

H&W STP Partnership Board

Tuesday 5th January 2021

Herefordshire and Worcestershire STP 'Learning from Covid', Wave 1

Report author	Ruth Lemiech, Director of Strategy & Transformation, H&W CCG
Presented by	Ruth Lemiech, Director of Strategy & Transformation, H&W CCG
Recommendation	<p>The STP Partnership Board is asked to:</p> <ul style="list-style-type: none"> ➤ Note the excellent work that has taken place locally and regionally to understand the learning from the first wave of the response to the Covid-19 pandemic and thank system partners for their work and constructive feedback. ➤ Fully accept the recommendations from the reports. ➤ Note that a group representing partners from across the STP reviewed the findings and recommendations from the 4 different reviews, and sought to understand how this could inform our joint working through existing forums and how any gaps could be mitigated. ➤ Note the separate process for the Learning Disability and Autism Report, which will be shared with STP LD Partnership Board in February and come to the next STP Partnership Board for information. ➤ Agree that the learning from the first and subsequent waves of Covid is ongoing, and request that the Partnership Board takes an active role in aligning collaboration between work programmes to optimise the benefits of this learning for our population. Suggested areas where the programme board may wish to focus some time is detailed under next steps in section 4. ➤ Partnership Board takes a key role in monitoring the progress of significant workstreams as set out in appendix 6. This sets out the workstream reports that should be requested by partnership board to provide future meetings with assurance: <ul style="list-style-type: none"> ➤ Response to the recommendations and findings within the Healthwatch Learning Disability and Autism report ➤ Progress update from the Digital Inclusion sub-group

	<ul style="list-style-type: none"> ➤ update on refreshed communications and engagement strategy. ➤ A report from the Inequalities Collaborative updating on how our population health management approach is supporting our work with disadvantaged and hard to reach groups.
Purpose	Assurance <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Information/noting <input checked="" type="checkbox"/>

1. Introduction

Herefordshire and Worcestershire as a system were aware of a great deal of learning from Wave 1 of the Covid pandemic. In order to digest this and understand the local implications for our system, we held a virtual workshop with system partners in early November. The workshop format included a summary from each of the report authors and the regional reports was summarised by the chair. Subsequently, a short review meeting was held to approve the contents of this paper for sharing with STP Partnership Board.

The following documents were reviewed as inputs (copies of each are pasted in the appendix)

- **Report from Healthwatch in Herefordshire**

In response to the Covid-19 Pandemic, Healthwatch Herefordshire developed a survey (based on a Healthwatch England template) to gather views and experiences of Herefordshire residents on health and social care services during this challenging period.

The survey was launched at the start of May 2020 and continued until 7th July 2020, receiving 258 responses. The survey was promoted via online and social media channels using organic and paid advertising. The team also encouraged partner organisations and other networks to promote the survey to as many members of the public as possible.

- **Suite of reports from Healthwatch in Worcestershire**

‘People’s Experience of Health and Care Services’ Healthwatch developed a survey aimed at the general public in collaboration with the NHS and Worcestershire County Council (WCC). The survey was based on Healthwatch England’s template to find out people’s experiences of health and care service during the Covid-19 Pandemic. The survey was launched on 22nd April 2020 and closed on 23rd July 2020. During this period 2,473 people responded to the survey

‘Learning Disability and Autism report’ (with an easy read version) In addition to the main survey, Healthwatch Worcestershire recognised the importance of gathering feedback from people with a learning disability and Autism, in an accessible way, to help to understand their experiences and identify any specific issues. Understanding the specific issues and concerns for people with a learning disability and Autism is important due to known health inequalities.

‘Focus On – GP practices’ summarises the feedback that Healthwatch have received about GP practices from Covid-19 Surveys and draws on feedback received through their information and signposting function.

- **NHSE/I Midlands Region ‘Learning from COVID-19 Final Report’**
NHSE/I undertook a process of engagement with STPs/ICSs and the NHSE/I Midlands regional leadership to capture learning from the management of the COVID-19 incident. The methodology was straightforward, each system made a written submission based on their experiences of the last few months. Subsequently, NHSE/I have then convened a review conversation with the system leaders. The methodology took the format of collect, assess and review;
 - Collect summary information against six domains in a simple framework. The domains were; Governance, Clinical and Quality Processes, Support Processes, People, Inequalities and Leadership and Culture.
 - Assess the information to build a picture of key achievements and challenges
 - Review through a 1.5-hour reflection session held with system representatives to focus on and explore significant areas of learning and innovation.
- **Herefordshire and Worcestershire COVID-19 Response System Findings**
A document produced with system partners and supported by the Strategy Unit at MLCSU which contained the findings of structured qualitative interviews with health and care professionals. To add to the richness of the qualitative views of health and care professionals a separate report ‘Patient Stories’ which detailed experiences from the perspective of 7 patients living in Herefordshire and Worcestershire.

