

Agenda

Health and wellbeing board

Date: **Tuesday 30 June 2020**

Time: **2.30 pm**

Place: **Online meeting only**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairperson	Councillor Pauline Crockett	Herefordshire Council
Vice-Chairperson	Dr Ian Tait	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Hayley Allison	NHS England
	Jo-anne Alner	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Chris Baird	Director for children and families
	Richard Ball	Director for economy and place
	Chris Burdon	Worcestershire Health and Care NHS Trust
	Julie Grant	NHS England
	Russell Hardy	Wye Valley NHS Trust
	Dr Mike Hearne	Taurus Healthcare
	Councillor David Hitchiner	Herefordshire Council
	Jane Ives	Wye Valley NHS Trust
	Liz Murphy	Safeguarding Children and Young People in Herefordshire Partnership
	Councillor Felicity Norman	Herefordshire Council
	Ivan Powell	Herefordshire Safeguarding Adults Board
	Ian Stead	Healthwatch Herefordshire
	Dr Ian Tait	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Superintendent Sue Thomas	West Mercia Police
	Nathan Travis	Hereford & Worcester Fire and Rescue Service
	Simon Trickett	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Councillor Ange Tyler	Herefordshire Community Safety Partnership
	Stephen Vickers	Director for adults and communities
	Karen Wright	Director of public health

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any member nominated to attend the meeting in place of a member of the board.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests of interest in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 10 February, 2020.</p>	7 - 16
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public.</p> <p>For details of how to ask a question at a public meeting, please see: www.herefordshire.gov.uk/getinvolved</p> <p>The deadline for the receipt of a question from a member of the public is 24 June at 5.00 pm.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
6.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive any written questions from councillors.</p> <p>The deadline for the receipt of a question from a councillor is 24 June at 5.00 pm, unless the question relates to an urgent matter.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
7.	<p>ESTABLISHING A HEREFORDSHIRE LOCAL OUTBREAK ENGAGEMENT WORKING GROUP OF THE HEALTH AND WELLBEING BOARD.</p> <p>To agree to set up a Herefordshire Covid-19 engagement working group to oversee: the development and the management of outbreaks; support stakeholder and community engagement to build trust and participation and provide community leadership in the prevention and management of outbreaks through the Local Outbreak Control Plan. It will also support officers to deliver the Council's test and trace response and ensure that Herefordshire is delivering the right interventions to protect the health and wellbeing of our local residents.</p>	17 - 28
8.	<p>DATE OF NEXT MEETING</p> <p>The next scheduled meeting is 7 September, 2020 at 2.30pm.</p>	

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¹ The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

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Minutes of the meeting of Health and wellbeing board held at Council Chamber, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 10 February 2020 at 2.30 pm

Members	Hayley Allison	Senior Delivery & Improvement Lead - West Midlands	NHS England and NHS Improvement
	Jo-anne Alner	Managing director	NHS Herefordshire Clinical Commissioning Group
	Chris Baird	Director for children and families	Herefordshire Council
	Councillor Pauline Crockett (Chairperson)	Cabinet member - Health and Adult Wellbeing	Herefordshire Council
	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	Councillor Jenny Bartlett	Vice-chairperson of adults and wellbeing scrutiny committee	Herefordshire Council
	Ben Baugh	Democratic services officer	Herefordshire Council
	John Coleman	Democratic services manager	Herefordshire Council
	Kate Coughtrie	Deputy solicitor to the council	Herefordshire Council
	Susan Harris	Director of strategy and business development	Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Managing Director	Taurus Healthcare Ltd
	Jane Ives	Managing Director	Wye Valley NHS Trust
	Councillor Jeremy Milln		Herefordshire Council
	Alistair Neill	Chief executive	Herefordshire Council
	Amy Pitt	Head of partnerships and integration	Herefordshire Council
	Paul Smith	Assistant director all ages commissioning	Herefordshire Council

20. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members Ingrid Barker from the Gloucestershire Health and Care NHS Foundation Trust, Russell Hardy from the Wye Valley NHS Trust, and Simon Trickett from NHS Herefordshire Clinical Commissioning Group. Apologies had also been received from Colin Merker from the Gloucestershire Health and Care NHS Foundation Trust.

The chairperson said that she would wish to see board members give this meeting appropriate priority and attend every meeting. The chairperson asked board members if they would be prepared to commit to missing no more than two meetings in public per year and attending board members indicated that this would be acceptable to them.

21. NAMED SUBSTITUTES

Duncan Sutherland was present as a substitute for Ingrid Barker, and Joanne Alner was present as a substitute for Simon Trickett.

22. DECLARATIONS OF INTEREST

Dr Tait reported that he had been selected as the chair designate for NHS Herefordshire and Worcestershire Clinical Commissioning Group.

23. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 14 October 2019 be approved and be signed by the chairperson.

24. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

25. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

26. HEALTH AND WELLBEING BOARD REVIEW AND FUTURE WORKING

The chairperson invited the head of partnerships and integration to introduce the report, the principal points included:

1. A series of workshops had been held with board members and system representatives which had informed the review and the proposed future working arrangements.
2. Subject to approval by the board, consequential changes to the constitution would be recommended to the audit and governance committee for consideration, prior to submission to full Council.
3. The review had been undertaken in view of the recent NHS Long Term Plan and the council's emerging corporate plan – 'County Plan 2020-24'.
4. It was identified that, at a time of continuous change, the health and wellbeing board should be an anchor of place, providing leadership and stability.

5. The report proposed an updated vision for the board, 'Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure'. The vision was underpinned by five priorities, and eight cross-cutting themes. It was commented that the vision recognised the importance of working closely with communities and upstreaming prevention.
6. It was proposed that representatives of other partner organisations be added to the core membership of the board, with the intention to invite further consultative representatives to participate at certain sessions on specific areas of focus.
7. In order to build the board's future work programme, it was suggested that the council and the CCG be invited to identify areas of transformational change and key developments in their respective commissioning plans, with some suggested areas identified in paragraph 15 (integrated urgent care pathway, Primary Care Networks, stroke services, and mental health services).
8. Working groups would be established to consider certain topics and to develop delivery / action plans.

The chairperson expressed her thanks to: board members and other workshop attendees for their hard work on the review; the head of partnerships and integration for facilitating the meetings and for co-ordinating the new arrangements; and Hannah Dalton and Liam Hughes who supported the workshops on behalf of the Local Government Association.

The managing director of the CCG commented that: the workshops had been helpful; the reasons for the suggested areas identified in paragraph 15 were unclear; services for children and young people had been a key topic of discussion; and the five priorities should shape the board's work going forward. In response, the head of partnerships and integration advised that one of the roles of the board was 'Reviewing whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy' [Constitution paragraph 3.5.24 (g)], so there was a need to be cognisant of those commissioning plans, and the suggested areas involved high priority matters.

The vice-chairperson said that the suggested areas could be viewed from the perspective of children and young people, and he outlined some of the issues that could be included within scope. The cabinet member - children and families spoke in support of exploring issues for children and young people in greater depth.

The director for children and families commented on the merits of the board being apprised of work of the children and young people's partnership, the safeguarding partners' board, and the safeguarding adults' board. It was noted that duplication should be avoided and decisions should be taken at an appropriate level to deliver positive outcomes for the people of Herefordshire. It was reported that partners had held a session recently on early help for children, involving representatives from local schools, which had highlighted the importance of prevention in the context of the whole family.

The director for adults and communities considered that the council and the CCG, as the major commissioners, should present their commissioning plans. He also felt that the board should not concentrate on too many matters at once, and supported an initial focus on early help for children; he added that urgent care could be another area of focus in due course.

In response to a question, the head of partnerships and integration said that the intention was to maintain formal board meetings in public and occasional board development sessions in private, and to supplement these with workshops on areas of focus involving relevant consultative representatives from other partner organisations and community groups.

The director of public health: supported a focus on children but noted the wider context of families and communities; commented that, as well as being commissioners, the partners were employers and should consider their roles as anchor organisations; the board needed to hold the system to account in terms of tackling inequalities; and, drawing attention to the priority 'supporting our residents to eat well, drink safely and get active', reported that a paper would be presented to cabinet shortly on Herefordshire becoming a 'sustainable food county' and the board may wish to be involved in an associated summit.

The non-executive director of Gloucestershire Health and Care NHS Foundation Trust, in addition to welcoming the work undertaken to date and the focus on priority areas, suggested that the wider determinants of health and wellbeing, such as housing, should be considered.

The chair of Healthwatch Herefordshire said that it was also important for the board to look at what was happening in relation to the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP).

Other attendees commented on: other determinants of health and wellbeing, such as environment and nutrition; the need for appropriate challenge; and the benefits of a holistic approach. The director for adults and communities anticipated that the expanded board membership and refreshed working arrangements would help the whole system to come together and make a difference.

The chairperson made a number of points, including:

- i. In view of the constitutional requirement and the new vision and priorities, it was considered an appropriate point to ask the council and the CCG to bring their commissioning plans and arrangements for the next twelve to eighteen months to the next board meeting in public.
- ii. The board should not duplicate the work of other groups but there was a need for the system leaders and key stakeholders to explore challenges, identify solutions, and take action collectively.

It was agreed that the first area of focus should be on early help for children and the director for children and families would lead on the development of the workshop.

The Leader of the Council suggested that healthy weight could be a future topic.

- iii. Further to the comments made during the apologies for absence agenda item, the chairperson suggested that the attendance and substitution arrangements could be clarified in the constitution.

A board member advised that, with responsibility for the delivery of Herefordshire's mental health and learning disability services transferring from April 2020, there was a need to reallocate board membership from Gloucestershire Health and Care NHS Foundation Trust. The board was introduced to the executive director of strategy and partnerships for Worcestershire Health and Care NHS Trust (and STP communications

and engagement lead), who explained that the chief executive or the chair of the trust would welcome an invitation to the board in due course.

