

MINUTES OF HEALTH AND WELLBEING BOARD

Wednesday, 13 January 2021
(6:00 - 7:27 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Matthew Cole, Sharon Morrow, Fiona Peskett and Nathan Singleton

Also Present; Cllr Paul Robinson and Brian Parrott

87. Apologies for Absence

Apologies were received from Cllr Evelyn Carpenter and the Integrated Care Director at Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs).

88. Declaration of Members' Interests

There were no declarations of interest.

89. Minutes - To confirm as correct the minutes of the meeting on 10 November 2020

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

90. COVID-19 update in the Borough

The Director of Public Health (DPH) updated the Board. The last five weeks had been extremely difficult with resources being stretched. However, the number of cases had started to slow and there were signs that they were plateauing.

The DPH praised the integrated care partnership noting that all parts of health care, such as Primary Care, NELFT, the police and fire brigade, had stepped up and had gone above and beyond what was required of them.

The Chair expressed her thanks to staff who have had to deal with the pandemic noting that Board members would find it difficult to appreciate the sheer scale of the pandemic's effect on the healthcare system.

The Senior Intelligence and Analytics Officer (SIAO) gave a presentation providing the Board with the following Covid-19 indicators:

- B&D had the highest number of infections per 100,000 for the previous two weeks.
- Overall, there was a reduction in infections in Greater London from 16% two weeks earlier to 1% last week. Two vaccination sites would be opening in the borough at the following locations.
 - a. London East in Dagenham
 - b. Broadway Theatre in Barking

- Testing rates had improved and there had been an increase in home testing kits being sent out. Barking and Dagenham had the second highest test rate, from 30th December to 5th January in the country.
- Infection rates were higher among children of secondary school age, though now in decline, whilst primary school age children remained stable.
- There were 35 Covid-19 related deaths in the week ending 1st January 2021.
- The average figure in relation to excess deaths was 18.4 over the same period, based on a five-year average.

The Deputy Chair, who is also Chair of BHR CCGs, noted that most care home residents in the borough had received their first dose of the vaccination. There had been delays in vaccinations owing to care home residents being reluctant to have the vaccination at the appointed times. The Chair said that this would be followed up offline.

The Deputy Chair noted that, only when vaccinations are extended to lower cohorts, will Covid-19 be brought under control. The Board were concerned that some members of the public were refusing to accept the vaccine noting that fake claims were circulating online. The Chair said that the Council would arrange for communications to be issued challenging these claims and urging the public to be vaccinated when it is offered, not to contact their GP asking for the vaccination and instead wait to be contacted.

The Board noted the update.

91. Corporate Parenting Annual report

The Head of Performance and Intelligence, Children's Care (HPICC) updated the Board reporting that the Corporate Parenting Board had been strengthened to include members of partner agencies. The Chair stated that, as a priority, there was a need by the Corporate Parenting Board to increase the number of looked after children whom the Council engages through the Skittlz programme, whilst overcoming the challenges of Covid-19.

Ofsted had recommended that the Corporate Parenting Board membership be extended to include representation from the Department of Work and Pensions and the Probation Service. It was also stressed that more specialist workers were needed such as a dedicated housing officer as well as a wellbeing officer in the leaving care team.

A considerable proportion of children have been placed in a family setting and both short term and long-term placement stability had improved. There had been no adoption delays or breakdowns.

The 'Virtual School' was deemed by Ofsted to be strong following their inspection in February 2019, demonstrating improved performance and outcomes for looked after children's attendance and attainment. Most children are in schools rated

'good' or 'outstanding' however the 'Virtual School' provides additional support to those who are in schools rated as 'requiring improvement.' The 'Virtual School' also assists care leavers who are planning on going into further education or training. It was further noted that:

- 92% of care leavers live in suitable accommodation
- 65% of care leavers are in employment, education, or training

The improved outcomes were planned to be celebrated at the annual 'Looked After Children Awards' ceremony. However, the ceremony was cancelled owing to Covid-19. Young people still received their awards and photographs were taken to celebrate their achievements.

Mental health remained a priority and a 'strengths and difficulties questionnaire' was sent to all looked after children aged between 4 and upwards.

The Chair noted that the service had come a long way and praised the multiagency approach that ensure that looked after children and young people were given adequate support. The Chair expressed thanks to all staff involved.

The Board noted the report.

