

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 10 December 2020 Via MS Teams - the meeting will be available to the public at <https://buckinghamshire.public-i.tv/core/portal/home10.00> am and concluding at 11.53 am.

Members present

G Williams, Dr R Bajwa, A Macpherson, Dr J O'Grady, G Quinton, I Darby, J Baker, R Majilton, Dr S Roberts, Dr J Sutton, D Williams, M Gallagher and K Higginson

Others in attendance

K McDonald, S Taylor, Z McIntosh, R Barker, Ms L Hurst, K Parfitt, Ms D Richards, F Habgood and S Preston

Agenda Item

1 **Welcome**

The Chairman, Councillor Gareth Williams, welcomed everyone to the meeting.

2 **Apologies**

Apologies were received from Dr Karen West, Vice-Chairman and Clinical Director, Buckinghamshire Clinical Commissioning Group (CCG); Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust (BHT); Tolis Vouyioukas, Corporate Director, Children's Services, Simon James, Service Director, Education attended in his place; Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust, Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust attended in his place.

Juliet Sutton, Clinical Director Children's services Buckinghamshire CCG and Councillor Angela Macpherson, Cabinet Member for Adult Social Care, joined the meeting a little after the start due to prior commitments; Francis Habgood, Independent Safeguarding Joint Chair, joined the meeting for item 12 – Safeguarding Board Annual Reports.

3 **Announcements from the Chairman**

There was no announcement from the Chairman.

4 **Declarations of Interest**

Dr Raj Bajwa declared an interest in Item 8; The Integrated Care Partnership (ICP) Update, the Covid Vaccination Roll Out Plans due to being a GP.

5 Minutes of the previous meeting

Katie McDonald, Health and Wellbeing Lead Officer, stated that the work programme had been taken forward and all specific actions had been completed. In relation to the action under Item 11 - Update on Joint Health and Wellbeing Strategy Engagement, Happier, Healthier Lives - a shared plan for Buckinghamshire; a workshop had been held and the information received had been fed back to the partners.

RESOLVED: The minutes of the meeting held on 6 October 2020 were AGREED as an accurate record.

6 Public Questions

The Chairman advised that a question pertaining to maternity ward visiting had been received by the Health and Wellbeing Board; the issue had been resolved and the response had been sent to the resident. The question was not read out during the meeting but, as stated by the Chairman, had been included in the minutes for information.

Question

The anxiety experienced by women undergoing pregnancy was being dramatically compounded by the existing Covid restrictions at Stoke Mandeville hospital. Partners were not able to join any of the scans (in the case where the 12 week scan fell before that specific restriction was lifted) or consultant appointments and may be excluded from the labour ward at the point during early labour when critical decisions may be needed.

Now that the broader lockdown restrictions had been lifted, it would seem an appropriate time to reconsider these draconian policies and, in particular, better reflecting the counterbalance of the importance of emotional support at all times for the expectant mother. Would the committee support positive action to address this deeply unsatisfactory position?

Response

Since the beginning of the pandemic Midwifery had undertaken risk assessments of all clinical areas with the intention to support presence of partners in maternity as far as possible. Whilst lockdown had lifted, the restrictions within tier 2 remained stringent.

The Head of Midwifery had confirmed that partners were no longer restricted on admission for assessment in labour/early labour. The maternity unit also had partner presence during induction of labour for 12 hours a day and 2 hour visiting in the afternoon for partners.

With regard to presence at scans and outpatients there were several factors to consider and it was a little more complicated. Partners were currently being accommodated at 12 week scans. Unfortunately this was not possible at all scans. This was due to the size and design of the scan rooms being only just adequate to

maintain social distancing as well as making sure the Trust was still able to provide scans in accordance with clinical need and the national screening programme. This was not intended to be discriminatory; the risk assessment recommendation was based on the length of scan time (the 20 week scan was considerably longer increasing the length of exposure time to staff); and it was recognised that the 12 week scan was an important moment for women and partners to visualise their baby for the first time).

7 Health and Wellbeing Board Recovery Plan and Joint Health and Wellbeing Strategy Action Plan for Year 1

Dr Jane O’Grady, Director of Public Health, provided a presentation (slides 1-12), appended to the minutes, and highlighted the following key points:

- The data covered the period 29 November to 5 December 2020.
- Buckinghamshire was in tier 2; the tier level was due to be revised on 16 December 2020 as legislation stated that tiers were reviewed fortnightly.
- The tier level was determined by the all ages weekly infection rate; the over 60s weekly infection rate; test positivity; trend and rate of growth; hospital pressure and other local factors.
- Slide 3 provided the weekly detection rates and tiers; locations on the dotted line were where the case rate had remained the same; a location above the dotted line indicated that rates had fallen; locations shown below the dotted line were where rates had increased. The distance of the location from the dotted line indicated the level of increase or decrease.
- Slide 4 showed the impact of the second lockdown on Buckinghamshire. A reduction in the number of cases would have been expected until 9 December 2020; however, the cases started to increase before the end of the lockdown. Buckinghamshire had entered and exited lockdown at almost the same level; lockdown had worked but the key message was that cases were already on a steep incline and there was concern that the rates would escalate dramatically.
- Slides 5-8 showed the rates for the legacy council areas.
- Slide 9 was a ‘heat map’; the darker the purple colour the higher the rates.
- The excess deaths had crept up in weeks 47-48.
- There was a new interactive website which provided the data – visit www.buckinghamshire.gov.uk/covid-dashboard.

Katie McDonald introduced the Health and Wellbeing Recovery Action Plan which had been included in the agenda pack and was part of the wider Buckinghamshire Plan; there were ‘three R’s to recovery’ – reset, restore and resilience. K McDonald explained that the Health and Wellbeing Board (HWB) had oversight of the recovery plan which set out the framework for Buckinghamshire in terms of the social, economic and environmental challenges which had occurred from the COVID-19 pandemic. At the start of the year, the HWB had started developing its Joint Health and Wellbeing Strategy Action Plan and the Board agreed that it would align its first year of delivery with the Recovery Plan, therefore the action plan linked across with the Integrated Care Partnership recovery plans. K McDonald emphasised that the

action plan was at a draft stage and encouraged further input from partners before it was published in the New Year. It had been agreed that the HWB would be presented with a different section of the plan at each meeting in order to monitor the success of the action plan. K McDonald asked the HWB to support the action plan; a revised version would be circulated in the New Year.

Sarah Preston, Public Health Principal, provided a presentation (slides 13-16), appended to the minutes, on two healthy behaviours actions that were included in the year one action plan.

Food Poverty, Grow to Give – this community led project, developed as a result of Covid, enabled surplus fruit and vegetable produce from allotments and back gardens to be donated to support food banks and community fridges; approximately 1.5 tonnes of produce had been donated this year. Funding was being provided to enhance and expand the community project, developing the infrastructure for sustainability and helping volunteers build skills and connections so the surplus food could continue to be shared once the funding ends. A number of allotments in priority areas across the county would be given focused support and the provider would also develop and promote resources to support any community in Buckinghamshire who wanted to grow to give. S Preston asked the HWB for support to help promote the project once the growing season started in 2021.

Community Food Growing and Cooking – to support communities across Buckinghamshire to develop sustainable community-led growing and cooking projects with a focus on growing and cooking on a low income. It would be a countywide offer with intensive support in the communities with the highest poverty levels (High Wycombe, Aylesbury, Buckingham, Chesham and Wexham and Iver West). All communities in Buckinghamshire would be able to access online tool kits, resources, support and training to help set up community growing projects. Expert gardeners would support a network of volunteers to develop the growing sites within their communities with funding and starter kit to set up sites in the priority areas. Initially, the focus would be on the growing element; the cooking element of the project would be developed during 2021. S Preston asked the HWB to identify communities and volunteers who might be interested as well as any potential growing sites and existing projects that were already underway to ensure they were linked up and to avoid duplication.

A Community Approach to Reducing Sedentary Behaviour - Covid-19 had increased sedentary behaviour by approximately 30%. This project aims to promote achievable, sustainable and long-term behaviour change to help people build new habits and reduce sedentary behaviour. As a by-product it would increase physical activity, particularly for those who would not consider getting more active in any other way. The project would work closely with local residents and stakeholders to develop, promote and sustain the project and ensure it was relevant, accessible and culturally appropriate for the communities involved. It would be delivered in a Covid secure way and embedded in local assets e.g. schools, care homes, parks, GP

practices and retailers and be tailored for each asset. Home packs would be available for the socially isolated and housebound residents. All the different elements would be joined up with a community approach as the more places people hear the messages the more likely it was that they would take action and start building changes into their everyday routine. Pilot locations had been identified in High Wycombe and Aylesbury and the pilot project would be tested and evaluated. S Preston asked for engagement and support from the HWB to promote the pilot and engage key assets.

