

# Health and Wellbeing Board

## Minutes

26 January 2021 at 6.00 pm

### Present:

- Councillor Simmons – Leader, Luton Council (Chair of the Board)
- Dr Nina Pearson – Director of Clinical Transformation, BLMK CCGs (Bedfordshire Care Alliance) (Vice-Chair of the Board)
- Councillor J. Hussain – Portfolio Holder, People (Adults)
- Councillor M. Hussain - Children's Services Portfolio Holder
- Councillor Khtija Malik - PH And Wellbeing Portfolio Holder
- Michelle Bradley - Director, Beds & Luton MH & WB Services, ELFT
- David Carter – Chief Executive NHS Bedfordshire Hospitals/NHS Foundation Trust
- Laura Church – Deputy CEO/ Corporate Director, Population Wellbeing, Luton Council
- Lucy Hubber – Director of Public Health, Luton Council
- Jamie Langwith – Chief Inspector, Bedfordshire Police
- Amanda Lewis – Director of Children Services, Luton Council
- Lucy Nicholson – CEO, Healthwatch Luton
- Maud O'Leary – Director of Adult Social Services
- Robin Porter – CE, Luton Council and Chair of CSE
- Nicky Poulain – Director, Primary Care & Exec Member, BLMK CCGs
- Phil Turner – Chair, Healthwatch Luton

### Named Substitute Members:

- Dr Chirag Bakhai, BLMK CCGs
- Jane Meggitt – Sub for Patricia Davies
- Peter Reeves – Sub for Anita Pisani, Cambs Community Services

### Observers:

- Councillor David Agbley – Chair, Scrutiny Health and Social Care Review Group
- Councillor Terry Keens – Chair, Scrutiny Children Services Review group

### Officers in attendance:

- Sally Cartwright – Service Director, Public Health
- Felicity Cox – BLMK ICS
- Jennifer Wilburn – Registrar, Public Health

## 1. Apologies for absence (Ref 1)

Apologies for absence from the meeting were received on behalf of:

### Members:

- Anita Pisani - Deputy CEO, Cambs Com. Services
- Patricia Davies - Accountable Officer, BLMK CCGs

### Observers:

- Clare Kelly, Office of the Police and Crime Commissioner

## 2. Minutes (Ref 2.1)

**Resolved:** That the minutes of the meeting of the Board held on 17 December 2020 be taken as read, approved as a correct record and signed by the Chair in due course.

## 3. Update on COVID-19 in Luton (incorporating update on the Health Protection Board) (Ref: 6)

The Director of Public Health presented the report (Ref: 6), updating the Board on the latest situation relating to Covid-19 in Luton. She said she would summarise key points from the report and bring in Jennifer Wilburn, the Public Health Registrar to do a presentation on Covid-19 disparities, from data for the period March to December 2020, as shown at Appendices 1 and 2 to the report.

Key points made were as set out in the below paragraphs.

The latest case rate in Luton as at 25 January 2021 was 681.5 per 100,000 population, down from the significant increase during December 2020 when rate was 1000 per 100,000 population. The high rate in Luton was coupled with high positive test rate of 18.3%.

There was some evidence of transmission in December due to the rules relaxation for Christmas and New Year.

Compared with other areas, Luton saw a steady increase and an equally steady decrease, which had brought it to national attention. The rate in Luton was in the top 20 in the country and number one in the East of England.

The situation in Luton was complex, in terms of the factors contributing to the high rate of Covid-19, which included low income, high level of deprivation, people in types of employment where they were less able to work from home. Public Health was exploring how to provide help to the relevant work places to enable them to support their employees, e.g. supplying them rapid flow tests.

She said that the Public Health Registrar would pick up more on Covid-19 disparities in her presentation.

There was no suggestion that the population was not following the rules, with some exceptions. More information would be provided at the next meeting of the Board.

She added that if Luton continued to be on the national radar, it would receive additional support, help and tips from government.

Luton was recognised nationally for its innovative ways of rolling out the rapid flow test, such as its mobile solution, taking the tests to where people were, e.g. the High Street and supermarkets. The Department of Health, which led the rapid flow test pilot, were pleased with the result of the different routes to target testing and were exploring how replicate it elsewhere.