Resolved: That

- (a) The new vision, priorities, cross-cutting themes, and membership for the health and wellbeing board be supported;**
- (b) The proposed working arrangements be recommended to the audit and governance committee, with a view to seeking full Council approval for the new board membership;**
- (c) Herefordshire Council and the Clinical Commissioning Group be asked to bring their commissioning plans and arrangements for the NHS, public health and social care for the next twelve to eighteen months to the next board meeting in public;**
- (d) Consideration be given to the attendance and substitution arrangements for the board in the council's constitution, potentially including:**
 - (i) the expectation that board members should not normally miss more than two board meetings in public in a year;**
 - (ii) that any substitute will be a senior representative from the constituent organisation or service, with delegated authority to act on behalf of that organisation or service in relation to the activity of the board; and**
 - (iii) that the board member will notify the chairperson of the reason for absence and confirm the named substitute, ideally a week in advance of the meeting.**

27. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The chairperson asked the director of public health to present the annual report, the key points of the presentation are summarised below:

- a. The consultant in public health and the intelligence team were thanked for their support in producing the annual report.
- b. This report focussed on rural Herefordshire and the often hidden levels of ill health and inequality in rural areas.
- c. Herefordshire was one of England's most sparsely populated counties, with 42% of residents living in areas officially classified as 'rural village and dispersed' and 25% living in 'very sparse' areas.
- d. The population age distribution showed that there was a higher proportion of 45 to 79 year olds living in rural areas.
- e. The ageing population profiles in coming years would create significant demand on services, with opportunities but also challenges for people living in rural areas.
- f. It was important to reflect on the wider determinants of health and wellbeing, including housing conditions.
- g. The health and wellbeing of Herefordshire's rural population was, on average, slightly better than those living in urban areas for many indicators, with the

exception of the proportion of households in fuel poverty. However, there were significant pockets of deprivation and poor health outcomes in rural areas.

- h. A comparison with all the local authorities in England illustrated that Herefordshire was particularly deprived in relation to 'living environment' and 'barriers to housing and services'.
- i. Comparison of the types of deprivation showed that 'indoor living environment' and 'access to services' were higher in rural areas compared to urban areas of Herefordshire, and were amongst the most deprived in England.
- j. An overview was provided of the housing stock in Herefordshire, and significant challenges were noted in terms of thermal efficiency, affordability and social mobility.
- k. In view of the access times for residents to reach GP surgeries, further consideration was needed on the ways in which people would be able to access services in the future.
- l. The strengths of rural communities and the benefits of the natural environment for health and wellbeing were outlined.
- m. Road safety concerns could be a barrier to people walking and keeping active.
- n. Gypsies and Irish Travellers were represented more in rural areas than in urban areas, were more likely to experience the effects of rural inequality, and had poor outcomes in key areas such as health and education. It was anticipated that the Talk Community programme would help to reach people more at risk of inequality.
- o. It was emphasised that the report did not capture everything that was happening to support the health and wellbeing of people living in rural areas but an overview was provided of some examples, including Herefordshire Council's new County Plan, the Children and Young People's Partnership Plan, Talk Community, the NHS Long Term Plan and Primary Care Networks, the Keep Herefordshire Warm scheme, the Fastershire Broadband Project, and the review of the Housing Strategy.

The chairperson welcomed the annual report. As a general point to report authors, it was suggested that charts should include not just percentages but also absolute numbers where appropriate. Questions and comments were invited from board members, the principal points included:

- 1. The chair of Healthwatch Herefordshire commented on the value of the report and advised that Healthwatch Herefordshire was considering potential projects for the year, including health and wellbeing issues for the farming community.
- 2. The cabinet member – children and families considered the report to be informative and, in particular, expressed concern about the disadvantages for Gypsies, Travellers and Roma, and about dependency on the large number of people providing unpaid care for family members or friends.

The director for public health commented on the potential for Talk Community to engage with diverse communities. The assistant director all ages commissioning made a number of points, including: the request to bring commissioning plans to the board was welcomed in the interests of transparency; the annual report would be used to inform a thematic approach to commissioning, working jointly with system partners, to ensure that decisions did not have unintended consequences

for other groups of people; the council was in the top quartile in terms of payments to care providers; there was the potential for employers to be carer friendly employers; and the system would be difficult to sustain without unpaid carers and this would be taken into account as part of the commissioning agenda.

3. The vice-chairperson also welcomed the annual report and made a number of observations, including: reflecting the potential focus on early help for children, it was suggested that consideration be given to communities of disadvantage; the needs of Gypsies, Travellers and Roma were significant, in terms of both health and wellbeing; and there was a need for close working with these communities and their representatives to understand and address the issues collectively.
4. The non-executive director of Gloucestershire Health and Care NHS Foundation Trust said that the annual report had brought together many causes of deprivation in the county but noted that it raised more questions. He suggested that there was a need to consider how to cut across silos of government in a coordinated way to tackle issues such as housing affordability and transport.

