

**MINUTES OF A MEETING OF THE  
HEALTH & WELLBEING BOARD  
Town Hall  
23 September 2020 (1.00 - 2.41 pm)**

**Present:**

**Elected Members:** Councillors Robert Benham, Jason Frost (Chairman) and Damian White

**Officers of the Council:** Mark Ansell

**Havering Clinical Commissioning Group:** Dr Maurice Sanomi, Steve Rubery

**Healthwatch Havering:** Anne-Marie Dean

**Also present:**

John Green, Head of Joint Commissioning Unit  
Elaine Greenway, Public Health Consultant  
Gareth Nicholson, AD Customer and Communications  
Dr Anil Mehta, Redbridge CCG  
Patrick Odling-Smee, Director of Housing Services  
Paul Rose, Havering Compact  
Dr Magda Smith, Medical Director, BHRUHT  
Fiona Peskett, BHRUHT  
Carol White, NELFT

**1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman introduced the meeting and confirmed this was being held via Zoom due to the current Covid-19 restrictions.

**2 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Andrew Blake-Herbert, Chief Executive; Barbara Nicholls, Director of Adult Services; Dr Atul Aggarwal, Havering CCG

**3 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**4 MINUTES**

It was noted that Paul Rose has also been present at the meeting of the Board on 20 August 2020. The minutes of the meeting were otherwise agreed as a correct record.

**5 MATTERS ARISING**

There were no matters arising.

**6 CORONAVIRUS UPDATE**

The Board was advised that the national Covid-19 alert level had recently risen from 3 to 4 and that the r number currently stood at 1.2 – 1.4. The growth rate of cases in England had increased to between 3% to 7% per week with a similar rise seen in London.

There had been 75 cases in Havering last week which equated to a rate of 28 per 100k. North East London as a whole was seeing rapidly increasing case numbers – most were younger working age adults being identified via community testing. However, more worryingly, also evidence of increasing hospital admissions – a total of 31 Covid-19 cases were currently hospitalised at BHRUT with 6 in Intensive Care.

The numbers of cases now being seen locally meant Havering had passed the threshold for an area causing concern. Focus was now being put on prevention of and responding to outbreaks. Efforts were being made to ensure buildings were covid secure, businesses were assisted and that enforcement action was being increased with for example large notices being displayed in shopping centres. It was noted however that the Council only had limited powers – the section 92 police officers were assisting and the police generally had been directed to intervene more in Covid-19 enforcement matters.

Work was in progress to improve access to testing and to support the imminent launch of the NHS test and trace app. Council communications around social distancing etc would also be increased. Key messages would include to help the NHS to look after Covid-19 patients, protect staff and coordinate work across the BHR region. The Health and Wellbeing Board could play a key role as an interface between the health and social care systems.

It was noted that there had been issues in Havering with a rising number of residents falsely claiming they were exempt from wearing face masks.

The Board noted the update.

**7 PREPAREDNESS OF HEALTH AND SOCIAL CARE SYSTEM FOR INCREASE IN CASES OF COVID-19**

The emergency period that had been announced at the onset of the first wave of the virus had led changes being made to the pathways into the care system. This period had ended on 31 August and financial guidance was awaited on the future of care pathways.

The Council was required to provide an adult social care winter plan to the Department of Health by 31 October which would include input from community organisations, the voluntary sector and NHS partners. The first wave of Covid-19 had seen an over-commissioning of some care facilities so there was capacity in care homes to increase provision quickly.

There had been a gradual rise in hospital admissions although this had plateaued recently. Of the patients currently hospitalised at BHRUT with Covid-19, nine were Havering residents. Covid response actions were being restarted including increased frequency of meetings between the Council and the Hospitals' Trust and the updating of ward plans for the care of Covid actions. Work was also underway to consider the challenges posed by asymptomatic patients.

NHS England was expecting other health services to resume soon at their normal level. There were no staff issues and the use of virtual appointments was continuing. Face to face appointments and treatments were also still available.

It was clarified that testing was available via pillar 1 for staff of NHS Trusts and their families where children developed Covid symptoms. Acknowledged that route to testing for primary care staff was less clear and possibly not as accessible. Given focus on repeated testing of care home staff that health professionals entering care homes should be tested regularly although the risk was considerably reduced when appropriate PPE is worn.

**Action** – MA to clarify with CCG testing lead how primary care staff and family can access testing and if / how health professionals regularly visiting care homes might be offered regular asymptomatic testing as provided for care home staff themselves.

The contribution of NELFT to meet the needs of people shielding was outlined.

It was noted that were concerns regarding the backlog of blood test appointments. BHRUT had performed almost 20,000 blood tests per week but this had had to stop at the start of the pandemic. NELFT were doing more and a primary care option was being rolled out over all three local CCGs. Provision was improving but residents were unaware of current performance and plans for further improvement.

**Action** – GN with NHS counterparts to investigate opportunities to raise public awareness of the continuing availability of NHS services during the pandemic, including both virtual and face to face contacts, particularly primary care and phlebotomy.

There was no other business raised.

**9 DATE OF NEXT MEETING**

The next meeting was scheduled for 21 October 2020 at 1.00 pm.

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**Chairman**