The message remained to encourage people to follow the rules and get themselves tested, as often as they wanted to, through the rapid flow test if asymptomatic or the PCR test if they had symptoms. There was plenty of capacity for these tests.

On the issue of vaccination, she said that the NHS, working in partnership with others, were doing a good job to ensure that all those in the targeted groups were being vaccinated. The Department of Health was also pleased how the CCG and Public Health were working together to overcome the challenges posed by the anti-vaccine lobby.

Nicky Poulain addressed the Board and also expressed her satisfaction about the partnership working to deliver the vaccine. She added that there were four primary care vaccination sites at Kingsway, Medici, Bushmead and Leagrave and a community site at Redgrave. In addition, Luton people could also receive the vaccine at the regional hub at Stevenage.

CCG and Cambs Community Services staff were being deployed to add capacity to the delivery of the vaccine, prioritising care homes residents and staff.

As at 26 January, 90% of over 80s were on target to be vaccinated by the following Sunday. The next group to be vaccinated would be the over 75s, then the over 70s and shielded people who had received a letter putting them in the extremely clinically vulnerable category.

Dr Nina Pearson stated that the vaccination programme was progressing incredibly well, with sites showing flexibility, even during the snowy weather. She added that there was varying level of take-up across the primary care networks, with some ethnic minority groups hesitant to accept the vaccine and content to wait to see how others were getting on after vaccination. She said several initiatives were being used to counter the myth about the vaccine and promote the vaccine, including encouragement from faith groups' leaders and use of social media and Covid questions and answer evenings, which had been well received.

Dealing with questions on vaccination, the officers provided further information, with key points made recorded as set out in the below paragraphs.

In relation to opening hours, she said it varied depending on the site. The primary care network sites planned to open 8 am till 8 pm, 7 days a week, but were constrained by supplies and the need to use the vaccine doses within the recognised time scale. She added that there was a need to sustain the workforce for the long haul.

Nicky Poulain added that some people could only be given 48 hours' notice to invite them to attend a site to receive their vaccination, due to the late confirmation of vaccine delivery due to supply constraints. However, there had been instances when people were able to be booked in advance, when supply of vaccine was Known.

The primary care network sites were open mostly 7 am to 7 pm when supplies were available and the Redgrave community site opened during regular hours. There has been issues with some bookings causing confusion, as some people were receiving letters from

national source and some from their GPs. People were advised to keep up their appointments from GPs for the Medici sites, which would be operating on Saturday and Sunday 30 and 31 January. It was important to make sure in the message in letters, that GP sites were also running along with the community site at Redgrave, to give people a choice.

There was no final data in terms of people's refusal to take a Covid test, but it appeared from the pilot that 20% refused it in Liverpool. Luton seemed to be doing better on uptake, with 11% refusing to take the test. This showed the real value of taking the tests to people. Final data would be provided when available.

In terms of case rate from validated data, Luton figures reduced by 11%, compared with 20% nationally. Case numbers were declining, but not at the same rate as other areas. Luton also had a high positivity rate, with one positive test out of five tests conducted. The high positivity rate showed that there was a lot of the virus in the community and any relaxation of the rules was likely to lead to an increase in Covid cases.

Responding to a member's observation about long queues of people waiting to be vaccinated at Kingsway, the Board was informed that it was true that large numbers of people were coming to have the vaccine, which would affect the flow, but it was also true that some groups in the community were reluctant to come forward for the vaccine. This was being addressed, as some cultural groups were at increased risks from Covid. GPs could go to some geographical areas and it also needed community leadership from people with local knowledge to encourage people to come forward for the vaccine.

The Board was further informed that the CCG was working with Public Health to deal with the take up issue.

Peter Reeves commented that the whole system was working together with the Primary Care Networks to ensure that the majority of people in care homes received their first vaccine in January and those who were housebound in the following two weeks. He added that a great number of care and L&D staff had had the vaccine and that compared with the surrounding area, Luton was ahead.

Dealing with a query about where the source of the data on people's reluctance to have the vaccine, the Board was informed that about 98% of the population was registered as patients with GPs and the data came from invitation calls made and responses received. Some data came from Primary Care Networks on who was taking up the vaccine. The Primary Care Networks also identified people, who needed to be persuaded. However, the data was not validated.