2. Summary of recommendations from the reports

The reports were aligned in terms of the majority of their findings and recommendations, although their different areas of focus meant that there were a breadth of recommendations which are summarised in the section below. Key themes that were picked up in the report included:

Personalisation – the need to target information needs to specific audiences and tailor approaches accordingly in order to get key messages across. This was particularly highlighted in response to the needs of groups such as carers and families.

Communication – an overwhelming feature of the Healthwatch reports but in general there is significant potential to enhance our communication and engagement approaches across all sectors.

A specific learning from wave one where some services (eg dentistry) were either not operating at all, or operating a very restrictive service, was already being rectified as phase two of the Covid pandemic began to take hold.

A need to focus on mental health and wellbeing of our workforce and our population, including inequality groups and especially children. (Herefordshire and Worcestershire Health and Care trust survey, *Children and Young People’s experiences of Mental Health & Anxiety during Covid-19* has an in depth focus on this area.

The volunteer and community response (Here2Help and TalkCommunities) had made a strong start but there was much felt to be much further potential in the range and reach of these services.

It was a particular feature that concerned participants in the STP workshop that the vast majority of feedback we were receiving was from those who were comfortable with technology and remote access. It was clear that there would be an ongoing requirement for significant focussed work with digitally excluded populations, and a need to enable face to face interaction both to receive feedback and to provide health and care services.

3. Summary of recommendations from the reports

Herefordshire Healthwatch recommendation	
Recommendations	System Response
Pharmacy access and provision	Enhanced for wave 2 and subsequently.
Reduction in A&E attendances (May – July)	Programme of NHS111 First went live by 30 November 2020. Through this programme, care pathways being adapted to ensure principle of right time, right care, right place, reducing volume of patients that could have their needs met in out-of-hospital or in-hospital settings, e.g. Same Day Emergency Care. Digital innovations now in place and 150+ clinical presentations reviewed. Programme of improvement identified for Quarter 4. Public communication commencing from December 2020 and this is likely to impact on A&E attendances from 2021. Evaluation in place.
24/7 mental health line	The Crisis Resolution Team (Crisis Line) is in place to support

	patients with a sudden deterioration of an existing mental health problem or who are experiencing problems for the first time. The line provides immediate expert support to identify the best course of action. People not currently in contact with any Mental Health Services can phone the mental health helpline for urgent advice
Alternatives to access (telephone and video)	All appointments can be offered face to face if required – to follow up and identify where this is not being given as an alternative option
Appreciation and respect for health and care services	Continued positive media coverage
Talk community response/community resilience	Ongoing development of this service and greater alignment with statutory services, especially PCNs and community services
Access to Dentistry and General Practice	In November 2020 we reviewed access to primary care across the STP and found that the numbers of patients accessing general practice in Herefordshire and Worcestershire was above levels that would have been anticipated pre-Covid. Learning from first wave, dentistry access remained open during wave 2
The negative impact of the pandemic on people’s mental health	Increase in availability of mental health services. NB This may not keep pace with anticipated significant increase in demand, alternative offers and self-service.
Restrictions on face to face access	As above, face to face alternatives should be available.
Worcestershire Healthwatch recommendations	
Promote the availability of local information sources across the County	Our STP communications workstream has redoubled efforts to enhance co-ordination of our communications, and better tailor messages to the needs of individuals.
Ensure that information is accessible, and produced in a range of formats and in community languages to meet diverse communication needs	
Target information to reflect the needs of specific audiences e.g. carers and people with disabilities	