The director for public health said that Herefordshire was the worst area in the West Midlands for housing affordability and, in bringing the intelligence together in the annual report, the system was in a better place to lobby nationally to highlight the costs and challenges of providing services in rural areas.

5. The managing director of NHS Herefordshire Clinical Commissioning Group considered the report fascinating and, drawing attention to the rural – urban based inequalities, noted the protective factors associated with living in rural localities. In terms of access to healthcare, reference was made to the investment in Primary Care Networks and the potential of digital solutions to reduce the number of face-to-face appointments.
6. The cabinet member - children and families, noting the issues with the existing housing stock, considered that sub-standard housing was still being built. It was emphasised that better quality housing would be beneficial to health and to long term affordability.

The chairperson noted that the new County Plan recognised the need to improve the energy efficiency and build standards for new housing.

7. The director for adults and communities said that the board should be able to hold to account the system and responsible bodies. He added that there was a need to be mindful of not pricing people on low incomes out of the housing market.
8. The managing director of Wye Valley NHS Trust commented that a challenging aspect of the annual report was that people were healthier in rural areas than in urban areas, and questioned whether the focus should be on those people who had significantly worse outcomes. The importance of 'healthy' life expectancy was emphasised. Reflecting the strapline of the new board priorities of 'helping you to help yourself', it was suggested that there was a need to consider how to build upon existing social and community connections, and to share learning with other communities.

The director of public health acknowledged that living in rural areas could be good for health and wellbeing but, with pockets of deprivation and an ageing population, there were also added challenges. The potential of the Talk Community approach to connect communities and share good practice was outlined.

The vice-chairperson commented that, due to the level of scale, to be from a disadvantaged community in Herefordshire could be more difficult than in other settings. The director of public health referred to access to transport to attend an interview as an example of hidden inequality for people in rural areas.

9. The Leader of the Council drew attention to the overview of housing stock and the high proportion of larger, older detached houses and questioned what could be done to improve living environments.

The director of public health noted that some people were capital rich but revenue poor, and suggested that further understanding was perhaps needed on the barriers to improving homes and the role of planning approaches in this regard.

The chairperson invited the board to consider the recommendations, further observations of board members included:

- i. The managing director of Wye Valley NHS Trust reiterated that the annual report demonstrated that the bigger inequalities were in the urban communities. The director of public health stressed that there were significant and often hidden inequalities in rural areas, especially in terms of housing and access to services. She added that the system partners, especially as anchor organisations, needed to organise services which were accessible to rural communities.
- ii. The vice-chairperson said that digital strategies could help to make services both more accessible and resource efficient, and inequalities and poor outcomes for some of the ethnic minorities in the county needed further exploration.
- iii. In response to a comment by the non-executive director of Gloucestershire Health and Care NHS Foundation Trust, the director of public health confirmed that the annual report was not intended to be all encompassing but sought to improve understanding of the impact of living in rural areas on the health and wellbeing of communities and the challenges being faced.

In view of these further observations, the chairperson proposed an amendment to recommendation (b) to reflect the need to address inequalities faced by rural communities and the most deprived communities.

Resolved: That the health and wellbeing board:

- (a) notes the findings of the annual report, and supports the identified strategies and actions to address the challenges of life in rural Herefordshire; and**
- (b) will provide leadership in addressing inequalities faced by rural communities and the most deprived communities through recognition of the challenges, communicating the key messages of the report to constituent members, and identifying further actions that can be taken by constituent organisations and across the system.**

28. BETTER CARE FUND QUARTER 2 AND QUARTER 3 REPORT 2019/20

The chairperson invited the head of partnerships and integration to introduce the report, the principal points included:

- a. It was a statutory function to review the better care fund (BCF) performance reports.

- b. To meet the national submission deadlines, the contents of the quarter 2 and quarter 3 performance reports had been approved under delegated authority by the director for adults and communities in consultation with the accountable officer of NHS Herefordshire Clinical Commissioning Group, and had been submitted to NHS England. The board was invited to review the completed data.
- c. Attention was drawn to the following sections of the quarter three report:
- The metrics position: non-elective admissions was not on track to meet target, residential admissions was on track to meet target, reablement was not on track to meet target but there had been improvements, and delayed transfers of care was on track to meet target and significant improvements had been made;
 - The high impact change model and the updates provided on the eight key areas; and
 - The integration highlight which outlined the integrated model of care for adults requiring palliative and end of life care.
- d. It was reported that the Herefordshire BCF and integration plan 2019/20 had received approval and guidance was awaited for 2020/21.

The managing director of Wye Valley NHS Trust said that the board should not be unduly concerned about metric on reablement, being the 'proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services', as trying to meet that target in a selective way could be detrimental to the system flow. The head of partnerships and integration commented on the significant investment in this area and the improvements being seen; it was predicted that this metric would be met by the end of the year.

