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Health Overview and Scrutiny Committee
Monday, 20 July 2020, Online only - 1.30 pm

Minutes

Present:

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr C B Taylor, Mr M Chalk, Ms C Edginton-White, Mr J Gallagher, Mr M Johnson and Mrs F Smith

Also attended:

Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing
Lynda Dando, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Dr Gemma Moore, Droitwich and Ombersley Primary Care Network
Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Paul Brennan, Worcestershire Acute Hospitals NHS Trust
Sue Harris, Worcestershire Health and Care NHS Trust
Peter Pinfield, Healthwatch Worcestershire

Dr Kathryn Cobain (Director of Public Health), Matthew Fung (Public Health Consultant), Steph Simcox (Head of Finance, Chief Executive's Unit), Samantha Morris (Scrutiny Co-ordinator) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

A. The Agenda papers (previously circulated);
B. The Minutes of the Meeting held on 18 June 2020 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

975 Apologies and Welcome

The Chairman welcomed everyone and confirmed the arrangements for the online meeting.

Apologies had been received from Mrs J Till.

976 Declarations of Interest and of any Party Whip

Mr G R Brookes declared an Interest in Item 5 as his daughter was a GP and Mrs F Smith declared an Interest in Item 7 as her husband was the Cabinet Member with Responsibility for Health and Wellbeing.

977 Public Participation

None.

978 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 18 June 2020 were agreed as a correct record and would be signed by the Chairman.

979 Access to GP Services

Attending for this Item were:

Herefordshire and Worcestershire Clinical Commissioning Group (CCG)
Lynda Dando, Director of Primary Care

GP Representative
Dr Gemma Moore, Clinical Director of Droitwich and Ombersley Primary Care Network

The Committee was led through the Agenda and attached presentation, entitled 'General Practice in Worcestershire during COVID-19'.

Members were reminded of the origin of Primary Care Networks (PCNs) locally and the nationally mandated creation of PCNs as part of the NHS Long Term Plan. Since 1 May 2019, Worcestershire GP practices had a contractual requirement to work together in groups covering a minimum population of 20,000 to enable improved quality of care and resilient and sustainable groups of practices.

In Worcestershire there were 11 PCNs, led by 13 Clinical Directors, based around natural local communities, working together with a range of local providers to offer more co-ordinated health and social care support. Members were directed to the map within the presentation for the PCN locations. The new PCN model would also help to address recruitment and retention difficulties in parts of the County.

The Primary Care response to the COVID-19 pandemic had seen nationally mandated changes from 27 March to free up capacity in general practice and keep staff safe. In addition, a national standard operating procedure (SOP) was introduced. From 11 July 2020, some GP services could be restored, however, current access arrangements were likely for the foreseeable future.

Worcestershire residents saw GP access triaged remotely, with online video and telephone consultations available as appropriate. Practices were grouped to ensure separate spaces for different patient cohorts if

face to face assessment was required, i.e. shielding patients, those showing symptoms of COVID-19, wider population etc. Those patients with COVID-19 symptoms were directed to NHS 111 in the first instance.

CCG support for GP Practices included digital enhancements, workforce, physical adaptations (such as screens and hard flooring) and stocks of personal protective equipment (PPE). A process for the reimbursement of additional costs has been agreed by the CCG, including staffing costs related to staff absence, costs incurred by bank holiday working, adaptations to premises and expenditure relating to PPE and infection control.

Nationally, General Practice was now in the restoration stage of COVID-19, however, remote triage would continue and, when appropriate, the use of technology for consultations would remain. It was vital that patient contact continued to be minimised and PPE used appropriately.

Moving forward, key priorities for General Practice included Immunisation, essential screening, unmet demand and backlog, the management of long term conditions, shielded patients and patients in Care Homes. However, the impact of delivering these key priorities were around fewer available appointments due to longer consultation times, the threat of practices being overwhelmed especially in relation to the onset of flu and of general winter pressures.

In the ensuing discussion, the following main points were made:

- General Practice had always been open and no Worcestershire Surgery had to be closed due to the pandemic. Ways of accessing a GP service had changed as a result of COVID-19 and surgeries continued to work in a different way
- A Member asked how residents would have known about the access changes outlined in the presentation. In response, it was explained that patients would have telephoned their usual GP Surgery and been given clear instructions on next steps, which may have resulted in a remote consultation or visiting a different Practice to their own
- The Committee expressed concern about the backlog of routine services paused, such as managing long term conditions and immunisations

