

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 8TH JULY, 2020

Present: Mayor Glanville in the Chair

Malcolm Alexander (Interim Chair of Hackney Healthwatch)
Deputy Mayor Anntoinette Bramble (Cabinet Member for Education, Young People and Children's Social Care),
Anne Canning (Group Director)
Dr Sandra Husbands (Director of Public Health)
David Maher (Managing Director, C&H CCG)
Cllr Christopher Kennedy (Cabinet Member, Health, Adult Social Care and Leisure)
Cllr Caroline Selman (Community Safety, Policy and the Voluntary Sector)
Dr Mark Ricketts (Chair, C&H CCG)
Alistair Wallace (Health and Social Care Forum)
Raj Radia (Chair, Local Pharmaceutical Committee)
Laura Sharpe (Chief Executive, GP Confederation)

Attendance:

Public Health
Kirsty Bell
Christopher Caden
Diana Divajeva
Jayne Taylor
Donna Doherty Kelly
Kate Dun-Campbell

Community Voice
Nina Sauders
Casandra Lovelock

Jake Ferguson (CVS)
Toni Wong (CVS)

1 Welcome from the Chair

The Mayor paid tribute to those lost through COVID19 and the contributions made by all on the HWB to the response to the pandemic. Consideration would be given to wider strategies as moves were made to the next phases of the pandemic, as well as in relation to inequalities. It was considered by all that the Health and Wellbeing Board had a crucial role to play around this agenda and reshaping it was an important priority.

2 Apologies for Absence

2.1 Apologies for absence were submitted on behalf of Tracey Fletcher and Dr Navina Evans.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 Mayor Glanville declared that he was a member of ELFT.

4 Minutes of the Previous Meeting

4.1 The minutes of the previous meeting were agreed as a correct record subject to the correction to Councillor Kennedy's name.

5 Actions Log - There were no actions from the previous meeting

5.1 There were no actions from the previous meeting.

6 New Member of the Health and Wellbeing Board

6.1 The Mayor welcomed Malcolm Alexander to the Board, as the new interim chair of Hackney Healthwatch.

6.2 Malcolm Alexander told the Board of his background, including his involvement with patient participation and as Member of the Board of the Homerton Hospital. The aim was to go forward in a more effective and vigorous way.

6.3 Mayor Glanville thanked Rupert Tyson, the previous chair of Hackney Healthwatch and former member of the Board, referring to his long and distinguished civic life. The Mayor wished him a good recovery from illness. He thanked Hackney Healthwatch for the capture of experiences locally during the pandemic with a survey that would provide welcome additional information at this level.

7 Community Voice

7.1 Jon Williams introduced the item stating that national carers were providing 70% more care since the start of COVID-19, working an extra 10 hour a week, with feelings of being overwhelmed and worried being reported.

7.2 Nina told the Board that she had cared for many years for her daughter who had been diagnosed with paranoid schizophrenia. She read out letters from relatives and friends in relation to her daughter's condition and its effect, to provide the Board with an insight into her life. She told the Board of the difficulties in caring for her daughter and that this was affecting their own health. She concluded that her daughter should be in supported housing. Nina told the Board that she had been assessed as a Carer in December 2016. She said that the Carers Support Group was very helpful but that she required further support to this.

7.3 Cassie Lovelock told the Board that she was new to the Borough of Hackney. She had provided support to her sister for 10 years. Cassie told the Board of the themes that has emerged since COVID-19, such as:

- The changing levels of care
- The closure of day centres
- Not being able to enter people's homes
- The removal of specialised support through schools
- Heightened levels of stress with carers needing more emotional support than previously
- Fatigue
- Those with care needs were at greater risk of contracting COVID-19 and that this in itself could impact on the individual's mental health.
- Not being able to get food from supermarkets and the expectation that carers would be able to fill the gap
- Worry among parents of their children's mental health and return to school
- PPE in assisted living or care homes/ wearing PPE when visiting families and friends
- The view that there was a need for increased testing
- The view that there was a need for better communication between health and social services
- GPs and pharmacies having more information for carers

7.4 Cllr Kennedy thanked the speakers for their input. He referred to much work having been carried out on carers work and that the concerns expressed were well recognised, in particular, in relation to PPE, joined up messaging and guidelines for care homes. He said that it was estimated that there were 1 million carers pre-COVID 19. The number of carers was now estimated to be 6 million. He suggested further discussion on the reports and analysis on these issues.

