

## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Tuesday 7 July 2020 in via video conference call, commencing at 2.00 pm and concluding at 4.00 pm.

### Members present

A Macpherson, M Shaw, G Williams, J O'Grady, G Quinton, T Vouyioukas, I Darby, J Baker, R Majilton, D Williams, N Broughton, M Gallagher and K Higginson

### Others in attendance

K McDonald, Dr T Kenny, R Goodes, D Richards, M Souto and D Williams (NHS)

### Apologies

Dr R Bajwa, N Macdonald, Dr S Roberts, Dr J Sutton, Dr K West and Dr J Kent

### Agenda Item

#### 1 Confirmation of Chairman and Vice-chairman

Councillor Gareth Williams, Cabinet Member for Communities and Public Health, stated that this was the first Health and Wellbeing Board meeting of the 2020/2021 municipal year in a new unitary authority and therefore he was obliged to declare the Chair and Vice-Chair of the Health and Wellbeing Board. Given governance discussions over the last year with a view to looking at terms of reference and membership again next year, unless there were any objections, G Williams stated he would remain as Chairman and Dr Karen West would continue as Vice-Chair.

**RESOLVED: It was AGREED that Councillor Gareth Williams remain as Chairman and Dr Karen West continue as Vice-Chairman of the Health and Wellbeing Board.**

#### 2 Welcome and Announcements from the Chairman

The Chairman announced that the Coronavirus Act 2020 had allowed the Health and Wellbeing Board (HWB) to be conducted on-line and attended remotely by Members and officers.

The Chairman welcomed Councillors Mark Shaw, Cabinet Member for Children's Services, Isobel Darby, Cabinet Member for Housing and Homelessness and Angela Macpherson, Deputy Leader and Cabinet Member for Adult Social Care. The Chairman also welcomed Dr Nick Broughton, Chief Executive, Oxford Health NHS Trust and two new voluntary sector community (VCS) members; Martin Gallagher from the Clare Foundation and Katie Higginson from Community Impact Bucks (CIB).

The Chairman thanked the HWB members and their teams, the organisations, NHS, Adult Social Care, Children's Services, VCS and Communities for their dedication to overcoming the virus.

### **3 Apologies for Absence**

Apologies had been received from Dr Karen West, Dr Sian Roberts, Dr Juliet Sutton, Dr Raj Bajwa and Dr James Kent. Neil Macdonald, Buckinghamshire Healthcare NHS Trust (BHT) had also sent his apologies; Dr Tina Kenny attended in his place.

### **4 Declarations of Interest**

Jenny Baker, OBE, Chair, Healthwatch Bucks, declared an interest as she was also a trustee of CIB which was a subsidiary of Healthwatch Bucks.

### **5 Public Questions**

Katie McDonald, Health and Wellbeing Lead Officer read out the following question which had been received from, a member of the gypsy and traveller community and Buckinghamshire resident:

*I am a traveller living in Buckinghamshire, my family has been directly affected by Covid-19 as my husband is in the extremely vulnerable group and has been shielding throughout. I am employed as a family support worker in a school so I am also acutely aware of the negative impact this has had as far as the education of my own children and others from the traveller/gypsy community.*

*It has been extremely difficult for us as a family. As a shielding family we have been entitled to support from the Government but this has not been forthcoming. We were told we were entitled to weekly food parcels and throughout the lockdown we have received only one government funded food parcel. I have one child of school age and she has been struggling to complete her home learning as expected throughout lockdown. We have no internet or computer and for weeks she struggled to do this using only her phone.*

*I have been contacted by traveller families who are concerned, not only about the safety of their children when they return to school but also how the impact of the barriers to home learning they have faced will affect the long term education of their children. I am also concerned about the cramped and overcrowded conditions.*

*I want to ask the Health and Wellbeing Board if consideration has been given to the many traveller/gypsy families living in Buckinghamshire in the areas I have raised and recognition from professionals of the risks to the gypsy and traveller community.*

K McDonald advised that she had spoken with the resident who had emphasised that she requested acknowledgement from professionals that the gypsy and traveller community be afforded the same focus and attention for their health and wellbeing outcomes as that of minority and ethnic groups and accountability for engagement with the gypsy and traveller groups also be taken. The Public Health team had asked her to be involved in the listening exercise and behavioural insight work being carried out by the team. The question and full response would be appended to the minutes. K McDonald highlighted the following points:

- The community hubs had been provided with the resident's contact details in case there were any further food access issues.
- The Housing Team had sent a letter to all known Travelling and Roma community locations in April advising that they should contact their local housing department if families needed to self-isolate or if there were any issues with accommodation.
- The HWB was pleased that the resident's daughter had been provided with a laptop; current government guidance now stated that all home learning would end this term and all pupils would be required to return to school in September 2020.
- The HWB was aware of mental wellbeing issues and was taking these seriously in recovery plans.

