

Health and Well-Being Board

Tuesday, 29 September 2020 Online Only - 2.00 pm

Present:**Minutes**

Mr J H Smith (Chairman), Dr Kathryn Cobain, Dr R Davies, Paula Furnival, Mr A I Hardman, Dr A Kelly (Vice Chairman), Peter Pinfield, Mr A C Roberts, Dr Ian Tait and Simon Trickett

Also attended:

Cllr Lynn Denham, Kevin Dicks, Jonathan Sutton, Cllr Shirley Webb, Sue Harris, Tina Russell, Ruth Lemiech, Rachael Leslie and Lisa Peaty

Available papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting held on 14 July 2020 (previously circulated).

A copy of document A will be attached to the signed Minutes.

574 Apologies and Substitutes

Apologies had been received from Dr Louise Bramble, Dr Catherine Driscoll, Sarah Dugan and Jo Newton.

Tina Russell attended for Catherine Driscoll, Sue Harris attended for Sarah Dugan and Lisa Peaty attended for Jo Newton.

575 Declarations of Interest

None.

576 Public Participation

None.

577 Confirmation of Minutes

Subject to the Minute numbers being amended, the Minutes of the 14 July 2020 meeting were agreed as a correct record and would be signed by the Chairman.

578 COVID-19 Health Protection Board Quarterly Report: Delivering Worcestershire's Outbreak

Kathryn Cobain introduced the Item by reminding the Board that there was a requirement for all upper tier authorities to have an Outbreak Control Plan, which was a dynamic document. The Board would receive quarterly updates, for assurance purposes, from the newly formed COVID-19 Health Protection Board and that this was the first report. Rachael Leslie took the Board through the Agenda Report.

The COVID-19 Health Protection Board (HPB) had been

Control Plan

formed in July 2020 and had met three times. Membership included representation from a wide range of organisations, for example, Worcestershire Health and Care NHS Trust, Worcestershire Acute Hospitals NHS Trust, Worcestershire Children First, West Mercia Police, District Councils and Worcester University. Attendance and engagement had been very good to date.

Each upper tier local authority was required to develop and publish an Outbreak Control Plan (OCP) by 30 June 2020, which was a dynamic document, public facing and available on the Worcestershire County Council website. It had been updated twice, with version 1.3 published 3 September 2020. It would remain a live document with web links to the latest dashboard data in relation to COVID-19 as numbers were published at least weekly.

The latest picture for Worcestershire was not unlike the picture nationally. Cases were increasing, but not as rapidly as in other areas and there were different trends across the County. The OCP had a link to District data, which showed a significant recent rise across Wyre Forest and Redditch. For the week ending 25 September 2020, 206 new cases across the County were recorded, attributed, in the main, to household gatherings, workplace settings and a small number of schools.

The HPB also had oversight of the Local Outbreak Control Team (LORT), which was led by Public Health and included Officers from a number of work areas, including the Worcestershire Here 2 Help service. The LORT was available seven days a week between 9am and 6pm to respond to cases across all settings and work to prevent outbreaks. Since its creation in July, the LORT had been very busy and due to the rapid response had been successful in halting transmission in a number of cases. Additional resource was being sought, primarily in administration support, in order to respond to increasing demand and the onset of other winter pressures.

Board Members were asked to continue to promote the main prevention messages around COVID-19 and encourage the take up of the flu vaccination across their organisations and networks.

The Board Chairman added that the HPB had initially met every two weeks, moving to a four weekly cycle. It was felt that with cases increasing there may be a need to revert to meeting more frequently. Membership included all District Council Leaders and if a case was confirmed,

the relevant District and County Councillors would be informed. Every week, the latest data was shared, which could then be circulated as appropriate.