In response to questions from the Leader of the Council on the schemes that comprise the section 75 agreement and the net forecast overspend of £1.939m, principally due to overspends in pool two (£0.669m) and pool five (£1.728m):

- The head of partnerships and integration advised that overspend in pool two (additional voluntary contributions to BCF) related to residential and nursing care spend.
- The director for children and families advised that overspend in pool five (children's services) related to complex needs placements. It was reported that there was an agreement in place which allocated underspend or overspend between the CCG (1/7th), Herefordshire schools' forum dedicated schools' grant (3/7^{ths}), and the council (3/7^{ths}); it was noted that the partners had been notified. He added that there had been underspend in previous years and work was being undertaken to look at the patterns of placements which were few in number but high in cost.
- The managing director of the CCG confirmed that overspend would need to be managed within existing resources.

The chairperson requested that a breakdown of the schemes that comprise the section 75 agreement be circulated to board members; attached as appendix 1 to these minutes.

Resolved: That

- (a) the better care fund quarter two and quarter three performance reports for 2019/20, as submitted to NHS England, be noted; and**

(b) there were no further actions that the board wished to recommend to secure improvement in efficiency or performance at this time.

29. DATES OF FUTURE MEETINGS

It was noted that the next scheduled board meeting in public was Monday 20 April 2020.

Provisional meeting dates for 2020/21 were also noted.

The meeting ended at 4.10 pm

Chairperson



Meeting:	Health and wellbeing board
Meeting date:	30 June, 2020
Title of report:	Establishing a Herefordshire Covid-19 engagement working group
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To agree to set up a working group of the Health and Wellbeing Board to oversee the localised development and the management of outbreaks; support stakeholder and community engagement to build trust, participation and providing community leadership in the prevention and management of outbreaks through the Local Outbreak Control Plan.

The working group once established will also support officers to deliver the Council's test and trace response and ensure that Herefordshire is delivering the right interventions to protect the health and wellbeing of our local residents.

Recommendation(s)

That:

- (a) The health and wellbeing board agrees to establish the Covid 19 engagement working group in accordance with the terms of reference set out in Appendix A**

Alternative options

1. By setting up a working group, it allows for flexible working and for private meetings to be convened to deal with urgent business as or where it arises. All of the work of the working

group will be reported to the public meetings of the health and wellbeing board. A sub-committee would be able to be as responsive.

2. To deliver Covid 19 engagement work through the existing Health and Wellbeing Board. This is not recommended because the Health and Wellbeing Board committee is not currently set up with all of the proposed members required to sit on the proposed working group. If the proposed working group arrangements are agreed, they will periodically report in to the HWBB

Key considerations

3. As the government begins to ease Covid 19 lockdown measures there is a refocussing from the immediate emergency response into a recovery phase. This is as a result of a sustained reduction in both the number of Covid 19 cases and deaths nationally. Medical professionals and government remain concerned, however, that there may be future spikes in Covid 19 cases and future waves of infection. A continued local effort will be required to monitor and manage such outbreaks. The most effective approaches to managing outbreaks and clusters of cases will involve the use of local intelligence and local engagement, hence the shift to more local control of the management and response to the pandemic.
4. In recognising that local councils, and local health and care systems know their communities intrinsically – they are being directed by national government to take a central lead to the next phase of combatting Covid 19. This is building on the usual local response to infectious diseases outbreaks that are in place all year round. As has been the case in Herefordshire, adult social care and public health directors have been working with the NHS on the Care Home Support response for many weeks.
5. The government's Covid alert system or NHS Test and Trace' initiative will provide new data on people who have been in contact with someone who has tested Covid 19 positive. This will provide important localised trends in infection rates. In addition, a new Public Health England data dashboard will provide anonymised data on the total number of tests conducted, the total number of positive tests, including a rolling average timescale at a local authority level.
6. The understanding that will be provided by new data sources will allow the local authority and local health system partners to have more effective surveillance systems in place. It gives the ability to plot outbreaks (two or more linked cases in a setting) clusters (a number of cases in a defined geography) and provides information on where the prevention, communication, engagement, management and escalation of a local outbreak needs to be focussed.
7. £300m has been allocated to local government to fund local authorities to play a front line role in the National Health Service (NHS) track and trace system. Herefordshire Council has received £845k of this allocation.
8. Directors of public health are being tasked with setting out 'local outbreak control' plans by 30 June. These plans will evolve and will need to be in place for the next 18months and beyond.
9. The purpose of this Plan is to support the quick and effective management of Covid-19 outbreaks in a range of settings. The specific objectives are to:
 - Reduce the spread of infection in Herefordshire, minimise the number of cases, protect our health and care system, and save lives;