7.5 Deputy Mayor Bramble thanked both carers for all their work. She said that those in need of care looked to carers to resolve issues and felt anxious at the present time. Deputy Mayor Bramble referred the Board to online services for children and young people on mental health and health and wellbeing. The aim was to make such services readily available to allow for effective signposting. She stressed the need to share reports and analysis on these matters.

7.6 Jon Williams told the Board of work the Healthwatch Hackney was carrying out with Carers Centres, on which a report would be produced.

7.7 The Mayor referred to the synergies that existed and the need to identify where the services were achieving and where they were not.

8 Local COVID-19 Response - Update

8.1 Kate Dun-Campbell presented on the response to COVID-19. The City & Hackney local outbreak control plan and accompanying action log had been drafted. The plan followed the themes set by national government in addressing 7 key areas for our ongoing management of COVID-19:

- Planning for local outbreaks in care homes and schools.
- Identifying and planning how to manage other high-risk places, locations and communities of interest.
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
- Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid.
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook.
- Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing the COVID-19 Health Protection Board and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

8.2 The plan was published on the 1st July, as required by the National Advisory Board on Contact Tracing. Standard operating procedures (SOPs) were a part of the local outbreak control plan, particularly in planning for local outbreaks in care homes, schools and other high risk places. These provide information, advice and guidance for local settings to prevent and respond to a case or outbreak of COVID-19, including contact details for a single point of contact (SPOC) within the Public Health Team. The local SOPs also interface with those from Public Health England London Coronavirus Response Cell (LCRC), to ensure a coordinated and joined up response. For the next phase the focus would be on community clusters, religious spaces and providing more workplace specific SOPs.

8.3 In developing SOPs work was ongoing with colleagues in Hackney Learning Trust and across the council. The SOPs were based on the most up to date national guidance and will be amended and updated as required going forward, so that they are informative and easy to use.

8.4 A City & Hackney COVID-19 Health Protection Board (HPB) had been set up, which meets weekly to develop and oversee the local outbreak control plan and to make any amendments to the plan, going forward, as the situation develops.

8.5 In relation to testing, Bentley Road car park was the current location in Hackney for the Mobile Testing Unit. This was providing 3 days per week of access to testing and there were plans to increase this going forward. Work was ongoing to ensure that all residents had access to testing in a timely manner which was considered key to reducing transmission throughout the community.

8.6 Care homes continued to be supported and could access testing via the national portal.

8.7 Local support for NHS Test & Trace included working closely with the community and voluntary sector, regarding recruiting and training community champions to work with local groups, to build trust in the process and provide accurate information. The VCS was also playing an important role in providing support for vulnerable people.

8.8 The Good Practice Network continued to provide a platform for sharing good practice. It has circulated action cards for a range of local outbreak situations. These cards are similar to the standard operating procedures and are useful tools for ongoing SOP development.

8.9 Mayor Glanville referred to the fact that Hackney was part of the good practice network. He said that there continued to be issues around data and other matters that needed to be resolved.

8.10 Raj Radia referred to the need to involve community pharmacies in multi-agency working and that they could be a good access point for information. They were currently working with the CCG and the voluntary sector on shielding and the delivery of medicines.

8.11 Dr Mark Rickets referred to the challenges that existed in accessing testing when symptomatic and that community champions could assist in improving this access.

8.12 Dr Sandra Husbands stated that community pharmacies could be involved in the development of the plan and in developing SOPS for community pharmacies. She said that the development of community champions was at an early stage. There would be different parts of the system and that connecting would be an important part of this work with the CCG and the GP Confederation.

8.13 Malcolm Alexander asked about the detaining of those at risk causing infection as referred to in the report and asked in what circumstances these measures would be used and whether they would be only exceptional. Dr Sandra Husbands stated that in the context of COVID-19 these measures may never be used and said that any isolation would be appropriate and that this was a public health power. The Mayor stated that there was an ongoing debate as to how the powers in the report would be used.

8.14 Councillor Kennedy thanked staff for the work that had been carried out so quickly. The Mayor said that Bentley Road had worked very well, thanks to the Public Health testing centre.

RESOLVED:

To note the Local COVID-19 response update

9 Health Inequalities and the Impact of COVID-19

9.1 Kirsty Bell and Christopher Caden presented on the impact of COVID-19 on communities, stating that it was likely to be ongoing for some time. National research has begun to show that older people, men, and people from Black and Asian communities have had disproportionately high rates of infection. PHE has also found that these groups have higher mortality rates, even when accounting for social deprivation and other factors. Air pollution was also a contributing factor.

