

## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 18 February 2021 , commencing at 10.00 am and concluding at 11.57 am.

### Members present

A Macpherson, M Shaw, G Williams, Dr J O'Grady, G Quinton, I Darby, J Baker, N Macdonald, Dr S Roberts, Dr J Sutton, D Williams, Dr K West, M Gallagher and K Higginson

### Others in attendance

S Khan, A McLaren, K Holmes, A Burnett, S Taylor, D Clarke, Z McIntosh and G Drawmer

### Agenda Item

#### 1 Welcome

The Chairman, Cllr Gareth Williams, Cabinet Member for Communities and Public Health, welcomed everyone for the meeting.

#### 2 Apologies

Apologies were received from Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust; Tolis Vouyioukas, Corporate Director, Children's Services (Gareth Drawmer, Head of Achievement attended in his place); Dr James Kent, Accountable Officer, Buckinghamshire Clinical Commissioning Group (CCG) (Kate Holmes, Chief Finance Officer, attend in his place); Robert Majilton, Deputy Chief Officer, Buckinghamshire CCG and Dr Raj Bajwa, Clinical GP Chair, Buckinghamshire CCG.

#### 3 Announcements from the Chairman

The Chairman advised that Councillor Martin Tett, the Leader of Buckinghamshire Council, provided a regular [Covid-19 update](#) and anyone could be added to the email circulation list – contact Si Khan.

1.7million people had recently been added to the clinically extremely vulnerable list and would be contacted regarding the Covid-19 vaccination.

A White paper had been issued by the Government entitled "[Working Together to Improve Health and Social Care for all](#)" and would be looked at in greater detail. Gill Quinton, Corporate Director, Adults, Health and Housing highlighted some key points and proposed providing a report on the implications of the paper to the next meeting.

#### **4 Declarations of Interest**

Dr Sian Roberts declared an interest as GPs were a provider in the vaccine roll out.

#### **5 Minutes of the previous meeting**

**RESOLVED: The minutes of the meeting held on 10 December 2020 were AGREED as an accurate record.**

#### **6 Public Questions**

Councillor Howard Mordue stated he was a ward councillor of Buckingham and provided a summary of the history of the proposed medical centre in Buckingham. Councillor Mordue advised he wanted to bring the situation to the attention of the Health and Wellbeing Board (HWB) and requested an update on the current position of the project with the move to the integrated care system. Kate Holmes, Chief Finance Officer, Buckinghamshire CCG, stated that work was being carried out on the project, the funding had been allocated and it would not be impacted by any of the changes, but it was subject to the approval of the NHS business case. The following written response had been provided to Councillor Mordue after the meeting.

*“We do not expect the fund allocation identified for new Primary Care facilities development in Buckingham to be affected by the move to ICS from CCG. However, the progress of the scheme is dependent on approval by NHS England of the final business case.”*

#### **7 COVID-19 - Cases in Buckinghamshire Update**

Dr Jane O’Grady, Director of Public Health, provided an update (see slides 2-6 in the slide deck appended to the minutes) on the pandemic since the last meeting in December 2020. Dr O’Grady highlighted the following key points:

- Slide 5 showed a steep rise in cases which peaked at the beginning of January 2021; and had increased almost five-fold during December 2020 due to the new more infectious variant.
- Entry into tier 4 and subsequently the national lockdown in early January 2021 had resulted in cases falling significantly.
- The ‘R’ rate was 0.6-0.8 meaning the epidemic was gradually shrinking.
- The rate in Buckinghamshire was 135 per 100,000 which was higher than the South East England rate but slightly lower than the England average.
- The highest case rates were in young adults; 21% were from the Asian population. 11% were in the 5-18 year age range.
- Information from community sampling showed that only one in four cases was detected as some people are asymptomatic and, therefore, unaware they had COVID, others chose not to get tested.

The live [Covid dashboard](#) was available on the Buckinghamshire Council website.

## **8 Thematic Priority 1 - Keeping Residents Safe Linked to the Joint Health and Wellbeing Strategy**

### **Priority 1 – Keeping Residents Safe**

Dr Jane O’Grady, Director of Public Health, advised that ‘Keeping Residents Safe’ was Priority One of the Health and Wellbeing Recovery Plan. Dr O’Grady referred to the report in the agenda pack and stated that communication with residents, workplaces, schools and universities had been carried out to advise on the national guidance. The new variant had been responsible for the surge of cases in the area; it was more infectious and may cause a slight increase in risk of death; however, later data might refute this. There had also been the emergence of the South African variant which might make the vaccines slightly less effective and there had been a focus on surge testing in some counties. Contact tracing continued in Buckinghamshire and lateral flow testing, for people without symptoms, was available. There was a regional testing centre in Aylesbury for people with symptomatic disease in addition to mobile testing units around the county. Several outbreaks had been responded to and support was being provided to the vaccination programme for Covid-19 as well as the flu vaccination programme.

