

## Minutes of the meeting of Health and wellbeing board held at Online meeting on Monday 8 March 2021 at 2.30 pm

<b>Members</b>	Roger Allonby	Head of economic development	Herefordshire Council
	Chris Baird	Director for children and families	Herefordshire Council
	Hazel Braund	Director of partnerships and change	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Councillor Pauline Crockett (Chairperson)	Cabinet member - health and adult wellbeing	Herefordshire Council
	Susan Harris	Executive director of strategy and partnerships, and STP communications and engagement lead	Herefordshire and Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Managing director	Taurus Healthcare
	Councillor David Hitchiner	Leader of the Council	Herefordshire Council
	Rebecca Howell-Jones	Acting director of public health	Director of public health
	Jane Ives	Managing director	Wye Valley NHS Trust
	Councillor Felicity Norman	Cabinet member - children and families and deputy leader	Herefordshire Council
	Ian Stead	Chair and director	Healthwatch Herefordshire
	Professor Tamar Thompson OBE	Deputy chair and lay member	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Stephen Vickers	Director for adults and communities	Director for adults and communities

In attendance:	Mandy Appleby	Assistant director for adult social care operations	
	Ben Baugh	Democratic services officer	
	Kate Coughtrie	Deputy solicitor to the council	
	Samantha Evans	Senior lawyer	
	Amy Pitt	Assistant director talk community programme	
	Jenny Preece	Governance support assistant	
	Claire Scott	Strategic transformation senior manager	NHS England and NHS Improvement – Midlands
	Paul Smith	Assistant director all ages commissioning	
	Charlotte Worthy	Intelligence unit team leader	

## 10. APOLOGIES FOR ABSENCE

Apologies for absence had been received from: Hayley Allison / Julie Grant (NHS England); Richard Ball (Herefordshire Council); Chris Burdon (Herefordshire and Worcestershire Health and Care NHS Trust); Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group); and Simon Trickett (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

## 11. NAMED SUBSTITUTES

The following named substitutes were present: Claire Scott, as a non-voting attendee for Hayley Allison / Julie Grant (NHS England); Roger Allonby for Richard Ball (Herefordshire Council); Susan Harris for Chris Burdon (Herefordshire and Worcestershire Health and Care NHS Trust); Professor Tamar Thompson for Dr Ian Tait; (NHS Herefordshire and Worcestershire Clinical Commissioning Group); and Hazel Braund for Simon Trickett (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

## 12. DECLARATIONS OF INTEREST

No declarations of interest were made.

## 13. MINUTES

The minutes of the previous meeting were received.

**Resolved: That the minutes of the meeting held on 7 December 2020 be approved and be signed by the chairperson.**

## 14. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

## 15. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

## 16. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Rebecca Howell-Jones, acting director of public health, introduced the annual report, the principal points of the presentation included:

1. Course of the pandemic to date: at least 3% of the population in Herefordshire had tested positive for COVID-19 but the true number of infections would have been much higher; the pattern was generally the same as that seen across the country, albeit with some lag in terms of rising trends and with lower case rates between each wave; a peak in July 2020 was linked to a specific outbreak; and attention was drawn to the graph on 'weekly number of COVID-19 related registered deaths in Herefordshire' which reflected the shift in the location of deaths from care homes in the first wave to hospital in the second wave.
2. Impact of COVID-19: in addition to the effects of the virus itself (severe disease, long COVID, and deaths), there were also short and long term effects associated with the control measures (including economic, physical and mental wellbeing, healthcare seeking behaviours, and education impacts).

