

## **Minutes of the Health and Wellbeing Board**

**18 June 2020**

**-: Present :-**

Jo Hammond, Matt Longman, Pat Teague, Tara Harris, David Somerfield, Tanny Stobart, Pat Harris, Caroline Dimond, Matt Fox, Jo Williams, Councillor Jackie Stockman (Chairwoman), Adel Jones, Nancy Meehan and Jo Turl

(Also in attendance: Councillor Mandy Darling)

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### **116. Welcome and Apologies**

Apologies for absence were received from Liz Thomas, Alison Brewer and Paul Johnson who was represented by Jo Turl and David Greenwell.

### **117. A Minute Silence**

The board held a minute silence for those that have lost their lives during the COVID-19 Pandemic and to thank those who have supported the response on the front-line.

### **118. Change to the Forward Plan and Focus of the Meeting**

Caroline Dimond advised that it has been an extraordinary few months since the last meeting and she was pleased that the board had an opportunity to have the minute silence for not only those that have lost their lives during the COVID-19 Pandemic but to also thank those who have supported the response on the front-line.

Caroline advised the Board that the main focus of the agenda was to reflect on the new health and wellbeing landscape and to reflect on the lessons learnt of the last few months and review the priorities already set in the Joint Health and Wellbeing Strategy: Thriving Lives and how the Board can build on the collaborative work of the last few months to further progress the Thriving Lives priorities.

### **119. Actions from the Previous Meeting**

Simon Sherbersky provided a further update to that circulate prior to the meeting and confirmed that Ageing Well Torbay had formally been invited to submit a proposal for the continuation of the programme for another year with confirmation as to whether the proposal had been successful due in the next few weeks.

**120. Track, Trace and Contain**

Caroline Dimond gave a presentation on Track, Trace and Contain, a copy of the presentation is attached to these Minutes.

Caroline informed the Board that the nationally set components of track and trace were:

- Test; means that we enable rapid testing at scale to anybody who develops symptoms or anybody who is linked to the person with symptoms.
- Trace; is to identify, alert and support those who need to self-isolate.
- Contain; means to obtain enough data on emerging cases, to have oversight of potential outbreaks and high risk settings to allow infection control and awareness raising.
- Enable; is an understanding how the virus will affect us socially and economically.

How does track and trace work? If someone has symptoms, they will need to self-refer and call 119, the call will then be handled by tiered roles. If they are linked to a high risk setting or if there are outbreaks involved this will then be referred to the highest tier - Public Health England Health Protection teams, who will work in partnership with their local authority Public Health teams.

A Local Outbreak Management Plan (LOMPs) was being developed by Torbay Council's Public Health Team who would be representing Public Health England. The LOMP's will be overseen by the Devon and Torbay Health Protection Board who will oversee the data intelligence and response and then underneath this will be Local Engagement Board to identify local issues. Caroline suggested that the proposed Local Engagement Board reports to the Health and Wellbeing Board fulfilling the Board's 'oversight function', this proposal was supported by the Board.

**121. COVID-19 Response, Recovery and Lessons Learnt**

In advance of the Board meeting each Board Member was asked to reflect and update the Board on;

- What are the plans for recovery?
- What has been the learning to date?
- What should be the priorities for the system in the short (more urgent) and the longer-term?

Caroline Dimond set the scene and updated the board on her reflections on the impacts of Covid-19 over the past few months a copy of her presentation has been circulated with the Minutes. .

There has been 60 registered deaths as of this week for Torbay, mainly in the elderly and care sector. 253 confirmed cases in Torbay, very low numbers when

compared with the rest of the country. 18 of Torbay's care homes had experienced outbreaks that were under control. At the time of the Board meeting, Caroline advised that

There were currently 3 COVID patients' across the whole of Devon, none in Torbay. There was a multi-sectoral partnership in place ensuring a proactive approach in successfully tackling cases. The council are working closely with schools and all suspected cases have been tested. The hospital has been busy and they are now currently testing for antibodies.

