

Worcestershire County Council

Agenda

Health and Well-Being Board

Tuesday, 29 September 2020, 2.00 pm

Due to the current COVID-19 pandemic, Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

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Date of Issue: Monday, 21 September 2020

Health and Well-Being Board

Tuesday, 29 September 2020, 2.00 pm, Online Only

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr L Bramble	Wyre Forest CCG
Dr Kathryn Cobain	Director Public Health
Dr R Davies	Redditch and Bromsgrove CCG
Dr Catherine Driscoll	Director of Children, Families and Communities
Paula Furnival	Strategic Director for People
Mr A I Hardman	Cabinet Member with Responsibility For Adult Social Care
Dr A Kelly (Vice Chairman)	South Worcestershire CCG
Peter Pinfield	Healthwatch, Worcestershire
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Dr Ian Tait	NHS Herefordshire and Worcestershire Clinical Commissioning Group
Simon Trickett	Worcestershire's Clinical Commissioning Groups

Associate Members

Cllr Lynn Denham	South Worcestershire District Councils
Kevin Dicks	District Local Housing Authorities
Sarah Dugan	Worcestershire Health & Care Trust
Jo Newton	Worcestershire Acute Hospital Trust
Jonathan Sutton	Voluntary and Community Sector
Sue Thomas	West Mercia Police
Cllr Shirley Webb	North Worcestershire District Councils

Agenda

Item No	Subject	Presenter	Page No
1	Apologies and Substitutes		
2	Declarations of Interest		

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Date of Issue: Monday, 21 September 2020

3	<p>Public Participation</p> <p><i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 28 September 2020). Enquiries can be made through the telephone number/e-mail address below.</i></p>		
4	Confirmation of Minutes		1 - 10
5	COVID-19 Health Protection Board Quarterly Report: Delivering Worcestershire's Outbreak Control Plan		11 - 14
6	Economic Impact Report		15 - 32
7	Governance and Delivery of the Inequalities Work Programme		33 - 36
8	<p>Future Meeting Dates</p> <p>Dates for 2020</p> <p>Public meetings (All Tuesday at 2pm)</p> <ul style="list-style-type: none"> • 17 November 2020 <p>Private Development meetings (All Tuesday at 2pm)</p> <ul style="list-style-type: none"> • 20 October 2020 		

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Date of Issue: Monday, 21 September 2020

Health and Well-Being Board

Tuesday, 14 July 2020 Online Only - 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Dr Kathryn Cobain, 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:

Simon Adams, Mrs C Cumino, Cllr Lynn Denham, Kevin Dicks, Matthew Fung, Sue Harris, Jo Newton, Cllr Shirley Webb, Sheena Jones and Tina Russell

Available papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting held on 25 February 2020 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes.

1 Apologies and Substitutes

Apologies were received from Dr L Bramble, Dr R Davies, Dr Catherine Driscoll, Sarah Dugan and Jonathon Sutton.

Tina Russell attended for Catherine Driscoll, Sue Harris attended for Sarah Dugan and Carole Comino attended for Jonathon Sutton.

The Chairman welcomed Paula Furnival, Strategic Director for People, to her first meeting of the Board.

2 Declarations of Interest

Dr Tait declared two interests in that he is Vice-Chairman of Herefordshire Health and Well-being Board and that he is a shareholder in Taurus Healthcare, a federation of the GP Practices in Herefordshire.

3 Public Participation

None.

4 Confirmation of Minutes

The Minutes of the meeting held on 25 February 2020 were agreed as a correct record and would be signed by the Chairman.

5 Covid-19 Impacts

Matthew Fung, Consultant in Public Health, led the Board through a presentation of the key impacts of COVID -19 on Worcestershire and the Joint Strategic Needs

Assessment (JSNA) Review. He also set out the findings of the National Public Health England (PHE) reports on COVID -19 and Black, Asian and minority ethnic (BAME) Groups and its COVID -19 disparities review.

Up to 28 June there had been 2,332 confirmed cases of COVID-19 in Worcestershire. This figure had been obtained from Pillar 1 testing, those identified through clinical need and Pillar 2 testing in the wider community. The analysis of the first 1,034 confirmed COVID-19 cases tested up to 20 May had shown that there were slightly more cases in acute care compared to within the community, with a peak of hospital patients at 141. The demographic data revealed that the median age of those affected was 77 years, and for those who had died, 81 years. The split between male and female was roughly even, compared to the national situation where men formed a much higher percentage of those affected by COVID-19. Within this first 1,034 cases, it was reported that sadly there had been 299 deaths, a mortality rate of 29%. In terms of COVID cases by ward, details of the 10 wards with the highest number of cases were provided and it was observed that wards in deprived areas were slightly over-represented. Matt advised that this data would be tracked going forward and merged with other data sets to enable more detailed analysis.

In terms of the PHE report on the disparities in the risk and outcomes of COVID-19, the key risk factors were considered including age, sex, deprivation, ethnicity, care home residency and co-morbidities. These would be the risk groups that the Board would need to keep in focus going forward. A further PHE report on the impact on BAME groups identified inadequate reporting of ethnicity data as a major issue and had recommended mandatory comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care collection systems. Matt commented that some of the areas for improvement identified in the report relied on having a clear understanding of the ethnicity data at the outset.

The Board was informed that work was required to ensure that the Joint Strategic Needs Assessment (JSNA) was updated in light of COVID -19 and the ongoing risks it presented to the population. The initial thinking on a 'Retain, Rethink, Retire' basis was shared with the Board. As part of the JSNA reset collaborative work, it would be important to carry out a Health Improvement Assessment in Worcestershire, a framework for which was provided. The Board also

received details of suggestions as to how local authorities and their partners could seek to mitigate the impact of health inequalities at a local level. Any help or support that partners could offer to mitigate the impact of health inequalities in their local area would be welcomed.