Whole Systems Approach to Obesity - Excess weight was one of the modifiable risk factors in Covid-19; obesity is a complex issue which required input from a wide range of stakeholders to make a difference. The Public Health England Framework had set out a cyclical process to follow a number of phases starting with building the local picture, mapping the local system, followed by collaborative action planning and prioritisation in order to develop and manage a system network which would be regularly reviewed and refreshed to ensure it was effective. It would be a long-term project with short, medium and long-term actions to address obesity levels across Buckinghamshire. The process would start in January 2021 and S Preston asked for the HWB's support.

The following points were raised in discussion:

- Katie Higginson, Chief Executive Officer, Community Impact Bucks, was fully supportive of the projects and emphasised that they would reduce social isolation and address food poverty. It was agreed that S Preston would attend a Voluntary Community Sector Recovery Board meeting to cascade the message to volunteers.
- Following a suggestion that the growing and cooking project could be linked into primary schools; S Preston stated that this would be considered for every growing site developed. In the first phase a growing site in school grounds was unlikely due to covid restrictions, however, this would be considered in the future.
- In response to a question on the duration of the funding that was being provided; S Preston advised that, initially, most of the projects were currently funded for the first year with some funding to support sustainability in the second year. All the projects would have sustainability built into them from the start as well as providing support to communities to identify new funding opportunities if required to support their community led projects.
- S Preston confirmed that discussions were taking place with the Community Boards to identify land for growing sites and engage target communities. It was suggested that the Parish Councils be contacted to find out if there were any unused allotments.

Promoting Mental Health and Wellbeing in Recovery - Louise Hurst, Public Health Consultant, provided a presentation (slides 17-21), appended to the minutes. The Covid-19 pandemic had impacted the mental wellbeing of people of all ages resulting in an increase in demand for mental health services. As well as the impact

on people's mental health for those who had had Covid-19 or lost family and friends due to the virus, there had also been the challenge of dealing with the lockdown and the economic shock that had to be faced going into recovery. A new way of working was developed early in the pandemic and a strategic group, co-chaired by Louise Hurst and Donna Clarke, Oxford Health NHS Foundation Trust, was set up and included representation from the CCG, Primary Care, BHT and the VCS. The Mental Health Strategic Group had been established and now worked alongside the active VCS Response Group which had helped identify the vulnerable groups and develop the priorities. There had been a number of key achievements across Buckinghamshire since the start of the pandemic, the continuation of which formed part of the action plan.

Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust, added that a huge amount of work had been carried out across the system. D Richards provided an update on the mental health helpline which was a free phone number with mental health professionals based in the 111 control room. It was a 'One Stop Shop' and since it was launched almost 4,000 callers had accessed support. The Oxford Health website contained a large number of self-help resources and easy to read materials that had been developed with service users and carers. Partners in MIND were working in partnership with Oxford Health on the safe havens and a large amount of work was being undertaken to support callers to cope with the second wave.

The following points were raised in discussion:

- Dr Juliet Sutton reported that admissions for respiratory illnesses in children had decreased but there had been an increase in the number of admissions of children with mental health issues. There was a feeling of extreme tiredness across the workforce, resilience was low and the workforce needed to be looked after.
- It was noted that there was a lack of awareness by staff in care homes of the wider mental health support that was available. A weekly newsletter was sent to all the care homes in Buckinghamshire and had previously signposted staff to the mental health resources and it was agreed that the information should be included again.
- The phone numbers for the 24/7 mental health [helpline](#) were provided:
Adults: 0800 783 0119 or 01865 904 997
Children and young people: 0800 783 0121 or 01865 904 998.
- A member of the Board emphasised that it was a collaborative effort and the mental health services had been provided throughout the pandemic; access had increased and repeated communication was needed to cascade the message.

RESOLVED: The Health and Wellbeing Board:

- **RECEIVED an update on the Health and Wellbeing Recovery plan and the plans for publication of the Joint Health and Wellbeing Strategy in early 2021 at the meeting.**

- **APPROVED** the action plan for year one included in the report.
- **COMMITTED** to delivering the action plan and provide regular updates to the board on progress.
- **RECEIVED** an update on two priority areas. **Keeping residents healthy (supporting healthy behaviours) and Promoting Mental Health and Wellbeing at the meeting.**

8 Integrated Care Partnership (ICP) Update

David Williams, Director of Strategy, BHT, reported that the hospitals were at the peak of the second wave in terms of admissions; there were 65% of the number of cases seen at the peak of the first wave which was resulting in pressures on bed capacity as Covid-19 patients had to be kept separate in the hospital and in intensive care. Some wards had been closed due to Covid-19 outbreaks but routine patients were still being seen throughout the services. During the first wave, elective surgery and outpatients were ceased but this had not happened during the second wave. 98% of patients with suspected cancer were seen within two weeks of referral and 85% received treatment within 62 days. D Williams stressed that the NHS was open and anyone with symptoms or health concerns should seek support from their GP; acute services would see patients as normal. A separate unit had been opened to reduce the backlog of cataract patients.

Winter plan – Direct appointments were now being made via calls to NHS 111 to direct patients to the most appropriate service and avoid over-crowded waiting rooms; it had been successful and would grow over time. A new same-day emergency care centre had opened next to the A&E unit for patients in need of a multi-disciplinary assessment; this made more space in the A&E department for seriously ill patients. D Williams thanked colleagues across the system that had assisted in getting patients home as quickly as possible. Frontline staff were being tested for Covid-19, using lateral flow tests, in order to identify asymptomatic staff that would then have to isolate.

The following points were raised in discussion:

- In response to being asked how long it would take to reduce the backlog of cataract patients to an acceptable level; D Williams stated that it would take at least 6-12 months and that it was critical to keep the Covid-19 infection rate down to avoid ceasing routine surgery.
- D Williams confirmed that anyone who needed an urgent operation would have one; however, the largest areas of awaited surgery were hip and knee replacements.
- The Chairman asked if BHT had extra surge capacity. D Williams stated that there was additional capacity available at Amersham Hospital for rehabilitation but acknowledged that there was only a finite number of beds for acutely ill patients and if Covid-19 numbers rose they would have to look at routine surgery and divert beds and staff to the seriously ill.

Adult Social Care Winter Planning and Winter Resilience - Gill Quinton, Corporate

Director, Adults and Health, advised that their role was to support resilience of the whole system, including the acute sector and primary care, by supporting people to live at home, to help avoid hospital admissions and to support people to get home quickly if they were hospitalised. Care homes received a weekly newsletter and were supported with additional personal protective equipment (PPE) and training in the use of PPE. Care homes were provided access to other services including enhanced health support via primary care. The Council set up a process to deliver free PPE, which was distributed via hubs across the county but care homes could also access PPE by the government portal. Care providers regularly tested staff and residents for Covid-19 and the Government was now rolling out lateral flow testing into care homes; five care homes in Buckinghamshire were providing flow testing for visitors. Planning had started on the roll out of the vaccination programme; staff were being prioritised into different categories for access to the vaccine. The Service had supported the rapid discharge programme from hospital and there was a new pathway to discharge into a residential care environment to assess their needs. The Chartridge Service, based in Amersham hospital, was a new service but was not a hospital service. The service provided 15 beds for people, who were still testing positive for Covid-19 but were beyond the infectious period, with a place to recuperate before returning to a residential care home.

The Covid-19 Vaccination Roll Out Plans - Richard Barker, Corporate Director for Communities, provided a presentation (slides 22-29), appended to the minutes, and advised that he was providing local leadership and logistical support in the deployment of the Covid-19 vaccine across Buckinghamshire working with Health and NHS colleagues who were taking the lead on the overall delivery. R Barker emphasised that the rollout of the vaccine was being prioritised for those at greatest risk of harm and that residents should not contact their GP as residents would be contacted in due course regarding their vaccination. Communications would be issued and the NHS would contact residents.

