

## Minutes of the meeting of Health and wellbeing board held at Online meeting only on Tuesday 30 June 2020 at 2.30 pm

<b>Members</b>	Jo-anne Alner	Managing director	NHS Herefordshire Clinical Commissioning Group
	Chris Baird	Director for children and families	Herefordshire Council
	Chris Burdon	Chairman	Worcestershire Health and Care NHS Trust
	Councillor Pauline Crockett (Chairperson)	Cabinet member - Health and Adult Wellbeing	Herefordshire Council
	Russell Hardy	Chairman	Wye Valley NHS Trust
	Councillor David Hitchiner	Leader of the Council	Herefordshire Council
	Councillor Felicity Norman	Cabinet Member - Children and Families and Deputy Leader	Herefordshire Council
	Ian Stead	Chair and Director	Healthwatch Herefordshire
	Duncan Sutherland	Non-Executive Director	Gloucestershire Health and Care NHS Foundation Trust
	Dr Ian Tait (Vice-chairperson)	Chair and Clinical Lead	NHS Herefordshire Clinical Commissioning Group
	Stephen Vickers	Director for adults and communities	Herefordshire Council
	Karen Wright	Director of public health	Director of public health

In attendance	John Coleman	Democratic services manager	Herefordshire Council
	Kate Coughtrie	Deputy solicitor to the council	Herefordshire Council
	Jane Ives	Managing Director	Wye Valley NHS Trust
	Alistair Neill	Chief executive	Herefordshire Council
	Jennifer Preece	Governance Support Assistant	Herefordshire Council
	Paul Smith	Assistant director all ages commissioning	Herefordshire Council

### 30. APOLOGIES FOR ABSENCE

Simon Trickett, NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG), provided apologies.

### 31. NAMED SUBSTITUTES (IF ANY)

Jo-anne Alner, Managing Director, NHS Herefordshire and Worcestershire CCG acted as a substitute for Simon Trickett.

### 32. DECLARATIONS OF INTEREST

Dr Tait declared a other interest in agenda item no. 7, Establishing a Herefordshire Local Outbreak Engagement working group of the Health and Wellbeing Board as a

shareholder of the Taurus group; a proposed member of the local outbreak control working group.

**33. MINUTES**

The minutes of the previous meeting were agreed.

**Resolved: That the minutes of the meeting held on 10 February, 2020 be approved and be signed by the chairperson.**

**34. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions had been received from members of the public.

**35. QUESTIONS FROM COUNCILLORS**

No questions had been received from councillors.

**36. ESTABLISHING A HEREFORDSHIRE LOCAL OUTBREAK ENGAGEMENT WORKING GROUP OF THE HEALTH AND WELLBEING BOARD.**

The chairperson invited the Director of Public Health to introduce the report. The principal points included:

- I. There is a new requirement for local authorities to produce an outbreak control plan to prevent and respond to any localised outbreaks of covid19 in our community.
- II. Financial resources have been allocated to Public Health Directors for the implementation of the plan and to support the outbreak control working group activities. Herefordshire's allocation is £845K.
- III. Importantly the development of the NHS Test and trace service is a key part of the local and national implementation of the plan. Seven key priorities need to be addressed:
  - Care homes and schools;
  - High risk places,
  - Local testing capacity
  - Contact tracing in complex settings
  - Data integration
  - Vulnerable people, and
  - Establishing Local boards
- IV. To oversee and manage the plan, the Health and Wellbeing Board members are being asked to agree and support the establishment of a Covid19 engagement working group in accordance with the terms set out within the Appendix A.
- V. The group is required to fulfil a number of functions; providing a leadership role in the prevention and management of outbreaks; communicating with the public and setting out how communities can play their part in reducing spread of any local spikes; building community engagement and trust in the delivery of the plan; keeping Herefordshire open and helping the local economy recover and getting our children back to schools, safely.

- VI. Activities currently include building a clear picture of how Covid 19 cases are developing in Herefordshire to inform any localised response across the seven priorities.
- VII. It is proposed that the Chair of the working group be leader of council and the vice chair is the cabinet member for health and wellbeing.

The chairperson expressed thanks to the Director of Public Health (DPH) for the in-depth report and proposals.

The chairperson opened with questions to the DPH.

How would local intelligence and data influence national data gathering and vice versa?

It was explained that the flow of national data has improved significantly and is now working with the test and trace system. Problems with pillar 2 testing (swab testing) is being resolved. This means that local data on public testing is being brought together with national data. The DPH will have an oversight of this so can warn in advance of any local increases/spikes before they become too serious.

How will differences in the data between national and local level be resolved – particularly in relation to any lockdown advice that will be issued?

Local intelligence will be monitored and will feed into national data gathering. If Public Health England (PHE) identify any spikes not seen locally the local and national systems will begin coordinated communications and management of any local increases in cases.

Who will take the decision on triggering a local lockdown?