G Williams clarified that 500 emergency food parcels had been delivered in the county alongside various other foodbanks. Generally the food provision in Buckinghamshire had been high and it was distressing to hear of the difficulties experienced by the gypsy and traveller community, however, the situation was being taken seriously. J Baker advised that Healthwatch Bucks had also engaged with the traveller community.

## **6 Public Health Overview of impact of Covid\_19 in Buckinghamshire and HWB recovery plans**

Dr Jane O'Grady, Director of Public Health, provided a presentation (slides 1-19 of the full slide pack appended to the minutes) and highlighted the following points:

- The first coronavirus case in the UK was identified on 31 January 2020. The first death in the UK was on 5 March 2020.
- The first case in Buckinghamshire was identified at the beginning of March with the first death occurring on 9 March 2020.
- There had been approximately 1600 cases in Buckinghamshire with 383 deaths; however, the number of confirmed cases underestimated numbers as testing was limited early on in the pandemic.
- 72 new cases had been identified in the period 14-27 June 2020, however, the real number was likely to be four times higher due to people not coming forward for testing.
- Approximately one in five people diagnosed with Covid-19 became more seriously ill. One in ten people were thought to be suffering symptoms for many weeks after the illness.
  - There had been some 'positives' in the response to Covid-19 e.g. Mobilisation of society to protect the vulnerable increased community cohesion and resilience.
  - Homeless were sheltered.
  - Decreased traffic and increased air quality.
  - Home working for some improved work life balance.
  - More partnership working.
  - Increased use of digital technology services and connections.
- A survey was being carried out in Buckinghamshire, on the impact of Covid-

19 in Buckinghamshire, which would be circulated after the meeting; members of the HWB were asked to promote the survey as widely as possible, particularly to the less frequently heard groups.

**ACTION: Katie McDonald**

- The recovery would be complex, the initial priorities were listed; further priorities would be recognised after the listening exercise.
- The Health Protection Board had been set up to prevent any resurgence in infections.
- Work would be carried out with the Black and Minority Ethnic (BAME) community who were recognised as being at increased risk from COVID.
- A Covid-19 Mental Health Strategy Response Group had been established.
- The importance of social distancing as the virus was still circulating was stressed.

G Williams presented slides 20-22 on the work carried out by the Communities Team and highlighted the following points:

- Eight local support hubs had been set up by 23 March 2020 to respond to the Covid-19 crisis to provide support to shielded individuals with underlying health conditions.
- An explanation of the role of the community hubs, volunteers and the VCS.
- The partnership work with charity foundations to distribute nearly £1m to local groups to support community responses to Covid-19.

The following point was raised and discussed by members of the HWB:

- In response to being asked whether the local authority was receiving the pillar one (health settings) and pillar two (community setting) test and trace data, Dr O'Grady advised that the first download of the post code data had been received. Some key data was missing, such as ethnicity, but Dr O'Grady expected the situation to improve and was expecting data on a weekly basis.

**RESOLVED: The Health and Wellbeing Board NOTED and DISCUSSED the information covered in the presentation at the meeting.**

**7 Overview of the whole system approach taken to Recovery from Covid-19 across Buckinghamshire and the Integrated Care Partnership**

Roger Goodes, Service Director, Policy and Communications, presented slides 24-27 on behalf of Sarah Ashmead, Deputy Chief Executive. R Goodes highlighted the following points:

- The overarching approach to recovery across Buckinghamshire would be focused on the following:
  - **Reset** – recognising that recovery will be to a new normal and taking this opportunity to reimagine and reform our previous thinking and embed the opportunities into future designs.