Board members raised a number of issues and queries which were responded to as follows:

- In terms of the Wards with the highest number of COVID-19 cases, Matt was unclear why Bedwardine was one such ward, but through further analysis of the data, a reason might become apparent. They would repeat the hot spot identification over time as well as factoring in any concentration of cases in care homes. It was highlighted that many people were asymptomatic with COVID, so it was clear that many more people were likely to have had the virus than shown in the figures.
- The BAME data for the County's health and care services had evolved over time and was patchy and inconsistent in places. It was reported that the data relating to the COVID cases in Worcestershire to the end of June contained no details on ethnicity, although this had now started to be included. It was vital that there was a clear commitment to undertaking the PHE report's recommendation to ensure comprehensive and quality ethnicity data was available going forward.
- It was agreed that the Board supported taking action to obtain all relevant data and to use this to react appropriately
- Census information, although now 9 years old provided some direction to areas where there were higher levels of ethnic difference in the population. With regard to the migrant workforce and risk assessment in relation to inequalities, the Board was informed that the local authorities were working with partners, including Regulatory Services, to gather information on this workforce. They were also proactively engaging with those communities providing accessible information and advice. Working in partnership was important in being able to address this.
- The 'live' nature of the JSNA was welcomed allowing changes to be made throughout the year and it would be helpful in the commissioning process for use by the local authority and CCG's.
- Peter Pinfield referred to a letter Healthwatch had sent to the Director of Public Health on the PHE

6 Outbreak Control Plan

disparities review in which they sought information on the situation in Worcestershire. The Director of Public Health advised that accurate data collection was key to this. She highlighted, for instance, that in terms of care home residents, there was now a comprehensive support system around care homes with positive engagement and a much better understanding. This would be continued and developed going forward. The Cabinet Member with responsibility for Adult Care suggested that the content of Healthwatch's letter might best form part of a later review stage.

RESOLVED that the Health and Well-being Board:

- 1. Noted the contents of the report and presentation and the National Public Health England (PHE) reports on COVID-19 and black, Asian and minority ethnic (BAME) groups and COVID-19 disparities review.**
- 2. Committed to act on reducing health inequalities, including recommendations from the aforementioned PHE reviews.**

Kath Cobain explained the background to the mandatory requirement for upper tier local authorities to develop an Outbreak Control Plan to oversee and deliver multi agency action aimed at reducing the spread of COVID-19 locally. The Plan, which was now live on the website, provided reassurance in the health protection system, by setting out the local response that would work alongside the national NHS Test and Trace programme and the regional role of Public Health England. The Government had made additional monies available to support local authorities to develop and deliver their plans and Worcestershire had received £2.7M for this purpose.

As part of the local arrangements, the COVID-19 Health Protection Board, led by the Director of Public Health had been established to develop and oversee the delivery of the Plan. Meanwhile a member-led Local Engagement in Outbreaks Board provided a mechanism to engage and communicate with the public on outbreak prevention. The Cabinet Member with responsibility for Health and Well-being was the Chairman and it would report directly to this Board. The daily management of outbreaks would be undertaken by a Local Outbreak Response Team (LORT) comprised of public health and environmental health practitioners and was accessible 7 days a week. The Team had a very proactive role in prevention of

outbreaks as well as responding to a wide nature of complex queries.

Board Members were encouraged to interact with the Plan as it was a dynamic document able to respond to changes in guidance and local learning experiences.

A number of issues were raised by the Board and the following clarification and assurances were provided:

- A greater confidence in the Trace and Testing system had now developed with good capacity in the system and timely communication of results. The triangulation of the data was now crucial to build in context and ensure that any early warning signs of an escalation of cases were identified.
- Access to testing for all NHS staff was readily available as required. With opportunities for more regular testing, decisions would need to be made as to who would benefit the most from this.
- Worcestershire now had a mobile 'pop up' testing system which the Director of Public Health could deploy anywhere in the County to access communities where there was localised need, for example to be more accessible in areas where there was low car ownership. She would welcome suggestions from members as to locations which would benefit from this.
- Following the effective systems now in place in the care home sector, attention was now focussed on the wider care sector and ensuring that domiciliary care received priority when resources needed to be re-deployed to provide support.
- The Outbreak Control Plan took account of the neighbouring partner areas. Joint co-operation and the ability to provide surge capacity across County borders was crucial.
- 80 cases had been dealt with by the LORT team in the past 4 weeks providing advice to schools, businesses and members of the public regarding COVID related issues.
- Ideas about wider dissemination of some of the data to keep the public and organisations up to date with what they could do to help would be shared with the Communications team.

RESOLVED that the Health and Well-being Board note:

- 1. The requirement for a Local Outbreak Plan to be established to oversee and deliver multi-**

7 Health and Wellbeing Strategy

agency action to reduce the spread of COVID-19 locally.

- 2. That the Plan had been developed by a multi-agency COVID-19 Health Protection Board led by the Director of Public Health, and that regular updates would be brought to the Health and Well-being Board.**
- 3. That a Member led Engagement in Outbreaks Board had been established to provide ownership and public-facing engagement and communication for preventing and responding to outbreaks of COVID-19 in Worcestershire.**

Matthew Fung led the Board through a presentation on a refresh of the Joint Health and Well-being Strategy (JHWS). A JHWS was unique to each area and set out a vision and priorities as to what was needed to ensure that the needs identified in the JSNA were met. The current strategy had delivered against 3 key priorities for which detailed action plans were produced. Following an update earlier in the year, the Board received details of progress made against the action plans including a summary of the many key objectives which had been successfully achieved. As well as the progress against the Action Plans, other areas of progress had included social prescribing initiatives and the Make every contact count (MECC) programme.