92. Integrated Care Partnership - Governance arrangements

The Director of Transition (DOT) at BHR CCGs presented a report on a review that had been undertaken with a view to building on the strength of partnerships in Barking and Dagenham, Havering, and Redbridge. A workshop was held in November 2020 with the delivery group where priorities were identified.

National guidance had been issued in relation to integrated care systems and it discussed the development of care systems by 2022. This would be developed in relation to North East London and how this would fit with the move to a single CCG.

The Health and Wellbeing Board was asked to approve the new Terms of Reference (ToR) for the Integrated Care Partnership Board that would, subject to approval, come into force on 1st April 2021. The DOT explained that the new ToR were necessary as the Board would be taking on responsibility for a broader range of functions. The ToR have been reviewed by legal advisors and by governance leads in each partner organization. As some statutory decisions would remain the responsibility of the CCG, the ToR was in two parts and Part 2 would be restricted to CCG members only.

The Health and Wellbeing Board **resolved** to agree to the implementation of the new Terms of Reference for the Integrated Care Partnership Board, and that the new Terms of Reference would come into force on 1st April 2021.

93. ReMove Abuse

The Lead Commissioner Community Safeguarding (LCCS) presented her report to the Board.

Prior to October 2019, there was no systemic approach to dealing with domestic

violence abuse tailored to the borough. In 2020, the Health and Wellbeing Board received two updates on how a systemic approach to domestic abuse was being constructed. Refuge, a charity, was commissioned to deliver targeted services within tier 3 and tier 4 support and children's current support. Additionally, the aim was to ensure that accountability was moved from the victim, and why they did not leave the abuser, to the abuser and why they did not stop.

The pilot would involve working with Cranstoun, a charity that provides assistance on domestic abuse. The pilot would consist of the following elements:

- Assessment: Referral would come from professionals and self-referrals.
- Intervention: The intervention would be based on 1:1 case management and will be delivered by a team of three case managers, service manager and a partner support service.
- Partner Support Service: Cranstoun would provide an attached support offer to partners/ex-partners of all perpetrators engaged.
- Accommodation: Housing that is either in the Council's ownership or to which the Council had nomination rights would be used to house perpetrators. The accommodation would be offered as a short-term lease.
- Aftercare: The LCCS was aware that to create change both the perpetrator and the survivor, as well as any children would need access to ongoing support. It was noted that since the pilot is time limited to one year this created challenges, however Cranstoun would refer users onward to support agencies.
- Evaluation: There was limited evidence in terms of independent evaluation that focused on impact rather than engagement of perpetrator responses across the country. A quote had been received for an independent evaluation and, at the time of the meeting, was being considered.

Covid-19 presented a challenge. Domestic Violence protection orders when issued by the police, meant victims could not return to their home for 28 days. However, the victim often had nowhere to go. Accommodation would be offered, however it was often far away from the area and the lack of local support networks negatively affected victims and any children they had. The LCCS elaborated on this by discussing a case study highlighting the problems with this approach whereby a victim expressed a preference for staying in the family home with the abuser fearing being moved would adversely affect her mental health and that of her son.

The LCCS disclosed that perpetrators of domestic violence were spoken to and noted that:

- Many indicated that they wanted to change their behaviour which was unexpected.
- The Respect helpline, which takes calls from abusers saw a higher number of calls than those that dealt with victims.

These factors would be integrated into the model, and as a result, a focus would

be placed on intervention and assessment. The LCCS went through the possible outcomes highlighting that the victim and the abuser:

- may resolve their issues and reunite.
- may agree to split/divorce on amicable terms.
- may not be able to resolve the abusive relationship, or the abuse escalates, in which case greater intervention would be needed.

The LCCS emphasised that the situations would be kept under close review.

A bid was submitted to the Home Office's Perpetrator Fund in September 2020 to secure funding for the new approach. There had been delays, however the LCCS explained that some prototype work had been carried out. The grant agreement had recently been signed and the aim for the next year was to identify 100 perpetrators for intervention and to provide alternative accommodation to the family home for 10 perpetrators.

The LCCS then stated that it was the intention to get a good mix of referrals and that it would not be assumed that the perpetrator was always male and the victim female, given that domestic violence can be perpetrated by females and occurred within same sex relationships.

The Board noted the update

94. Forward Plan

The Board noted the forward plan.