- **Resilience** –learning to live with Covid-19 and be able to respond to increases and decreases in infection rates.
  - **Restoration** – a whole system approach to developing our future operating models and build resilience into our system and people.
- A Member Recovery Board would lead the work aligned to existing partnerships through which the following partnerships would play a leading role:
    - The Health and Wellbeing Board (HWB)
    - The Local Economic Partnership (LEP)
    - The Voluntary Community Sector (VCS)
    - The Growth Board

David Williams, Director of Strategy, (BHT), and David Williams, Deputy Director of Quality (NHS), Buckinghamshire Clinical Commissioning Group presented slides 28-38, and highlighted the following points:

- The recovery model focussed on working in partnership as a health and social care system on behalf of the communities and patients.
- There were two over-arching groups; the Health Protection Board and the Clinical Harms Board.
- The recovery process would be long and complex and the way in which care would be delivered had changed; the Service would need to provide a flexible approach for patients to access care.
- Work had been undertaken to understand the potential clinical harm due to patients not having accessed care during the Covid-19 pandemic.
- The Buckinghamshire Clinical Harms Steering Group had been established to identify what could be carried out to mitigate the risk.
- Plans were being developed in preparation for a spike in the number of Covid-19 cases. It was a complex piece of work involving colleagues from Public Health and other partners; any learning would be shared.
- The primary care, acute and community recovery approach had commenced.
- Routine operations had re-started.
- Treatment of urgent and cancer patients had continued throughout the pandemic.
- Community hospitals were re-opening.
- Out-patient appointments were re-starting.
- Support was being provided to the care home sector.
- All staff would be tested regularly for Covid-19 and would also have an anti-gen test.
- Referrals had reduced dramatically but were now at 75% of expected level.
- A & E attendance was now at 90% of expected level.
- There was a national campaign to promote that the NHS was 'here and open'.
- The backlog of cancer patients who needed an operation would be cleared

by the end of August 2020.

- All patients on waiting list had been contacted, reviewed and prioritised.
- If a second wave occurred it was likely that other services would be able to continue.

The following points were raised and discussed by members of the HWB:

- It was noted that the rapid setting up of the Olympic Lodge, which had provided extra capacity, had been achieved due to the partnership work across the organisations.
- A huge amount of encouraging information had been presented to the Board and it was agreed that a summary sheet should be produced by the Communications Team for sharing with the public.

**ACTION: Katie McDonald/Kim Parfitt**

Debbie Richards, Managing Director, Oxford Health NHS Trust, presented slides 39-42 and highlighted the following points:

- Oxford Health NHS Trust covered Buckinghamshire, Oxfordshire, Swindon, Wiltshire and NE Somerset.
- The Service had changed the way in which it worked and the key messages were:
  - Very few services had been suspended; all emergency and urgent services had been retained.
  - There had been an increase in the number of digital assessments.
  - There were over 6,700 staff; many of whom had been supported to work from home.
  - A 24/7 mental health help line was set up; enquirers were directed to the most appropriate service.
  - BHT had provided support for mental health in-patients with Covid-19.
  - Primary care had provided support for shielded patients.
- The Service was preparing for a surge during the recovery period; call numbers and A&E attendances were increasing each week.
- Preparations in some areas e.g. children and young people were being prioritised.
- The waiting lists for assessments were being cleared to ensure support was in place for when children returned to school.
- There had been an increase in the number of training posts and people available to provide assessment and therapy due to additional investment that was agreed before Covid-19. Recruitment had taken place during the pandemic.

The following points were raised and discussed by members of the HWB:

- The help line telephone numbers were provided; Adults - 0800 783 0119, Children - 0800 783 0121.

- In response to whether the reduction in numbers for older people was due to an access problem, D Richards explained that there were several reasons. Some people were in residential settings and remote assistance was being provided to carers. Some people were having support from their families. There had also been suppressed demand because people were worried about coming forward during the pandemic. Young people had embraced the move to a more digital service but it had proved more of a challenge for older people.

Gill Quinton, Corporate Director for Adults, Health and Housing, paid tribute to the phenomenal effort of her colleagues to ensure that vulnerable adults had remained safe during the pandemic. G Quinton presented slides 43-51 and highlighted the following points:

- The Service had responded by setting up a number of separate cells covering the various areas. Meetings were held every day, chaired by G Quinton, to ensure there was a co-ordinated approach across the county.
- All the adult social care services were maintained throughout crisis; the government did introduce some legislation that enabled local authorities to stand down some of the statutory requirements but Buckinghamshire Council did not invoke any of the legislation.
- Approximately 1200 vulnerable clients were supported by regular telephone calls to check their carers had arrived, that they had food and were receiving their medical supplies. The calls were made by volunteers and staff; it had been extremely successful and would be continued by Prevention Matters.
- The Day Care and short breaks services were closed but contact was maintained with the vulnerable clients. The staff were redeployed and plans were being undertaken to re-open the services safely.
- The Olympic Lodge was transformed within three weeks to become a Reablement and care centre in case of a major surge in hospital discharges.
- The Government put in a requirement to discharge people who were fit for discharge within two hours; this was achieved across the whole system to free up hospital beds.
- The Choice Policy that enabled patients to choose their residential care home, the Continuing Health Care process and financial assessments had been suspended.
- Buckinghamshire Council's efforts to support care providers had been identified as good practice by the Local Government Association.
- The Workforce Cell had prioritised retraining staff to be able to work in a care home if needed.
- A large number of volunteers had come forward. Many of the volunteers helped at the Olympic Lodge and others contacted vulnerable clients.
- The Service was now focussed on recovery and taking forward the 'positives' learned during the pandemic.