The following points were raised in discussion:

- A member of the board commended the system on the swift set up and asked how the message would be communicated to residents. Martin Tett's newsletter was consistent and went to approximately 220,000 email addresses but more was needed and it was noted that Healthwatch Bucks and the VCS had a role to play in cascading information. It was confirmed that Kim Parfitt, Head of Communications, Adult Social Care, CCG and ICP would provide co-ordination on the communications when there was a clearer understanding of the delivery arrangements and the supply of the vaccine.
- In response to a query on how less mobile residents would get to the vaccination centres, R Barker stated that the next step was to understand whether any residents would have issues accessing the local fixed sites and whether there were any community transport requirements. It was also confirmed that residents and staff in care homes would receive the vaccine directly in their care home. Katie Higginson added that there was a large

pool of capable volunteers available and that she was in discussion with the Council and the CCG to discuss the opportunities to use volunteers.

Health and Care Survey - David Williams stated that a community engagement survey was carried out in July 2020 to find out what was working well and which areas needed improvement. Over 2,800 survey responses were received and D Williams thanked the Council and Healthwatch Bucks colleagues for their support. The majority of responses were from women; 92% were from the white population; more engagement was required from men and the black, Asian and minority ethnic (BAME) community. Phase two of the survey would involve focus groups being held with carers, young people and the BAME community; the results would be presented at the next HWB meeting. The survey had shown that many people were receptive to messages regarding health promotion and life choices and found digital appointments more convenient. However, it was recognised that patients also needed face to face appointments. Patients were asked whether they were willing to travel for one off appointments or treatments and feedback showed that an earlier appointment was more important than distance. Two thirds of residents would prefer to complete recovery at home through support

RESOLVED: The Health and Well-Being Board NOTED the analysis of the community survey which would be used to shape the development of health and social care services in Buckinghamshire. The Board NOTED further work in focus groups and one to one interviews during December 2020 to provide additional engagement especially from BAME communities and disadvantaged groups.

ACTION: D Williams to report back at the next meeting.

9 Social Isolation Project Progress Report

Katie McDonald, Health and Wellbeing Lead Officer, stated that the report included in the pack, provided an update on the progress of the social isolation project which had been agreed in December 2019. Task and finish groups had commenced in January and February 2020, but had to pause due to Covid-19, and had re-grouped in September. A multi-agency workshop had identified potential quick wins e.g. the development of the Bucks Online Directory which had been updated and relaunched in 2020 to support the COVID response and the opportunities to link with the new Community Boards as well as the fantastic work of the voluntary sector. The report also outlined proposals to be taken forward, some of which had been reconsidered due to the pandemic. There was social isolation across all age groups; the Health Impact Assessment had shown that 23% of respondents said they were lonely and socially isolated. The report proposed that the multi-agency task and finish group continue to develop a screening tool incorporating new learning and aligning with MECC (Make Every Contact Count) principles. It was proposed that the ethos of the community led projects also be taken forward utilising the learning from the Design Council; while sharing new research and learning across the system with the potential of setting up a multi-agency social isolation forum to ensure that stakeholders and the community boards were linked to best practice and shared learning.

RESOLVED: The Health and Wellbeing Board RECEIVED the update on the Social Isolation projects and APPROVED in principle the proposals for progressing the project.

10 Health and Wellbeing Board Work Programme

Katie McDonald, Health and Wellbeing Lead, requested that the Board members provided her with any final comments on the Health and Wellbeing Recovery Action Plan. The Board also needed to agree which priorities would be focussed on at future meetings.

ACTION: Si Khan

K McDonald also highlighted that the HWB had committed to providing data and holding workshops with the Community Boards to help them identify health and wellbeing priority areas for inclusion in their own action plans.

The Chairman advised that Katie had a new role in the Localities team; he thanked her for her hard work and added that he was looking forward to working with Si Khan, Business Manager for the HWB, in the future.

11 An Update Report from Healthwatch Bucks

Zoe McIntosh, Chief Executive, Healthwatch Bucks, advised two reports would be published before Christmas; 'Open for Business' and 'The Care Homes Report'. The Chairman commented that the 'Coronavirus Community Voices' report and the 'Your Experiences of Services during the Coronavirus Outbreak' had six recommendations in each. Z McIntosh confirmed that there had been positive feedback from the service providers and that the recommendations would be followed up.

Jenny Baker OBE, Chair, Healthwatch Bucks, commended the Healthwatch team as it had been a challenging time for everyone but a lot had been achieved during lockdown. The allocated funding had been used sensibly and would be used even more productively going forward to avoid duplicating research. The Chairman agreed that co-ordination was important, particularly in the planning of surveys.

12 Safeguarding Board Annual Reports

The Chairman welcomed Sir Francis Habgood, who advised he had been the Independent Chair of the Adults and Children's Safeguarding Boards since August 2019. He emphasised that he did not represent any of the single agencies that sat on either the Partnership or the Board but represented the partnerships, the communities and all the organisations served to ensure that people were safeguarded in Buckinghamshire. The legislation on the structure of the children's partnership had changed; it had moved from a board to a partnership and the three statutory partners (the local authority, CCG and the Police) had equal and joint responsibility. The Adult Safeguarding Board was a statutory partnership co-ordinated by the local authority and the arrangements had been reviewed before Sir Francis became the Independent Chair.

There was now a single business unit which helped in delivering some of the key issues, particularly, the transition from childhood to adulthood and common themes. A learning and development plan had been implemented which set out the responsibility of the Partnership and the Board and how it would support the delivery of key training and awareness raising. The business plans had been published for both Boards on the new websites. A performance framework would be developed to monitor the number of referrals, quality and audit of the Boards. Case reviews would be carried out in order to learn from when things went wrong. Making safeguarding personal was particularly relevant for adults but the principle of understanding the impact from a baby to an adult and the family concerned was important.

Sir Francis stressed the importance of the links between the different partnerships in Buckinghamshire, i.e. the Safeguarding Partnerships and the Board, the HWB, The Community Safety Partnership and the new Domestic Abuse Board which would be set up in April 2021. Regular meetings would ensure that common themes were identified and that it was understood which board was responsible for particular issues. Sir Francis acknowledged the effect of Covid-19 and advised that mental health was also a key issue in the safeguarding environment.

The Chairman thanked Sir Francis for his hard work and for imposing rigour on the Safeguarding Boards.

- 13** **Date of next meeting**
Thursday 18 February 2021.

