

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