



## **MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE**

### **Monday 16 March 2020 at 6.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Afzal, Stephens and Thakkar, and co-opted members Mr Alloysius Frederick, Mr Simon Goulden and Rev. Helen Askwith

Also Present: Councillor McLennan

#### **1. Apologies for absence and clarification of alternate members**

Apologies for absence were received as follows:

- Councillor Ethapemi
- Councillor Hector
- Councillor Knight
- Co-opted member Dinah Walker
- Apologies for lateness from Co-opted member Rev. Helen Askwith

#### **2. Declarations of interests**

Personal Interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor, Central and North West London NHS Foundation Trust

#### **3. Deputations (if any)**

There were no deputations received.

#### **4. Minutes of the previous meeting**

AGREED: That the minutes of the previous meeting held on 4 February 2020 be approved as an accurate record of the meeting.

#### **5. Matters arising (if any)**

There were no matters arising.

#### **6. Order of Business**

RESOLVED: that the Chair would take item 6, **To consider the local response to Coronavirus (COVID-19)**, and item 7, **Overview and Scrutiny Task Group Report: Childhood Obesity**, at the meeting, with the remaining items to be deferred until a future meeting, due to the very recent developments in Government advice in relation to the Coronavirus prior to the meeting. The Chair thanked all Officers for the detailed reports received.

## **7. To consider the local response to Coronavirus (COVID-90)**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update, explaining that the UK response to the novel Coronavirus which caused Covid-19 was based on an updated version of the established pandemic flu plan. There were 4 stages of the plan; contain, delay, research, mitigate, which the government moved from 'contain' to 'delay' on Friday 13 March 2020. This had meant a change to the case definition, and travel history was no longer relevant to diagnosis, which was now purely based on a high fever and a new continuous cough. The advice had changed an hour before the meeting to advise that anyone with symptoms should self-isolate at home for 7 days, and anyone in the same household as someone displaying symptoms should self-isolate for 14 days from the first day the person showed symptoms. It was important that containment measures remained based on respiratory and hand hygiene, which was effective, particularly before eating or drinking. The Committee were informed that the virus appeared to cause a mild self-limiting illness, and the expectation was for the majority of people to become ill. Most people would be able to manage with paracetamol but for those with underlying health conditions or those over 70 it could be more serious and more advice was expected in respect to those. Testing was no longer being done in the community, only to those admitted to hospital, and those admittances were for those who were very sick. Early admission for isolation purposes had now stopped, but Public Health England would manage any outbreaks such as in care homes.

Carolyn Downs (Chief Executive, Brent Council) explained the local response. The Council's Strategic Gold Group had been meeting regularly and were likely to meet more regularly in light of the new government advice. She explained that the situation was rapidly changing. An email to all staff would be sent stating that if they were able to work from home they should, but she was aware not every member of staff would be able to. All staff who were aware of any underlying chronic health conditions would be asked to work from home or come to arrangements with line managers if they could not, to avoid putting them at risk. The Gold Group would be considering issues around sick pay, annual leave and caring responsibilities at a meeting the following day. They would also consider their response for agency staff without access to sick pay. For the Council's general activities, all non-essential events organised by the council would be cancelled. They could not cancel the events of external stakeholders but assumed that those would be cancelled in light of the new advice. Statutory decision making for the council needed to continue, and Carolyn Downs suggested elderly councillors or those with health conditions should think very carefully about coming to meetings, and that meetings could work on the basis of quorum going forward. She would be writing to all councillors with this advice. Business continuity planning would need to be readdressed as a result of the new guidance to self-isolate for 14 days should any household members display symptoms. It was explained that this made the provision of services extremely challenging as the Council moved through the peak of the virus. Carolyn Downs advised that there were many voluntary community sector organisations providing amazing services for the community that the Council would be signposting those who wished to help towards, and would consider using emergency powers to ensure funding to support those groups. She added that if schools closed an important issue they would need to consider was food hunger and children on free school meals, and she would meet with food banks that week to see how they could support children. Gail Tolley (Strategic Director Children and

Young People, Brent Council) added that this would also apply to Early Years settings.