The following points/comments were raised in discussion:

- Reference was made to the impact on children’s mental health and the older population and the importance to link to corresponding plans for economic recovery and growth. Martin Gallagher, Chief Executive Officer (CEO), The Clare Foundation, advised that work was being carried out with several organisations such as the Citizens Advice Bureau and emphasised the importance of collaboration as the problems could perpetuate for a long time to come.
- The complexity of the mental health issues for some children was challenging all systems; however, the schools had been working well with the Children’s Service but there was concern over the mental wellbeing of children for the future.
- The partnership work was welcomed but Healthwatch Bucks raised concerns about the eastern European community who could be missing out on the communications.
- The increase in rates of domestic abuse was highlighted along with the number of residents facing financial insecurity.
- There had been an increase in frailty; LEAP had distributed approximately 10,000 activity packs to older people.
- Social isolation had been a key issue before Covid-19 and had been exacerbated by the pandemic.

Gareth Drawmer, Head of Achievement, advised that the mental health issue was on the agenda and the service had been working to deliver the national return package. All schools had received three sessions of training to help identify young people struggling with mental health issues. The Service had also funded a programme to support senior leaders and teachers in schools in order to cope with supporting the children’s issues and were considering a further package on

wellbeing.

**RESOLVED:** Board members **noted** and **approved** the action plan update and **agreed** to receive a further update at the July meeting.

### **Community lateral flow test service to help to control Covid-19**

Dr Andrew Burnett, Interim Assistant Director of Public Health, referred to the report contained in the agenda pack and advised that there were four sites in Buckinghamshire; Aylesbury, High Wycombe, Buckingham and Amersham which were open seven days a week from 8.00 am to 8.00 pm. The offer had been extended to all people who had to leave home to go to work and Dr Burnett emphasised that this was a service for people who did not have symptoms.

The following points were raised in discussion:

- In response to being asked how information could be accessed and were volunteers able to just turn up for a lateral flow test; Dr Burnett advised the service was open to anyone who needed to leave home. Walk-ins would be accommodated but people were encouraged to book online to reduce congestion. Katie Higginson, CEO, Community Impact Bucks (CIB), advised that information would be cascaded to volunteers via their newsletter.
- Dr Burnett confirmed that the service was running at approximately 20% capacity, which was in line with surrounding counties such as Oxfordshire, and would become more pro-active in encouraging employers, businesses and employees to use the service. The threshold had changed; the government scheme was available to employers of 50 people and over. The Community Lateral Test Flow Service was available to anybody who was unable to get a test elsewhere.

**RESOLVED:** The Board members **approved** the proposed service.

## **9 Integrated Care Partnership update**

Kate Holmes, Chief Finance Officer, Buckinghamshire CCG, provided a presentation (see slides 11-16, appended to the minutes). K Holmes advised that the vaccination programme was being led by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System with Buckinghamshire Council supporting the process. There was a mixed model for delivery, which consisted of hospital hubs, GP led locations, community pharmacies and mass vaccination centres. The Pfizer and Astra Zeneca vaccines would be offered to the nine priority groups agreed by the Joint Committee for Vaccines and Immunisations; the target had been met to offer the vaccine to all those in cohorts 1-4 by 15 February 2021 and the programme had moved on to cohorts five and six. All nine cohorts should be completed by May 2021. Approximately 6,000 residents had recently been identified as 'shielded' and would be contacted regarding their vaccination. A community transport hub was in place, Community Impact Bucks provided support where needed and the Community Engagement Team were linking with voluntary groups. The vaccine supply was on a 'push' model and was working well. Targeted communication was

key to promote a positive take up of vaccinations and the message remained that the NHS would contact residents and social distancing rules still needed to be followed even after vaccination.