Further promote the availability of the Here2Help scheme, particularly in the north of the County	Ongoing development of this service and greater alignment with statutory services, especially PCNs and community services
Explain to patients and the public the plans in place to ensure that increased use of telephone, video and online health services does not disadvantage individuals or re-enforce existing health inequalities and digital exclusion	Reference specific work of the Digital Inclusion sub-group
Proactively contact individuals to reassure them about expected appointment waiting times, planned treatments and their ongoing care, and provide advice and guidance as appropriate	Standard operating procedure in place and providers are proactively reaching out to patients, but remains a challenge due to e.g. staffing constraints
Provide and further promote information to the public about the reinstatement of both primary and secondary health care services	Ongoing.
Provide and further promote information to the public about the future management of ongoing health conditions	Self-help information being developed in general and for specific conditions
Use available opportunities to survey the impact of Covid-19 on the mental health and emotional wellbeing of both children and young people and adults	Information collected will be used to inform decision-making around service provision. For example National Autistic Society 'Left Stranded Report'.
Further promote communication about mental health services to the public - addressing the perception that services are unavailable / inaccessible	
Improve communication from mental health services to those in receipt of them	

Herefordshire and Worcestershire COVID-19 Response System Findings

Recommendations

System Response

Recommendation 1: The rapid changes to services that were made as a response to the crisis need to be given time to embed outside of the pandemic. Many were welcomed by staff as changes that had been warranted for years and represented new or innovative ways of service delivery that have the potential to improve staff and patient experience.

Systematic review of changes underway

The system-wide approach to collaborative working modelled through the pandemic response should be consolidated, resourced and continued. The weaknesses at the interfaces, especially related to care homes, should be addressed through interventions that promote joint-working.

Collaborative working accelerated through place based developments, provider alliance and likely statutory changes that will reinforce this.

<p>The system needs to plan for the cohort of patients expected to have longterm needs following initial recovery from COVID-19. As the evidence emerges as to what these needs are likely to be, the combined system lessons from the pandemic can be used to design a clinically appropriate pathway that can be delivered by a multi-disciplinary team.</p>	<p>Developments in place across both counties to respond to likely requirements for long covid. Expectation that existing services will also adapt to serve this population group in the community.</p>
<p>The system's workforce should have equitable access to mental health and wellbeing support, whilst acknowledging needs will be different. Some professionals such as care home staff will have already faced trauma and will be severely anxious in future waves of the pandemic. Other services such as cancer are preparing for the tragedy of delayed presentation and may require resilience training to cope.</p>	<p>Staff support services in place across providers. The STP Culture and People strategic framework will further enhance this through programmes within the 'great place to work' pillar. The draft ICS Outcomes framework includes a specific indicator on the health and wellbeing of staff employed by health and social care services in Herefordshire and Worcestershire.</p>
<p>National guidance has to be more sensitively and appropriately interpreted for the local context or risk demoralising staff. For instance, local delivery of the national hospital discharge guidance¹¹ challenged care homes' value in the health and care system. Continuation of face-to-face consultations in social care and the community whilst primary care moved to virtual working led professionals to question whether they were as valued as much as other professions.</p>	<p>Local messaging to support national communications.</p>
<p>Access to safety equipment should be equitable and the responsibility of the system. Front-line staff should have access to appropriate PPE and professional concerns around safety should be addressed with immediate effect.</p>	<p>Significantly enhanced and learning from wave 1 is now embedded. Fortnightly report across the entire region gives granular information on availability of personal protective equipment (eg gloves, aprons, gowns) across all care settings including care homes.</p>
<p>A system plan for test, track and trace is required in the absence of national guidance (and lack of tests) to effectively manage future waves of the pandemic. Whilst public health resources may be limited, other forums both clinical and strategic, have already emerged which can usefully support the system.</p>	
<p>Improved utilisation of virtual consultations in all settings should be encouraged post-pandemic, particularly for patients requiring efficiency and ease in accessing appointments. It should however be at the discretion of individual services to provide the balance between face-to-face and virtual appointments, given they are best placed</p>	<p>Digital inclusion sub-group addressing this work locally across the system. This group is in early set up phase and just establishing membership and terms of reference. Suggestion a more details overview</p>

to understand their patient cohorts who see the benefits in virtual approaches but would like the option of choice.	comes to future partnership board, see appendix 5.
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The regional report contains 57 recommendations, and these are being addressed through ICS discussions and embedded as we move into an integrated care system from 1st April 2021.

4. Learning from COVID Workshop 5 Positives and 3 Negatives

As an output from the workshop and to assist with our reflections as a system, participants were asked to reflect and share 5 positives and 3 negatives they took from the documents and discussion. These are shared below as a useful snapshot of learning from the reports.