Caroline proceeded to highlight the impacts that were expected to occur in due course, what we may see and what we have already seen. Caroline explained that there were expected to be several waves to the impact of Covid-19. The first wave demonstrated the immediate mortality and morbidity of Covid-19, the 2<sup>nd</sup> wave was the impact of resource restriction on urgent non Covid conditions, the 3<sup>rd</sup> wave was the impact of interrupted care on chronic conditions and the 4<sup>th</sup> wave represented psychic trauma, mental illness, economic injury and burnout. Most of the curves would come and go however the 4<sup>th</sup> wave was expected to be a much longer term impact.

There had been impacts in respect of food, debt, housing and how to support people in temporary accommodation post Covid and hidden domestic abuse. There are also concerns in respect of children and families as well as older people and those that had been shielding. Inequalities increasing and children not having access to education. Highlighting that the impacts of Covid weren't just about health. Caroline added that some of the impacts would decrease over time but some would increase. Data and intelligence from previous pandemics such as SARs indicated that the consequences in respect of mental health was likely to be felt for a long time.

Caroline further outlined the impact on Torbay's economy, with the potential of up to 18,000 jobs being lost. As Torbay is a coastal economy, it will be felt harder and would take longer to recover than many other areas with an anticipated 70% of businesses permanently closing as a result of Covid.

However there has been some positive impacts including diversity into the consumer market in the fishing sector and hi tech businesses experiencing job growth.

Simon Sherbersky expressed his agreement in respect of mental health support, most of the calls and complexity of calls that are coming into the community helpline were around mental health needs. Moving forward he believed that a consistent and systemic approach was required across the board in order to support mental health.

The Board Members then provided their updates:

### **Torbay Council**

Anne-Marie Bond updated the board and confirmed that it was essential that during response that the council started to plan and commence this phase as the recovery

response was led by the local authority. The council were at beginning of the journey, with initial work looking at a recovery strategy, focusing on transformation as well as existing strategies. Whilst reviewing the council's services and economic recovery.

Anne-Marie added, that the council were establishing a Torbay Gold Board that would link to initial 'work cells'. The Economic Recovery Plan was critical to the health and wellbeing of Torbay's residents. The council had already prepared the first iteration of the Economic Recovery Plan. The plan would ensure and establish the right structures and an impact analysis would be carried out to benefit Torbay's residents and the opportunity for transformation to flow alongside.

Anne-Marie advised that the board working together, identifying the areas where it had significant impact and carrying out actions that partners prioritise, when working together would have the most impact.

A Board Member enquired how the Council would engage and inform the community in respect of the recovery plans and what plans did the Council have in respect of engagement and digital accessibility.

Anne-Marie advised that Covid had taught the council that the traditional approaches to how the Council engaged with the community had to change moving forward. The Council would have to continue working flexibly and with agility, a digital approach would play a big part of the transformation moving forward. Focusing on diversification and how residents 'access' the Council's Services, with these services being more digitally enabled. The council's systems needed a lot of work to enable and maintain this approach in the longer term. An example of the Council engaging in a digital way, was Facebook live.

### **Healthwatch**

Pat Harris updated the Board on effects Covid had on Healthwatch, she commented that it had been challenging having to work remotely, whilst entering a new contract. They had noticed a 'disconnect' with their local communities, as they hadn't had the same front facing opportunities with the community, when moving forward they will need to review methods to ensure the community's voice wasn't lost.

Pat confirmed that a big lesson learnt was the liability on health services and having access to these, family members were currently going into hospital having that disconnect and carers currently don't have the respite. Focus groups had been running and the report would be shared with the Board when it was ready. An example of the disconnect Pat raised that the learning disability groups had felt left out and didn't feel that they had been engaged with i.e. easy read. Advantages moving forward and achievements, coming together with the voluntary sector, the community helpline and how quickly the actions have been taken to support the community.