9.2 Hackney was the 6th most diverse London Borough and the 18th most deprived local authority area in England. With this context in mind, it was considered important to understand the impact that COVID-19 has had, and will continue to have, on health inequalities. It was anticipated that the period of lockdown will also have unequal social consequences due to the economic consequences of job losses and redundancies.

9.3 The presentation sought to synthesize the available research and the evidence base on the impact of COVID-19 in the short term and beyond.

9.4 Diana Divajeva told the Board that the current data did not show a significant increase in cases in the Borough and showed no increase among children. One quarter of death certificates were for COVID-19 deaths. Diabetes was one of the pre-existing conditions and Alzheimer's and dementia were at 14%. A more detailed analysis of differences in mortality rates between wards in the Borough had been produced with the main drivers being numbers of care homes, size of population, proportion of households with members born outside the UK, overcrowding and GP diagnosed dementia and diabetes.

9.5 A dashboard was being developed to assist with the timely dissemination of information to policy makers and those involved with the COVID-19 response. Diana Divajeva reported the following figures for the Borough of Hackney:

- 807 deaths
- 11 new cases in the last week
- NHS Test and Trace, 32 completed cases
- 57 completed contacts in total
- No deaths between 1 and 26 June
- 1 death between 27 June and 3 July
- Number of cases had risen somewhat over the past 7 days.
(This was higher than predicted)
- 1090 tests had been carried out between 29 June and 5 July

9.6 Mayor Glanville referred to the fact that very few tests from Pillar 2 testing were coming back positive. He asked for clarification on the connection between mortality and occupation.

9.7 Dr Husbands confirmed that the numbers coming back positive were low at only 1%. In relation to occupation being a determinant in contracting COVID-19 this related to the degree of proximity to others involved while carrying out their occupation.

9.8 Dr Mark Ricketts referred to recent work by Julia Hippisley-Cox around risk of contracting COVID-19 and that this data would help in identifying those most at risk. Dr Husbands stated that this information would be useful for clinical practice and also to support work plans

9.9 Deputy Mayor Bramble asked if there were key trends around the drivers perpetuating inequalities and how these could be used. In relation to the NHS she asked about those doctors and consultants who had contracted Covid-19 and how their circumstances differed from their counterparts.

9.10 Malcolm Alexander referred to inequalities arising from overcrowding and with difficulties in getting elective surgery, having to isolate for 14 days.

9.11 Mayor Glanville referred to data on Covid-19 that was being collected by Councillor Hayhurst. Further information could be sought from the Homerton Hospital in relation to patients with Covid-19.

RESOLVED:

1. To agree to the development of a working group to consider how some of these issues can be practically addressed.
2. To note the information provided on health inequalities and COVID-19 in terms of the direct health impacts of the disease and indirect social consequences.

Action: Dr Sandra Husbands

10 COVID-19 VCS Recovery and Resilience

10.1 Jake Ferguson and Toni Wong presented this report, stating that Hackney CVS was keen to work with local VCS organisations, VCS representatives across our networks and the VCSETLG, other infrastructure bodies, the Council and public bodies, to start to think what a recovery and resilience plan could look like, which has the voluntary and community sector at its heart. The briefing was intended to provide an initial starting point for further discussion. The initial outline had been informed by a range of discussions that had been hosted with local VCS organisations through their networks, discussions with the Council and CCG and feedback from the neighbourhood conversations.

Underpinning such a COVID VCS Recovery & Resilience Plan should be five guiding principles:

- Collaborative and Partnership working
- Communication & Information sharing
- Sustainable Funding
- Tackling inequalities
- Building on success and innovation arising from the crisis

10.2 The following questions were posed:

- What are the challenges to achieving true equity across the system?
- What systems change needs to happen for those organisations to compete and thrive?
- Are there key themes which the HWB consider the VCS sector should prioritise due to known limitations of our statutory partners?

10.3 In relation to question 1. Councillor Caroline Selman referred to the fact that there was a need to look at improving and developing, looking at barriers and how to move into the second phase and work with partners, using the more granular information from the survey.

10.4 Jake Fergusson told the Board that many organisations were struggling with reopening and that much training was being provided on this, working with Public Health. He said that there was a need for increased use of the voluntary sector in the future with a resource shift.

