

HEALTH AND WELLBEING BOARD	DATE 12 June 2020
TITLE NHS Test and Trace: the role of the Greenwich Health and Wellbeing Board	ITEM NO 7
CHIEF OFFICER Director of Public Health	CABINET MEMBER Leader of the Council

1. **Decision required**

This report makes the following recommendations to the Health and Wellbeing Board:

- 1.1 The Board is asked to agree to fulfil the role of the Public-Facing Board to lead the local COVID-19 NHS Test and Trace Communication Strategy in line Government Guidance in accordance with its existing Terms of Reference; and
- 1.2 The Board is asked to agree the updated membership being: 4 NHS SEL CCG representatives (being 2 Clinical Leads, 1 Lay Member and the Place based Director) in place of the representatives from NHS Greenwich CCG; and additionally a representative of Greenwich Co-operative Development Agency (being the Chief Executive) to the Board.

2. **Links to the Royal Greenwich high level objectives**

- 2.1 This report relates to the Council's agreed high level objectives as follows:
 - A Healthier Greenwich
 - A Safer Greenwich

3. **Purpose of Report**

- 3.1 The report sets-out the context for the proposal to establish the Health and Wellbeing Board as the body to lead the public-facing communication strategy regarding the COVID-19 NHS Test and Trace programme in the Borough.
- 3.2 The report asks the Board to consider the benefits of taking a collective approach to communicating with the public about NHS Test and Trace, and to agree to the proposal to incorporate this role into the current work-plan of the Board.

3.3 The report also sets-out the proposals for an update to the membership of the Board and the rationale for the proposed changes.

4. **Introduction and Background**

4.1 The Greenwich Health and Wellbeing Board has not met during the emergency response phase of the coronavirus pandemic.

4.2 Local partners in the health and care system, as well as agencies across the system in Greenwich, have been co-operating closely to co-ordinate the emergency response, both in relation to the treatment and care needed by people affected by the infection as well as the wider needs that people have faced, such as those shielding who have needed support with food and medication.

4.3 The Chief Medical Officer has stated that “we are likely to be living for many more months with a degree of social distancing arrangements in place, but work is underway to prepare for the next phase, with a Test, Track and Trace programme at the heart of this”

4.4 The primary objective of the Test and Trace service will be to control the Coronavirus rate of reproduction (R), reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

4.5 The country has moved into a phase of the epidemic where lower rates of transmission are now occurring and it is important to keep levels low to prevent a second peak.

4.6 Contact Tracing is the process by which the close contacts of any newly diagnosed COVID-19 positive person are identified, contacted and advised.

4.7 The premise is that by identifying people as soon as possible who may have been exposed to the virus, they can be advised to self-isolate to reduce the likelihood of them passing the virus to others if they have been infected.

4.8 Contact tracing is an established system used to slow the spread of infectious diseases like coronavirus. It's already being used in Hong Kong, Singapore, South Korea and Germany.

4.9 The method being deployed is for someone who has been infected to provide the details all the people they've recently been in prolonged contact with to the NHS Test and Trace service.

4.10 Those people will then be contacted by a Contact Tracer from NHS Test and Trace by phone or email, and potentially asked to self-isolate.

5. **Who is leading the different elements of NHS Test and Trace?**

5.1 Most contact tracing will be undertaken by a newly recruited workforce of staff (25,000 nationally); a mixture of NHS clinical staff and call centre staff.

5.2 More complex cases, such as those occurring in possible outbreak settings (care homes, workplaces, prisons etc) are being handled by the expert teams of health protection staff within Public Health England (PHE). In London, this is co-ordinated through the London Coronavirus Response Cell (the LCRC).

5.3 At a local level, local authorities and their partners are asked to undertake the following key roles through the development of 'Local Outbreak Control Plans':

5.3.1 Providing support to PHE during complex situations involving outbreaks, and any subsequent ongoing management required.

5.3.2 Providing support to people asked to self-isolate through the Test and Trace programme, for example where they need help to access food and medicines.

5.3.3 Identifying hotspots and areas of concern in the Borough, planning and taking action as required. This could include local lockdowns.

5.3.4 Planning and implementing public-facing communications strategies through politically-led Boards, encouraging the public to understand the importance of embracing and co-operating with the Test and Trace programme for an ongoing period of time.

5.4 Government is providing £300m of funding to local authorities to support them in discharging their Test and Trace roles going forwards, and to assist them in developing their Local Outbreak Control Plans.

6. **Proposed role for the Health and Wellbeing Board**

- 6.1 Government has asked Local Authorities to establish public-facing politically-led Boards with a particular focus on communicating effectively with local communities about the NHS Test and Trace programme.
- 6.2 It is likely that NHS Test and Trace will be with us for some time, probably until the time that effective vaccines or treatments have been produced and implemented successfully.
- 6.3 There will therefore be a need to keep reminding and encouraging the public to support the programme, and especially to isolate themselves if asked to do so.
- 6.4 Given that the Health and Wellbeing Board is chaired by the Leader of the Council, involves other elected members, and has senior leaders from the major NHS organisations in the Borough and from the community and voluntary sector, it is proposed that the Board is well placed to undertake the role of this new Board, and could incorporate this role into its existing terms of reference.
- 6.5 The Board's existing terms of reference require it to provide a co-operative and co-ordinated response with other health and care providers to the major health and wellbeing priorities for the population. Clearly, the ongoing risk to public health posed by the coronavirus epidemic is a top current priority to be tackled collectively.
- 6.6 It is proposed that an ongoing communication strategy should be developed, drawing on the experience and expertise of the members of the Health and Wellbeing Board, and linking in closely with the diverse communities of the Borough to ensure we communicate effectively with all sectors of our community on this critical issue. The Board would be supported by the Council's Director of Public Health and other relevant Directors (including Adults and Children's Services Directors).