- Support settings experiencing a new localised outbreak or complex single cases to mitigate the consequences of and help to keep as many services and businesses going as possible in a way that is safe and releases our economy; and
 - Give the public confidence that we are able to respond appropriately to outbreaks of Covid-1 in order to minimise anxiety.
10. This plan will be focussed around seven themes:
- Care homes and schools;
 - High risk places, locations and communities;
 - Local testing capacity;
 - Contact tracing in complex settings;
 - Data integration;
 - Vulnerable people, and
 - Local boards.
11. In taking forward local outbreak planning a Covid-19 local authority member led local engagement board is being proposed. This group is required as part of Local Outbreak Control Plans. It will have the role to ensure:
- Democratic oversight of the Local Outbreak Control Plan development and the management of outbreaks collectively;
 - Effective strategic communication with the public about the management of outbreaks.
 - Maintain understanding of and appropriate involvement in the use of local powers to support the effective implement of the Local Outbreak Control Plan.
12. The proposed terms of reference for the local outbreak engagement board, which are set out in full at Appendix A, will cover the following central areas of responsibility:
- Assessing the progress of the Local Outbreak Control Plan development and the management of outbreaks;
 - Support stakeholder and community engagement to build trust and participation in the Local Outbreak Control Plan;
 - Provide Community Leadership in the prevention and management of outbreaks through the Local Outbreak Control Plan;
 - Support officers to deliver the Council's accountabilities and financial monitoring relating to Test and Trace response;
 - Ensure that the Test and Trace response in Herefordshire is delivering the right interventions to protect health and wellbeing of residents.
13. It is proposed that this board should be set up as a working group of the health and Wellbeing Board. Under the council's constitutional arrangements Council, the cabinet and any committee may from time to time establish working groups which include in their membership councillors and/or officers. The health and wellbeing Board is being asked to consider this proposal at their next scheduled meeting, 30 June.
14. Working groups have no formal decision making responsibilities but may provide advice or recommendations. A report on the work of the group shall become a standing item on every HWBB meeting.
15. The membership of this group should comprise of local government, local health and care groups and practitioners, local business and community representatives. Membership will include relevant teams from Herefordshire Council: Portfolio Holder Health and Wellbeing; Leader; cross party membership, town and Parish Council representative Director of Public Health, Taurus, Wye Valley Trust, HSE, EH, CCG (IPC); Emergency Planning; PH (Health

Protection/Intelligence), Adults and Communities and Children and Families, Communications and Engagement;; Education; National Farmers Union; Faith Communities; Health Watch; Voluntary Sector representation; police/Tactical Command Group

Community impact

16. National Government have indicated that their ambition is that local authorities in England will have developed local outbreak plans and have teams in place by the end of June. The Council is being given flexibility to collaborate to bring this new initiative together.
17. This approach is underpinned by Herefordshire Council's County Plan (2020 to 2024) commitment to working more closely in partnership with town and parish councils, community partners, private enterprise and our fellow public sector organisations.

Equality duty

18. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes.

Resource implications

17. A grant has been allocated to support the implementation of the Local Outbreak Control Plan of £841K. This budget will be allocated to the Director of Public Health. The oversight of the use of the grant will be undertaken by the Outbreak Control Group who will report into the Covid-19 Engagement Group and the Council's Gold Group.
18. The final plan for the budget is yet to be determined but will include the following areas in the immediate future:
 - Additional Public Health (Health Protection focussed) capacity.
 - Outbreak response and HP/EH staff capacity/team
 - Communication and Engagement/translation
 - Swabbing and testing
 - Specialist infection control support
 - Vulnerable people support
 - Contact tracing

Legal implications

19. The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with
- Public Health England under the Health and Social Care Act 2012
 - With Directors of Public Health under the Health and Social Care Act 2012
 - With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
 - With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
 - With other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004, and
 - In the context of COVID-19 there are also powers and responsibilities under the Coronavirus Act 2020.
20. This underpinning context gives Local Authorities (Public Health and Environmental Health) the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease. As officers will be charged with taking emergency decisions it is vital that local oversight of the plans and engagement is led by elected members.
21. This legal context for Health Protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

Risk management

22.

Risk / opportunity	Mitigation
Risk: if key local partners are not included in the membership of the outbreak group it may limit the ability to reach and communicate to some of our more vulnerable members of society and new localised outbreaks may not be contained and treated effectively.	The outbreak group is building on already established and proven local working practices in tackling the Covid19 public health emergency. Those partnership arrangements will be continued, strengthened and kept under review as we transition from lockdown into the recovery phase.

Consultees

23. The proposed Outbreak Control Group members - namely:
- Taurus - a federation of all 20 Herefordshire GP Practices.
 - Tactical Command Group
 - Wye Valley Trust
 - Herefordshire's Primary Care Networks - new local integrated health services treating populations of around 30-50,000.
 - NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG) - established on 1 April 2020 following a merger of NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG.

