

Vanessa Barrett Briefing for Board meeting 27<sup>th</sup> November

Obviously everything has been online since our previous Board meeting, but in addition to HWS work, I have joined a couple of 'webinars'.

In early October the Health Foundation launched their Covid 19 Impact Inquiry. They are seeking information nationally on the implications of the pandemic for health and health inequalities.

In early November, I listened in to a session when NHSI/E had invited Roy Lilley (described as a health commentator) to speak on his reflections on opportunities for improvement arising from Covid. Although rather contrived, he listed these as:

C = Change. 'People love change if they think they're in charge'. Covid has resulted in frontline staff initiating and managing the changes.

O = Opportunity. Covid has provided opportunities for frontline staff to 'step up' and do things better.

V = Volunteering. He described a few examples where staff, whose workload decreased during Covid, 'volunteered' to take on different roles.

I = Info technology. More changes in the last four months than the previous 40 years!

D = Doughnut of Death. Awful term, but it seems he has coined it to describe the NHS practice of bringing lots of professionals together (the outer circle) to design/re-design services for patients (who are 'the hole in the middle' because they are rarely represented in these discussions). The outcome is usually for the NHS to continue doing what they've always done. He believes Covid has created the opportunity genuinely to design services around individuals.

In a different capacity I joined a regional session on modernising Diagnostics. I attended the break out session on Community Diagnostic Hubs. These proved to be about creating dedicated facilities on High Streets in cities and urban areas, so I frequently reminded the professionals that Point of Contact Testing and mobile/small scale equipment are essential for sparsely populated rural counties.

I also logged into the Shropshire Health and Wellbeing Board because Lynn had a meetings clash. There were detailed presentations on the CCG Winter Plan and the Adult Social Care Winter Plan. Both of these dovetailed far more closely than in previous years, I felt. Julia Baron also presented the RCC report on Community Activity to support Covid, which I thought was really interesting.

Routine HWS business has included reporting on ShropCom and SaTH Board meetings; attending the CCG Primary Care Commissioning meeting; the Independent Oversight Group for the Hospital Transformation Programme/acute reconfiguration; in addition to our own Intelligence Committee, Business Committee and review meeting with our Commissioner.