Action – Pat Harris to share the focus groups report with the Board

**CCG and Primary care**

Matthew Fox updated the Board based on the themes that have come up throughout his journey across his several roles and responsibilities. He highlighted that if we work quickly and aggressively together and take responsibility of own systems, this would benefit us all. There needed to be local decision making, in order to be able to make decisions locally enough data and intelligence and permission to do what is right for your own system was required. Matthew added that digital transformation work was important however part of the community was excluded from this approach, he explained that there was a need for a digital response for the hospitals to use with support to help our community to access this method, as well as readily available PPE and testing systems.

Microsoft Teams and Zoom have helped with digital acceleration and this had made processes efficient and enabled changes that would have taken years, have instead taken days to implement. This has also allowed relationships from across different groups to develop. A focus for him would be the impact that Covid19 has had on staff morale, fatigue and supporting staff with this and maintaining resilience.

**Adults Social Care**

Jo Williams updated the Board on Adult Social Care, like others the services had been adapting their traditional processes, working together with the voluntary and community sector and health colleagues, as well as their integration into Torbay Trust. A challenge for them has been care homes in particular, domiciliary care less so, they have had outbreaks and it has been hard for the work force and families that are still not able to visit relatives.

Jo commented that it has been great working with the voluntary and community sector and shared her gratitude for the support including food poverty and forming an alliance. Jo agreed on local decision making and forming relationships were really important and had been achieved as a result of Covid. Their plans for recovery were based on the council's processes and linking in with NHS recovery plans.

Areas of focus would be redesigning their 'front door', looking into assets and community based approaches, sharing resources and skills across the wider system, system leadership and relationships. The priorities were incorporated into the plan, with a focus on refreshing the governance which will go to Cabinet for approval. They will also be focusing on the issues with the market in particular how care homes going forward will place new clients. Domiciliary care would also need to change, potentially looking at different community offers for example night sits, live in care and move forward on different options for people to obtain good quality care. Work had already commenced and would be considering at a broader offer for mental health, as a surge in mental health issues was expected, especially as people started to experience financial difficulties.

Simon Sherbersky thanked Jo for her recognition of the Community and Voluntary Sector and added that the appreciation was extended to all voluntary sector partners.

**Children's Services**

Nancy Meehan updated the Board on Children Services. Over 4000 children were now back in school, this was in relation to reception, year 1, year 6 and some secondary pupils. When the country initially went into lockdown, there were challenges around vulnerable children attending school, a lot of work was undertaken to increase the number of vulnerable children attending school. However there remained concern for those children who are still unable to access school, Children Looked After attendance and the impact long term absence for school would have on these children.

The team have dealt with daily changes in government processes requiring immediate responses. Children's Social Care continued to discharge statutory functions, changes in legislation has allowed this to happen, however Torbay agreed not to discharge functions and continued with business as normal in this area.

Nancy added that they were starting to see mental health issues in children in particular self-harm and post lock down issues. Referrals have increased so there is an acknowledgment that requests for more statutory functions will be required i.e. neglected and domestic abuse background. There was growing concern in respect of the effects of dental health and lack of physical activity.

Throughout the pandemic teams have had to submit a statutory response and had to follow governance processes by reporting to ministerial departments such as the Department for Education and OFSTED, initially the reporting was on a weekly basis but had recently been reduced to fortnightly. Moving into recovery they did not want to lose the learning on how they had collaborated differently and how they can work better with our communities going forward.

**CDT and Play Torbay**

Tanny Stobart thanked all the people she had been working with and commented that it was heartening to hear how successfully they can work together with their statutory colleagues. Imagine This had previously highlighted concerns in respect of the health of children and anticipated that current policies would need to be adapted to take account of the impact lockdown has had on the health of Torbay's children.

**Police**

Matt Longman updated the Board and highlighted that one of the biggest challenges for the police would be getting back into communities and connecting with them. He commented that policing never went away and they were working throughout the response phase and will now increase focus on getting back into the community. Their main priority was to keep people safe and the Police would keep working to deliver this message.

Domestic abuse and vulnerability in young people where they cannot contact the police were the main concerns during lockdown. The community reporting levels were now back on track, however it is not quite where it should be but with time, the channels and access should be opening up. The drug market and dealers have

found new ways of continuing their channels, however the police have been tackling these new methods and keeping a close eye on this.