The evaluation process had also identified areas which required continued focus. With respect to the key priority 'Good Mental Health and Well-being throughout life', two measures were highlighted which were currently significantly worse in Worcestershire than the average across the country, those being School readiness and Dementia diagnosis rate of the over 65's.

The Board was mindful that the JHWS would expire in March 2021 and therefore the process towards the development of a new strategy needed to be commenced. The characteristics of a good JHWS were set out, including the importance of active engagement and involvement of local communities and the opportunity to link with other Strategies or Plans in different organisations. It would be crucial to find ways to engage those who suffered from health inequalities in this development process. It was also highlighted that the Here to Help scheme would provide a useful means of communicating directly with residents.

The next steps would involve scoping out the task, setting up a working group and determining appropriate

means of stakeholder engagement.

A number of issues and observations were raised:

- On health checks, the figure of 49.8% of eligible Worcestershire patients having received an NHS health check between 2014-19 was still too low. It was reported that there were still many unknowns as to why take up wasn't higher and the situation had been exacerbated recently with the COVID-19 situation. Work was being carried out through the JSNA to try and establish why people didn't participate in such initiatives. A pilot scheme was being considered for Bromsgrove to contact with the 1% of over 65's who currently had no interaction with health or social care.
- It was vital that there was confidence in the flu jab service this year with the ongoing risk of COVID-19 and people should be strongly encouraged to take up their invite for a flu jab.
- Healthwatch drew attention to the challenge set out in the evaluation of the action plans which referred to 'larger scale systematic approaches being required to really make an impact on reducing risk of disease and inequalities' and stressed the importance of continuing to move forward.
- The achievements of the JHWS and the detailed work that had been accomplished towards making an impact on the indices of multiple deprivation should be celebrated. The progress achieved through collaborative working in the past few months should also be commended and there was so much opportunity to extend this in the future.

RESOLVED that the Health and Well-being Board:

- 1. Noted the progress made against the Worcestershire Joint Health and Wellbeing Strategy (JHWS) 2016-2021 and agreed to commence and support the development of a new strategy drawing on local need, evidence and consultation.**
- 2. Approved and supported the formation of a working group, including representatives from Public Health, H&W Clinical Commissioning Group, Healthwatch and Districts.**
- 3. Noted the need to adopt appropriate methods of stakeholder engagement to shape the new strategy.**
- 4. Agreed to receive an update on progress made**

8 Children and Young People's Plan

to develop a new Strategy later in the year.

Tina Russell advised that the outcomes and achievements in relation to the current Children and Young People's Plan (CYP) would be presented to the Board at the November meeting.

This update report set out the arrangements in place to refresh the Plan and prepare a revised CYP for 2021 onwards. The new Plan would build on the current progress and respond to the challenges and opportunities which had arisen during COVID-19. The Plan would be informed by the JSNA and the JHWS, the latter which was being refreshed during the same timescale. Key priorities for the new Plan were likely to include mental health, hidden harm and school readiness.

The Cabinet Member with responsibility for Children and Families praised the proactive work of the children's mental health services team. Whilst referrals had reduced for a short period during the peak of lockdown, the impact of COVID-19 was now contributing to an increase in referrals and a peak in demand was expected in a few months. Tina raised an issue regarding the use of on-line services by agencies going forward. Whilst on-line access to services had proved to be very useful during lockdown and would continue to be a helpful means of communication, she raised a note of caution that families needed to have a degree of motivation to access services in this way and many families were not in such a place to do so.

A Member suggested that the young organisers of the Black Lives matter protest in Worcester should be contacted and encouraged to feed their views into the renewal process for the CYP Plan. A further request was made that it be ensured that children and young people with special needs be involved in the process.

RESOLVED that the Health and Well-being Board:

- 1. Noted the arrangements for renewal of Worcestershire's Children and Young People (CYP) Plan 2017 -21.**
- 2. Agreed proposals for its input to the CYP Plan arrangements.**

9 Future Meeting Dates

The future meeting dates for 2020 were noted as follows:

Public meetings (all Tuesday at 2pm) - 29 September

and 17 November 2020

Private Development meeting (Tuesday at 2pm) - 20
October 2020

The meeting ended at 3.55 pm

Chairman

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**HEALTH AND WELL-BEING BOARD
29 SEPTEMBER 2020****COVID-19 HEALTH PROTECTION BOARD QUARTERLY
REPORT: DELIVERING WORCESTERSHIRE'S OUTBREAK
CONTROL PLAN**

Board Sponsor

Dr Kathryn Cobain, Director of Public Health

Author

Hayley Durnall and Rachael Leslie – Acting Consultant in Public Health and
Consultant in Public Health

Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

Health Protection
COVID-19

Safeguarding

Impact on Safeguarding Children

No

Impact on Safeguarding Adults

No

Item for Decision, Consideration or Information

Consideration

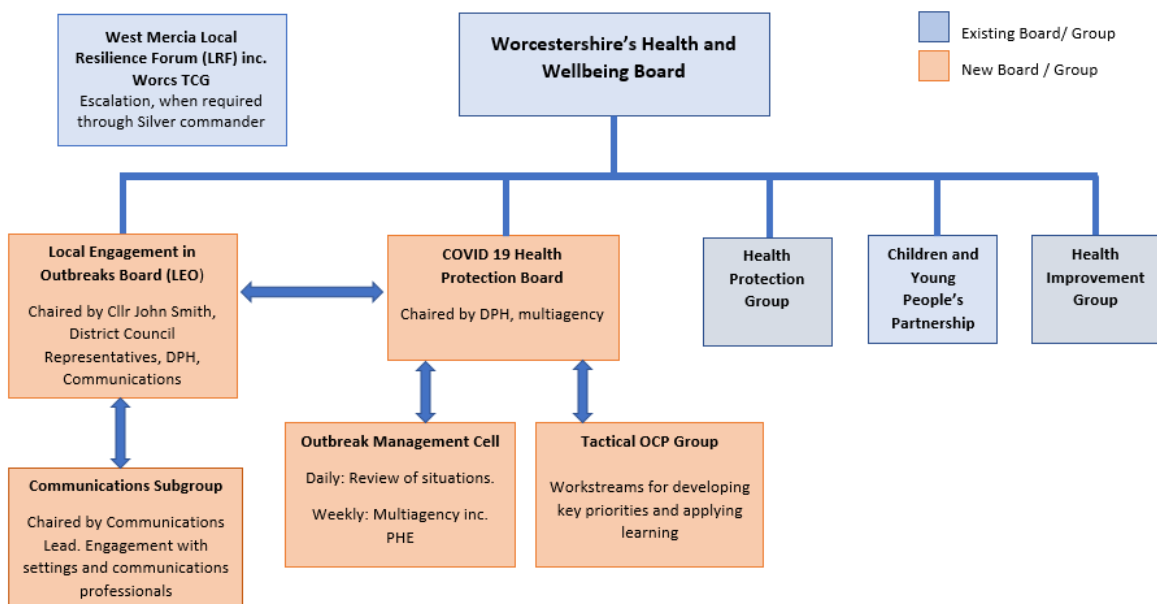
Recommendation

1. The Health and Well-being Board is asked to:
 - Note 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
 - Consider the contribution that Health and Well-being Board partners can make to support surge capacity in the LORT.

Background

2. This first quarterly report from the COVID-19 Health Protection Board will describe the delivery of the Outbreak Control Plan in the initial months of operation as well as an overview of version 1.3 of the Outbreak Control Plan published on 3 September 2020.

3. Each Local Authority was required to produce and publish a Local Outbreak Control Plan (OCP) specific to COVID-19 by 30 June 2020. OCPs are used to describe the arrangements and processes for preventing and managing outbreaks and how the wider impacts of COVID-19 on local communities can be reduced.
4. Alongside the development of the plan, each Local Authority was required to establish a governance system to provide oversight of delivery of the plan and enable Elected Members to lead community engagement in the prevention and response to outbreaks.
5. The OCP is a 'live' document and following publication of additional national guidance, local 'stress test' exercises, and feedback from partners, an updated version 1.3 of Worcestershire Outbreak Control Plan was published on 3 September 2020. The link to access the OCP is listed under Background Papers.
6. The OCP is delivered through a newly formed COVID-19 Health Protection Board and a Member-led Local Engagement in Outbreaks (LEO) Board. These Boards report to the Health and Well-being Board. Terms of Reference for each group are provided as appendices of the OCP. The COVID-19 Health Protection Board provides quarterly reports to the Health and Well-being Board.
7. The COVID-19 Health Protection Board provides public health leadership and oversight of the Test and Trace budget. Membership includes Public Health England (PHE), NHS, Environmental Health and District Councils. A tactical group, the Outbreak Management cell reports to the Board. This group develops key workstreams and provides regular review of situations.
8. The Member-led Local Engagement in Outbreaks (LEO) Board provides political ownership and leads on public-facing communication, engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers.
9. Governance arrangements for the OCP are shown in the diagram below:



Current COVID-19 situation

10. The number of COVID-19 cases are rising in Worcestershire as they are across England generally. Although numbers in Worcestershire are lower than 'hotspot' areas, in the 7 days to 10 September 2020, Bromsgrove, Wychavon and Worcester City have seen an exceedance of 20 cases per 100,000 population.

11. Younger adults (age 18-30) are forming a larger proportion of total cases and focussed communications have been developed, to target this age group. The University of Worcester has welcomed students back under robust COVID secure measures, with Public Health providing in person support and resources at the Welcome Week.

12. The number of positive cases in Care Homes has also increased in recent weeks. A temporary restriction on Care Home visits is in place across the County.

13. Since schools reopened, the The Local Outbreak Response Team (LORT) have received 477 notifications from schools in the first 3 weeks of term, the majority reporting 'possible' cases of children or school staff with symptoms, although there have been some cases in Worcestershire schools where 'bubbles' have been collapsed to enable self isolation of close contacts.

Local Outbreak Control Team

14. The Local Outbreak Control Team (LORT) is operational 9am until 6pm Monday to Sunday. The regional Public Health England team are available out of hours. The LORT is made up of existing Public Health staff working at different tiers with allocated Public Health Consultant support each day. Additional recruitment is underway to increase capacity at supporter and responder level. Environmental Health Officers and Infection Prevention Control Nurses work alongside the LORT.

15. The return of schools, and the observed increase in cases in the community and in different settings has placed significant pressure on the operation of the LORT. Temporary resource has been supplied to work alongside the LORT and there is a need to allocate and train additional staff to support activity at current volumes.

16. A workshop has explored how additional capacity could be developed for the LORT and how daily operation can be streamlined. A number of actions are in progress to bring the LORT into a COVID secure hub in County Hall to facilitate closer working.

