



**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING SCRUTINY
COMMITTEE
HELD ON 20th OCTOBER 2020**

PRESENT: Councillor R Ford (Chair), Councillors P Brindley, D Box, J Faulkner, M J Greatorex, M Oates, S Peple, R Rogers and A Farrell

The following guests were in attendance: Ms Nicky Harkness, Managing Director (South East Locality) CCG, Mr Lee Squire, Associate Director of Commissioning, Staffordshire CCGs, Dr Shammy Noor, Chair South East Staffordshire and Seisdon CCG and Mr Duncan Bedford (Managing Director, University Hospitals of Derby and Burton NHS Foundation Trust)

The following officers were present: Rob Barnes (Executive Director Communities), Joanne Sands (Assistant Director Partnerships), Sue Phipps (Strategic Housing Manager), Jo Hutchison (Democratic Services, Scrutiny and Elections Officer) and Jodie Small (Legal, Democratic and Corporate Support Assistant)

Apologies received from: Councillor(s) S Pritchard and County Councillor T Clements

20 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous Health & Wellbeing Scrutiny Committee held on 24th September 2020 were approved as a true record.

(Moved by Councillor S Peple and seconded by Councillor P Brindley)

21 DECLARATIONS OF INTEREST

There were no declarations of interest.

22 UPDATE FROM THE CHAIR

The Chair updated the Committee on the fact that Staffordshire remained at the medium alert level of the three tiered alert levels, which would be reviewed on 27th October 2020.

23 CLINICAL COMMISSIONING GROUPS UPDATE ON THE IMPACT OF COVID-19 AND ON WINTER PREPAREDNESS

The Chair welcomed the representatives from the local Clinical Commissioning Groups (CCGs); Ms Nicky Harkness, Managing Director (South East Locality), Mr Lee Squire, Associate Director of Commissioning and Dr Shammy Noor, Chair South East Staffordshire and Seisdon CCG to the meeting to provide an update on the impact of COVID-19 on planned care, including operation waiting lists and outpatient appointments, cancer treatments (screening, waiting lists and diagnosis) and a brief overview of winter preparedness / plans.

Dr Shammy Noor reported that at the start of the COVID-19 pandemic the CCGs were directed to free up the maximum possible inpatient and critical care capacity, including the postponement of elective procedures for three months, however other emergency and clinically urgent care should continue, as well as the preparation of large numbers of inpatients requiring respiratory care and the redeployment of staff as required. It was reported that this was an unprecedented situation, with no modern comparisons.

As a result of the required prioritisations leading to the suspension of non urgent procedures, there had been an increase in the number of people waiting for planned care procedures, including an increase in the number of patients waiting over 52 weeks to be seen form referral. Additionally there had been a reduction in the number of people being referred in to secondary care from GPs, which reflected a combination of patients' fears about COVID-19 and a reduction in outpatient appointments. The performance within Staffordshire reflected the national position with over 2 million patients on waiting lists.

Following the initial COVID-19 impacts, both the University Hospitals of Birmingham (UHB) NHS Foundation Trust and the University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust had provided the CCG with prioritisation plans which included elective surgery being scheduled where possible in COVID free elective centres for UHB, and for the continued prioritisation of cancer care and urgent/ emergency care and prioritising patients according to clinical need for UHDB.

Mr Lee Squire updated the Committee on the current position in the South East Locality of Staffordshire. In July 2020 there was further national direction from NHS England to bring services back to more normal levels and to prepare for winter demand pressures. This involved working collaboratively and utilising digital technology where possible. In terms of the waiting lists in the South east Locality for both UHDB and UHB the trends were similar and this local performance was also reported to be similar to national performance. Patients were reviewed on clinical priorities and called in for treatment according to these.

In terms of cancer services during COVID-19, at UHB these were relocated to Solihull Hospital, and at UHDB the Nuffield centre in Derby was utilised. It was reported that none COVID-19 related patient levels were starting to recover to pre-COVID-19 level, and that 100% of patients' urgent cancer referrals were seen in the 2 week target period.

