

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 28 July 2020  
(5:00 - 6:40 pm)

**Present:** Cllr Maureen Worby (Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Cllr Lynda Rice, Matthew Cole, Sharon Morrow and Nathan Singleton

**Also Present:** Cllr Paul Robinson, Brian Parrott, Ian Winter, Cllr Jane Jones, Ceri Jacob, Cllr Bill Turner, Alison Blair, Peter Hunt and Dr Magda Smith

**Apologies:** Kimberly Cope

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

There were no declarations of interest.

## **63. Minutes (10 March 2020)**

The minutes of the meeting held on 10 March 2020 were confirmed as correct.

## **64. Overview of COVID-19 situation in LBBD**

The Principle Performance Manager, Public Health presented for the Board's information an overview of the pandemic in the Borough since the start of lockdown in March 2020 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 the comparisons with cases across NE London.

Responding to a question about the accuracy of the data the Director of Public Health (DPH) explained that at the start of the pandemic there was no data as to the number of deaths in care homes although all local authorities now had access to the same information around deaths from COVID-19 in different settings.

The DPH agreed to share the most up to date information about the number of tests carried out per capita in the Borough as well as statistics profiling the possible link between the number of deaths and housing tenures.

## **65. DPH Assurance report on the position and implementation of NHS Test and Trace Programme**

On 17 July the government announced the Covid-19 Contain Framework – a guide for local decision makers setting out national and local partners will work to prevent, contain and manage local outbreaks.

The DPH gave a presentation detailing the responsibilities of this Board for local accountability and the governance arrangements around the NHS Test and Trace Programme including the creation of a Covid-19 Health Protection Board, the range of levers available to encourage compliance including a communication and engagement strategy, internal levels of responsibility, the approach to national monitoring and additional support available, and finally a summary of the local and national powers brought in under new regulations to deal with restrictions to help stop the spread of the virus should they be required.

In respect to local testing there is currently a good capacity in the Borough with a 48 hour turn round for results. There was also provision to employ additional mobile testing should there be any local outbreaks. B&D Can were being engaged to support residents to access facilities for test and trace.

The DPH informed the Board that a desk top exercise would be conducted at one of the high-risk Borough sites at Frizlands where it was not always possible to maintain 2 metre social distancing. At the request of the Chair a summary briefing on the outcome of the exercise would be provided to this Board.

It was noted that a link in the report to the terms of reference of the Covid-19 Protection Board was not working and therefore the DPH undertook to circulate the ToR to all Board Members.

In terms of managing the virus come September schools will have a vital role to play and in that respect the Chair placed on record her thanks to the staff for all their hard work in ensuring that parents have the confidence for their children to return to the classroom safely.

The Board acknowledged its role within the governance of the NHS Test and Trace Programme, in that the newly created Covid-19 Health Protection Board was accountable to this Board and would present regular assurance reports, and that the HWBB would provide the political oversight of local delivery of the NHS Test and Trace Service, keeping residents informed and being the public face of the local response in the event of a local outbreak.

## **66. Barking and Dagenham Delivery Group - Update and next steps**

The Director of People and Resilience provided an update on the progress of the Barking and Dagenham Delivery Group which meets monthly, but which was stood down for March and April during the emergency response to the pandemic. It was reconvened in May for a discussion about its role in focusing partnership efforts in the Borough in the recovery phase of Covid-19 as well as looking at its priorities, values and behaviours in the coming months.

Accordingly the Board in noting the report had a discussion on the future of the Delivery Group recognising where it sits in the broader multi-agency governance landscape and the opportunities for it to take a leading role across the various sectors in areas such as locality working across the partnership, the model for community-based care, prevention and workforce development.

It was noted that the Integrated Care Partnership was also due to discuss the role of the Delivery Group at its next meeting on 29 July. In that respect the Director stressed the importance of taking stock of some of the learning of the distributed partnership model and how it can involve the voluntary sector and in that respect the role of B&D Can who are able to provide a strong vehicle to help and improve residents outcomes.

The report was well received by the Board it being recognised that the Deliver Group had demonstrated strong leadership and partnership working and acting at speed during this public health crisis and driving forward the Place Space Care approach in Barking and Dagenham advocated by the CCG. The Chair did however recognise the particular challenges from the acute side and how this need could be best accommodated in this new setting and which was commented on by BHTUT.

The Board noted the report.

## **67. Update on BHR Recovery and Restoration Plan**

The Board noted a presentation of the BHR Integrated Care Partnership plans for Covid-19 recovery and restoration across health and care, including a summary of work activities being undertaken both at provider, BHRUT and NE London level. The backlog in elective surgery was estimated to take up to a year to clear and would have to be prioritised. There had also been knock on effects for those already having treatment for cancer as well as bigger concerns for new cases and screening services as well as routine appointments.

Infection control guidance had been very challenging although new relaxed NICE guidance issued yesterday would help. If there were to be a second wave then this time there would not be a blanket shut down across health and care services, rather a targeted approach. The Chair stressed the need for more pro-active public messaging given the extent of the delays predicted.

A number of points in the report and appendices were clarified including:

- the bed capacity at Goodmayes which had seen an additional 100 beds created with ongoing work as to how many would be retained. The DPH placed on record his thanks to the team at BHRUT for their efforts in this respect.
- the extent of the challenge around children services, namely issues of safeguarding as well as mental health and emotional wellbeing, the latter of which had hit vulnerable young children hardest.

A question was raised as to the disproportionate effect of COVID-19 on those with learning difficulties in supportive living settings. Work had started to understand the extent of the issue across the region but there was a lot more to do. The DPH confirmed that he had today submitted information on the number of care homes including supportive living accommodation subject to the second roll out of testing, that he would be happy to share.

He added that COVID-19 had exposed the fault lines across the services which going forward in the longer term would need radical and different solutions.

The Board noted the report.

**68. Variation to Framework Partnership Agreement to support COVID-19 hospital discharge requirements**

The Board noted a joint report from the Council and BHR CCG concerning the decision of the BHR Joint Commissioning Board to agree a variation to the Framework Partnership Agreement to provide the governance for the pooling of budgets and the transfer of resources from the NHS to the local authority to support Covid-19 hospital discharge requirements.

**69. Lost Hours Campaign**

The Chair referred to the Council shortly launching a publicity campaign on the side of buses entitled 'The Lost Hours', with a hard-hitting message about the Borough's most vulnerable young people. It aims to raise the importance of the community safeguarding these young people and knowing where they are. Both the Chair and Councillor Carpenter, Cabinet Member for Educational Attainment and School Improvement would welcome feedback, both positive and negative, as to whether the message works.