17. Closer links with the Environmental Health Officers and Infection Prevention Control staff will be made through secured access to the digital NIMROD system which has been developed to record and track LORT activity. Additional recruitment is underway along with a request to the wider Council and partners to make available staff to provide surge capacity in the event of multiple situations and outbreaks. Training and funds for backfill are available for this purpose.

Legal, Financial and HR Implications

18. The Legal and Policy context section of the Outbreak Control Plan describes the powers available to support the OCP. On 17 July 2020, “The Contain Framework” was published nationally, which outlines the powers available to Upper Tier Local Authorities.

19. Worcestershire has been allocated £2.7m from national funding to enable delivery of the Outbreak Control Plan in 2020/21. The terms of the Public Health Ring Fenced Grant apply to the use of these funds. Allocation and spend is overseen by the COVID-19 Health Protection Board.

20. As the LORT experiences surges in demand relating to escalating and new situations, there is a requirement to draw on staff from the wider County Council and partners, including District Councils and the NHS. Outbreak response and control is a priority and support and flexibility to identify and release staff is required to enable the delivery of the Outbreak Control Plan. Staff redeployed to support the LORT and its functions will be provided training and support. Departments and partners releasing staff will be able to request funds from the WCC Test and Trace budget to backfill existing functions.

Privacy Impact Assessment

21. As appropriate

Equality and Diversity Implications

22. A full Equality Impact Assessment has been carried out in respect of the overall Outbreak Control Plan. Impacts and mitigations are described for protected groups. The recommendations will further support action to prevent and control outbreaks that may affect protected groups.

Contact Points

Specific Contact Point for this report

Rachael Leslie, Consultant in Public Health

Tel: 01905 845431

Email: rleslie@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

Worcestershire’s Outbreak Control Plan:

https://www.worcestershire.gov.uk/info/20769/coronavirus_covid-19/2273/coronavirus_covid-19_outbreak_control_plan (available online)

**HEALTH AND WELL-BEING BOARD
29 SEPTEMBER 2020****ECONOMIC IMPACT REPORT**

Board Sponsor

Simon Trickett, Accountable Officer, Herefordshire and Worcestershire Clinical Commissioning Group

Author

Ruth Lemiech, Director of Strategy & Transformation Herefordshire and Worcestershire Clinical Commissioning Group

Priorities

Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	
Economic resilience and anchor organisations	

Safeguarding

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-Being Board is asked to: review the economic impact report and agree to consider how to take account of these considerations in the formulation of the refreshed Health and Well-Being Strategy and Work Plan.

Background

2. Decisions about the way public resources are allocated and service models configured have material socio-economic consequences beyond their impact on individual citizens. If these wider consequences are known and embraced in decision-making, there is potential to derive greater overall benefit from the investment of each public sector pound.

3. With support from the West Midlands Academic Health Science Network, Herefordshire and Worcestershire STP sought to commission work seeking understand:

- STP current impact on the wider local economy; and
- How that impact might be increased.

4. The intention of the project was to analyse the wider economic impact of all publicly-funded health and social care activities, alongside an assessment of informal care provide by local citizens.

5. The second phase of this work involved an analysis of two potential initiatives, agreed with the project steering group, that could enhance the STP's wider socio-economic impact. The selected initiatives were:

- Reducing the adverse impacts of attending face to face hospital outpatient appointments
- Realising the benefits of providing increased support to informal carers.

6. The initiatives are linked to existing STP priority areas of outpatient transformation and commitment to carers, and the assumptions used in the modelling were either derived from the international evidence base and/or provided by the STP.

7. This work was finalised at the time of lockdown and therefore was not shared at that time. A summary presentation has been prepared and the detailed reports are shared as background papers.

Legal, Financial and HR Implications

8. As appropriate

Privacy Impact Assessment

9. As appropriate

Equality and Diversity Implications

10. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

Specific Contact Point for this report

Ruth Lemiech, Director of Strategy & Transformation H&W CCG

Tel: 07925 891462

Email: r.lemiech@nhs.net

Supporting Information

Appendix 1 – Presentation slides

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- The Economic Impact of Health and Care Services in Herefordshire and Worcestershire Outputs of baseline analysis and potential schemes for modelling (available online)
- Herefordshire and Worcestershire STP Economic Impact Study Phase 2 (available online)

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The Economic Impact of Health and Care Services in Herefordshire and Worcestershire

Outputs of baseline analysis and potential schemes for modelling

Rationale

Public sector services rarely think of themselves as economic actors, but there is a growing sense of the contribution they can make to local growth. *The NHS Long Term Plan* seeks to support wider social goals, including through the concept of the NHS being an 'anchor institution' in local economies.¹

Decisions about the way public resources are allocated and service models configured have material socio-economic consequences beyond their impact on individual citizens. If these wider consequences are known and embraced in decision-making, there is potential to derive greater overall benefit from the investment of each public sector pound.

With support from the West Midlands Academic Health Science Network, Herefordshire and Worcestershire STP is seeking understand:

- a) Its current impact on the wider local economy; and**
- b) How that impact might be increased.**

1. <https://www.longtermplan.nhs.uk/online-version/appendix/>

The NHS as an 'anchor institution'

18. As an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities. Some NHS organisations are the largest local employer or procurer of services. For example, nearly one in five people employed in Blackpool work for the NHS and the Gross Value Added (GVA) from health spending is significantly higher than in areas in the south (over 17% vs 4% in London). Sandwell and West Birmingham Hospitals NHS Trust has committed to deploying 2% of its future annual budget with local suppliers, estimating it will add £5-8 million to the local economy. Leeds Teaching Hospitals NHS Trust is supporting the city's inclusive growth strategy by targeting its employability and schools outreach offer at neighbourhoods in the most deprived 1% nationally and is increasing its apprenticeship programmes by 51% year-on-year. In partnership with the Health Foundation, we will work with sites across the country to identify more of this good practice that can be adopted across England.