This page is intentionally left blank



COVID-19 in Buckinghamshire Update

Data for cases from 29 November to 5 December

Dr Jane O'Grady

Health and Wellbeing Board



Tiers

Buckinghamshire currently in tier 2

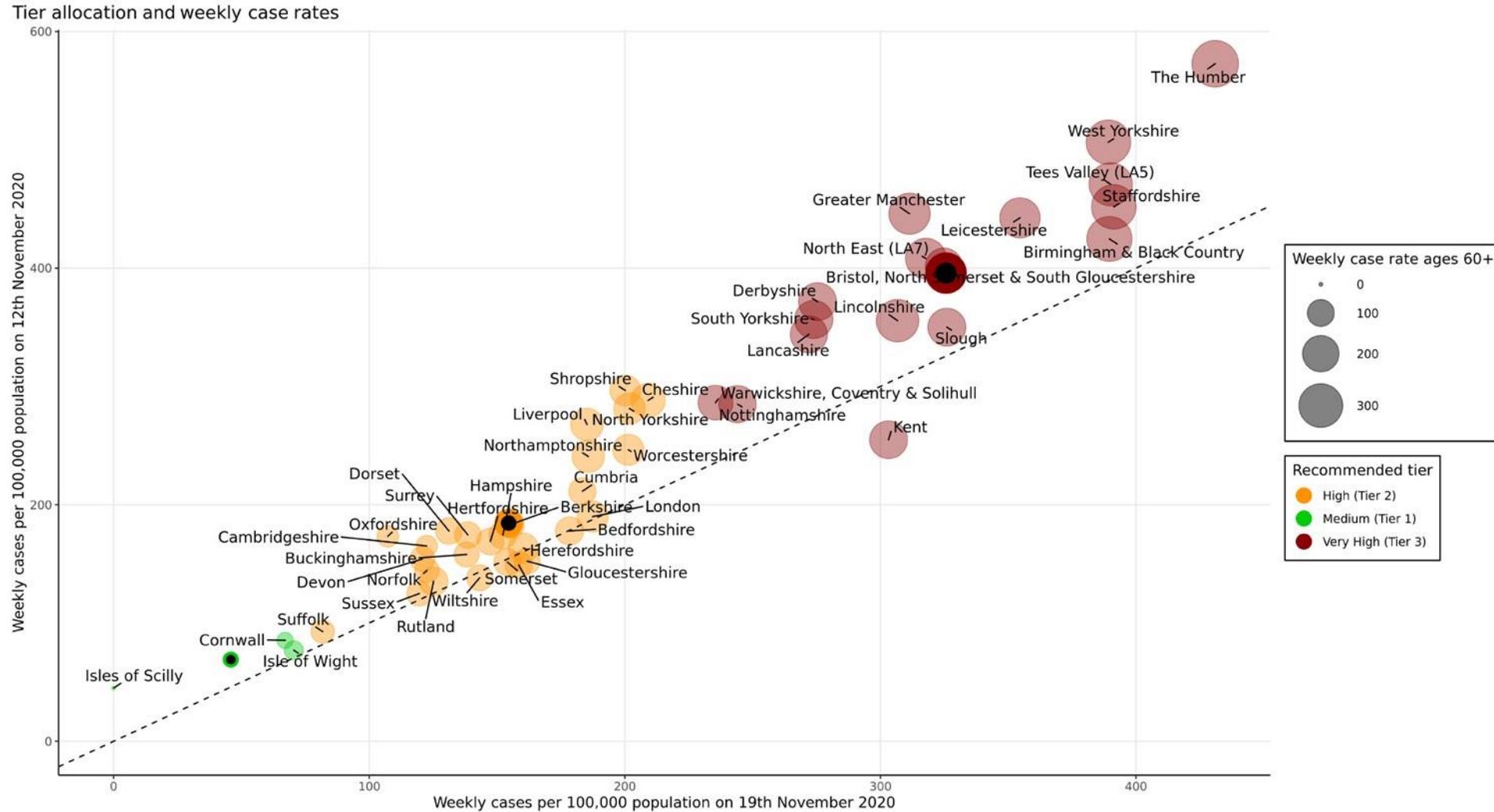
Tiers determined by a mix of

- All ages weekly infection rate
- Over 60s weekly infection rate
- Test Positivity
- Trend and rate of growth
- Hospital pressure

Other contextual factors taken into account

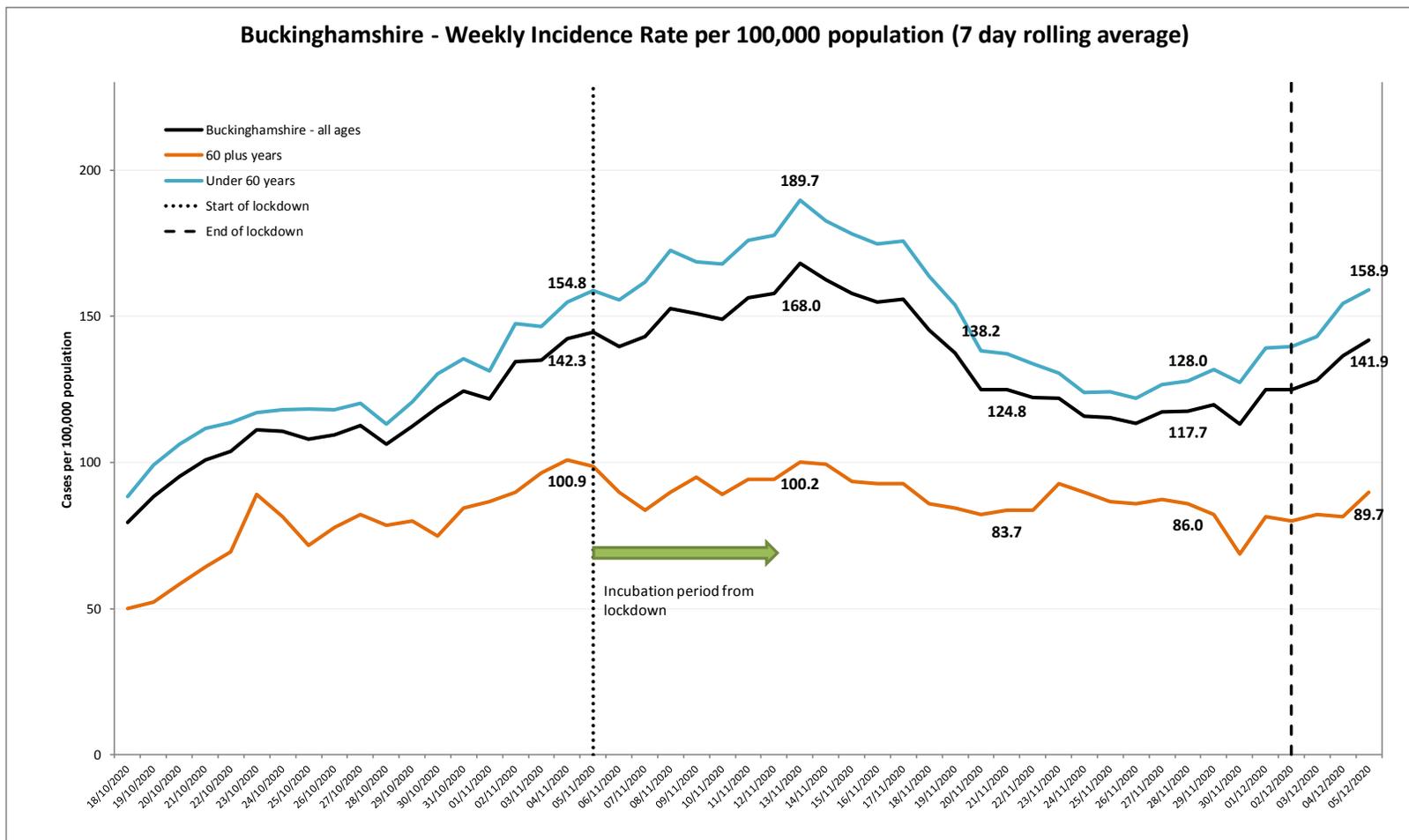


Weekly case detection rates and tiers



Produced by Joint Biosecurity Centre. Names have been condensed for ease of reading. Slough is included separately, but is also included in data for Berkshire.

Buckinghamshire – Change in Weekly Rate of New COVID-19 Cases



Change from week ending 4th November (pre-lockdown) to week ending 5th December (end of lockdown)



2.7% increase
(+17 cases)

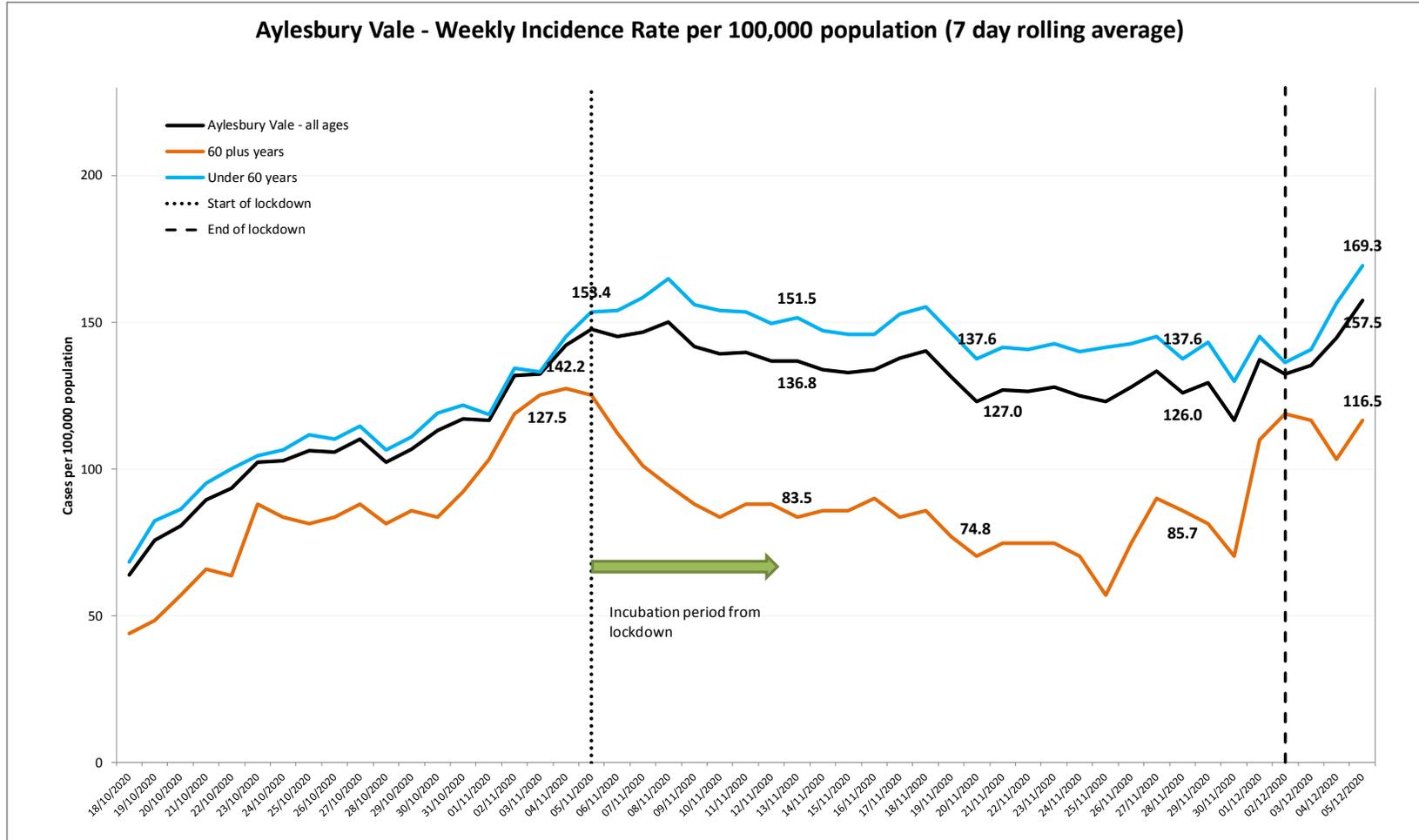


0.4% reduction
(-3 cases)