Positives	Negatives
<ul style="list-style-type: none"> • Shared purpose – move from organisational priorities to just doing the right thing and empowering clinicians to use their judgement • Compassion at work – people genuinely looking out for each other • Whole system style moved to one of agility and pragmatism (a truly underrated style!) – standing things down etc • Step change in digital – whilst not ideal for everything some of our meetings are more productive this way and also supports point 3 above • Step change in out of hospital care being seen as the default for frail older people • Use of telephone and video for GP/other NHS appointments • Decreased/more appropriate use of A&E and Emergency services • Increased funding/appreciation of/praise for the NHS, its staff and Care staff • Praise for neighbours/friends/community response/local organisations • NHS/Organisations working better together / “Can Do” attitude • Services learnt that rapid transformation is doable • Freed up capacity meant time to think through longer term service improvement 	<ul style="list-style-type: none"> • Too much NHSE reporting despite many assurances to the opposite • Highly pressurised time – potential for workforce burn out is significant • Financial barriers have not been addressed other than in the interim • Meeting the range of diverse needs for information & communication • Constraints to accessing services – in the broadest sense • Mental Health & Emotional Wellbeing impacts • Exacerbation of health inequities and inequalities • Health and wellbeing toll on staff • Pent up need and increased acuity of illness in the future • Consistency across system • Real insight into seldom heard groups • increasing equity of access • Access to Dentistry and General Practice • The negative impact of the pandemic on people’s mental health • Restrictions on face to face access • Excessive centralised national control took local decision-making out of local hands, and was less

<ul style="list-style-type: none"> • A stronger clinical voice, especially GP, emerged • Professionals strived to deliver patient-centred care as far as possible • Adoption of new ways of working including using technology • Accelerated operationalisation of PCNs (and place based care) • Co-production and staff empowerment to deliver change in real time • Rapid adoption of digital solutions for those able to access them • Focus on mental health • Changing relationship between NHS and population • Focus on wider determinants / inequalities • Pharmacy access and provision • Alternatives to access (telephone and video) • Reduction in A&E attendances (May – July) • 24/7 mental health line • Appreciation and respect for health and care services • Talk community response/community resilience • Shared sense of purpose across organisation, and across the system • Front-line staff felt empowered to do what they believed was best for patients with minimal delays caused by normal governance processes • As an organisation, we learned to believe that long-term, knotty issues could be addressed at pace when we had to do so • Real focus on caring for our staff- physical and emotional well-being- and especially those most at risk eg BAME staff • With finance taken out of the equation, system partners found it easier to collaborate with each other with the patients’ best interests being more important than organisational boundaries... and population health therefore became an easier concept to realise going forward • Appreciation/Respect for Health + Care Services 	<p>efficient as a result because local knowledge and expertise were ignored</p> <ul style="list-style-type: none"> • In a rush to make changes at pace within provider organisations, governance may have become too light-touch in some cases- and there is therefore a need for risk and impact assessments to be done retrospectively in some cases • In some areas and instances, the sense of being on a ‘war-footing’ meant that there was a tendency for organisations to revert back to their typical corporate ‘command & control’ management style. • Inappropriate resilience • Actual and perceived access issues to Primary, Secondary and Community Services (remembering perception = reality) • Need to actively seek out and engage with those who may have been excluded/hard to reach through traditional channels/approaches (do not regard silence as disinterest or consent)
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<ul style="list-style-type: none"> • Real recognition of diversity/equality/inclusion issues and their impact both positive and negative for outcomes • System rather than organisational approaches across health and care empowering teamwork and collaboration at the frontline for the benefit of users/patients • Talk Community and Here for you as place-relevant community support/resilience initiatives with full involvement voluntary + community sector • Adoption of alternative access approaches by primary, secondary and community care (telephone/digital etc) as part of blended approach 	
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5. Next Steps

Whilst it is evident that there is significant learning from system partners, assisted greatly by the feedback this report is reviewing, there is considerable work to do to embed this learning across the STP. However, we do have workstreams in place that are beginning to respond to the developments required in the reports we have reviewed, these positive steps include:

- **Digital Inclusion**
Evident we mainly heard from groups who were not excluded (digitally or otherwise) Digital Inclusion Advisory group has been set up – need to actively and specifically seek out the views and experiences of those who do not have access to technology and ensure that we put in place bespoke and personalised support. Evident we mainly heard from groups who were not excluded (digitally or otherwise).
- **Support for Carers**
Pilot project for supporting staff employed by NHS and social care in Herefordshire and Worcestershire who are also carers, being set up. Further details will be shared at a future Partnership Board. There is further work to do to ensure sufficient report for carers more generally and this has been identified as a priority workstream.
- **Here2Help and Talk Communities**
Much greater promotion of support services – Here2Help and Talk Communities – enhanced communications for these services and work to embed the approach with statutory services eg Primary Care Networks is underway. Further work to ensure eg loneliness is picked up proactively though population health management approach.
- **Bereavement and End of Life care support**