Mrs Nicola Harkness provided an update on winter plans including the national priorities:

- Accelerating the return of routine services before winter, including achievement of business as usual activity by October 2020 and the acceleration of cancer, diagnostics, outpatients activity, primary care and enhanced support for care homes;
- Preparation for winter including delivery of NHS 111 First and ensuring the national discharge pathways were followed to help patients return home from hospital.

In terms of areas of focus these included:

- Increasing primary care capacity
- Delivery of the extended flu vaccine programme
- Managing acute capacity and flow, including looking at community provision as well as NHS 111 First
- Discharge Planning to ensure that there is wrap around support services available when patients are ready to be discharged.

It was reported that one of the key positives which had resulted from the response to COVID-19 was the collaborative working which had developed and which would continue.

The Committee sought and received clarifications from the CCG representatives on the following:

- Whether given the social distancing rules in place, there was expected to be a lower level of instances of flu this winter. It was reported that the evidence from Australia was that their flu season had been significantly delayed, however, this may not be the case in the UK, and whilst social distancing measures were in place in the UK the instances of COVID-19 were continuing to rise.
- How the death rate from COVID-19 in this second wave, compared to that at the start of the pandemic in March / April. It was reported that whilst the death rate was significantly lower in this second wave that would be impacted by the increased availability of testing, which had not existed at the start of the pandemic. Furthermore, the death rate was now reported to be creeping up, and therefore it was too early to make any judgement in this regard.
- How COVID-19 had impacted on the funding of NHS trusts. It was reported that all budgets were being set centrally and the allocation was based on previous years and on demand from modelling. It was expected that the position would be clearer in February 2021.
- Whether there was a staffing problem to manage and what contingency plans were in place to address this. It was reported that staff in the NHS had worked above and beyond and mental health and wellbeing plans had been put in place.
- How both patients and clinicians had responded to the digitalisation of service delivery. It was reported that patients had responded very positively to digital delivery and there had been little resistance. One area

to continue to keep under review was to ensure the effectiveness of this when used with patients, and what was appropriate to do digitally and when face to face consultations were necessary.

- Whether the correct balance had been struck between managing the COVID-19 pandemic and the ongoing service delivery for other health conditions. It was reported that whilst the guidance had been clear that urgent service delivery would continue the data showed that there had initially been a reduction in cancer referrals, however this had been short lived and had been reversed. Furthermore, decisions and choices had been predicated on models and predictions available at that time and that in this second wave there would be further information to use.
- How the prioritisation process worked for more routine treatment. It was reported that there was a national prioritisation process which was clinically led.

The Committee thanked Mrs Nicola Harkness, Mr Lee Squire and Dr Shammy Noor for their attendance and presentation and asked that the Committee's thanks to all their staff for their work be passed on.

The representatives then left the meeting.

24 UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST UPDATE

The Chair welcomed the representative from the University Hospitals of Burton and Derby NHS Foundation Trust, Mr Duncan Bedford, Managing Director, to the meeting to provide an update on managing the COVID-19 response, UHDB Strategy and on the Sir Robert peel Community Hospital.

Mr Duncan Bedford reported that at the start of the first wave of COVID-19 there had been significant uncertainty and the modelling showed that in certain scenarios there could be difficulties. In response, intensive care capacity was increased, emergency surgery continued, staff were concentrated on the acute sites in Burton and Derby. In addition paediatric services were temporarily consolidated in Derby, the maternity unit at the Samuel Johnson hospital was temporarily closed, however the minor injuries units at the Sir Robert Peel and Samuel Johnson hospitals continued.

In terms of cancer referrals these had initially reduced, however they were now back to approximately pre-COVID-19 levels, and the number of patients waiting had been significantly reduced from the peak seen following the start of the pandemic.