11.1% reduction
(-15 cases)

Aylesbury Vale - Weekly Rate of New COVID-19 Cases per 100,000



Change from week ending 4th November (pre-lockdown) to week ending 5th December (end of lockdown)



16.2% increase
(+38 cases)

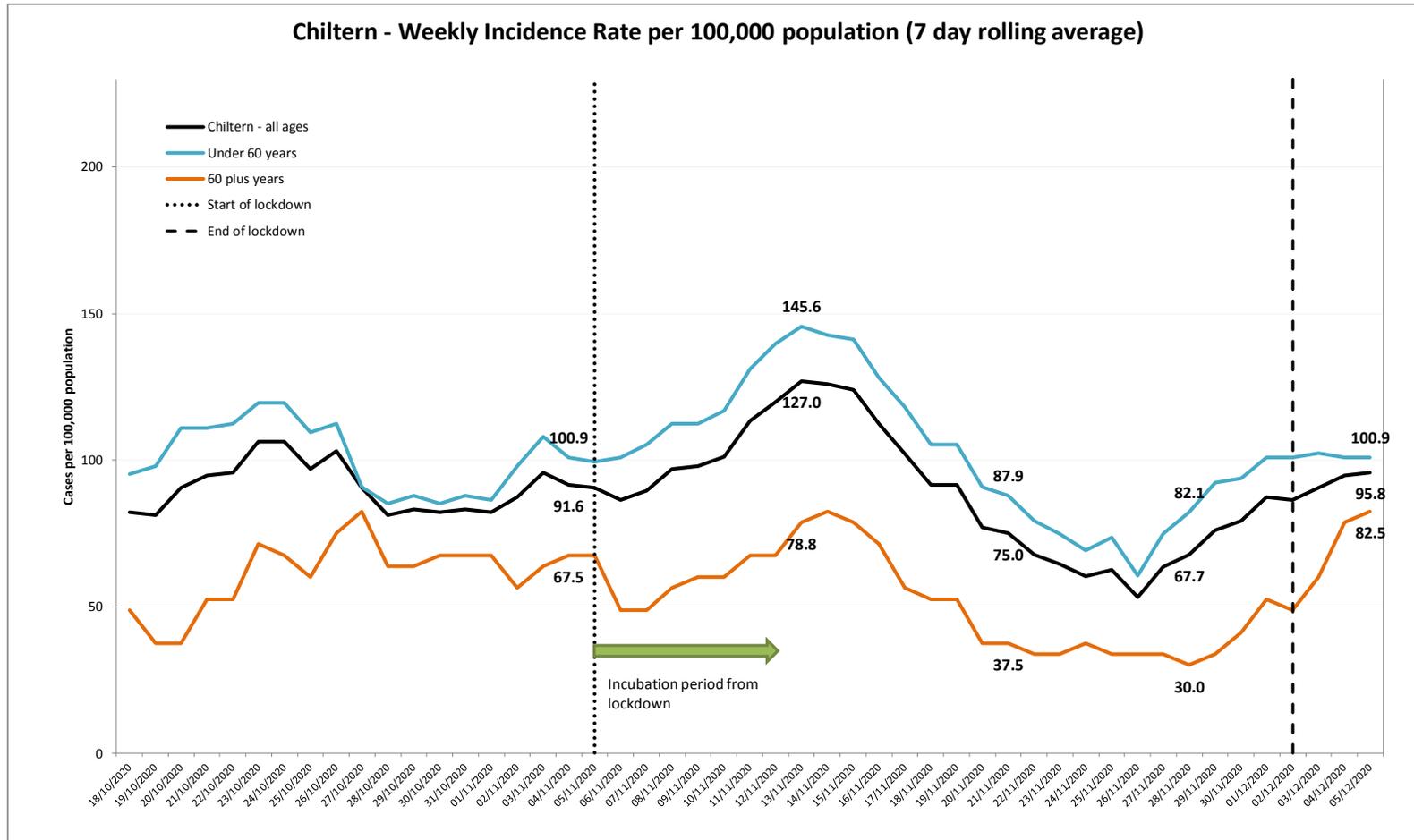


10.7% increase
(+31 cases)



8.6% reduction
(-5 cases)

Chiltern - Weekly Rate of New COVID-19 Cases per 100,000



Change from week ending 4th November (pre-lockdown) to week ending 5th December (end of lockdown)



0% no change
(+/- 0 cases)

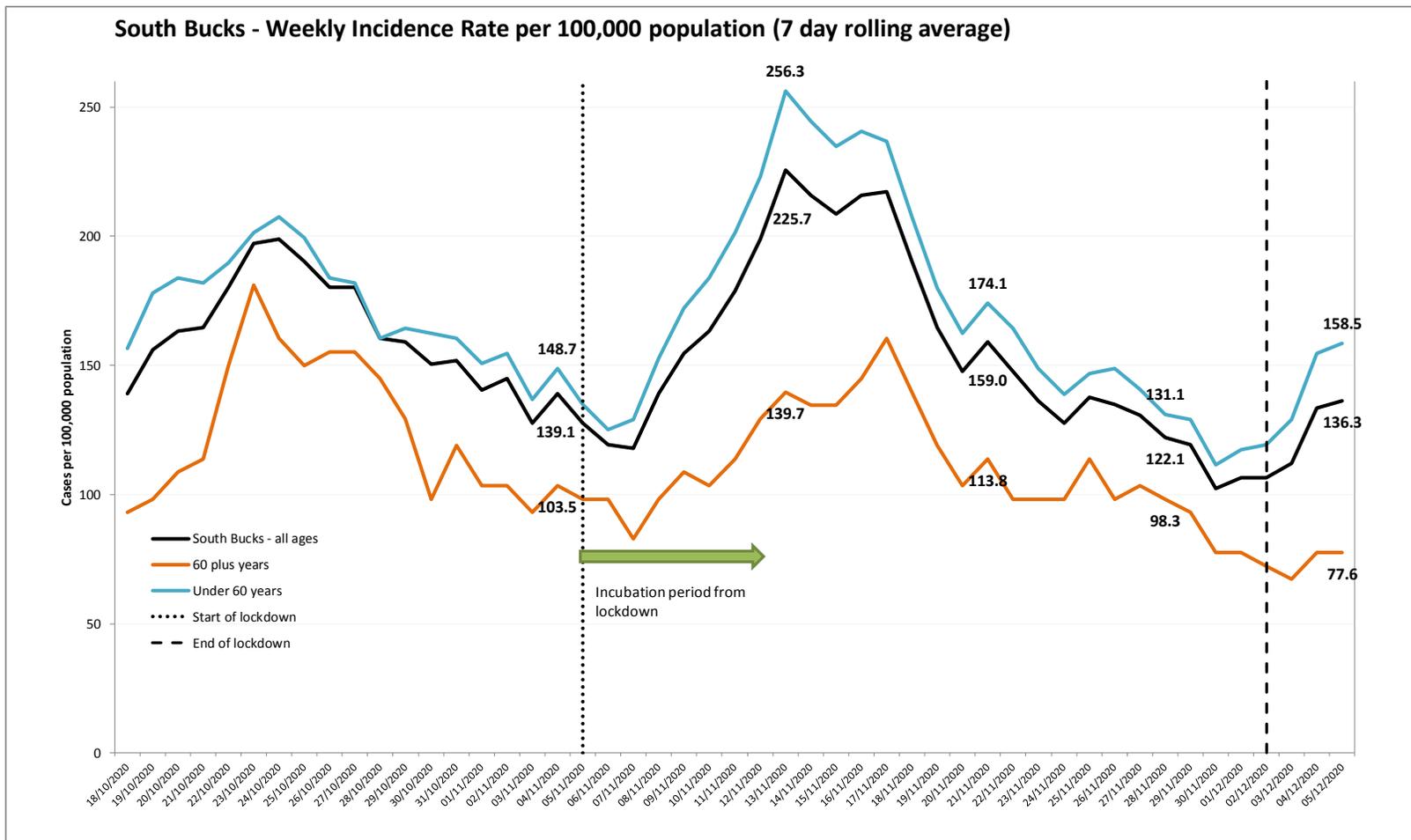


4.5% increase
(+4 cases)