In the ensuing discussion, Board Members asked a number of questions which were answered as follows:

- Since 1 September, when all schools fully reopened, the LORT had received 477 notifications from schools, however, only a small number of these had resulted in a positive case. Every school had a small supply of swabs, which could be replenished, and parents were asked to self isolate their child and book a test. It was widely acknowledged that obtaining a test had its challenges, however, parents had been asked to persevere until a test could be obtained. In early September, there had been some confusion about COVID-19 symptoms and further publicity through schools had been developed. A small number of schools had resorted to closing 'bubbles', which was following widely published procedures
- Winter Flu Vaccinations were in good supply and the number of people eligible for a free vaccine in 2020 had increased to include those aged over 50. Professionals working in the health and social care sector, alongside those with underlying medical conditions, were particularly encouraged to get vaccinated early. Herefordshire and Worcestershire Clinical Commissioning Group was actively encouraging residents to get vaccinated, through print, radio and digital channels
- Worcestershire's main COVID-19 Test Centre was now in the grounds of County Hall, Worcester, with all testing arranged nationally. Officers were working with the national team to develop plans for each of the six Districts to have a 'Walk In' facility. These would not be walk up, as an appointment would still be required, however, these centres would be accessible on foot. Pop Up sites were also available and would be mobilised depending on local need. Sites in Worcester City and Redditch had already been agreed and two potential sites in Bromsgrove were being actively assessed
- Worcestershire County Council had been allocated £2.7m to deliver Test and Trace for the County and no additional funding was being sought. The budget was overseen by the HPB and had been allocated through to 31 March

2021, although there was a little in reserve to assist in any localised activity. It was unclear whether any carry forward was permissible, however, it could be demonstrated that the full allocation could be spent. Although it was felt that the funding was reasonable, assurance was made that the County Council would approach central government if the need arose. However, partners were being asked to consider releasing people from their substantive duties to increase administration capacity in the event of any surge. It was hoped that each District could develop an Incident Management Team in order that any response was more localised.

- The two large scale, well publicised outbreaks, had been cleared and credit was given to the organisations involved for taking appropriate action
- Worcestershire Acute Hospitals NHS Trust was a member of the HPB and conversations were taking place at least weekly in relation to acute bed capacity. Patients who were medically fit for discharge were proactively being moved, in a safe way, to their Home or a more appropriate setting. This would ensure that acute beds were available for those in need. The Neighbourhood Teams were also working to proactively keep residents well at home to avoid hospital admission if possible
- Praise was given for the multi agency approach to the pandemic and to the professionals for working together to provide the same message. Everyone acknowledged that the learning from the first wave was informing action now
- The 'NIMROD' case management system had been developed and built by the County Council's digital team and enabled the LORT to upload and share information in a secure way. The nationally commissioned COVID-19 App had been launched that week and all mobile phone users were encouraged to download and actively use it. Premises and Transportation would have an individual Quick Response (QR) code, which residents would scan and if any significant close contact (within 2 metres for more than 15 minutes) was detected from a mobile phone user who subsequently tested positive, an alert would be sent to all relevant mobile phones with the appropriate advice for potential COVID-19 exposure. The system relied on as many users as possible to break lines of transmission

- Although there were numerous groups and teams involved in the governance arrangements for the OCP, some were temporary with the LORT providing constant immediate local response to complement the capacity from Public Health England.

RESOLVED that the Health and Well-being Board:

- 1. Noted the development and delivery of Worcestershire's Outbreak Control Plan, the arrangements for governance and the initial months of Local Outbreak Response Team (LORT) operation**
- 2. Considered the contribution that Health and Well-being Board partners can make to support surge capacity in the LORT.**

Ian Tait introduced the Item and Ruth Lemiech explained that the Economic Impact of Health and Care Services Report had been written by The Strategy Unit prior to the COVID-19 pandemic, however, it was felt important to share the findings with the Board. Commissioned by the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) it was also acknowledged that it would need to be updated to reflect the impact of the pandemic.

