Remi Odejinmi, Melissa Hoskins, Dr Jwala Gupta, De Sarita Symon, Mark Eaton, Tracy Rubery

11 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members of the action to be taken in an emergency.

12 APOLOGIES FOR ABSENCE

Apologies were received from Dr Atul Aggarwal and Patrick Odling-Smee

13 DISCLOSURE OF INTERESTS

There were no disclosures of interests

14 MINUTES

The minutes for the meeting held on 23rd June 2021 were agreed as a correct record.

15 MATTERS ARISING

There were no matters arising.

Members were advised that contact had been made with community leads in ophthalmology and dentistry. Members were hopeful that additional representation to the Board would improve accessibility pathways within the borough.

16 **BHRUT CLINICAL STRATEGY**

The Board was provided with an update on the clinical strategy from BHRUT.

Members noted that during the COVID-19 pandemic mainly digital and phone consultations were used to reduce face-to-face contact. In the approaches to engagement, it was explained to Members that residents were engaged using surveys and workshops while stakeholders were engaged using interviews. Members noted that the pandemic had resulted in widening of health inequalities and particular effort would be made to engage poorly served communities.

Members were advised that BHRUT had learnt from previous digital first approaches and as a result is using partners to engage residents who do not have access to digital means.

Board members noted that the Joint Strategic Needs Assessment and Health & Wellbeing Strategy was being reviewed and the Clinical Strategy would have to consider the revisions. Members were also advised that the strategy was being shaped by inclusive input from community and voluntary sector, as well as partners from wider health and social care.

Members discussed how the referral and discharge pathways between primary and secondary care clinicians could be improved to make the best use of resources and increase capacity for those who require in-person consultations during the winter seasons.

Members were pleased to note that a collaboration with BARTS would not undermine or diminish other partnerships. Rather, the focus would be on delivering operational priorities and improving access to care, for example, by increasing diagnostic opportunities in the community.

Members noted that the draft BHRUT Clinical Strategy document would be finalised in December 2021 and then taken to the Trust Board.

The Board noted the report.

17 **BHR INTEGRATED SUSTAINABILITY PLAN**

The Board was presented with the BHR Integrated Sustainability 5 Year Plan.

Members noted there had been substantial deficit in previous years. Members were informed that the financial problems began in 2012, and were attributed to an increased rate of growth in non-elective admissions resulting from historical underinvestment in primary and community health care services and social care. This had a knock on effect, resulting in excessive in-patient admission and large excess of secondary care activity, particularly from older population groups.

Members were advised that the revised sustainability plan would rebalance the system and promote care within the system through robust monitoring, transformation board mobilisation and funding to de-risk.

Members noted that BHR were creating a prevention fund for Borough Partners to coordinate. Members noted the proposed investment in elective care and as part of action to reduce waiting times that had risen due to lower availability of beds due to COVID-19 patients and enhanced IPC measures.

Members emphasised the role of primary prevention; an upstream approach to preventing disease and harm before it occurs. Members highlighted the need to align the priorities between the Transformation Boards and Borough Partnership – and for both to take into account local issues. Members were advised that the Integrated Care Partnership had allocated funding to tackle broad prevention activity and health inequalities.

In terms of further improvements to system sustainability, Members addressed opportunities for regeneration including the promise of additional primary care facilities, community hubs to support community care capacity and continued investment for social prescribing pathways.

Actions:

Members discussed how the system could reduce the disproportionate number of falls experienced by Havering residents, for example, through road management, appropriate housing design and disability assessment grants. The Director for Public Health and clinical health colleagues (Tracy Rubery) agreed to bring this back at a later date.

Members **agreed** that that paper should proceed to final approval

18 **PHLEBOTOMY PILOT**

Progress made with a new pilot model for community phlebotomy was described to Board members.

Members noted the pilot went live on 1st July 2021. Members also noted that the service had received a 91% good or very good rating from 3516 service users. Online bookings had been well received by residents and the delays in getting blood samples had dropped dramatically. Members noted that domiciliary phlebotomy demand had dropped and patients were being seen between 2-4 days. Performance indicators had not changed; routine patients had a target of 70% being seen in one week and 100% seen in two weeks.

The Board noted the report

19 **BOROUGH PARTNERSHIP UPDATE**

The Board were presented with a verbal update on the Borough Partnership.

Members noted that the membership and Terms of Reference had been established and the away day was held in September 2021 to develop a model and review the partnerships priorities which included Social Inclusion and Mental Health. The Board noted there was still a discovery stage to undergo which consisted of mapping commissioned and statutory services, mapping the geographical reach of services, establishing information flows within the system and governance within the wider integrated care system (ICS) context, tracking the spending and holding interviews with community based service providers.

Members agreed that the Borough Partnership would take into consideration statements from the BHRUT Clinical Strategy and Sustainability plans in the development of complementary work plans.

The Board noted the update.

A verbal update on Covid-19 developments was provided. Members noted that Havering had a low mortality rate due to Covid-19. Members noted the need to prioritise vaccine take up in the 'never vaccinated' ahead of the booster programme, and to promote the booster programme due to emerging evidence of waning immunity.

Members were advised that the ever-green offer was still in place, and that vaccination for 12-15 year olds was due to commence as part of the school based programme. NEL CCG highlighted the communications approach to promoting vaccine take up in young people and pregnant women. It was acknowledged that concerns around fertility had been raised in the borough. Clinical partners reiterated that the evidence from clinical trials and real-world observations did not indicate any adverse links to pregnancy outcomes. Members agreed with the approach of providing reassurance through peer to peer support.

Actions:

The Director of Public Health agreed to have a discussion with local midwifery services with respect to promoting vaccine take up in pregnant women and incorporating Covid-19 vaccine in maternity care pathways.

20 **DATE OF NEXT MEETING**

The Board noted the next date of the Health & Wellbeing Board as the 24th November 2021.

Chairman

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