On the issue of the need for outreach work to dispel the myths about the vaccine, elected members were requested to see what help they could offer to spread the word in their communities.

Chief Inspector Langwith commented on his recent engagement with colleagues nationally through the Police College, who were impressed with the great partnership work taking place in Luton, including the joint patrols with Street Marshalls, joint working with Trading Standards, and engagement with community and faith groups leaders. He added that some forces were looking to implement similar arrangements across the country.

Proceeding with the report, the Public Health Director stated that the early data in June 2020 indicated that Covid affected parts of Luton community differently and disparately.

The data was now more robust and it was the intention to present it to the Board quarterly, until the situation improved.

She said that Jennifer Wilburn, the Public Health Registrar, compiled the first report on the disparity and would present the facts, which were likely to prompt some questions. Not all questions could be answered, .e.g. in relation to the role of occupations in causing the disparity, as information was limited, but work was continuing to see how it could be improved in future and shared with the community. Sally Cartwright was working on the communication plan, to put out 'short and snappy' messages and provide more information for those who wished to read about the disparity in greater details.

The Public Health Registrar then gave her presentation on 'Understanding COVID-19 disparities in Luton', dealing with the report compiled from the data pulled together with Business Intelligence.

Key points made were recorded as set out in the below paragraphs.

Nationally, the overall death rate was 2.6% of confirmed Covid-19 cases at the end of December 2020, compared to 14.5% as at 12 May 2020.

For Luton, the overall death rate was 2.2% of confirmed Covid-19 cases at the end of December 2020, compared to 38.2% as at 12 May 2020.

Age, gender and ethnicity were risk factors for severe Covid-19 infection and mortality. Age was one of the most important risk factors for how serious a Covid-19 infection is for someone.

Consistent with the national picture, there were more female Covid-19 cases in Luton than in males. Females accounted for 53% of all Covid-19 cases. That was consistent for all quarters in 2020, except for quarter one, when males accounted for almost 68% of all COVID-19 cases. However, quarter one was based on very low numbers and might not have been reliable.

Looking at hospitalisation and deaths, between the ages of 0 to 49, females were more likely than males to be hospitalised, which was not surprising, as there were more female Covid-19 cases. However, in total males were over-represented in hospital patients with Covid -19, as they tended to be in the older age groups, particularly the 60-79. Factors contributing to this could include biology and immune system differences, presence of pre-existing conditions and engaging in more risky behaviours.

In terms of mortality trends by sex, consistent with the national picture, males with Covid -19 were more likely to die than females. Between 2016 and 2019, 52% of all deaths in the hospital and community were among males. Between March and December 2020, 64.9% of Covid -19-related deaths were among males in Luton, a large discrepancy compared with the national figure of 51.5% in 2020 as of 10 November.

Nationally and globally, males with Covid-19 in hospital were found to be almost three times more likely to require ITU admission and were at higher odds of mortality compared to females.

The age-standardised Covid 19 mortality rate for males in Luton was significantly higher than the rate for males in Milton Keynes, England and East of England but is similar to those seen in Bedford and Central Bedfordshire.

The age-specific mortality rate for all-deaths by gender showed that the rates for males and females were relatively comparable. However, the age-specific Covid-19 mortality rate showed that as age increased, while the mortality rate also increased for both males and females, the increase for males was more pronounced, rising at an earlier and steeper rate than females.

There were disparities by ethnicity, with people of Asian ethnicity over-represented in confirmed Covid-19 cases. While people of Asian ethnicity made up about 37% of Luton's population, they accounted for 55% of all Covid-19 cases, compared with white people, who represented about 38% of Luton's population, but accounted only for 25% of all Covid-19 cases.

When further broken down, the Asian ethnicity group showed that the majority of groups were evenly represented among cases, except for the Pakistani ethnic group, which accounted for 55%, the majority of cases.

In terms of hospital discharges and deaths, there were higher proportions of cases in the Luton BME populations than would be expected based on the population estimate, which might be reflected in the risks to BME populations. People of Pakistani ethnicity were at an increased risk, with 31% of total Covid-19, while representing only 18% of the population.

