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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Virtual Meeting

25 November 2020 (1.05 - 3.00 pm)

Present:

Elected Members: Councillors Jason Frost (Chairman), Damian White and Nisha Patel

Officers of the Council: Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health)

Havering Clinical Commissioning Group: Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group (CCG))

Healthwatch: Anne-Marie Dean (Healthwatch Havering)

BHRUT: Fiona Peskett (BHRUT)

Also Present: Elaine Greenway, Gill Butler, Kevin Engstrom, Paul Rose, Paul Walker, Sarah See, Ratidzo Chinyuku, Luke Phimister

All decisions were taken with no votes against.

20 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded Members of the action to be taken in an emergency.

21 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Andrew Blake-Herbert and Robert South.

22 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

23 **MINUTES**

The minutes of the meeting of the Committee held on 21 October 2020 were agreed as a correct record and, due to COVID-19, will be signed by the Chairman at a later date.

24 **UPDATE ON COVID-19**

The Board was given a verbal update by Mark Ansell, Director of Public Health on the Borough's COVID-19 figures.

Board members noted that incidence rates for London and England had started to fall but the Havering rate had continued to increase although at a slower rate. Assuming benefits of second lockdown continue rates in Havering are likely to peak around 400 cases per 100,000 people - higher than in many areas previously put into tier 3 / very high alert level. Rates amongst working age adults had decreased with lockdown but rates in school aged children and young people had continued to increase quickly with no sign of it slowing. Early years children had low rates with the main increase coming from secondary school ages. It was noted that on some days almost half of all secondary school pupils were not attending school due to either being cases or close contacts of cases. Members noted that Havering schools import children and young people from adjoining authorities and a joint approach would be necessary.

Further work is underway to understand why rates were higher amongst Asian residents. No clear pattern was evident - with high rates across the borough as a whole and particularly hotspots appearing at different locations at different points in time with no obvious relationship to levels of disadvantage as had been reported elsewhere.

It was noted by the Board that as of the 20th November 2020, BHR hospitals had 245 inpatients testing positive for coronavirus, occupying more than 25% of beds and 18 such patients had died in the preceding week. It was noted that a quarter of deaths had COVID as a contributing factor.

Members were updated on the new tier system and it was explained that London as a whole was expected to be put in Tier 2 when lockdown ended. It was noted that Tier 2 restrictions had not stopped cases increasing in Havering prior to lockdown but there had been some tightening up to further help control the spread of COVID. Board members were advised that if the borough remained in Tier 2 that additional intervention (and funding) would be needed focused on older teenagers and working age adults.

Members were then updated on the contact tracing by Kevin Engstrom. There had been challenges due to delays in accessing the national database, duplicate records and the time delay between testing positive and records being updated. The Board was advised that the activity based on advice from NHS Test and Trace was expected to be 10 per week had grown to 20-30 cases per day, often received four or more days after testing positive. It was also noted that some records had incomplete information and some cases in the same households had been contacted on multiple times days.

The Board was then updated by Elaine Greenway on asymptomatic testing using lateral flow devices. It was noted that NHS staff were processing their own tests but LFDs weren't currently approved for use in this way in the community. In the community, people self-swabbed but tests had then to be processed by a trained operative. Results could be given in 30 minutes but a dedicated testing team was needed. It was explained that the sensitivity of LFDs was lower (50-70%) vs PCR tests (+98%) so that a proportion of

positive cases would be missed. Nonetheless introduction of LTDs was progress as currently asymptomatic cases weren't tested at all. A number of pilots were being planned including the self-employed, day-care providers and commuters.

The Board **noted** the COVID-19 and contact tracing updates.

25 **DEVELOPMENT OF HOUSING STRATEGY**

The report presented to the Committee outlined Havering 2021-2026 housing strategy.

Board members noted that the Council was still aiming to deliver 12 new estates in the Borough. Members noted that the strategy was in the consultation phase which would end in November 2020 with a plan for cabinet approval in March-May 2021 for implementation starting June 2021. It was described that the strategy would consider the new domestic abuse, and building safety bills and would work towards the commitment of ending rough sleeping by 2024.

The Board were concerned that the growth in housing development may stretch services that the public may perceive to be already stretched. A proposal was put forward to determine the capacity and or increased pressure on primary care services as a result of the housing development.

The Board **noted** the report.

26 **ANY OTHER BUSINESS**

Paul Rose advised the Board of a three-fold increase in the number of calls regarding mental health issues that required greater resilience and deployment of new staff to handle care calls and befriending in the voluntary sector. A proposal was put forward to have a joint conversation between NELFT representatives and voluntary sector to assess capacity needs for public mental health.

The Board requested an update on the immunisation of care home staff against seasonal flu in the context of usual efforts to manage winter pressures and in preparation for the COVID Vaccine

27 **DATE OF NEXT MEETING**

The next meeting of the Board would be held on Wednesday 27 January at 1.00 pm.

Chairman

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