In terms of Accident & Emergency attendances, these had dropped off, however they were now back to near normal levels, and the trust's performance against the four hour performance was below the national standard.

In terms of diagnostic services, waiting times continued to improve, with better systems to manage the increased and enhanced cleaning between cases.

Referral to Treatment Times was also improving but remained a significant challenge.

It was reported that new coronavirus cases nationally had been rising since July and the incident command structure had been fully re-established to maintain command and control. Planning continued for recovery and those plans would be robustly monitored within the governance structures.

Mr Bedford provided an overview of the trust's strategy "Exceptional Care Together" in terms of how the trust intended to work with partners to improve the health and wellbeing of those within the communities served. This strategy and the ambitions set had been consulted on and would be supported by enabling strategies for each clinical area. To deliver on this there was a recognition that there would be more collaborative working to provide the best care possible and to understand the health needs of the population.

An update was provided on the Sir Robert Peel Hospital and the services which were provided there, in terms of outpatient clinics and inpatient care where one ward had been newly refurbished and where patients were supported in their rehabilitation, as well as diagnostic and endoscopy services and day surgery. In terms of the attendances at the minor injury unit, the drop off during COVID-19 had not yet recovered in line with accident and emergency attendances.

In terms of the delivery of new services from the Sir Robert Peel these had not materialised as quickly as expected due to COVID-19, however there had been good work in frailty pathway, as well as increased service provision in phlebotomy and dermatology.

The Committee sought and received clarifications in the following areas:

- The testing of staff, where it was reported that UHDB had participated in a pilot where all staff were tested, with all tests now returning promptly within the expected 24 hours.
- How the trust determines which services are provided locally. It was reported that work continued to assess the health care needs of the population locally to ensure the best local service delivery. In particular there was a focus on delivering diagnostic testing as locally as possible, and the work continued to inform the decision making in this regard.
- The reasons for the drop in attendances at the minor injuries unit, which it was reported could be as a result of the public trying not to burden the NHS, however, presentations at minor injury units, as opposed to at acute hospitals could be beneficial.
- The extent of the partnership working undertaken to support the Tamworth community who utilised various health services from various different hospital trusts located within and outside Staffordshire. It was reported that the trust worked hard to deliver its services well.

The Committee thanked Mr Duncan Bedford for his attendance and presentation and asked that the Committee's thanks to all the trust's staff for their work be passed on.

Mr Bedford then left the meeting.

25 CONSIDERATION OF DRAFT HOUSING STRATEGY

The Chair welcomed the executive Director, Communities, Mr Rob Barnes, the Assistant Director Partnerships, Ms Jo Sands and the Strategic Housing Manager, Ms Sue Phipps to the meeting to present the Draft Housing Strategy report.

The Assistant Director Partnerships introduced the report which attached the draft Housing Strategy for this committee's consideration prior to submission to Cabinet. It was reported that whilst there was no statutory duty to produce a Housing Strategy, doing so would inform the Council's role in increasing housing supply, place shaping and promoting the role of housing in the creation of safe, thriving and sustainable communities and supporting economic growth. The Assistant Director highlighted the key priorities.

The Committee sought and received clarification in the following areas:

- Whether a more meaningful definition of affordable homes could be established. It was reported that this was part of planning process and would require the involvement of that team.
- Whether there were any actions which could be taken to close the gap between targeted housing completions and the delivery. It was reported that there were activities ongoing in many areas to support delivery including acquiring new stock and attracting developers and providers into the Borough, and that the Council was using the tools available to it to close the gap.
- Whether the action plan list of four wards for targeted support reflected all relevant wards, given that the evidence base demonstrated there were additional wards with high levels of need, including Glascote and Stonydelph.

Councillor D Box left the meeting at 8.15pm.