- It was stressed that GPs had always been available for urgent problems and a County wide plan to manage the backlog was being developed. In addition, urgent referrals to an acute setting had continued
- In response to a query on the process of recalling patients for routine assessment, it was explained that each Practice operated individually, however, it was likely that there would be 3 forms of contact before a patient was taken off the Practice list
- Face to Face contact was increasing each week and medical staff absence as a result of the pandemic was currently very low
- Each Practice was developing a risk strategy for all of their patients, however, minor surgery and steroid injections were examples of local procedures which continued to be paused
- A Member asked about possible virus mutations from COVID-19 and in response the Director of Public Health suggested that mutations in viruses was normal and nationally, nothing had been reported at present
- The pace of change had been dramatic and the implementation of new measures a challenge, such as assessing buildings for movement of people and physical changes such as replacing carpet and erecting reception screens
- Moving forward, discussions were being held about how services may be managed effectively, such as 'drive through' clinics for delivering the annual flu vaccine. It was noted that national plans for flu vaccination were awaited
- The needs of all Care Home patients had been managed by GPs to ensure that hospital admissions were avoided where possible. This service had extended to the weekend and had resulted in retired GPs being on rota
- The Committee commented that although technology had helped enormously, it wasn't the solution for every patient – a point noted by those in attendance
- The HOSC Chairman referred to recent media coverage of a survey rating GP Practices. For clarity, the CCG Director referred to the national patient survey, which was undertaken annually and reported to the CCG Board. Worcestershire's results were above the national average and further details would be provided to HOSC Members.

The Chairman of Healthwatch Worcestershire was invited to comment on the discussion and raised the following main points:

- Healthwatch agreed that the initial response to COVID-19 by GPs was good and although centrally driven, very few comments had been received in the response phase
- From July, soft intelligence received suggested that things were less good around the County and the lack of patient involvement in developing services was troubling
- From feedback it was suggested that different Practices had different ways of working, with examples given of patients waiting all day for answers or not being able to access prevention services. In response it was noted that the SOP continued to be in place and there was no going back to the 'old' way of working
- Healthwatch would be willing to share evidence with the CCG and work to improve patient engagement, a point which the CCG Director welcomed.

The following information was requested:

- Further information on the national patient survey.

980 Restoration of Health Services after Initial COVID-19 Response

Attending for this Item were:

<u>Herefordshire and Worcestershire Clinical Commissioning Group (CCG)</u>
Mari Gay, Managing Director (Worcestershire)

<u>Worcestershire Acute Hospitals NHS Trust (WAHT)</u>
Paul Brennan, Chief Operating Officer

<u>Worcestershire Health and Care NHS Trust (WHCT)</u>
Sue Harris, Director of Strategy and Partnerships

A report and presentation had been circulated with the Agenda and was discussed, with the following points being highlighted:

- The NHS continued to be in the incident management phase of the pandemic, ensuring that urgent services were being carried out yet the spread of COVID-19 was being minimised. The approach taken across the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) continued to ensure good quality provision for residents in the constraints

imposed nationally as a result of the pandemic

- There had been a system wide approach to communications and service delivery and demand had been managed well
- The temporary service changes discussed at the 18 June HOSC across Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust and Primary Care, were broadly still in place, with some, such as digital solutions, likely to become more usual as restoration of services improved and was in line with the objectives of the NHS Long Term Plan
- Safety of patients, public, staff and service users would always be a priority and all services were reviewing waiting lists to ensure priority was given to those at highest risk
- Limiting the risk of transmission was vital, whilst considering how best to restore services, especially for patients who were most vulnerable and giving confidence to patients that settings were safe places to receive care
- A continuous engagement approach had been adopted throughout the pandemic and Healthwatch Worcestershire had undertaken a number of surveys, results of which provided themes to support the restoration phase
- The impact of the temporary service changes was monitored constantly and any decisions involving long-term service changes would not take place without following due process in regard of consultation and engagement.

In the ensuing discussion, the following key points were raised:

- The use of private hospitals for NHS elective surgery would continue as per the national contract, which could perhaps be until the end of the financial year. If so, the increased capacity throughout the winter months was welcomed
- To date, 737 operations and 445 endoscopies had been undertaken privately, mainly diagnostics or surgery for cancer. Bowel and breast screening had also been restarted
- Non face to face consultations had increased from around 1,500 per month pre pandemic, to 15,000 in June. This shift was expected to continue and become usual practice where appropriate, in line with the aims of the NHS Long Term Plan
- Kidderminster Treatment Centre continued to

operate as a ‘green’ site undertaking limited services. With spare capacity, some patients waiting over 30 weeks for surgery were also being treated and the Minor Injury Unit based there had increased its opening to 8am to 10pm 7 days a week

- Worcestershire Royal and the Alexandra Hospital would remain open for emergency activity only, however, some complex elective surgery which was unsuitable for the independent sector, would occur at the Worcestershire Royal, utilising the new Aconbury Ward block as a clean safe entry pathway, involving self-isolation before admittance
- The WAHT hoped to be able to work with commissioners to eliminate the long wait times experienced by some patients in the past
- In response to a query about the impact on death rates of potentially life-saving screening programmes being paused, it was explained that the balance of risk was considered at a national level and decisions were taken centrally. The Committee was advised that all emergency, cancer and complex elective surgeries, such as vascular, had continued throughout the pandemic. Endoscopy was paused nationally, as it was seen as high risk, however, the guidance had now changed and procedures would be resumed from 3 August
- There had been 275 confirmed COVID-19 deaths in the County’s acute hospitals since 17 March and none from 11 July to the time of the meeting
- In response to a question as to whether anyone was looking into the unmet demand on outpatients, it was reported that no routine referrals were undertaken. However, urgent referrals and cancer two week wait referrals were completed. In a usual month, around 50,000 new and follow up outpatient appointments would occur, in June the figure was around 32,000, which showed the potential backlog anticipated
- The CCG was doing a piece of work on demand and capacity across the whole system to inform recovery plans for all providers, however in doing so, it was shocked to learn that patients were not going through Primary Care and believed it was important to communicate to residents that Primary Care was open, especially if residents were concerned about their health. The Committee agreed it was important to educate the public and stressed the importance of getting the message out that health services were open and