Local lockdown powers will sit with Herefordshire Council's chief executive and will be informed by local and national data and intelligence. A key operational activity of the working group is to prevent a local lock down point being reached. An important message is for people to follow the rules and work with us to ensure our local Covid 19 cases do not increase.

How are we mapping high risk locations and settings?

National and international examples indicate that there are higher risk settings, such as food processing plants; care homes and schools. Mapping of those high risk settings is in the advanced stages. There is proactive engagement with local businesses, schools and care providers. It was highlighted that local food processing businesses are taking a proactive leadership stance in managing and protecting staff. Understanding very localised community spread and factors associated with particular business sectors will be important in containing the virus. This learning gathered through engagement with local high risk settings will be key to the engagement group and in targeting our communications.

Are we maximising our opportunity to use the appropriate languages for the different settings given many in our local workforce do not have English as their first language?

It was noted that relevant materials have been translated in to numerous languages. The Director of Public Health network has taken a lead role in communicating tests and trace information (for example YouTube clips) into different languages. Locally, we have translation services working with local employers and we are starting a piece of work with a student from Worcester University working with migrant workers. Engagement with hard to reach groups is being given a high priority in the working groups terms of reference.

How will the primary and secondary school sector be engaged?

Extensive work with the children and families directorate and Public Health is taking place to engage with all school settings. Work is underway to help schools to get more children back into the classroom. One local school "Riverside" has been involved in a pilot of antibody testing for positive cases. Standard operating procedures have been set up to report confirmed or suspected cases. All of our schools are mapped and contacts details have been shared. A key priority for the working group is to engage effectively with our young people, to ensure they are aware of prevention practices to follow.

'Bubbles' have been setup within schools where pupils are placed in socially distanced class sizes. If a case is suspected within a school our local approach is to move those individuals into self-isolation and remove them from the school setting rather than waiting for test results. This ensures that we know which pupils/teachers have been in closest contact with a suspected case. So they too would self-isolate. In some of our smaller schools this may mean the whole school would need to close because there is only one bubble.

What powers does the Chief Executive have to lock down?

A first principal is to avoid the need for lock down – so a big focus needs to be on preventing any further cases. However, the government has indicated urgent legislation will be passed in the next 2-3 days. This is widely expected to bring in powers to close down specific locations and buildings if environmental, health and safety concerns are identified.

How prepared are we as a county for conducting and increasing the local tests and trace?

Current capacity is 250 swabs a day booked through national system. If mass testing is needed – additional mobile testing units can be called upon. Tests are being processed quickly (within hours) and results are being returned at a rapid rate. Additional testing capacity exists with a further 50 mobile testing units across the region. The CCG remain contracted to the 'Promethius' until July – this service may continue beyond that timeframe. Laboratory capacity exists within Wye Valley Trust and Worcester acute hospital settings.

The following principal points were also noted.

It was advocated that pushing as much responsibility down to the outbreak control group as possible to allow them to be agile and fast moving is essential. Communication and messaging will be a big challenge as we continue to ease the national lock down measures. Moving away from the more stringent, but relatively simple lock down measures into the reduced lockdown measures presents some significant communication challenges. How we continue to prevent the spread of the virus under the new measures, as well as advising on any new outbreaks occurring, must be a clear role for the group.

It was noted that the outbreak control group starts on a solid foundation of partnership working. This has been evident in the practices of nursing homes and food processing who have responded positively in managing their staff and patients in those settings.

A key role for the local outbreak control group will be to target testing for people who have been symptomatic but have not yet been tested. This is followed up with additional

contact to provide support and to ensure that personal and public safety rules are being followed to prevent further possible spread.

It was highlighted that as national lock down measures ease, those shielding are gradually gaining more confidence to do slightly more under the national guidance. It will be important for the outbreak control group to provide information for these vulnerable group so that they can make their own individual risk assessments.

It was explained that there is clear understanding of where our shielded residents are and they can be contacted quickly. A key role for the outbreak control group will be to ensure that the right messages are out in the most appropriate ways. A range of different media is available to assist with this task. In addition link workers and talk community provide multiple ways to gather and disseminate new or significant information. A comprehensive communications plan has also been put in place.

A councillor noted the welcome inclusion of local members on the outbreak control group. They have good knowledge and understanding of their local networks and community groups.

On the basis prevention is better than a cure much of the working groups time will be directed to preventing new infections as opposed to reporting on them.

It was confirmed that prevention will be a key focus for the working group. Public Health's proactive work will continue with businesses and communities through their involvement with the working group.

**Resolved: That the health and wellbeing board agrees to establish the Covid 19 engagement working group and that the terms of reference, subject to including an additional representation from primary and secondary schools, be agreed.**

Date of first meeting proposed for outbreak control working group provisionally arranged for 6th July.

### **37. DATE OF NEXT MEETING**

It was noted that the next scheduled board meeting, for 6 July, was brought forward to 30 June.

Provisional meeting dates for 2020/21 were also noted.

The meeting ended at 3.29 pm

**Chairperson**