#NHSLongTermPlan

www.longtermplan.nhs.uk

Study scope

The intention of the project was to analyse the wider economic impact of all publicly-funded health and social care activities, alongside an assessment of informal care provided by local citizens.

For the baseline phase we were able to access data on:

- primary care
- wider NHS services
- public health and
- adult social care (excluding self-funders).

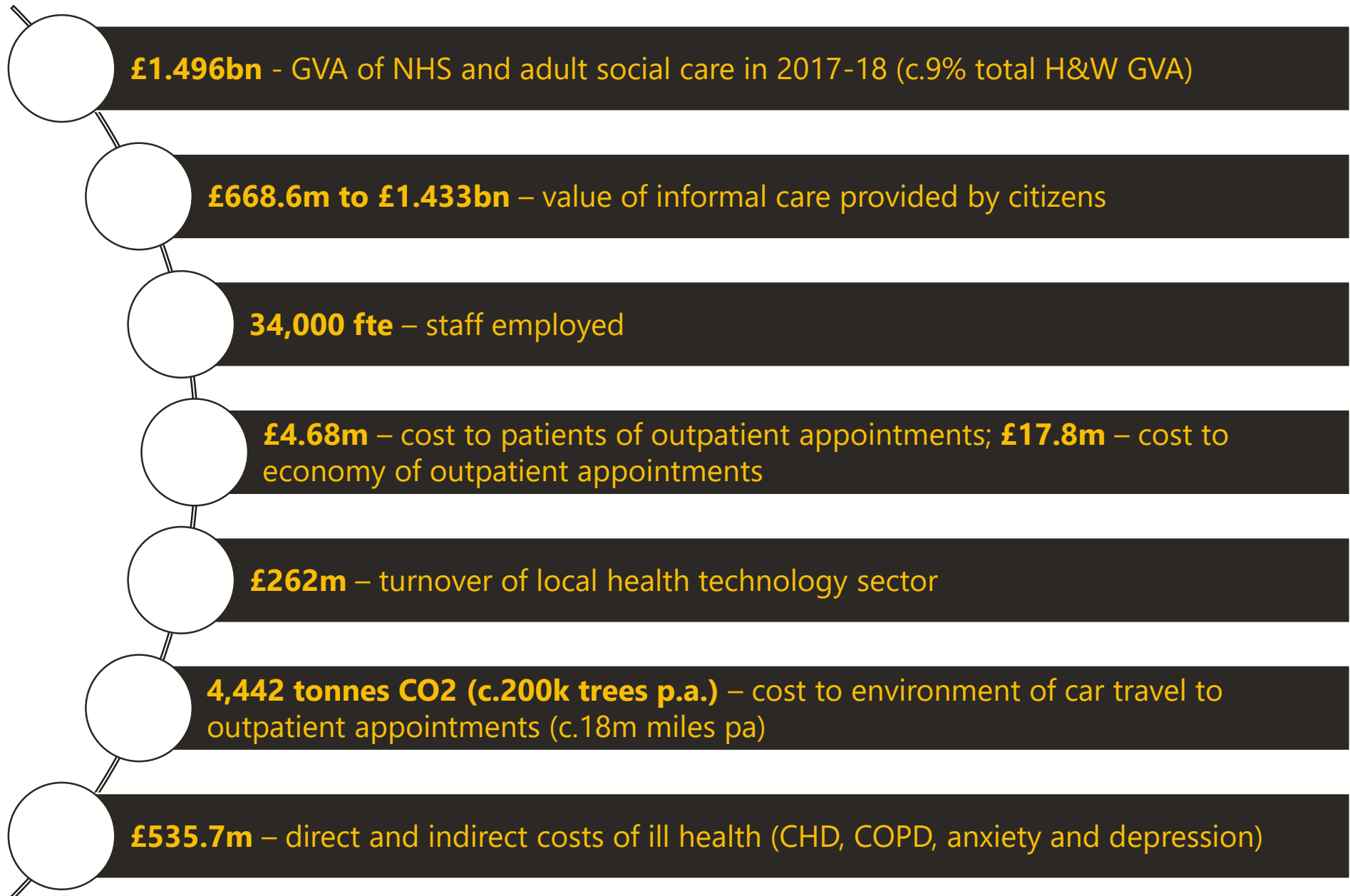
Only limited data on children's social care has been received so this is currently excluded for the analysis, as are ambulance services.

Wider local authority spending was not included within the agreed scope.

Our analysis includes:

- Total expenditure by relevant organisations
- Gross value added resulting from that expenditure
- Employment (broken down by age, to include vacancy levels)
- Productivity
- Value of informal care
- Financial impact of current models of provision on citizens
- Impact of current models of care on the environment (including pollution)
- Economic impact of ill health (CHD, COPD and mental health)

Key findings



The economic impact of health and care provision

£1.496bn - GVA of NHS, adult social care & public health in 2017-18 (c.9% total GVA)

Total NHS GVA

Using the income model of GVA calculation, the GVA of the NHS in the STP is **£1.176 bn**.

In addition:

- There is spending on goods and services of **£706.7m** that generates additional value in other sectors.
- The c.11,000 local NHS employees help generate a further **3,754 local jobs in other sectors**.