Mr Tolis Vouyioukas, Corporate Director, Children's Services, thanked all the staff in Children's Services and the Schools Services for their commitment, leadership and

hard work. T Vouyioukas presented slides 52-56 and highlighted the following points:

- Immediate action was taken to ensure that staff could work from home.
- The Service was in constant contact with the Department for Education (DfE) and Ofsted so both were sighted on action the Service was taking in response to Covid-19.
- There had been a decline in the number of face to face visits at the beginning of the lockdown period but the number was now on the increase due to the easing of the restrictions.
- The DfE's statutory process did not change; the Service worked out a way to meet the children's needs and keep the staff safe.
- Children of key workers and vulnerable children were provided places in school.
- The website was kept up to date; regular meetings were held with the various partnerships in the school sector to provide government advice.

**RESOLVED: The Health and Wellbeing Board NOTED and DISCUSSED the information covered in the presentation on the 7 July 2020 and CONSIDERED the role the Health and Wellbeing Board should play in the next phase of Buckinghamshire's recovery and response.**

## **8 Overview of the Impact on Covid-19 on Patients and the Voluntary and Community Sector and Key Priorities for Recovery**

Miguel Souto, Interim Chief Executive, Healthwatch Bucks presented slides 58-61 of the all-in-one slide pack and highlighted the following points.

- Healthwatch Bucks approached both statutory and non-statutory providers to offer support at the start of the crisis by providing information for the public to stay safe during this period; they also acted as a conduit for information for providers or commissioners to reduce the anxiety people were having around local services.
- Healthwatch Bucks gathered feedback and escalated any issues to commissioners, providers and Healthwatch England.
- The work programme was reviewed to include projects to capture people's experiences during the Covid-19 pandemic and the following surveys were carried out:
  - The overall impact of the pandemic
  - An assessment of information provided by Trusts, GPs and pharmacies
  - A survey on the impact on routine appointments
  - two surveys on the effect of Covid on care homes: one focusing on residents and another on staff.
- Early feedback from patients showed issues over prescription delays and anxieties over vulnerable people not being on the official shielding list.

- There was also lack of clarity over government and local guidance.
- There been over 500 responses to the survey on the overall impact of the pandemic and more detail would be available next month.
- The next steps in supporting the recovery would be to:
  - Work with the growing network of hard-to-reach groups to ensure that their voices were heard as part of the recovery (e.g. digital exclusion).
  - Gather views on the mental health impact of the pandemic.
  - Assess the impact on people waiting for cancer treatment.
  - Capture the experience of people living with effects of Covid-19 as a long term condition.

Martin Gallagher, Chief Executive Officer, The Clare Foundation, and Katie Higginson, Chief Group Executive, Community Impact Bucks presented slides 62-64 and highlighted the following points:

- Approximately 17-18 charities had come together with the Council to form a VCS Taskforce at the start of the pandemic to co-ordinate and support the needs of the county.
- Many charities faced a cut in their income stream but many organisations had found funding from other sources; overall the sector had lost approximately £1bn.
- An incredible amount of work had taken place to coalesce the needs of the residents in Buckinghamshire.
- Community Impact Bucks had worked alongside Public Health to gather insight from the voluntary sector as part of the rapid Health Impact Assessment. The report had shown the voluntary sector organisations had deep concerns about the way that health inequalities had widened through the pandemic and feared that the gap would grow. The need for clear accessible, culturally sensitive services which took account of language barriers had been identified. The lack of accessible information had increased the fear of accessing health services when needed. There was a need for support for family carers, both adult family carers and young carers who had taken on additional responsibility through lockdown and were likely to need additional catch up support from schools.
- Many vulnerable people, who were most in need, did not have online access or the skills and confidence to access online alternatives.
- Community Impact Bucks had already seen positive steps of voluntary organisations and statutory services working together to find ways to provide face-to-face support safely and cost-effectively. Particular concerns were expressed about those with dementia and their carers, those with hearing and visual challenges, who were unable to use the phone, and households which might have only one smartphone or device for all family members to access all services, including schooling.
- Voluntary organisations have been enthusiastic about “The widespread spirit of collaboration across all health, council and voluntary sector partners”, and

the opportunities to build on that for the benefit of our communities. Voluntary organisations had highlighted a need to invest collectively in prevention and early intervention to stop issues becoming more acute and intractable to both improve outcomes for people but also to ensure that the best use was made of resources.

