

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 15 September 2020  
(5:00 - 6:54 pm)

**Present:** Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Evelyn Carpenter, Cllr Lynda Rice, Matthew Cole, Sharon Morrow, Fiona Peskett, Nathan Singleton and Melody Williams

**Also Present:** Cllr Paul Robinson, Brian Parrott, Ian Winter and Cllr Jane Jones

**Apologies:** Cllr Sade Bright and Kimberly Cope

## 70. **Apologies for Absence**

Apologies for absence were received from Councillor Sade Bright and Kimberley Cope, Metropolitan Police.

## 71. **Declaration of Members' Interests**

There were no declarations of interest.

## 72. **Minutes - (28 July 2020)**

The minutes of the meeting held on 28 July 2020 were confirmed as correct.

## 73. **Director of Public Health update on Covid-19 cases in Barking and Dagenham**

The Director of Public Health (DPH) introduced the regular report on Covid-19 cases in Barking and Dagenham and asked the Intelligence and Analytics Officer to present the latest data highlighting the relevant local aspects such as the geographical spread of the virus and the different groups at higher risk of admission to hospitals and of deaths, and a range of comparisons with cases across NE London.

The DPH referenced the main drivers for the upward trend of positive cases in the Borough and in London generally, which was starting to mirror other areas of the Country. Barking and Dagenham and neighbouring boroughs had approximately two to three weeks to put in counter measures to stem the situation so that a major intervention was not required.

The Council had launched a significant communications campaign to encourage people to take measures to reduce infection, such as the wearing of face masks and frequent hand washing. The DPH summarised the targeted public health advice he had provided to care homes, schools and parents over the past two weeks and information about testing of care home staff and residents and ongoing infection control measures. The Council had received agreement from the Department of Health to deploy a mobile testing unit in the Heathway area for three days a week, starting on Friday this week, with similar deployments in the neighbouring boroughs of Redbridge and Havering.

The Board raised a number of questions about contact tracing, testing capacity and control of the virus in care homes which the DPH provided responses to.

The Chair concluded that the situation was a rapidly changing one and commended the DPH and his team for keeping the Board well informed of the situation. Board Members thanked the DPH for his advice to schools and other partners.

#### **74. Domestic Abuse Update**

The Council's Lead Commissioner for Community Safeguarding (LCCS) presented an informative report detailing the response to domestic abuse across the system in Barking and Dagenham during the pandemic and plans for the longer recovery period. This focused on health-related initiatives included work with pharmacies and more specifically on the IRISi programme: a domestic abuse identification and response project with GPs in Barking and Dagenham which was recently launched with some minor changes to the original delivery model as part of the response to COVID-19.

The Regional Manager for IRISi delivered a presentation on the role of IRISi, its flagship programme, operating model, the impact of Covid-19 on its work, and the national picture.

Demand for domestic abuse services had increased further since the end of the lockdown and the return of children to school; however, there appeared to be a change in the types of abuse being reported to specialist support services. It was also noted that there had been an increase in self-referrals by perpetrators which was very positive in terms of the opportunity for change that this presented. There has been an active community safeguarding campaign involving posters being put up in various local buildings and community hubs in the Borough.

Members thanked both the LCCS and the IRISi Regional Manager for their excellent work and presentation and asked what more schools could do to contribute to the work that was going on. The LCCS stated that there was some good work happening in schools; however, it was clear from the health and education partnership pilot work that there was much interest with regards to learning about domestic abuse, and building this into 'Relationships and Sex Education' (RSE) lessons. She felt that there was potential for joint work to create some simple tools and messages that would make schools feel comfortable and supported in having conversations in RSE around domestic abuse with pupils, and that this could be done in a cost effective way. The Chair supported this view, stating that this would be followed up on.

The Board requested a broader safeguarding update involving a range of partners to provide a more holistic view of the work happening in the context of the pandemic and how services were responding.

The Chair commended the LCCS for her hard work in supporting the Council's Human Resources service obtain an award for its domestic abuse support for staff.

## **75. Safeguarding Adult Board Annual Report 2019/20**

The Independent Chair of the Safeguarding Adults Board (SAB) presented a report on the SAB's Annual Report, asking Members to note particularly the issues in relation to Covid-19 raised in his Foreword around -

- Deaths in care homes,
- Death of adults with learning disabilities,
- Mental health issues stemming from isolation and/or a lack of personal contact with key services, and
- The strengths and areas for improvement for the SAB.