22.2% increase
(+4 cases)

South Bucks - Weekly Rate of New COVID-19 Cases per 100,000



Change from week ending 4th November (pre-lockdown) to week ending 5th December (end of lockdown)



6.6% increase
(+5 cases)



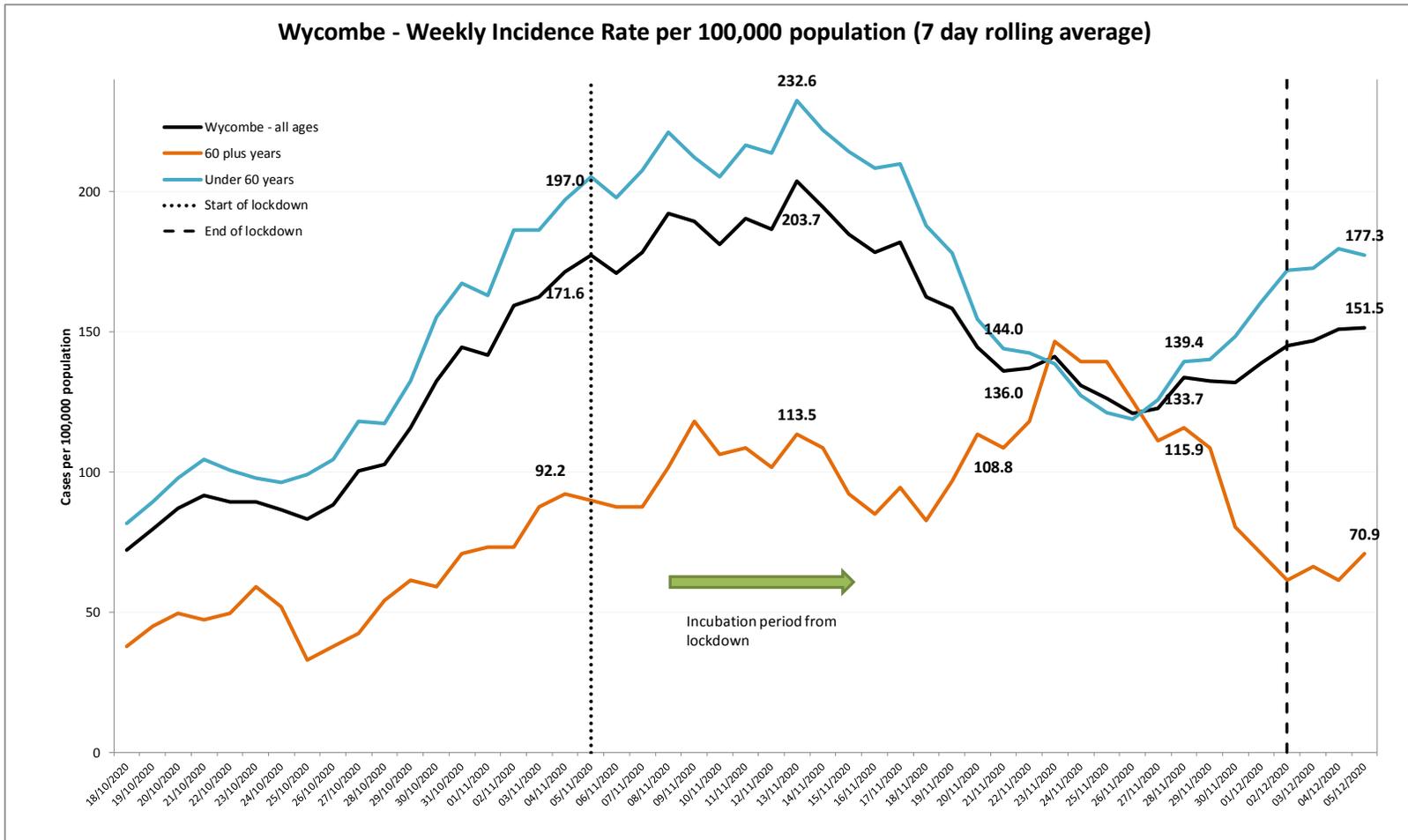
3% reduction
(-3 cases)



25% reduction
(-5 cases)

Wycombe - Weekly Rate of New COVID-19 Cases per 100,000

Wycombe - Weekly Incidence Rate per 100,000 population (7 day rolling average)



Change from week ending 4th November (pre-lockdown) to week ending 5th December (end of lockdown)



11.9% reduction
(-26 cases)



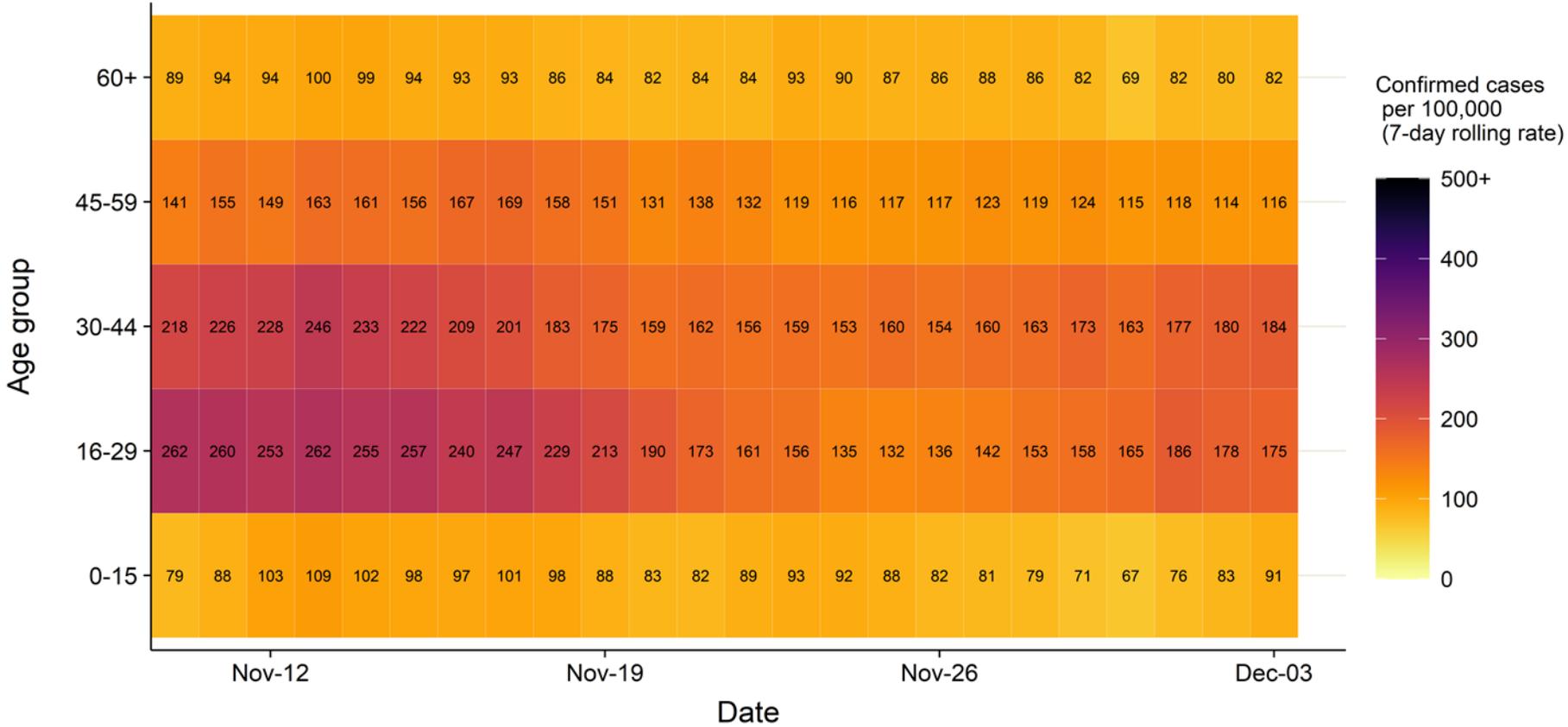
11.7% reduction
(-35 cases)