7. **Proposed Changes to the Membership of the Health and Wellbeing Board**

- 7.1 Health and Wellbeing Boards have a statutory responsibility to include members drawn from the local NHS Clinical Commissioning Group (CCG).
- 7.2 Until 31st March 2020, the local CCG was NHS Greenwich CCG. However, from the first April, NHS Greenwich CCG was disestablished, and a new body was created covering a wider footprint. This organisation is called NHS South East London CCG, and covers the 6 London boroughs in South East London.
- 7.3 NHS SEL CCG has within its governance arrangements 6 Borough Based Boards, which are formal Committees of the overarching CCG Governing Body. It is proposed that the 4 CCG members of the Greenwich Health and Wellbeing Board are drawn from the membership of the Greenwich Borough Based Board as follows:
 - 7.3.1 GP Clinical Leads x 2 (currently Dr Krishna Subbarayan and Dr Sabah Salman)
 - 7.3.2 Lay Member of the Borough Based Board (currently Mr Richard Rice)
 - 7.3.3 Place Based Director (currently Mr Neil Kennett-Brown)
- 7.4 The Leader of the Council has also proposed that an additional place on the Board should be offered to a representative of the Greenwich Co-operative Development Agency (GCDA).
- 7.5 GCDA have a long and successful track record of supporting the development of sustainable organisational models in the Borough with a focus on social good, health and wellbeing.
- 7.6 The proposal is that the Chief Executive of GCDA be invited to become a member of the Health and Wellbeing Board (currently a role undertaken by Ms Claire Pritchard).

8. Cross-Cutting Issues and Implications

Issue	Implications	Sign-off
<p>Legal including Human Rights Act</p>	<p>Health and Wellbeing Boards were created by s.194 Health and Social Care Act 2012 as non-executive committees.</p> <p>The Board itself under s194(8) “<i>may appoint such additional persons to be members of the Board as it thinks appropriate</i>” as well as full Council being able to appoint such persons or representatives as it thinks appropriate under s.194(2)(g).</p> <p>Officers are authorised to take action to support the initiative under the Council’s Constitution since public health functions are executive functions and the Board is a non-executive Committee. In particular under Part 3 the Director of Public Health (DPH) has responsibility “<i>for all executive functions concerning all of the Councils duties in relation to public health including.... Exercising the councils functions in planning for, and responding to, emergencies that present a risk to public health</i>”. The DPH also has responsibility under the Proper Officer List at Schedule C for taking appropriate steps to improve health in the borough under s.2B NHS Act 2006; cooperating with the prison service with a view to securing and maintaining the health of prisoners and the management of risks posed by offenders; planning for or responding to emergencies involving risk to public health; the medical inspection/treatment of pupils; and public health advice and providing information to relevant persons in preparation for local public health protection arrangements under the Local Authorities (Public Health Functions And Entry To Premises By Local HealthWatch Representatives) Regulations 2013, amongst other powers. Functions relating to health and safety under any relevant statutory provision are delegated to the Assistant Chief Executive – Community Safety and Integrated Enforcement and the Council’s medical advisor on environmental health and proper officer for notifiable diseases is the Director of Housing and Safer Communities. →</p>	<p>Ingrid Brown Assistant Head of Legal Service 4 June 2020</p>

	<p>In leading the local COVID-19 NHS Test and Trace Communication Strategy the Board will need to have regard to the Human Rights Act as well as other statutory duties and responsibilities such as ensuring best value in delivery.</p>	
<p>Finance and other resources including procurement implications</p>	<p>There are no financial implications from the decisions that the Board is being asked to take.</p> <p>The allocation of the national £300m funding for Test and Trace to each authority is yet to be announced by the government.</p> <p>Demand for local authority resources around the plan is not easy to predict at this stage, but will be monitored in conjunction with the funding level, once announced.</p>	<p>Damon Cook, Director of Finance, 4 June 2020</p>
<p>Equalities</p>	<p>The Coronavirus epidemic in the UK has social and demographic dimensions which mean that people from certain groups are at greatest risk of poorer outcomes and death from the infection. These include older people, men, people from more deprived backgrounds, people with underlying health conditions, people working in certain occupations and people from BAME backgrounds. The operation of the Health and Wellbeing Board as a public-facing communication body will need to ensure that it targets and tailors its activities to ensure that those most at risk from the virus are communicated with effectively.</p>	<p>Steve Whiteman, Director of Public Health, RBG, 2 June 2020</p>
<p>Health and wellbeing</p>	<p>The proposal to use the Health and Wellbeing Board as the local politically led body to communicate with the public about the ongoing risk of coronavirus and the need to support the NHS Test and Trace programme is a vital public health role, designed to protect life and reduce health inequalities.</p>	<p>Steve Whiteman, Director of Public Health, RBG, 2 June 2020</p>

9. **Report Appendices**

9.1 The following documents are to be published with and form part of the report:

- *Appendix A: DHSC Local Outbreak Control Plan Communication Package*

Report Author: Steve Whiteman, Director of Public Health
Tel No. 020 8921 5514
Email. Steve.whiteman@royalgreenwich.gov.uk

Reporting to: Sarah McClinton, Director of Health and Adult Services
Tel No. 020 8921 2233
Email. Sarah.mcclinton@royalgreenwich.gov.uk