The following key points were raised in discussion:

- Following a query on whether GPs were contacting patients with underlying health conditions; K Holmes clarified that letters had been sent to the over 65s to invite them to book at a mass vaccination or community pharmacy site and GPs would contact patients who were extremely clinically vulnerable.
- It was confirmed that cohort six was extremely large and that people needed to be patient and wait to be contacted.
- Dr Zaib was working proactively to increase the vaccine uptake amongst the black, Asian and minority ethnic (BAME) community.
- The role of the volunteers was recognised; there had been a fantastic response from the community with 86 volunteers having been mobilised.
- It was confirmed that carers came under cohort six.

#### **Vaccine Equalities Sub-Group**

Dr Jane O'Grady, Director of Public Health, referred to slides 7-10, appended to the minutes and advised that the sub-group had been set up to address potential inequality of uptake of the vaccine. The sub-group would look at the data and monitor the uptake of the vaccine in Buckinghamshire in the nationally agreed priority groups and make recommendations on what was required to address inequalities in COVID-19 vaccine access and uptake. A range of activities were being carried out and behavioural insight approaches had been used to support the vaccine programme.

The following points were raised in discussion:

- It was noted that key groups e.g. rough sleepers were being encouraged to register with a GP, but a mobile unit would be beneficial.
- After being asked if the voluntary, community and social enterprise section (VCSE) had been involved in the sub-group; Dr O'Grady confirmed that the sub-group had carried out work with the Community Engagement Team and the VCS to identify if a particular group was under-represented.
- Concern was expressed over some of the information on social media that would be difficult to penetrate; the importance of using bite-size communications for key groups was emphasised. The Chairman advised that there was a BAME community network and that communications were being developed.

#### **Update on impact of COVID-19 on Health Provision (including cancer)**

Andrew McLaren, Divisional Chair of Surgery and Consultant Surgeon, Buckinghamshire Healthcare NHS Trust, provided a verbal update on cancer services and elective surgery.

### **Cancer Services**

A McLaren stated that it was recognised that the pandemic was a huge event and the Government message for everyone to stay at home had resulted in a drop of 80% in the number of people who were referred on urgent cancer pathways by their GPs - however, the number had picked up over the summer. There had been a reduction in the number of operations carried out, but cancer surgery, diagnostic tests, chemotherapy and radiotherapy treatment had continued and the target for seeing urgent referrals within two weeks and receiving treatment within 62 days had been good at almost 90% for December 2020. Some patients had experienced a delay during the first wave but less so in the second wave. Patients had been reassured that it was safe to come to hospital and there had been only one incident of a patient acquiring Covid-19 in the green zone area in Stoke Mandeville Hospital in the past year.

### **Elective Surgery**

Elective surgery was proving to be a big challenge; the Trust had been doing well before the pandemic but had now reduced the amount of elective operating carried out in order to provide emergency care to Covid patients which had resulted in an increase in the elective waiting list. There were just over 30,000 people waiting for elective surgery which included approximately 5,000 who had been on the list for over 52 weeks. Work was being carried out on how to work in the future and how to recover the services and provide a slick process for getting patients through the system. There were still more patients in hospital than in the first wave peak and more in intensive care and the current focus was on looking after these patients and those on the cancer pathway. A McLaren provided assurance to the Board that every person on the elective waiting list and cancer pathway had received a review.

The following points were raised in discussion:

- It was noted that the elective pathway was a side effect of the pandemic, but patients were regularly reviewed as to their clinical need. The screening pathway was now on track.
- The impact the pandemic had caused on the workforce needed careful consideration; staff required appropriate rest and recuperation time.

### **Health and Care Survey**

David Williams, Director of Strategy, Buckinghamshire Healthcare NHS Trust, provided an update on phase two of the community engagement exercise. D Williams stated that the survey had focussed on four themes; healthy lifestyles and reducing health inequalities; community services; keeping people safe and digital appointments. The second phase focussed on in-depth one to one interviews and workshops to reach those people who were unable to access the online survey. There had been a good representation and D Williams acknowledged that the Trust needed to learn about different ways of gaining views from the community. The following key points were highlighted:

- Digital appointments were working well, but there was concern that face to

face appointments would not be available in future; however, D Williams advised that face to face appointments would be provided when required and that this point needed to be widely communicated with information on when a digital appointment was appropriate.

- It was evident that there was a sense of trust in the A&E service and more work was required to build up trust in the 111 service if people were to be booked into urgent care via this pathway.
- Community Services – integrated care and the ‘home first’ philosophy was well supported.
- Residents did not want to be preached at regarding healthy lifestyles and choices and recommended increased education in this area for children and families.