Suicide had been a concern, the numbers hadn't gone up but was believed that anecdotally the levels would rise. Strong emotions were forming within communities and demonstrations due to current circumstances would have an impact on health and wellbeing as well policing.

Young people were experiencing more freedom, in the last week there had been an increase in reports of anti-social behaviour i.e. large numbers gathering. The Police were working hard to carry out appropriate outreach and forming a relationship with them to reduce anxiety in the community. Matt further added that the Police are looking to deploy a dedicated car for mental health that will work with medical and health practitioners more efficiently.

### **Older People Forum**

Pat Teague advised about the community helpline had helped the Older People's Forum with obtaining first-hand knowledge on what the community was going through. She attended the virtual age friendly conference and the two main discussions focused on housing fit for ageing health and intergenerational approaches. The Ageing Well Assembly was in the process of reviewing its structures, therefore the Assembly could look different to its original concept.

### **Community Safety**

Tara Harris advised the Board that community safety is about protecting people and has emergency planning within its remit. The team had been working to provide the response in Torbay. Ranging from relaxing legislations, working with businesses to get them back up and running and ensuring safe operational processes for staff and customers.

Tara added that homelessness had really changed through the pandemic and would definitely change again in the coming months. There was a government call to action to get everyone safe and off the streets, Tara shared her appreciation to the business community and landlords who had responded to this call for action. Tara informed the Board that there were 240 households in temporary accommodation and they have managed to move 80 households into permanent arrangements. The call for action had focused attention around individuals and highlighted the hidden homeless in Torbay. Those that have been presenting as homeless have been fleeing domestic abuse, lost their accommodation that has been tied to jobs in some way or experienced a family breakdown.

Tara advised that the team were concerned about the impact on youth homelessness. There had been a change in dynamic and the focus was to get all out of temporary accommodation into settled homes. Recovery would mirror the approaches outlined by the other Board Members. Community Safety will be leading on a work cell that would look at economic injury, households and individuals with particular focus on homelessness, domestic abuse and the impact it has upon our society. By reviewing the information, who and where a bespoke response to the elements of the community that may need assistance would be

provided. Tara commented that it has been comforting to hear that like the council partners have been working on adrenaline, and that now the focus had turned into working on resilience.

### **Devon Partnership Trust (DPT)**

David Somerfield updated the group on the significant challenging time for mental health patients in the trust. They were instructed by NHSE to make changes to provide staff, resources and to prevent large outbreaks. The changes that had happened would normally have taken years to implement, but changes have been implemented in a very short period of time.

David highlighted that they were still operating under a major incident manner and had only suspended one service during the pandemic, which was the Memory Clinic. Redeploying staff had a significant impact on their services and the upcoming surge in mental health issues will be a major challenge for the service, the service had and will have to do so again, rapidly reconfigure their inpatient services.

DPT had set up an urgent 24 hour care service (First Response), which provided advice and guidance. David confirmed that the service had received 80 to 100 crisis calls per day. A priority for the DPT was the psychological support service for key and front line workers, this had been a huge piece of work. There had been a spike in the number of healthcare staff especially acute staff accessing services. DPT would be redeploying staff to support the surge in mental health issues and had created 3 emergency health departments to reduce pressure on acute hospital departments. DPT had to provide PPE for staff and where possible enabled some staff to work remotely. The impact on central face to face services had been hugely significant and had clearly been compounded by isolation, domestic abuse, drug and alcohol use with an upsurge in demand on charities and crisis lines.

The patient units had been concerned about outbreaks, however there was only one outbreak in Exeter. Occupancy levels and remained at pre-covid levels with 'Talkworks' services experiencing a 20% increase in demand. IT capacity had to be ramped up to facilitate home working and face to face contact was being facilitated via an online platform - 'Attend Anywhere'. Silvercloud had also been created which provided an online platform for all patients providing self-help tools and support online.