The remit was to investigate the direct and indirect economic impact of the health and social care sector within the STP, in order to learn more about the value of the sector locally. Using baseline data, key findings for Herefordshire and Worcestershire included:

- 34,000 (full time equivalent) staff were employed in the health and social care sector, with further jobs generated across other sectors
- £1.496bn gross value added (GVA) of NHS and Adult Social Care in 2017-18 (around 9% of the total GVA across the 2 Counties)
- The value of informal care provided by residents was up to £1.433bn
- The cost to the economy from outpatient appointments was estimated to be £17.8m and to patients themselves £4.68m, with the environmental cost of travelling by car to the appointments estimated to be around 4,442 tonnes, equivalent to 200,000 trees each year
- The direct and indirect costs of ill health, such as anxiety and depression, coronary heart disease and lung conditions was £535.7m, with £398.4m

of the total specifically associated with the economic impact of anxiety and depression.

Due to COVID-19, the number of outpatient appointments being delivered virtually had dramatically increased and as the NHS Long Term Plan aimed to reduce face to face outpatient appointments by 30% by 2023/24, there was the potential that the target had been already achieved. This was positive news for patients, who may also progress through the system more quickly, and for the environment and economy as a whole. It had been estimated that the economic impact already had been around £3m in time saved and travel. However, there would always be a place for face to face appointments, especially in relation to emotional well-being and support and consultants were very mindful of those patients who would benefit most, therefore a blended approach would continue. No organisation was suggesting a 'one size fits all' approach, however, the opportunity was available to think differently moving forward.

The Director of Worcestershire Children First noted that specific data relating to children wasn't included in this report and suggested that there shouldn't be a blanket move to a virtual model for all. Reassurance was provided that consultation with the Paediatric Consultant was included as part of this process and that there wouldn't be a one size fits all approach, it was about the right approach for the right situation and safeguarding of children and young people was paramount.

The value of informal care, through family, friends and neighbours should not be underestimated. It was believed that £668.6m per annum was the opportunity cost of leisure time foregone by informal carers, which compared to £1,432.9m each year for the comparative funded home care, warranted potential supportive intervention.

In relation to equality and diversity implications, there was ongoing work about accessibility, particularly in relation to digital exclusion.

Anchor Institutions, those large employers such as the NHS and local Councils, would hopefully find the Report helpful and use it to inform future work plans and partnership arrangements for the benefit of all residents in the STP.

The Board looked forward to receiving further updates in

580 Governance and Delivery of the Inequalities Work Programme

due course.

RESOLVED that the Health and Well-being Board:

- 1. Reviewed the Economic Impact report and agreed to consider how to take account of these considerations in the formulation of the refreshed Health and Well-being Strategy and Work Plan.**

Simon Trickett introduced the Item by reporting that one of the outcomes from the COVID-19 pandemic was the renewed emphasis on health inequalities nationally, especially given the impact of the virus on Black, Asian and Minority Ethnic (BAME) communities. Therefore, locally through the STP and Integrated Care System (ICS) there was an opportunity to focus on health inequalities within Herefordshire and Worcestershire.

Ruth Lemiech led the Board through the report and during the ensuing discussion, Members made the following main points:

- The Health and Well-being Board had an important role in driving this work forward as it also affected social inequalities, such as employment opportunities and housing and would contribute to countywide prevention activity
- There was a real opportunity for Worcestershire to take collective action with health inequalities, over the coming years, with broad Board agreement that the focus should be longer term, perhaps ten, rather than two to three years
- Data was being collected regionally by the Decision Support Unit, in order to steer local activity, however, some work had also been undertaken pre pandemic to identify the five or six local communities most affected and how the gaps could be reduced
- As this was new activity, there was no fixed approach, however, there was general agreement that the Health and Well-being Board was the appropriate body to lead the work and coherently drive change through the revised Health and Well-being Strategy. The opportunity to align other activity, such as the voluntary and community sector was also felt to be key.

RESOLVED that the Health and Well-being Board:

- 1. Noted the proposal to strengthen the focus on**

581 Future Meeting Dates

inequalities in Worcestershire, supported through a system wide board across Herefordshire and Worcestershire.

The Health and Well-being Board noted the remaining 2020 public meeting date, on Tuesday 17 November 2020 at 2pm.

The meeting ended at 3.15 pm

Chairman