25.6% reduction
(-9 cases)

Age-Specific Case Rates per 100k – Heat Chart 10 Nov to 3 Dec

BUCKINGHAMSHIRE
Age-specific confirmed case rate

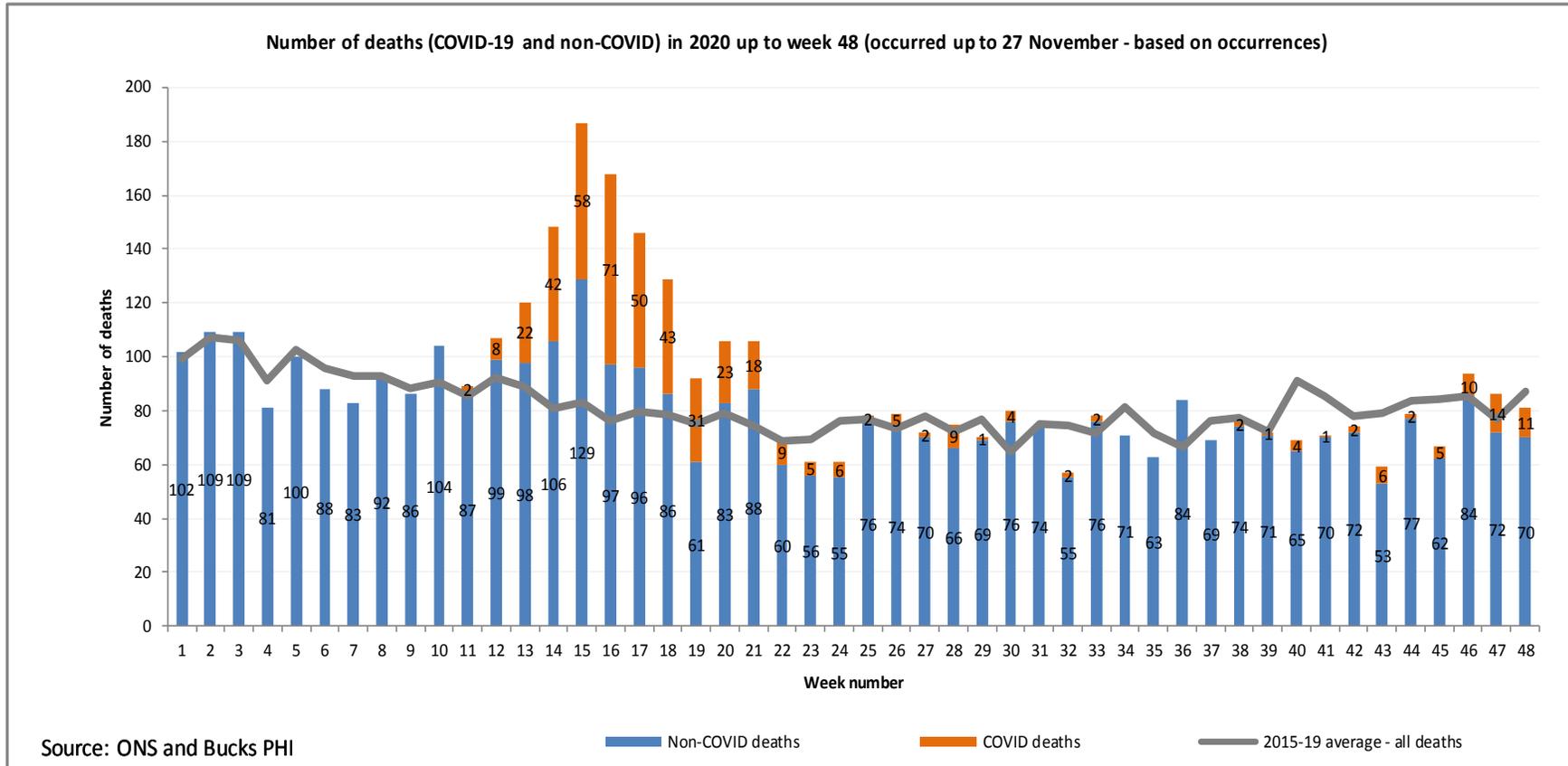


Source: Case data from SGSS. Produced by Outbreak Surveillance Team, PHE
 Contains National Statistics data © Crown copyright and database right 2020

Summary

COVID-19 Cases in Buckinghamshire	Number of cases across pandemic (up to 5th November)	Rate of cases per 100,000 population across pandemic (up to 5th November)	Number of cases in last 7 days (29 Nov to 5 Dec)	7 day rate per 100,000 population (29 Nov to 5 Dec)	% positivity last 7 days (28 Nov to 4 Dec)
Buckinghamshire	8229	1513	772	141.9	5.5%
Aylesbury Vale	3029	1491	320	157.5	5.8%
Chiltern	1192	1241	92	95.8	2.9%
South Bucks	1312	1863	96	136.3	5.4%
Wycombe	2696	1547	264	151.5	5.5%
South East Region		1,634	14,648	159.6	5.3%
England		2,648	84,786	150.6	6.3%

COVID-19 Related Deaths - Buckinghamshire residents



In the last reported week (**up to 27 November**), there were **11 deaths** related to COVID-19* for a Buckinghamshire resident.

Data from the Office for National Statistics.

For daily updates on case numbers and rates and latest information on COVID deaths

- Our new interactive COVID dashboard at www.buckinghamshire.gov.uk/covid-dashboard.



Health and Wellbeing Recovery Plan Actions

Examples for Food Poverty, Physical Activity and Obesity

Sarah Preston
Public Health Principal



Food Poverty

Grow to Give

- Developed by volunteers in response to COVID
- Enabling and coordinating surplus produce from allotments and back gardens in Buckinghamshire to support food banks and community fridges
- Funding for 2021 to enhance and expand this community driven project - developing the infrastructure for sustainability

Community Food Growing and Cooking

- Supporting communities across Bucks to develop sustainable community-led growing and cooking projects
- Countywide offer with targeted/intensive support in communities with highest poverty levels
 - Online toolkits, resources, support and training for all
 - Expert gardeners will support a network of volunteers
 - Funding/starter kits for site set up in priority areas
 - Cooking element developed during 2021

Community approach to reducing sedentary behaviour

- COVID has increased sedentary behaviour (~30%)
- Pilot project focus - Sitting less and moving more
- Innovative approach promoting achievable, sustainable, long term behaviour change
- Community engagement (starting January 21)
- Embedded in local assets (from May 21), joined up with a community approach
- Evaluation of all elements and programme as a whole
- Pilot in 2 locations

Whole Systems Approach to Obesity

- Stakeholder engagement from the outset
- Cyclical process with a number of phases:
 - Building the local picture and mapping the local system (Jan – May 21)
 - Collaborative action planning and prioritisation (Summer 21)
 - Developing and managing the system network
 - Reflect & Refresh
- Support the process from January 2021



Promoting mental health and wellbeing

Louise Hurst

Consultant in Public Health



Mental Health and Well-being in Recovery



The COVID-19 pandemic has impacted the mental wellbeing of people of all ages



2 in 5 residents were concerned about their mental wellbeing and 2 in 5 reported that their wellbeing had deteriorated during lockdown



Groups thought to have experienced disproportionate impacts include those with an existing mental illness, learning disability, dementia or autism, carers, older people, young people with physical health issues, people from BAME population groups and health and care staff



After an initial downturn, demand for mental health services has increased with reports of increasing severity of symptoms in people requiring support



The impact of restrictions has also, in particular, affected mental health of children, young people and women



In the past, economic shocks are associated with poorer mental health outcomes for men, particularly younger and working age men.