DPT had started to evaluate the service changes and impacts on their clients. David highlighted that they had to be careful when reviewing the future of service, as their patients and carers valued face to face contact and may not have access to technology.

Jo Hammond updated the Board on the national priorities regarding suicide prevention and how it linked to local priorities. She advised that the information she shared with the Board had been informed by National Confidential Enquiry. Jo explained that there does not appear to be at present any significant national increase in suicide and locally there had not been any uplift.



DPT had seen a small spike at end of May, due to data being received regarding clients who had historically been involved in the service in the past. They had their first real time surveillance meeting for Devon in May 2020, where they shared data and information. There was little known evidence, however it was anticipated that with long lasting vulnerability there maybe an impact on future suicide rates. They do know that people are struggling personal, work and financial factors and they have been consistently over the 25 years data that they have, as they have all been factors of suicide risks.

Alcohol sales had increased, a known factor in self-harm and suicide, people who are already vulnerable will be more at risk, as well people becoming vulnerable. There was risk uncertainty in respect of children and young people due to the many factors the other Board Member had already raised. CAHMS have increased their provision.

Voluntary sector providers had also noticed an increase in calls of distress and self-harm. Jo commented that they needed to rapidly learn and collate this information to obtain a stronger narrative to be able to have oversight of the needs of the community. Google searches for suicide had increased, however this should not be presumed or interpreted as an indication of increase in suicide, as it could be a positive search for example about how to support someone. Fewer people were attending healthcare settings, resulting in a raised risk to developing mental illness and physical ill health.

With mental health issues they needed to start looking at the routine presentations and start engaging, as they may start to become acute patients more quickly. Jo highlighted the importance of sticking to existing priorities and what they know, as well as acknowledging the new information being received. Suicide investigations should still be prioritised. Their service had benefited from telephone and digital platforms, however they would not be rushing to adapt this approach whole sale, as evidence was lacking in respect of how operating and delivering services in a virtual world affects the mental wellbeing of people who are already vulnerable.

BAME groups are a high risk group already and inequalities are now being amplified in the pandemic. Covid19 has highlighted the ethnicity fault lines. The health and wellbeing of staff needs to be a focus, as they are also a high risk group as well as healthcare workers.

In response to a question from a Board Member in as too whether a suicide prevention plan was in place for Torbay, Jo advised that formulating and reviewing a suicide prevention plan was task for the Mental Health Covid Response and Resilience work cell. They had already started to plan for Torbay and South Devon by developing a local plan to enable working together creatively, based on experiences of the response work cell and moving this forward. They would be establishing a mental health and wellbeing suicide prevention forum to develop an emotional distress pathway.

#### **CDT**

Simon Sherbersky informed the Board that some of his staff members are currently receiving counselling, so statutory organisations are not only struggling with the

emotional and mental impacts of Covid. Simon believed that at present there was a need to nurture staff as they had gone above and beyond what would normally be expected of them. Appreciation was given to all that had supported and facilitated the Community Coronavirus Service Helpline. The helpline would be maintained going forward, as it was hugely valuable. It offers conversational approach and has a non-complex pathways into the helpline.

The helpline had received over 9000 calls, the helpline was initially about food and prescriptions, however they had now had to step up to rapid response. They have tier 2 support in place and they are prepared for the surge. Bids were being submitted in order to maintain this support.

Simon wanted to highlight the value of the community carrying out the peer support projects and residents that had stepped up to the call of. Simon commented this crisis had demonstrated the power of community and the need for local responses that involve the people of Torbay. The big hope for the future and recovery was to maintain the helpline and acknowledge the power of the people of Torbay who stepped up during a crisis and nurture this approach. Commenting on the rapid introduction of digitisation, Simon advised that digital exclusion was not just an older peoples issue, it can affect others too such as homeless and young people. The Board supported the view that there needed to be a community and a whole sector approach moving forward. Acknowledging that services will never meet all the needs of people and they need to be much more creative to help people to fulfil their lives.