D Williams summarised that there was a general sense to communicate services to the population via multiple means. The report and the results would be discussed at the Integrated Care Partnership Board and then shared with HWB colleagues.

**ACTION: David Williams**

## **10 Children's Priority Update**

Gareth Drawmer, Head of Achievement and Learning, provided a presentation (see slides 17-23 of the slide deck appended to the minutes). G Drawmer advised that schools had been partially open since 6 January 2021 for children with Educational Healthcare Plans (EHCPs), the vulnerable and for children of critical workers. There had been higher attendance at primary schools and special schools than the previous lockdown and the numbers were still rising gradually. The categories of pupils attending school were shown on slide 19; there were approximately 6,000 pupils of critical workers which was a significant increase since May 2020 but was in line with the national data. Children entitled to free school meals had received their meals via local and national voucher schemes and these would continue until the children returned to school. All schools had ensured pupils had access to remote education; funding had been received from the Rothschild Foundation for the supply of devices to children aged 4-6 years. The Service was ensuring that all the legislation was met for children with special educational needs (SEND) to ensure they had all the requirements for learning. The schools were managing a delicate situation; there was an increasing number of children on site and expectations during this lockdown with regard to remote learning had significantly increased. The Service was managing concerns around the Union’s requirements to ensure staff were safe on site. No schools had closed, but occasionally a decision had been made at a local level to restrict access for some children due to pressure of numbers; children of critical workers were prioritised. Peer-to-peer support for teachers was promoted and coaching sessions were provided along with a twice weekly huddle for head teachers.

The Chairman thanked the Rothschild Foundation for the funding and clarified that all children who required a device should have one. 4G dongles were provided to households without internet access.

## 11 Health and Wellbeing Strategy and Annual Report

Si Khan, Business Manager for Health and Wellbeing, stated that the recommendations were for the board members to:

- Approve the Joint Health and Wellbeing Strategy.
- To agree the approach on how assurance would be provided against progress on actions identified in the three key priority areas – Start Well, Live Well and Age Well in the Joint Health and Wellbeing Strategy.
- To approve the Health and Wellbeing Annual Report.

S Khan advised that in order to provide the Board assurance on progress being made against the high-level actions included in table two of the strategy, a detailed action plan would be developed with clear measurables that lead officers will need to report progress against.

The following points were raised in discussion:

- The Chairman summarised the work carried out by the Health and Wellbeing Board, captured in the annual report, during the year and stated that good progress had been made. S Khan confirmed the report would be designed and then circulated via email to Board members and also added to the website.
- Councillor Angela Macpherson, Cabinet Member for Adult Social Care, mentioned that the strategy did not contain a high prominence of the work carried out around physical and learning disabilities and felt it would be helpful if this information was included. The members of the board agreed that the report should be amended and recirculated by email.
- The HWB had a commitment to making residents aware of its work and it was agreed that an infographic summary be produced for promotion/circulation.

**ACTION: Si Khan**

- A member of the board suggested, and it was agreed, that the three cross-cutting themes be incorporated into the work plan for the year. S Khan added that action plans would be developed for each of the priority areas. It was also agreed that a deep dive on mental health be included on the work plan.

**ACTION: Si Khan**

### RESOLVED:

- The Board **approved** the Joint Health and Wellbeing Strategy subject to the inclusion of information on the work undertaken on physical and learning disabilities.
- The Board **agreed** the approach on how assurance would be provided against progress on actions identified in the three key priority areas – Start Well, Live Well and Age Well in the Joint Health and Wellbeing Strategy.
- The Board **approved** the Health and Wellbeing Annual Report.

**12 Health and Wellbeing Board Work Programme**

Si Khan, Business Manager for Health and Wellbeing requested that she be notified of any items to be included on the workplan by email.

**13 Healthwatch Bucks Update**

Zoe McIntosh, Chief Executive, Healthwatch Bucks, advised that Healthwatch Bucks had received approximately 250, mainly positive, responses to the survey on the vaccination rollout. The site-specific feedback was being passed to the vaccination cell for information on a weekly basis. Healthwatch Bucks were carrying out several other projects; in particular, one was based on mental health and people's experience of online mental health support. Qualitative research into digital exclusion was also being carried out on residents who could not, or had difficulties, accessing GP appointments online and the barriers they had faced.

The Chairman thanked everyone for all their hard work on behalf of the residents of Buckinghamshire.

**14 Date of next meeting**

1 April 2021.