The White British hospital mortality rate from Covid-19 was highest at 58%, while representing only 38% of the Luton population. That might be due to the higher elderly population in this group.

In terms of deprivation, 75% of the Luton population were in deciles 2-5, the more deprived deciles. Throughout 2020, cases had been statistically over-represented in the more deprived deciles 2 and 3, with even more cases than expected based on the overall population proportions for those groups.

Three quarters of the Luton population fell into the second to fifth deciles, where there was 78% of the Luton Covid-19 cases during 2020. Nationally and in Luton, Covid-19 had had more impact on the most deprived areas. Deciles two and three might consist of those working in lower paid, public facing jobs and were more likely to be inter-generational.

The Public Health Registrar went on to explain about the 'Mosaic' public sector classification system used by the council to generalise about populations living in Luton and understand more about those most affected by COVID-19 and how best to communicate with them. Key points made were as set out below.

The types of households in Luton tended to be made up of settled generations, with elder parents living with them.

The Urban Cohesion Mosaic group featured most highly in the Luton resident Covid-linked hospital discharges and deaths and was over-represented. Vintage Value for hospital discharges and deaths was also over-represented.

In terms of underlying conditions, half of the people who died from Covid-19 as a contributing factor in Luton had multiple co-morbidities, such as diabetes, hypertensive diseases, and chronic obstructive pulmonary disease. About a third had a single underlying condition.

The Public Health Registrar informed members that data on Covid related disparities would be provided to the Board on a quarterly basis.

From questions and comments, the Public Health Director and Registrar provided further information, as summarised in the below paragraphs.

It was not possible to provide a complete answer on any single specific factor contributing to people getting the virus or dying. There were many factors interacting together, including, e.g. ethnicity, customer-facing occupations where people were in close contact with each other and deprivation. Work was continuing to learn more if ethnicity, occupational factors and other underlying issues were driving factors for Covid-19 infection, as at the moment little was known, not just in Luton, but also nationally.

The Scrutiny Health and Social Care Review Group commented how useful the presentation was and requested that it be presented to the Group for more in-depth scrutiny, which was agreed.

The Public Health Director asked that Jennifer Wilburn be thanked for her contribution in preparing the very interesting report and presentation on the COVID-19 disparities, as her work had finished and she was leaving the Council. This was endorsed by the Board.

Nicky Poulain commenting on the Pfizer vaccination, said that as the Pfizer vaccine had a shelf life of less than 4 days after being defrosted and that this week the L&D Hospital needed to use up a current batch by the following Friday. In agreement with David Carter, the Chief Executive, they would open the list to the over 70s for the next two days, so as not to waste any vaccine. Nicky Poulain offered anyone to contact her via her email address, to reduce the burden on GP practices collating names to book appointments with the L&D hospital.

The Chair asked members to spread the word and encourage people to come forward for appointments. Requests were to be made by e-mail to Nicky Poulain.

**Resolved:** (i) That the update on the Covid-19 situation and the presentation on Covid-19 disparities in Luton be noted.

(ii) That the Board's thanks to Jennifer Wilburn for her contribution in preparing the very interesting report and presentation on the COVID-19 disparities be recorded.

#### 4. S75 Hospital Discharge Template, Covid-19, Scheme 2 (Ref: 7)

The Service Director, Public Health presented the report (Ref: 7) on the second iteration of the Section 75 Hospital Discharge template for review and retrospective approval and authorisation of the delegated officers to proceed with the signing and the sealing of the Agreement by the Luton Borough Council Legal Department.

She informed members that the Board approved the document in July 2020, which remained valid with some updates to Schedules 3 and 4 of Scheme 2 around the identification of costs, the claims process and the funding flow. She said details were as set out in the report and in the Section 75 Partnership agreement in the appendix.

She requested that the Board's approval be granted, as per the recommendation in the report.

In the absence of any questions or comments from members, the Chair moved that approval be granted as per the recommendation in report, as requested, which was agreed.

**Resolved:** (i) That the second iteration of the Section 75 Hospital Discharge template be retrospectively approved;

(ii) That the delegated officers be retrospectively authorised to proceed with the signing and the sealing of the Section 75 Hospital Discharge Agreement by the Luton Borough Council Legal Department.

(Note: The meeting ended at 7.04 pm)