3. Wider impacts on health and wellbeing: attention was drawn to a table 'Health effects of social distancing measures and actions to mitigate them' by The BMJ and it was commented that the wider impacts were likely to contribute to morbidity and mortality in the county in the future; and all services and sectors in the system were asked to consider the breadth of the impacts and what could be done to mitigate the risks.
4. Living with COVID, keeping Herefordshire's most vulnerable safe: clinically extremely vulnerable people (3% of the population had been on the 'shield' list in 2020) had been asked to stay at home and isolate for extended periods of time; the clinically vulnerable (1 in 3 residents) had also been asked to undertake protection measures; the people most affected by the disease included the elderly (93% of deaths had been in the 65+ population) and the staff and residents of care homes; and there was a national picture of the virus disproportionately affecting the most deprived or BAME groups but it was not clear from the data currently to confirm whether the same had been experienced locally.
5. Economic and financial: the higher numbers of small businesses (90% employed less than 10 people) and self-employed workers (17% were self-employed, compared to 10% nationally) potentially increased vulnerabilities in the local economy; the restrictions around COVID and the implications of Brexit were likely to have impacts for the seasonal workforce; the full extent of the impacts on job losses and incomes were not yet known; and food and fuel poverty had increased nationally, and the proportion of pupils eligible for free school meals had also increased locally.
6. Wider impacts, health and social: there had been impacts on health behaviours, with people in the most deprived areas being more likely to be affected, resulting in higher levels of risk (such as obesity, smoking and alcohol harm); and mental wellbeing was a major issue, Mind had declared coronavirus 'a mental health emergency'.
7. Wider impacts, children and young people: pupils had missed out on face-to-face academic education which was likely to increase the existing attainment gap between the least and the most deprived; overall rates of attendance between lockdowns had been good in Herefordshire; and almost half of the children and young people that responded to a survey felt that their overall mental health and wellbeing was worse since the start of the coronavirus outbreak.
8. Wider impacts, environment: the impacts on the environment were not clear, for example journeys had reduced during the lockdowns but public transport patronage had decreased and single occupancy car use had increased; and there may be an emerging environmental costs, for example the need for Personal Protective Equipment (PPE) increasing the use of single-use plastic.
9. Herefordshire's response, resilience and community spirit: the relatively low direct impact on the virus was due to people playing their part and adhering to the restrictions in place; the system had worked to prevent / contain the spread of the virus and to support individuals, settings and organisations (examples included: public health and environmental health advice and practical support to minimise risk and manage outbreaks; enhanced support for care homes and the care sector; the Talk Community programme to help the most vulnerable to isolate safely; the Project Brave initiative for the homeless and rough sleepers; and grants to small businesses, community groups and parish councils); the education and childcare sector had supported students throughout the pandemic; and the community response included countless examples of individual and organisational contributions.

10. Positives: it had been a difficult and challenging time but the situation provided opportunities to build upon assets such as existing community networks and support (1,500 people had registered to volunteer as part of the Talk Community response), to expedite the use of digital technology across services, and to evolve new partnerships and ways of working.
11. The ask across the system: the population would be living with COVID for the foreseeable future and there was a need to maintain the common purpose to address the impacts of the pandemic which had both exacerbated existing inequalities and created other challenges; this would need to involve everyone; and, as a system, this needed to be done from every angle and at every level.
12. Act cohesively to address the impact of the pandemic: this included addressing health and social care needs, becoming a healthier county, addressing and rectifying the social needs and inequalities that had been created, economic recovery which ensures employment and business opportunities, and considering the environmental impact and a green recovery.
13. The board was advised that the design version of the annual report would include additional infographics.

The chairperson noted that the restoration plans would need to consider access to psychological services and how to encourage healthy behaviours; she added that the council was developing a physical activity strategy currently.

Board members were invited to comment, the principal points included:

- a. Stephen Vickers said that the report set out the backdrop and response to COVID and would provide a useful benchmark. He felt that 'recovery' suggested an end stage but this should really be viewed as an opportunity to reset, rethink and build on going forward. He encouraged the public to explore the issues and the needs of the county in detail through the Understanding Herefordshire website. It was commented that Talk Community was at the centre of the council's response and increasingly so in terms of the system.

Examples of work ongoing and in development included: the linkages within the County Plan to increasing the overall mental and physical health and wellbeing of residents from an all ages perspective; mental health and wellbeing training for community leaders; debt and money management services; the redesign of the 'front-door' service; joint working between directorates; the holiday activity fund scheme; the development of new models of accommodation for vulnerable people; the community meal offer; embracing the principles of 'no second night out' and 'housing first', with linkages to Project Brave; developing an assistive technology approach, including the delivery of a demonstration centre at Hillside; the development of a network of community-led hubs, with 17 established during the pandemic; and integrated services hubs.

The board needed to be mindful of the work around the new Integrated Care System and consider its own role and functions to ensure that it could deliver against its objectives.

The assistant director talk community emphasised the crucial role of communities, particularly in terms of the COVID response but also to flooding emergencies, and commented on the Talk Community business initiative which was working with businesses to support employees with health and wellbeing.

The assistant director all ages commissioning said that public health and commissioning departments had worked closely on the council's response, in collaboration with the other directorates and health partners. He outlined some of the work that had been undertaken in terms of care homes and the provision of PPE to a wide range of people who could potentially come into contact with somebody with coronavirus symptoms. He considered that the system was operating as a team and this provided a good indicator of the potential of the Integrated Care System.

- b. Susan Harris explained that mental health services had transferred in April 2020, from the former 2gether NHS Foundation Trust to Herefordshire and Worcestershire Health and Care NHS Trust, and the workforce was thanked for the effective transfer during the pandemic.