10.5 Councillor Bramble asked about what organisations thought about what the challenges and barriers are. She referred to institutional racism and the need for systems changes in relation to disconnect and cultural competency.

10.6 Mayor Glanville referred to the need for analysis of the different sectors, identifying the different types of organisations in the community and discussing sub commissioning markets.

RESOLVED:

1. To consider how the seven themes align with and inform other local COVID-19 health inequalities work streams for which the HWB has oversight.

Action: Dr Sandra Husbands

2. To consider how resources can be more equitably distributed across the system to achieve lasting equality; and to protect the sustainability of VCS sector partners crucial to the recovery from the impacts of COVID-19.

11 Tackling Health Inequalities through a New Joint Health and Wellbeing Strategy

11.1 Jayne Taylor introduced this item on the role of the Board in improving health and tackling inequalities. The report proposed a framework for action in relation to the wider determinants of health, emphasising the need to target and align services, developing solutions with the community. Jayne Taylor told the Board of the proposal to establish a working group to oversee the development of the initiative.

11.2 Mayor Glanville emphasised the economic side of the determinants of health and that there was a role for the Board in relation to children. There would be a need for working with partners in the voluntary sector in improving health outcomes and that these were first steps in improving these outcomes for everyone. He emphasised that the proposed Working Group would develop the strategy on this.

11.3 Anne Canning stated that one of the commitments made by the Council on the back of the Ofsted report was to respond to the report and have a wider partnership policy around what it meant to be a child being brought up in Hackney and what the expectations were of the services provided. She said there was a need to have partnership oversight and that much would be dependent on the wider determinants. This matter had been discussed at the Members Oversight Board and that this could be considered in a broader sense by the Board.

11.4 The Mayor told the Board that the matter would be discussed at the Community Strategy Board focusing on the role of the public sector institutions and how to act collaboratively. There continued to be unanswered questions on how to balance the broader partnership. He welcomed the recommendations and their implementation,

emphasising the need to consider good practice and make the process accessible to the public.

11.5 Mayor Glanville said that there was now a need to increase the frequency of meetings of the Board with two meetings in the winter period.

11.6 Dr Husbands stated that proposals for a wider membership of the Board would be submitted to the next meeting of the Board. In the meantime work would be carried out on the membership of the working group. Councillor Kennedy agreed to Chair the group and approve any membership.

Action: Dr Sandra Husbands

The Board endorsed the report.

RESOLVED TO:

1. review current membership to reflect its wider remit beyond the health and care system, and ensure representation from partners who can make the greatest contribution to reducing health inequalities
2. progress other actions agreed at the March meeting to refocus the Board's agenda on tackling the wider determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board
3. use the opportunity of the Joint Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board
4. adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms establish a working group to oversee the development of the new Joint Health and Wellbeing Strategy - and advise on the membership of this group.

12 Developing the Health and Wellbeing Board Forward Plan in all Policies Approach

12.1 Donna Doherty-Kelly introduced the report on proposals to develop a HWB plan using a Health in All Policies (HiAP) approach, providing a strategic approach to tackle health at local level and in the long term, focusing on joined up decision making. She considered that the Board was well placed to implement a more systematic approach. The plan would provide the Board with greater influence in the reduction of inequalities.

12.3 Mayor Glanville referred to the importance of the inclusive economy strategy and children and young people in the plan and the impact of housing. He stated that this would provide a cultural shift towards challenging the Council and parts of the system, with the inclusion of other outside strategies. The Board would consider only one strategy per meeting.

12.4 Dr Husbands emphasised that the Board would be supporting the implementation of policy in a way that had most impact in improving the population's health and

Wednesday, 8th July, 2020

improving health inequalities. There would be a need to see what the impact on health was, considering the various intersections, including inclusive economy and the housing strategy.

12.5 Dr Ricketts stressed that health issues should be incorporated into strategies at the earlier stages of their development.

RESOLVED TO:

1. Use the HWB forward plan as a framework for action to review policy and ensure that social, economic and cultural factors that influence health are systematically considered within all relevant local policy and strategy development - using a Health in All Policies approach.

2. Monitor the implementation of the policies to determine their impact on the health of the local population and vulnerable groups within this.

13 Any other business that the chair considers urgent

13.1 There was no other urgent business.

Duration of the meeting: 4pm – 6.30pm