Appendices

Appendix A - Herefordshire Covid-19 Engagement Working Group, Terms of Reference

Background papers

None

Covid-19 Outbreak Management Governance system

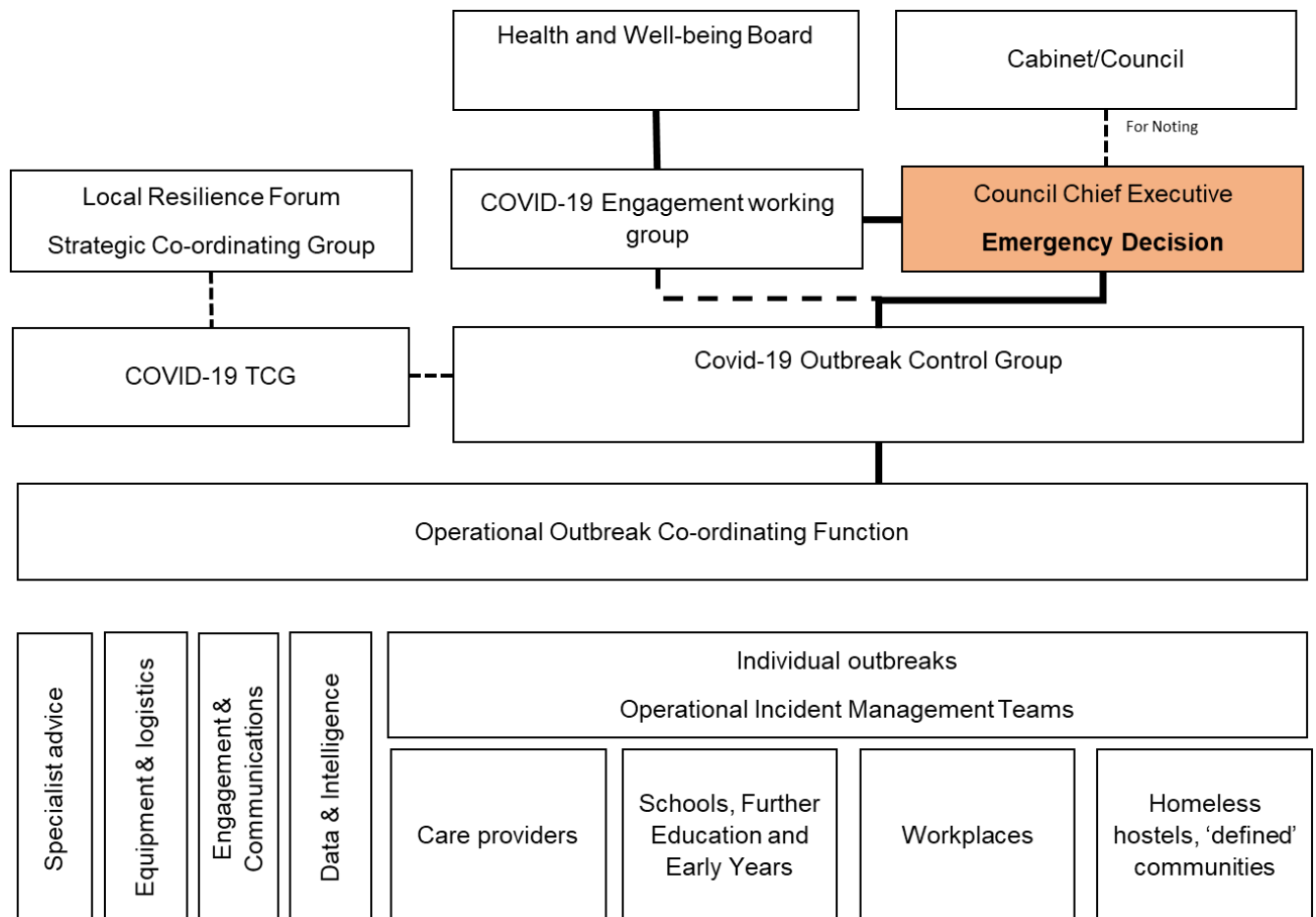
18 June 2020

This document sets out the terms of reference for the key groups that together form the system of governance and decision making for managing any outbreaks of Covid-19.

Outbreak Management Governance System

The diagram below indicates the key groups and their relationships to the wider council governance system.

Fig.1 Outbreak Management Governance System



The principles of governance for Outbreak Management will be to ensure that:

- a) The Local Outbreak Management Plan is supported by all of the partners who may be required to contribute to implementation.
- b) There is robust monitoring of progress of management of outbreaks individually and collectively.
- c) There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary.
- d) We can continually reflect, learn and improve.
- e) There is democratic oversight of management of outbreaks, which contributes to effective public communication.

Covid-19 Outbreak Management Governance system

Terms of reference – Covid-19 Engagement Working Group

The Covid-19 Engagement Working Group will be a working group of the Health and Wellbeing Board.

Purpose

The group shall exist to:

- Provide oversight of the progress of the Local Outbreak Control Plan development and the ongoing management of any outbreaks;
- Build stakeholder support and community engagement to engender trust and participation in the Local Outbreak Control Plan;
- Provide Community Leadership in the prevention and management of outbreaks through the Local Outbreak Control Plan;
- Support officers to deliver the Council’s accountabilities and financial monitoring relating to Test and Trace response;
- Ensure that the Test and Trace response in Herefordshire is delivering the right interventions to protect health and wellbeing of residents.