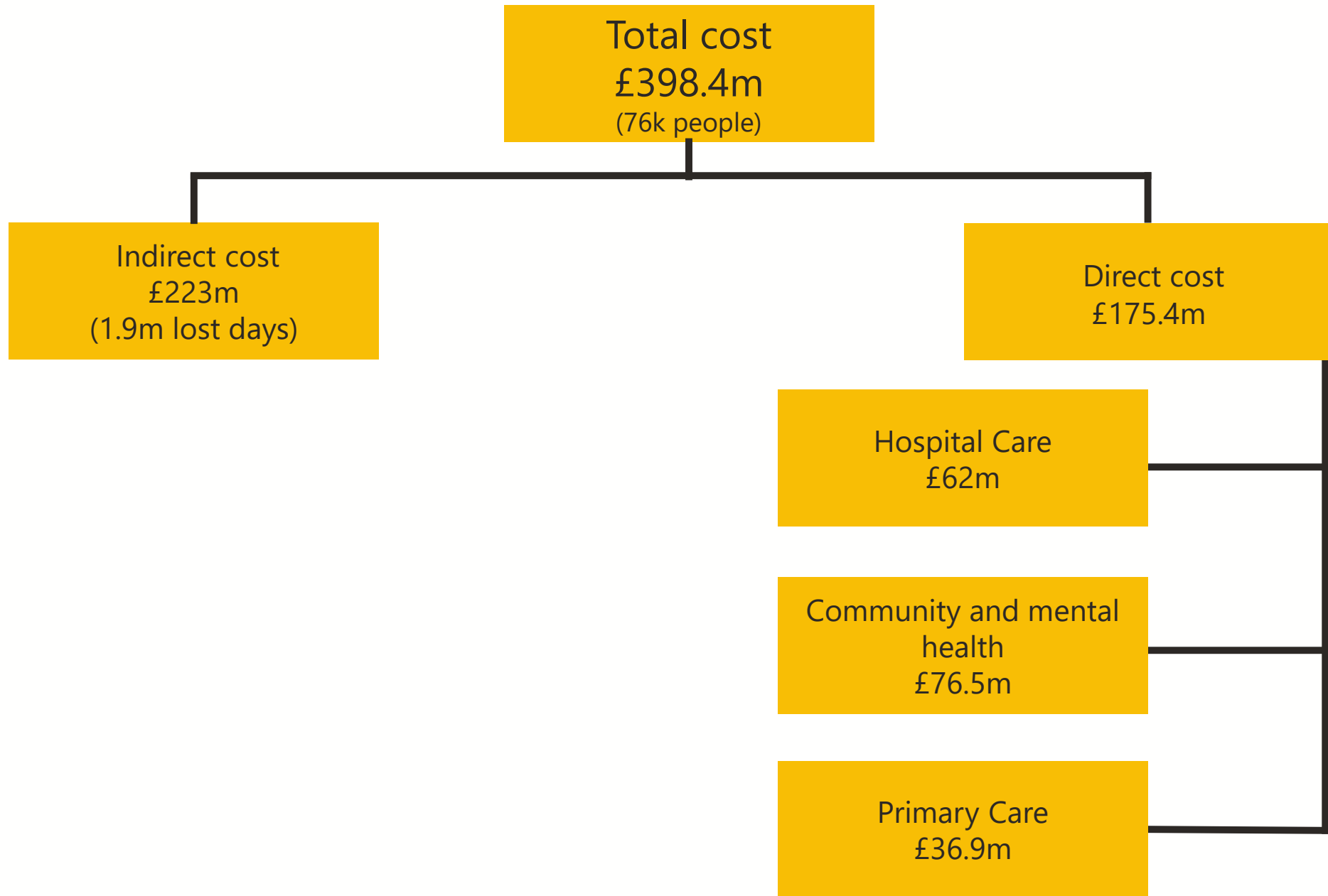
Adult Social Care and Public Health

Using the expenditure model, the GVA of adult social care and public health spending in the STP is **£273.1m** and **£47.8m**, respectively. The c.16,000 local employees help generate a further **7,326 local jobs in other sectors**.

Informal Care

The economic value of the informal care provided by local citizens is estimated to be between **£668m** and **£1.432bn** annually.

Economic impact of anxiety and depression



Reducing the adverse impacts of hospital outpatient appointments

The initiative

Rationale

Outpatient appointments are commonly identified as in need of transformation. There are increasing numbers of appointments, spiralling costs and a considerable number of appointments are cancelled, or patients do not attend. The NHS Long Term Plan highlighted that the model is outdated and unsustainable and it aims to reduce face-to-face appointments by 30% by 2023/24.

Intervention

Avoiding unnecessary outpatient appointments and converting those remaining appointments that do not require face-to-face contact to be delivered virtually.

Impacts

- Reduced environmental impact and potential associated long-term health impact
- Increased economic value from productivity of working-age population
- NHS cost savings/efficiencies
- Reduced patient travel costs

Realising the benefits of providing increased support to informal carers

Phase one results: Value of informal care

In addition to public sector investment in health and care services, local citizens provide care for their friends, relatives and neighbours. That care can be allocated an economic value, in addition to its direct value to those who give and receive it. We have estimated the annual value of informal care across the STP in two ways:

£668.6m p.a.

The opportunity cost of the **leisure time** foregone by informal carers.

£1,432.9m p.a.

The cost of replacing informal care with **funded home care.**

The home care estimate is comparable to total NHS spend in the STP. Tables on the following slide provide a breakdown of these values by geography and employment status.

The initiative

Rationale

Informal caring responsibilities borne by those who are employed or who are economically inactive but would like to return to work can be detrimental to the health and wellbeing of those carers, leading to increased absence from work.

Intervention

The initiative is concerned with providing additional information and support services for informal carers of working age. This support would be an initial one hour face to face meeting at a GP practice with a family support worker. This could include; providing initial information about how to provide effective and productive care, learning how to cope with their caring responsibilities and highlighting where they can access help. There would then be a number of follow-up sessions with content based on needs of the informal carer.