He provided an overview of the themes in the report, including the SAB's vision, governance and financial arrangements, safeguarding data, safeguarding adult reviews and case studies, quality of care and partnership priorities for 2020/21.

In response to a question, the SAB Chair stated that a simple, but strong message for all concerned with the safeguarding of adults was to ask whether they had seen evidence of the improvements required or concerns being addressed, and ask themselves whether they were they sure that the right conversations between all relevant partners had taken place. The Council's Director for People and Resilience added that some aspects of adult social care were moving to a community facing model which enabled better joint working with partners, including those in the voluntary sector. One of the key emerging areas of work focussed on stronger partnership working to better prevent and tackle financial exploitation of vulnerable adults.

In response to a question regarding 'The Source', a local voluntary organisation which provided support for people with issues around homelessness, referenced in the report, the SAB Chair confirmed that he would be interested in visiting the organisation to find out more about the support offered. He also expressed concern that the success seen at the start of the lockdown in providing accommodation to people who needed it, was not sustainable, and this issue needed urgent Government action and leadership.

The Chair thanked the SAB Chair and partners for their work, which was giving adult safeguarding the profile it needed.

## **76. The Future of Health Care - NE London - Local Authorities**

The Managing Director for Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups ( BHR CCGs) and the Chair of Barking and Dagenham Clinical Commissioning Group (BD CCG) presented a report updating the Board on the plans to establish a single CCG for North East London (NEL), which was a key part of the evolution to an Integrated Care System (ICS) and would be based on what was being referred to as the 80:20 principle. This referred to 80% of delivery continuing at a local level and 20% at NEL level where it made sense to do things together and achieve economies of scale.

There was assurance that most decisions would be made locally via the borough

partnership model which had strong clinical representation. Each of the borough CCGs' chairs would sit on the NEL level of governance, feeding back from the borough partnerships on what would work best for their borough. Moving forward, seeking continual assurance that the borough partnership committee was effective and strong, would be the key to ensuring that the commissioning of health services reflected local needs.

The Board referred to the 'overview of health and care in NEL' section of the report set out in Appendix 2, highlighting that there appeared to be a lack of focus on children and young people generally, as well as specifically in relation to mental health, which as representatives of a borough with a high children and young people population, was of concern.

The Managing Director clarified that there was a BHR Transformation Board for children and young people, as well as a Mental Health Transformation Board which focussed on these areas; however she acknowledged that consideration needed to be given to how the document could better reflect this work.

The Chair discussed the importance of selecting the right key indicators to monitor the impact of decisions under the new model of governance, given that most decisions would be made at the borough partnership level.

The Board noted the presentation.

## **77. Appt Health - Vaccinations Pilot**

The Head of Insight and Innovation (HII) presented a report on the Appt Health Vaccination Uptake project, which has been initiated by the Council in partnership with the New West Primary Care Network to deliver a 2 way SMS booking system for flu vaccinations and childhood immunisations via a number of GP practices in the Borough, building on the previous success of the health check appointments pilot. The project was fully funded by Innovate UK.

The technology was due to go live on 5 October 2020, and aims through automation to send out messages in tranches until 31 March 2021 to up to 8,000 eligible residents. There were ongoing discussions with the CCG about rolling the project out to wider than just the one PCN. The Chair stated that if the Council and partners jointly promoted the project, it may be more likely to have an impact.

Given the success of the earlier health checks pilot the Deputy Chair strongly supported this further initiative and its potential for a wider roll out. He acknowledged that there would be patients who were not used to responding to text messages and assured the Board that GPs would still intervene in cases where the patient did not respond.

The HII stated that there may be an opportunity in future to book appointments across the PCNs and even across other locations in the Borough.

The Board had a discussion on the persisting issue of confusion amongst some residents around the safety of the MMR vaccine and the belief that it had a link to autism. The Deputy Chair attributed much of the confusion to mis-leading information available on the internet.

He also referred to the upcoming challenges of ensuring vulnerable residents received the flu vaccination against the backdrop of Covid-19, to which the HII stated that the setup of Appt Health, whilst currently being applied to flu vaccines, could easily be repurposed once a Covid-19 vaccine became available. He also stated that there were opportunities to use the App to have a positive impact on residents' behaviours via different types of messaging which would be explored during the pilot.

The Board noted the report.