Previously there was not a strategic system approach to provision of bereavement support or any network to facilitate shared learning across providers. Faced with excess deaths and likely more complex bereavement reactions due to the circumstances of the pandemic a cross STP group was set up. The Herefordshire and Worcestershire Bereavement network is engaging with providers of bereavement services and working collaboratively to plan a response. All providers found it useful to understand the changing after death processes (eg collection of property) in order to better support their clients. Information is now available for relatives of those dying in community hospitals and this is being adapted for those dying in a care home or at home. This has evaluated very well.

Recognising the likely impact on capacity the CCG supported a proposal for increased funding to increase capacity of the hospices bereavement services so that support is now available to all those registered with a GP in H&W if required.

The bereavement group is now part of the End of Life governance structure and reports to the Programme Board. Work is ongoing to support a communications strategy to increase awareness of the support now available. An important piece of work will be to develop a sustainable model of bereavement support that engages and empowers local communities as well as ensuring that more specialist services are available to those who need it.

- **Mental Health Services Development**

We are beginning to see significant developments building on having a single strong mental health provider across both counties. A good example of this is sustainable funding for 24/7 line crisis line across both counties, enabled through flexible use of recent transformational funding received by the STP. The Dementia Partnership has worked with STP to shape the additional support needed for those Living with Dementia leading to commissioning of a Community Service from the VCS in both counties. HWHCT have a clear communication plan focussing on Health Minds, 24/7 helpline, the newly formed Neighbourhood MH Teams and services to support CYP such as BESTIE app and Reach4Wellbeing. Communication Teams across the STP collaborate on dissemination of this information. PCN CDs have also raised this concern and the CCG is working with HWHCT to improve this so people understand their offer of support and their GP is fully aware. (This is a longstanding issue – but we now have a renewed focus on this).

- **STP Communications Group**

Health and care professionals are talking about a new type of normal, but the group queries whether this thinking has properly landed with the public. There was also a recognition that communications –in winter 2020 would need to be very different from the Spring; the public mood today is very different start of wave 1. In line with our journey to becoming an Integrated Care System, the STP Communications and Engagement group have been reviewing the recent guidance to recommend how we can strengthen our already established joined up approach to Communications and Engagement. We have a strong track record of working with both Health watch

organisations to engage on system wide priorities and proposed developments (we did this in both 2016 and 2019). During Covid this listening and responding to feedback has become critical. Over the early part of 2021, we will map out the current landscape for engagement to see how we can build upon this to embrace the citizen voice in our ICS, at all levels but especially at Neighbourhood level where communities are key influencers and decision makers. We will also be refreshing our strategy around integrated communications which has also been critical during Covid (for example one briefing for stakeholders on vaccine updates, named comms lead for the system on NHS 111 First etc). We continue to seek to identify those who we do not reach through our current communication channels to develop alternative options, working closely with our voluntary and community sector colleagues. Central to all successful Communication and Engagement is taking our staff with us. As part of the strategy refresh we will continue to work closely with our ICS workforce leads to understand the workforce priorities and how we can bring communication and engagement expertise to improve the delivery of these.

- **Broader focus on primary care services** The recommendations touched on this but group members felt that there was significant potential benefit for the population as we move forward to engage with primary care in its broadest sense, including optometry, dentistry etc to ensure an inclusive and wide ranging integrated response to health and care needs.
- **Inequalities Collaborative**
The STP has reshaped the prevention workstream to develop an Inequalities Collaborative, taking forward the principle that improving health inequalities and workforce inequalities is mainstream activity, core to and not peripheral to the work of the NHS and social care. The collaborative is working with a range of partners with key interest in tackling inequalities within local systems and will seek to ensure systems are in place for a breadth of inputs to be considered. The collaborative aims to ensure that the Interventions to address inequalities put in place across STP workstreams are evidence-based with meaningful prospects for measurable success. Framework for Health Inequalities. There is work underway at a regional level to support this including the drafting of a Midlands Charter for local systems to use to cement partnerships. In parallel, a regional Framework for Health Inequalities is developing standards that will cover; the model of health for the system, topics to be included within the plan and enablers.
- **STP People and Culture Strategic Framework**
The STP workforce workstream will co-ordinate efforts to support staff wellbeing across the STP has put the architecture in place to support STP values and leadership behaviours, these are structured under three pillars of culture and organisational development; work force transformation and great place to work. Our STP Outcomes framework will have a focus on the health and wellbeing of staff employed across the system will be an ICS outcome monitored via ICS Executive for