Impacts

- Increased productivity
- Reduced workforce turnover
- Reduced benefits payments.

Results: base case scenario

The model and its assumptions estimate that an **investment of £1.2 million** from health and organisations in additional support to just 10% of informal carers could **generate an economic benefit of over £10.7 million**. This is made up of four main economic benefits of the intervention:

- **Out of work participants finding and maintaining employment.** These individuals are assumed to fill HtFV, so could contribute additional output to the local economy. This is equal to **£9.8m** and makes up the largest proportion of the benefit.
- **Employed individuals being supported to stay in employment,** when in the absence of the intervention they would have ended their employment to provide informal care. This is estimated to be worth **£0.4m**.
- **Employed carers spend less time absent from work** due to the support and guidance they receive. This is estimated to be **£0.3m**, with most of this due to a reduction in the absence required to provide informal care.
- The **benefits paid to people who are out of work are reduced.** This has been estimated to be **£0.1m**. The change in benefit payments is not a local economic benefit, but an interesting impact of the intervention.

It should be noted that in reality, it may not be possible to fill all these HtFVs with informal carers. This will decrease the economic impact of the initiative.

Opportunities to increase social and economic value



Being a good employer

1. Supporting health and wellbeing of staff
2. Supporting fair pay and conditions of employment
3. Supporting professional development and career progression

Shifting more spend locally

1. Building local capacity and supporting local supply chains

Embedding social value into purchasing decisions

1. Prioritising and monitoring social value
2. Building organisational capability and capacity for social value

Widening workforce participation

1. Targeting positions for local people
2. Understanding local demographics and opportunities
3. Creating pre-employment programmes, work placements and volunteer work experience

Building the future workforce

1. Engaging young people and supporting career development
2. Increasing the number and types of apprenticeships

Adopting sustainable practices within the NHS

1. Developing leadership and staff buy-in for environmental sustainability

Influencing sustainable practices in the community

1. Helping shape community environments and behaviours and influencing local suppliers

Expanding community access to NHS property

1. Enabling local groups and businesses to use NHS estates

Converting and selling estate for community benefit

1. Supporting access to affordable housing or housing for key workers using NHS estate
2. Working in partnership across a place to maximise the wider value of NHS estates
3. Developing accessible community green spaces

**HEALTH AND WELL-BEING BOARD
29 SEPTEMBER 2020****GOVERNANCE AND DELIVERY OF THE INEQUALITIES
WORK PROGRAMME**

Board Sponsor

Simon Trickett, Accountable Officer, Herefordshire and Worcestershire Clinical Commissioning Group

Author

Ruth Lemiech, Director of Strategy & Transformation Herefordshire and Worcestershire Clinical Commissioning Group

Priorities

Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	
Inequalities	

Safeguarding

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-Being Board is asked to: note the proposal to strengthen the focus on inequalities in Worcestershire, supported through a system wide board across Herefordshire and Worcestershire.**

Background

2. A collaborative approach to tackling inequalities is being taken as we restore and recover our services. The Sustainability and Transformation Partnership (STP) group will drive the system-wide approach tackling health inequalities as services are recovered and restored. The STP executive lead for inequalities will chair our STP Inequalities Group which will also be supported by both of our Directors of Public Health. The STP Inequalities Group will support the work of the Health and Wellbeing Boards (HWBB) in each county. The HWBBs are currently refreshing their strategies and will align these to focus on inequalities through the restoration and recovery period. Our STP Outcomes Framework is being developed to support a focus on inequalities.

3. Herefordshire and Worcestershire STP are taking a system-wide collaborative approach to tackling inequalities during restoration and recovery, including:

- Promoting the importance of data collection to all health and care professionals and VCS partners. Ensuring that datasets are complete and timely will underpin an understanding of and response to inequalities across the system, as referenced in the Phase 3 letter. Population health profiles for PCNs will raise awareness in Primary Care, in preparation for the expected health inequalities DES in April 2021.
- Developing the role of anchor organisations to act as exemplars in promoting staff health and wellbeing, with our STP workforce being at the vanguard of this. Work will focus around equitable approaches to procurement practices, creating local employment, understanding and overcoming barriers to employment of local people/ use of estate of anchor organisations by local communities.
- Taking a strengths-based approach to our community development and engagement work through local initiatives such as Here2Help in Worcestershire and Talk Communities in Herefordshire, working with our VCS.
- Strengthening equality impact and risk assessments (EIRA) on service changes and service redesign. Undertaking impact assessments is helping us to identify key risks to the groups identified when accessing services post-COVID. We now have an agreed STP wide EIRA approach and these are being routinely completed for all work programmes.
- Developing our Population Health Management approach- infrastructure, intelligence and intervention. Better utilising the skills of our BI workforce and developing PHM capability through PHM training for our analysts, enabling better identification of, and proactive support for, vulnerable individuals or groups.

4. This work will be supported by STP membership of a regional Decision Support Unit. The Decision Support Unit proposition emerged as an approach to making best-use of analytical capability within systems, as well as a method for developing and joining up decision-making resources, learning and expertise across the Midlands. H&W CCG have paid for membership of the network in year one, to enable us to evaluate the benefits. The DSU Network will facilitate the acceleration of our work around inequalities, promoting a population health management approach and sharing learning from across the region.

Legal, Financial and HR Implications

5. As appropriate

Privacy Impact Assessment

6. As appropriate

Equality and Diversity Implications

7. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

Specific Contact Point for this report

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Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- Inequalities in Covid restoration and recovery plans (available online)

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