It was reported that further investment had come into mental health pathways, for core and specialised services. Overviews were provided on the community mental health transformation programme, improving access to psychological therapies, the 'Now we're talking for healthy minds' campaign, the 'Now were talking with art' campaign, and the recovery college service.

It was commented that the investment coming into mental health pathways was timely and it was essential to maximise collaboration to avoid duplication and ensure easier access to early support for mental health.

- c. Chris Baird paid tribute to colleagues working in early years and education, especially as this was a significant day with schools reopening to all pupils; with positive reactions demonstrating the emotional wellbeing benefits of socialisation.

The annual report highlighted some of the issues that children and young people and their families had faced during the pandemic. It was noted that a huge amount of work had been undertaken to enable the children of key workers and vulnerable families to attend nurseries and schools, and to support others through the delivery of education remotely. Representatives of the sector continued to meet regularly to review delivery and to identify gaps in provision.

The annual report also highlighted some of the areas where organisations (as well as individuals, families, and communities) needed to work together as society reopened. Mr Baird concurred that it should not be characterised as 'recovery', rather it was about living in different circumstances, and it was important to build upon the collective spirit and relationships that had developed during this period of adversity. He also emphasised the need to be vigilant to new challenges emerging, especially as contact increased with children and young people and with their families, and as needs became more apparent.

- d. Jane Ives agreed that partners were working in a different ways and that this was very positive, enabling decisions to be made together and more rapidly. However, this was for a single purpose and without financial limitations. The system was now moving back towards a more complex situation, restoring services, addressing the legacy of people waiting for treatment, and dealing with more challenging financial positions. It was important to reflect on learning, to retain good ways of working, and to maintain focus as a board on inequalities and on the prevention agenda.
- e. Dr Hearne commented that this was a year of collaboration, culminating in an impressive effort from the whole system with the vaccination rollout.

The table on 'Health effects of social distancing measures and actions to mitigate them' illustrated the need to improve visibility, develop relationships, and help each other to achieve objectives moving forward. He added that the role of the board would be crucial in holding the system to account and identifying the right priorities.

- f. Ian Stead said that Healthwatch Herefordshire had been very impressed with the joint working in the county, especially during the first lockdown as there had been no templates to follow. He added that it would be important to understand the lessons that had been learned, in case of any similar situation in the future.

Restoring services would be a massive challenge which could only be addressed through continued collaboration and improvements to ways of working. Other challenges were also emerging, such as providing services to digitally excluded people, and Talk Community would have a key role in enabling access to information and services.

- g. Councillor Norman commented on the particular challenges for teachers and school staff, such as devising and developing online education, maintaining contact with the most vulnerable children, and providing support to parents.

The pandemic had been a worrying time for children and young people, and adults. As the situation moved on, there would be a need to explore different ways of supporting mental and physical health and wellbeing; for example, supporting schools with the development of green travel plans to encourage exercise and healthier lifestyles. It was noted that the 'Growing up in Herefordshire 2021' survey would provide local information on lifestyles and behaviours.

Councillor Norman expressed concern about the significant increase in poverty, with many families struggling, as demonstrated by the increase in the proportion of pupils eligible for free school meals. It was emphasised that some of the issues and problems were not just local but national, and a coordinated approach to the underlying issues was needed. Nevertheless, the way that the local system had responded provided confidence that interesting and innovative solutions could be found.

- h. Professor Thompson welcomed the presentation by the acting director of public health, as it had resulted in a rich and informative conversation, and commented on the need to translate the learning into an action plan for the board.

Rebecca Howell-Jones acknowledged the single purpose, energy and drive during the last twelve months and the need to carry this forward as a system to address inequalities.

Stephen Vickers said that there was work to do, including thinking about how the system could make a difference and hold itself to account, and this was connected to the development of the Integrated Care System and the One Herefordshire partnership approach. There was also a need to set up the programme of work to ensure that the board was effective.

Ian Stead added that circumstances had changed and there was an opportunity to take a fresh look at the board in order to take the agenda forward.

In addition to the recommendation suggested in the report and reflecting upon the various initiatives and campaigns that had been referenced during the meeting, the chairperson recommended that links to services and resources be added to Health and Wellbeing Board materials where appropriate. The resolution below was then approved by the board.

**Resolved: That**

- a. The Health and Wellbeing Board has noted and considered the findings of the report, and will provide leadership in addressing inequalities created by, or exacerbated by, the COVID-19 pandemic, through recognition of these challenges, communicating the key messages of the report to their constituent members, and identifying further actions that can be taken by constituent organisations and across the system; and**
- b. Appropriate links to services and resources be added to the Health and Wellbeing Board webpages.**

**17. DATE OF NEXT MEETING**

Monday 7 June 2021 at 2.30 pm.

The meeting ended at 3.48 pm

**Chairperson**