### **CCG**

Jo Turl updated the Board from the CCG's perspective. The hard work and the bravery of all the staff, the voluntary sector and the wider community was acknowledged and recognised by the CCG. The CCG were responsible for leading a system response from a healthcare stance, this included setting up the governance of the gold structure.

The CCG redeployed staff internally and externally into provider organisations, whilst linking in with partners in the voluntary sector and local authority. They have been stress testing business continuity plans and reviewing routine work. Their focus had been on PPE, a work cell was formed to support obtaining and accessing PPE.

The CCG had also provided care home support, and co-host weekly care homes webinars and offer additional support. They have worked on staff testing with the hospital and primary care, whilst providing weekly webinars for the primary care practices. The next phase was about restoration and transformation, the learning and achievements needed to be taken into consideration when moving forward.

Jo agreed that a digital approach won't be for everybody, but it will be an option. This would be a key area of focus and was an important area to progress and maintain. They would be providing support on 'stepping up' the services that had to stop during this time including stepping up mental health services and planning and preparing for a surge in referrals and future needs of patients and services. Jo added that public engagement needed to be worked on and maintained.

David Greenwell added that moving forward they will also need to review and maintain all of the digital opportunities that they had implemented and recognised the need for a flexible response to those that don't have access to digital technology.

### **Torbay and South Devon Foundation Trust (TSDFT)**

Adel Jones agreed with everything that has been reflected upon so far, there had been incredible learning of partnership working and the need to focus on how they build and capture this moving forward. Adel highlighted that they can all transform at pace, they would not usually choose to, but how can they continue this pace of change moving forward.

Digital wasn't for everybody and agreed there needed to be a focus on how do they help those who can't access digital services. Covid had highlighted and extended the gap in inequality and there was significant work required to understand and narrow the gap. Adel commented that she was surprised at how reluctant the community were to use the NHS services and this was a concern. The community have pulled together and engaged in supporting the wellbeing of the people, so how do they move forward and maintain this.

The ICO priorities were de-escalating the hospitals, obtaining normal capacity to deal with acute services that have significantly reduced due to Covid. Working together to support urgent care for the communities, this would need to be looked at differently. Another focus would be care homes, building on this work and how we work with the market moving forward. Adel believed that there opportunity to work with the voluntary sector was greater than had been previously and the opportunity needed to be harnessed in a sustainable way.

## **122. Future Priorities**

The Board discussed whether they need to make any changes to the Thriving Lives priorities.

Caroline Dimond recapped the themes that had come through the individual Board updates as the following:

1. The need to change the ways of working, being creative, working digitally and recognising digital exclusion.
2. Building on the experiences all partners had gained in developing agile and 'at pace' new ways of working with the voluntary sector and across the public sector as a whole.

Caroline reflected that the common future priorities mentioned by the Board Member were:

- vulnerability and the necessity to tackle the wider inequalities,
- Recognising the economic injury that the community will be facing,
- Mental health; a cause and effect of both the above.

She also acknowledged that members supported this work being based upon a place based approach.

Board Members expressed concern on how all the workstreams would be pulled together, as there was a lot already happening outside of the Health and Wellbeing Board.

The Board recognised the need to carry out strength based working. The challenge was how to frame all this and adapt this to community engagement. The existing working cells and new working cells would need to be broadened and more relatable in order to engage the community in a positive way. Recognising that the community needed time to recap where they were and allow the public need to catch up with the changes that services had put in place at a considerable pace. The pace of everything has increased, there need to make sure that the public were not left behind.

The Board agreed to create a working group to focus on the priorities and to start initial discussions. Simon Sherbersky agreed that the Community Development Trust would coordinate the conversations on how we can all live well and focus on the mental health issue and welcomed Councillor Stockman's offer of support.

**Resolved:**

- i) That Simon Sherbersky to lead the focus group on mental health, linking in with the current Mental Health Work Cell.**
- ii) That Adel Jones and Matthew Fox lead and form a digital working group.**
- iii) That Tanny Stobbart consider how the Board and partners could support work to address the impact of economic injury upon young people.**