The Committee **resolved** that

1. it recommend to Cabinet that the Contents and proposed actions contained within the draft Housing Strategy be endorsed and could go on to become the final strategy with the amendment that Stonydelph and Glascote are included as areas where funding/support should be focussed as they contain areas which have historically had high deprivation; and

(Moved by Councillor by Councillor Richard Ford and seconded by Councillor Sheree People)

2. The completed Housing Strategy be taken to Cabinet for approval.

(Moved by Councillor Richard Ford and seconded by Councillor Roy Rogers)

Resolved that the meeting be extended beyond 8.30pm following a motion under schedule 1 Rule 9.1.13 of the Constitution.

(Moved by Councillor R Ford and seconded by Councillor S Peuple)

26 CONSIDERATION OF THE HOMELESSNESS STRATEGY

Members of the Committee were invited to provide any observations by email to the Chair on the Homelessness Strategy, which had been the subject of a report and presentation at the September committee meeting, following which the Chair would seek to raise these with Cabinet.

27 UPDATE ON HEALTH RELATED MATTERS CONSIDERED BY STAFFORDSHIRE COUNTY COUNCIL

There was no further update, however the Chair reported that the next Healthy Staffordshire Select Committee meeting would be held on 26th October 2020.

28 UPDATE ON WORKING GROUP FOR YOUNG PEOPLE

The Chair invited the Vice-Chair and the other members of the Young People Working Group to provide the Committee with a brief update.

The Vice-Chair reported that the working group comprising himself, Councillor M Greatorex and Councillor S Peuple had met the previous week to agree their objectives and this had resulted in the group focussing on young people between the ages of 11 and 18 years old. The group had started engagement with wider stakeholders and had undertaken some initial consultation with young people to understand their views of what impact COVID-19 had on them. The working group had decided that they would aim to complete their work on this initial phase within 3 months.

It was agreed that an interim working group update would be provided to the Committee at its next meeting on 8th December, with a view to completing their review and presenting a report to the 26th January 2021 meeting.

29 FORWARD PLAN

No items from the Forward Plan were identified for the Committee's consideration at this time.

30 HEALTH & WELLBEING SCRUTINY WORK PLAN

The Committee agreed that the planned meeting on 24th February 2021, be moved to 17th March 2021 and that an additional meeting to consider the second annual safeguarding update be added to the calendar of meetings in April 2021.

The Committee agreed to update the work plan as set out below:

Health and Wellbeing Scrutiny Work Plan

| Work Plan 2020 - 2021 | |
|-------------------------------------|--|
| DATE | SUBJECT |
| Each meeting | Update on Staffordshire County Council matters |
| Ongoing | Together We're Better / STP - brief update post close of initial consultation (end date of initial consultation is 25 August 2019) |
| Ongoing | Working group updates |
| 8th December 2020 | Interim update from Working Group on Young People (PB, SP & MG) |
| 8th December 2020 | Safeguarding update (1) (Councillor Doyle to attend and Officers) |
| Ongoing | Children's wellbeing, including education and mental health issues / anxiety |
| 26th January 2021 | Young People Working Group Report (PB, SP, MG) |
| 21st April 2021 | Safeguarding update (2) (Councillor Doyle to attend and Officers) |
| TBC | Food vulnerability and Healthy Eating |
| TBC | Physical wellbeing |
| TBC | Mental wellbeing – to cover mental health issues in Tamworth as well as loneliness and partnerships |
| TBC | The Green Agenda, including Air Quality review |
| TBC | Discharge to Assess and End of Life Care |
| TBC | Barriers to accessing GP Services in relation to residents with additional needs / Centralisation of some GP Services |
| TBC 2021 | Update on Young People – SCYVS representative to be invited |

| Upcoming Health and Wellbeing Scrutiny Committee Meetings |
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| <ul style="list-style-type: none"> • 8th December 2020 • 26th January 2021 |

- 17th March 2021
- 21st April 2021

Upcoming Relevant County Council Meetings

Healthy Staffordshire Select Committee

- 26th October 2020
- 30th November 2020
- 1st February 2021
- 16th March 2021

Chair

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