Chair

The group will be chaired by the Leader of the council and the Cabinet Member for Health and Wellbeing will be Vice-Chair.

Membership

In addition to the Chair and Vice-Chair, the working group shall comprise of members as follows:

Member	Role
A councillor from each political group	Brief and ensure engagement of cross party elected members. Community leadership in the prevention and management of outbreaks To be nominated by the group leader
NHS WVT	Stakeholder in plan delivery/ NHS leadership and engagement
NHS CCG EPR Lead	Communications through NHS commissioned services/ Infection protection and control responses
Director of Public Health	Statutory Duty for Health protection Lead for the outbreak management group
Tactical Coordinating Group Chair	Mobilise the TCG response/police response as required
Chief Executive Herefordshire Council	Oversight and leadership of Herefordshire Council

Covid-19 Outbreak Management Governance system

NFU/ Farming Community Representation	Represent the interests of the farming community. Influence the method of community engagement with this sector.
Business Community representation	Represent the interests of the farming community. Influence the method of community engagement with this sector.
Health Watch	Represent citizen and patient interests
One Herefordshire Communications Lead	Support the communications response.

Elected members will be invited to join the working group as and if there are outbreaks affecting their communities.

Substitutes

Each Member may nominate a substitute if they are unable to attend a meeting. The Vice-Chair will be a standing substitute for the Chair when unable to attend.

Secretariat

Democratic Services of Herefordshire Council will provide the secretariat.

Quorum

The working group shall be Quorate if any four persons are present including the Chair and/or Vice-Chair.

Frequency

Meetings may be held with such frequency as are required.

Format of meetings

The group will be a working sub group of the Health and Wellbeing Board and link with the overall governance as detailed in Fig. 1 above.

As a working group it will determine whether to meet in public or private.

There is no requirement for working group meetings to be notified to the public 5 days before the meeting unless the group decide to hold a public meeting.

Covid-19 Outbreak Management Governance system

Terms of reference – Covid-19 Outbreak Control Group

Purpose

The purpose of this group is to:

- Provide advice to support decision making when there is an escalation of outbreaks in an area/cluster;
- Oversee management of outbreaks
- Set system wide framework for Local Outbreak Management Plan and sub plans;
- Develop and continually review the Local Outbreak Management Plan;
- Provide strategic coordination and deployment and alignment of multi-agency resources to ensure delivery of the plan;
- Ensure Local Outbreak Management Plans are consistent with resources available from all agencies;
- Provide assurance to the SCG about management of outbreaks; and
- Provide a route for escalation for mutual aid if necessary;
- Ensure robust management of resources allocated to the plan.
- Ensure an effective focus on prevention where possible
- Amend SOPs accordingly and/or identify additional capacity requirements
- To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements
- Provide assurance to Health and Wellbeing Board that local systems are operating effectively

Chair

The group will be chaired by the Director of Public Health. The Vice-Chair will be the Assistant Director, Regulatory Services.

Membership

Membership	Role
*Director of Public Health	Chair/ Leadership and oversight
*Consultant in Public Health/ Outbreak Plan Lead Officer	Specialist advice and plan implementation/oversee management of outbreaks.
Public Health England	Specialist advice
Communications Lead	Lead development/ implementation of the Comms Plan
CCG- EPR lead/Director of Nursing	Ensure IPC/ Testing capacity is mobilised/ support prevention and outbreak management response

Covid-19 Outbreak Management Governance system

Health and Safety Executive	Ensure HSE coordinate responses with OP.
Wye Valley Trust – Senior Operational Manager	Coordination of WVT IPC/ CH response
Taurus/PCN- GPs	Coordination of Primary Response
Assistant Director Education	Support the response in children’s settings
Education	Support the effective working with Educational settings
*Consultant in Public Health Intelligence Lead	Data and Intelligence lead
Housing Solutions/Housing Leads (Homeless/hostels lead)	Effective planning and response housing/ Vulnerable groups
PPE Coordinator/Logistics	Ensure PPE logistics are robust
*Assistant Director Regulatory Services/EHO (Workplaces Lead)	Ensure mobilisation of EHO response
Emergency Planning	Provide logical support in stepping up testing centres/ resource deployment
Adults residential settings lead	Ensure delivery of the Care providers response
*Legal lead	Legitimacy of any response and powers to be used

*indicates members of the group who will make the outbreak response recommendations to the Chief Executive, Herefordshire Council for final decision.

Substitutes

Each Member may nominate a substitute if they are unable to attend a meeting. The Vice-Chair will be a standing substitute for the Chair when unable to attend.

Secretariat:

The group will be supported - project support provided by Herefordshire Council.

Quorum:

The working group shall be Quorate if any four persons are present including the Chair.

Frequency:

The Outbreak Management Group will meet twice weekly in the first instance and will review this arrangement on a monthly basis depending on frequency of outbreaks.

Reporting:

Regular reporting will be provided through the Covid-19 sitrep Gold command system and a formal report provided to the Outbreak Engagement Group and Health and Wellbeing Board for the duration of Covid-19.