- There was a significant challenge around the stigma and shame of not being able to cope and needing to ask for help; sometimes small organisations, rooted in and led by their communities, were the best for reaching people.

The following points were raised and discussed by members of the HWB:

- In response to a query on whether the feedback received by Healthwatch Bucks was being forwarded to the relevant partner organisations, M Souto stated that urgent issues would be escalated. The final report would be circulated to statutory providers and commissioners and they would have a duty to respond and act on any issues.

**RESOLVED: The Health and Wellbeing Board NOTED the presentation provided by Healthwatch Bucks and the Voluntary and Community Sector.**

## **9 Healthwatch Bucks Annual Report**

Jenny Baker OBE, Chair, Healthwatch Bucks advised that the Healthwatch Bucks Annual Report should have been presented at the meeting in March 2020 but unfortunately it was cancelled. The Annual Report 2019/20 was accessible on <https://www.healthwatchbucks.co.uk/category/results/>.

J Baker referred to slide 72 of the pack which showed the ways in which organisations could work together to improve health and wellbeing in Buckinghamshire. J Baker emphasised that, particularly during the Covid-19 recovery period, Healthwatch Bucks were able to help by capturing people's voices to ensure they were at the heart of decision making. Healthwatch Bucks had excellent contacts, particularly with the under-represented groups and could help prevent 're-inventing the wheel'. J Baker asked the HWB members to remind users that Healthwatch Bucks existed as a key player to make the system better in Buckinghamshire and could be commissioned.

**RESOLVED: The Health and Wellbeing Board:**

- **NOTED the work and achievements of Healthwatch Bucks in 2019/20**
- **NOTED Healthwatch Bucks plans and priorities for 2020/21**

**CONSIDERED how Healthwatch Bucks could further help the Health and Wellbeing Board and health and social care providers improve people's health and wellbeing, especially during recovery from Covid-19.**

## **10 Communicating and Engaging with the Public**

David Williams, Director of Strategy, Buckinghamshire Healthcare Trust referred to the report on pages 9-26 in the agenda pack. D Williams summarised that the

theme of the meeting had been to understand the patient experience of care during the Covid-19 pandemic and to work with communities to co-design and change new ways of working that suited patients' circumstances. Work would commence over the summer on the three areas below:

- **Reducing health inequalities:** improving health for vulnerable groups and people living in deprived areas.
- **Community services:** organisations working together to promote independence and deliver care in people's homes and communities.
- **Keeping People Safe:** delivering services differently to prevent the spread of infections.

D Williams advised that an update would be provided at the meeting in October 2020. All organisations would be made aware of the process and ways in which to contribute.

**RESOLVED: The Health and Wellbeing Board AGREED to SUPPORT the Buckinghamshire ICP approach to engaging communities about changes related to health and social care.**

#### **11 Update on HWB Governance, Terms of Reference and plans for JHWBS refresh**

Katie McDonald, Health and Wellbeing Lead Officer, referred to slides 84-86. The draft Buckinghamshire Health and Wellbeing Board Terms of Reference had been updated at a development session in January 2020 and were included in the agenda pack for approval. K McDonald asked for any comments before the Terms of Reference document was uploaded to the website.

The priorities for the Joint Health and Wellbeing Strategy had been agreed at the Health and Wellbeing Board Development session in January 2020; discussions had taken place with partners in light of Covid-19 and priorities and actions had been added to align with recovery plans. The online consultation would take place for 5 – 6 weeks starting in September; final sign-off would be carried out in December 2020 with publication in early 2021.

The Pharmaceutical Needs Assessment publication deadline had been extended by a year and was now due in April 2022; discussions would take place towards the end of 2020 in relation to setting up the steering group.

It was agreed that the 'Winter Plan' should be added to the agenda for the next meeting.

#### **12 Date of next meeting**

Tuesday 6 October 2020.