Dr M C Patel (Chair, Brent Clinical Commissioning Group (CCG)) gave the Committee an update regarding the North West London picture. A flu plan centralised across North West London was being worked on to ensure the same approach was used across services. Over the following days, the CCG would be looking at plans for elective work and redeployment of staff where possible to assist local acute hospitals, who were trying to manage in very difficult circumstances. Three webinars would be hosted to work with local networks on how they would get themselves ready, and verbal consultations would be held where practices closed. He advised that a lot of single people would need to self-isolate who would need daily contact, which would be co-ordinated between the CCG, Local Authority and the Voluntary Sector together. GPs had been instructed to only make urgent referrals such as chest clinic, stroke clinic, and other referrals the GP deemed urgent. Two-week referrals and maternity referrals would continue in the same way until further advice was received. Only essential diagnostic testing would be carried out to avoid patients who may inadvertently take the virus to diagnostic services. Mental Health services were also being considered, with weekly meetings scheduled to discuss them. Practices had been asked to review all planned care work such as health checks, and make the appropriate judgements for their own practices. Advice was to triage all 111 bookings before they were brought into the surgery to protect patients and staff. Palliative care services would continue as usual, and care practices had been asked to undertake a clinical care assessment. Service closures included the Royal Brompton Hospital Echo Service until further notice. The CCG had been given 24 hours notice to set up and deliver a 24/7 primary care management service to those tested positive for the virus, for those well enough to be sent home but requiring ongoing care for the following 14 days. The service was undergoing increasing pressure and the guidance may change over the following 48 hours. A review was ongoing to look at supporting GPs with remote or home working. They were looking at where they could establish hubs where large numbers of practices went down to offer remote services to patients and some walk-in hubs. GPs had been asked to start coding those who had symptoms based on a clinical assessment to record the number of suspected cases of the virus. One primary care network had begun making its own hygiene gel to supply to practices due to the shortage. A large issue was the shortage of protective equipment for GPs.

Councillor Hirani advised that Adult Social Care was where the Council's statutory duty lay for day-to-day services and also supported the most at risk group. He recognised that Covid-19 Brent Facebook and Whatsapp groups were in existence, but the immediate priority was those in the statutory service. They would be looking to speak with those groups.

In response to queries about providing hand gel throughout the building, Carolyn Downs advised that the Public Health England and NHS guidance was clear that hand washing with soap and water for 20 seconds was more effective than hand sanitiser, and the building offered many spaces for that. She advised that hospitals had removed their hand sanitisers as members of the public had been stealing them, and most were out of stock. Hand sanitisers had been stocked and provided to front-line staff who had regular contact with the public such as those who went into people's homes.

It was agreed that the members' bulletin would be updated twice a week so that members were fully appraised and reassured that they could pass on messages within their own communities. A full briefing would be delivered to councillors with information on surgeries and other responsibilities.

**8. Overview and Scrutiny Task Group Report: Childhood Obesity**

Councillor Hirani (Lead Member for Public Health, Culture & Leisure) introduced the report presenting the final outcomes and recommendations from the Scrutiny Task Group set up to review childhood obesity. He felt that the recommendations of the report were very helpful, particularly its discussion of business rate discounts for companies who sign up to the Healthy Catering Commitment. The report would be taken to Cabinet and a report from Cabinet on each of the recommendations written.

Duncan Ambrose (Assistant Director, Brent Clinical Commissioning Group (CCG)) praised the process of the task group and felt the report was very comprehensive. The CCG were happy with the recommendations and felt they reflected the multiagency nature of the work that needed to be done.

Dr Melanie Smith (Director of Public Health, Brent Council) added that the approach the group took was very welcome. The framing of the issue within the context of the environment and circumstances parents and children lived in Brent was very helpful.

Gail Tolley (Strategic Director Children and Young People, Brent Council) echoed the praise, adding that the engagement was very helpful.

The Chair thanked all stakeholders who took part in the task group and contributed, expressing that the recommendations were powerful and went to the heart of the work the task group did.

As no questions were raised, the Chair invited the committee to make recommendations. The committee subsequently **RESOLVED**:

- i) To agree they are satisfied to send the final report and recommendations to the Cabinet as well as the Governing Body of Brent Clinical Commissioning Group for a response.

**9. Brent Youth Offending Service HMIP Inspection**

Item deferred.

**10. Contextual Safeguarding Task Group: One-Year Update**

Item deferred.

**11. Community and Wellbeing Scrutiny Committee - Recommendation Tracker**

Item not discussed.

12. **Any other urgent business**

None.

The meeting closed at 6:39pm

COUNCILLOR KETAN SHETH  
Chair