Promoting Mental Health and Well-being in Recovery



We will continue to deliver an effective partnership response to the mental health impacts of the pandemic through the COVID-19 Mental Health Strategic Group working with the VCS Covid-19 Response Group

Page 31

A multi-agency plan will ensure joined up action across identified priorities:



Vulnerable groups



Children and young people



COVID-19 survivors



Frontline workers/responders



Stigma and access to services

Key achievements



Suicide Bereavement Service established



24 hour mental health support hotlines available for both adults and children and young people



Wellbeing for Education Programme – 90% of Buckinghamshire schools participated in training

Mental Health Support Teams (MHST) are working directly with 40 schools in Buckinghamshire



Bereavement Network established - 40 counsellors trained in specialist bereavement skills



Suicide Prevention Training – 4 courses of Suicide First Aid have been delivered to 57 multi agency staff



Safe haven crisis support available 7 days a week



Long and post Covid syndrome clinics established



PSHE training delivered to 76 schools governors

Peer support programme commissioned for 14 schools



Your Covid recovery website launched



Future key actions



Delivery of Wave 4 Suicide Prevention bid application



Develop culturally competent and targeted communications campaigns via Time to Change local hub



Update Buckinghamshire Suicide Prevention and Postvention Guide for Schools and Colleges

Page 33

Implementation of Community Mental Health Framework



Mental Health First Aid Training - 9 courses commissioned to be delivered to 144 multi agency staff



Implement the wellbeing offer for staff including support for staff who have been traumatised



Funding secured for BOB mental health and wellbeing hub for health and social care staff



Complete the Buckinghamshire Suicide Audit report



Covid Vaccination Update

Richard Barker, Corporate Director - Communities
10 December 2020



Introduction

- The recent approval of the Pfizer /BioNTech vaccine has enabled the Covid vaccination programme to commence in the UK.
- The delivery of the Covid vaccination will be the largest immunisation programme ever undertaken in the UK.
- The vaccination programme is led by the NHS nationally and led regionally by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.
- The Council is supporting this process and leading the coordination for the County at a 'Place' level, reporting to the Buckinghamshire Health Protection Board and to the Assurance Board for the vaccination programme.
- Delivery of the vaccine is being prioritised and those at greatest risk of harm will receive the vaccine first.

Vaccine Progress

- **Pfizer /BioNTech.** The first COVID-19 vaccine for the UK, developed by Pfizer/BioNTech, has been given approval for use following a formal review carried out by the Medicines and Healthcare products Regulatory Agency (MHRA). The UK Government has secured 40m doses of this vaccine and 800,000 doses have been distributed to hospitals to enable the vaccination programme to commence this week.
- A formal application for approval for 'limited portability' of the Pfizer vaccine has also been made to the MHRA. This is significant in the context of administering the vaccine in care homes in particular.
- **Oxford / Astra Zeneca.** The Government has asked the regulator to formally assess the Oxford / Astra Zeneca vaccine for approval. 100m doses of that vaccine have been secured for the UK.
- **Moderna.** The Government has made the same request for the Moderna Vaccine. Supplies of this vaccine are not expected until April 2021.

Covid Priority Cohorts

- The Joint Committee for Vaccines and Immunisations (JCVI) priority list for the Covid Vaccine is as follows:
 1. residents in a care home for older adults and their carers
 2. all those 80 years of age and over and frontline health and social care workers
 3. all those 75 years of age and over
 4. all those 70 years of age and over and clinically extremely vulnerable individuals
 5. all those 65 years of age and over
 6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
 7. all those 60 years of age and over
 8. all those 55 years of age and over
 9. all those 50 years of age and over

Vaccine Delivery Arrangements (1)

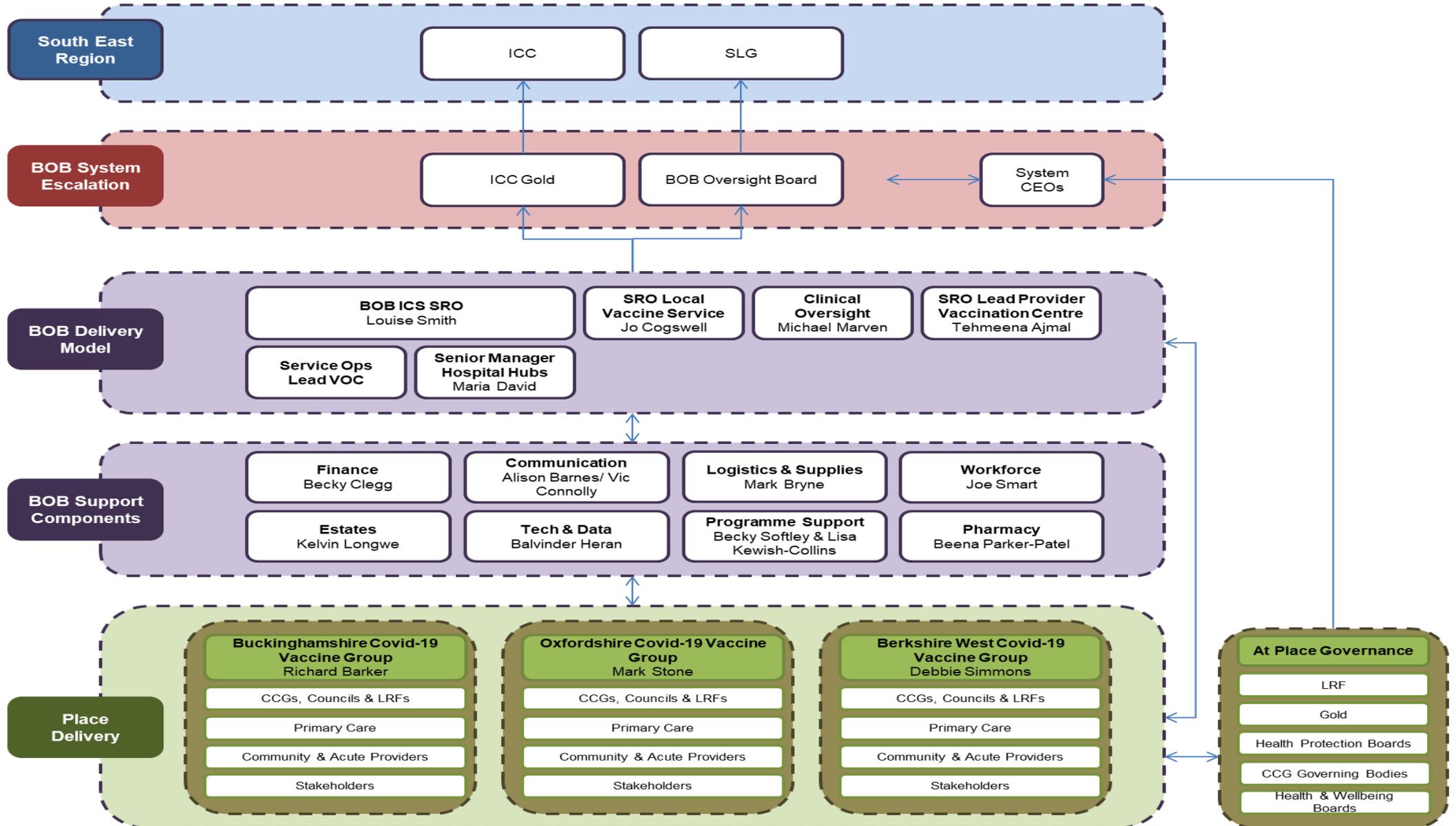
The delivery of the vaccine will be via 4 strands:

- **Hospital Hubs- Delivery to Health, Social Care and Care Home Staff**
 - Lists of names have been finalised for health staff (circa 6,700 staff), social care staff (circa 7,500) and staff working in care homes (circa 4,800 staff) and the cohorts have been prioritised.
 - The delivery of the vaccine will initially be from one hospital site and capacity will be circa 200 vaccinations per day.
- **Local Vaccination Services. General Practice Led Delivery (through Primary Care Networks)**
 - Local Vaccination Services involve PCNs, pharmacists and community teams, delivering to vulnerable populations at multiple fixed sites.
 - PCNs are also leading on the ‘roving’ delivery directly to care homes (residents and staff) and the housebound.
 - These services will deliver the vaccine for older adults to 50 years via a number of fixed local vaccination sites.
 - It is anticipated that 3 local sites will be operational before Christmas.

Vaccine Delivery Arrangements (2)

- **Delivery to 'detained' settings**
 - Oxford Health have been appointed as the lead provider for the mass sites and detained settings (ie prisons, mental health units etc).
- **Mass Vaccination Centres**
 - The mass vaccination centres will provide the vaccine for those 18- 50 years who are not in the other priority cohorts.
 - 2 Mass Vaccination Centres are anticipated for Buckinghamshire and preferred sites have been identified and submitted to the NHS for approval.
 - It is anticipated that the mass vaccination centres will be operational from the New Year- subject to further vaccination approvals and supply.

Governance Arrangements





Covid Vaccination Update

Richard Barker, Corporate Director - Communities
10 December 2020



This page is intentionally left blank