2021/22. (Draft Outcomes framework and approach to be signed off at executive meeting in January 2021)

- **Learning Disability and Autism Report**

In order to give this feedback the specialist attention it deserves, the CCG has drafted an initial response to the recommendations and share with system partners across the system in advance of a meeting of the Staying Healthy Sub Group in January. The sub group will review how best to reinforce the positive changes that have happened, respond to the feedback and identify any gaps are. The final draft for response to the Learning Disability and Autism Report will then be presented to the STP LD Partnership Board in February for sign off.

6. Recommendations

A. For discussion in the forum

The STP Partnership Board is asked to:

- Note the excellent work that has taken place locally and regionally to understand the learning from the first Wave of the response to the Covid-19 pandemic and thank system partners for their work and constructive feedback.
- Fully accept the recommendations from the reports
- Note that a multi-organisational group reviewed the findings and recommendations from the 4 different reviews, and sought to understand how this could inform our joint working through existing forums and how any gaps could be mitigated.
- Note the separate process for the Learning Disability and Autism Report, which will be shared with STP LD Partnership Board in February and come to the next STP Partnership Board for information.
- Agree that the learning from the first and subsequent waves of Covid is ongoing, and request that the Partnership Board takes an active role in aligning collaboration between work programmes to optimise the benefits of this learning for our population. Suggested areas where the programme board may wish to focus some time is detailed under next steps in section 4.
- Partnership Board takes a key role in monitoring the progress of significant workstreams as set out in appendix 6. This sets out the workstream reports that should be requested by partnership board to provide future meetings with assurance:
 - Response to the recommendations and findings within the Healthwatch Learning Disability and Autism report
 - Progress update from the Digital Inclusion sub-group
 - update on refreshed communications and engagement strategy. A report from the Inequalities Collaborative updating on how our population health management approach is supporting our work with disadvantaged and hard to reach groups.

B. For action within partner organisations



Consider how best to translate the recommendations within organisations and across the integrated care system.

APPENDICES

Background Papers

(Where papers are available on the internet, a link to relevant websites are included to reduce attachments)

Appendix 1

Attendees at the workshop, 3rd November 2020

Joanne Ainer, H&W CCG
Mahmoda Begum, Strategy Unit, MLCSU
Martin Charters
Anita Day, WAHT
Tom Grove, H&W CCG
Susan Harris, H&W H&CT
Ruth Lemiech, H&W CCG
Abeda Mulla, Strategy Unit, MLCSU
Frank Myers, WVT
Christie Price, Healthwatch Herefordshire
Margaret Reilly, Healthwatch Worcestershire
Alison Roberts, H&W CCG
Jane Stanley, Healthwatch Worcestershire
Ian Tait, H&W CCG
Tamar Thompson, H&W CCG

Appendix 2 Herefordshire Healthwatch reports available at:
<https://healthwatchherefordshire.co.uk/what-we-do/our-work>

2a Herefordshire Healthwatch Summary Highlight report
2b survey raw data

Appendix 3 Worcestershire Healthwatch report available at:
<https://www.healthwatchworcestershire.co.uk/covid-19-reports/>

3a Healthwatch Worcestershire final report
3b Learning disability and autism
3c Easy read learning disability and autism
3d Focus on GP practice feedback

Appendix 4 NHSE/I Midlands Region ‘Learning from COVID-19 Final Report’

Appendix 5 Herefordshire and Worcestershire COVID-19 Response System Findings
5a and b analysis and topic guides



- 5c Primary care response
- 5d Patient stories
- 5e Powerpoint summary of recommendations
- 5f system response report

Appendix 6

Suggested next steps for Partnership board

Partnership Board date	Suggested focus from 'Learning from Covid'
March 2021	<p>Response to the recommendations and findings within the Healthwatch Learning Disability and Autism report</p> <p>Receive a progress update from the STP digital inclusion sub-group</p>
May 2021	<p>Report from the STP Communications and Engagement workstream: update on refreshed communications and engagement strategy.</p> <p>Report from the Inequalities Collaborative updating on how our population health management approach is supporting our work with disadvantaged and hard to reach groups.</p>

In addition, the report author and the chair of the partnership board will attend a meeting of the STP people and Culture group to ensure the learning from this review informs their work programmes.