not to put off contacting their GP

- The County Council's Public Health Consultant added that although it was important to stress to residents the need to seek health services, there was a continuous need to be cautious as the pandemic was not over. Furthermore, there was an increased risk of transmission if further procedures or elective surgery was undertaken
- A Member asked about ambulance handover delays, to be informed that good flows had been maintained at the Worcestershire Royal Hospital and no patients had received care in the corridor. The number of ambulances arriving at A&E were now broadly in line with pre-pandemic levels.

The Chairman of Healthwatch Worcestershire was invited to comment on the discussion and agreed with what had been said about the upcoming challenges in restoring acute services, especially if social distancing remained in place or there was a second spike. The demands of winter would also add a level of uncertainty, which wasn't to be taken lightly, however, it was acknowledged that future decisions would likely to be taken at a national level again.

In response, the CCG Managing Director was fully aware that the situation could change and if so, services may need to be paused again, which would further increase the demand once again.

Due to time constraints, the WHCT Director of Strategy and Partnerships agreed to provide the Committee with a written briefing on out of hospital community care and mental health.

981 Performance and In-Year Budget Monitoring

Members were guided through the performance update and Year End 2019/20 financial update which were attached to the Agenda.

<u>Public Health Performance</u>

Members were reminded that the Public Health Ring Fenced Grant (PHRFG) was used to deliver a number of mandated services and a proportion of the PHRFG was used for discretionary services.

In relation to the national child measurement programme, one third of children were carrying excess weight at Y6 (age 10-11) in 2018/19. The Director of Public Health reported that it was important to intervene as early as possible by promoting healthy lifestyles, diet and activity

levels. Excess weight in children would also widen the gap in health inequalities with some metrics suggesting areas of concern. When questioned how accurate the data was, the Public Health Consultant would investigate and report back to the Committee. Furthermore, clarification was sought on reporting mechanisms when pupils who reside in County are schooled out of County. The most recent dataset was 2018/19 and it was acknowledged that there would be a gap in data collection as schools had been closed since 20 March.

A new contract to deliver the drugs and alcohol service had been agreed before COVID-19, alongside the new 0-19 service. Working with District Councils to prevent rough sleeping and working with those most vulnerable in society was vital to improve outcomes.

Some of the sexual health information was recorded in 2018, however, in broad terms, there was less testing in Worcestershire in comparison to other similar Local Authorities and some further interpretation of the data was required. The Committee noted that sexually transmitted infections (STI) data was showing an improving trend.

In relation to the NHS Healthchecks performance, a national programme of care, the Public Health Consultant suggested that further understanding was required as it could be one method of driving down health inequalities. First introduced in 2013/14 and delivered through GPs in Worcestershire, it was reported that further publicity would be helpful and that comparisons were difficult as it was commissioned differently in other areas, such as delivered by private companies.

In response to a question as to how HOSC Members could help drive health improvements, it was explained that Member backing for initiatives was key. Areas of concern for the County were residents maintaining a healthy weight, smoking in pregnancy and manual workers, especially in more deprived communities, and more generally widening health inequalities. There was a duty in law to reduce health inequalities. Plans were being prepared for budget setting, which the Committee hoped would target the areas of concern, however, there continued to be uncertainties around the PHRFG beyond 2020/21.

<u>Public Health Finance</u>

The PHRFG for 2019/20 was £28,360,000, with the

PHRFG for 2020/21 confirmed as £30,000,078 (6% increase). Underspend had been reported in mainly strategic functions and adult prevention services, such as reduced spend in domestic abuse and reduced demand from GPs for NHS Healthchecks. In addition, the Healthwatch Worcestershire contract had reduced.

Overspend had been reported mainly in children's prevention services, funding the new social mobility project and additional contributions towards prevention activities and positive activities.

The in-year underspend of £208,010 was transferred to the PHRFG Reserve, which was permissible. When asked what the overall Reserves position was, it was clarified that uncommitted Reserves were around £5m. When questioned what plans were in place for this sum, the Director of Public Health reported that plans to narrow health inequalities and wider prevention work were being developed and that the plans could be brought back to HOSC when ready.

Whilst constantly reviewing the budget and the need to account for inflation and contract inflation, it was reported that an additional 2.75% of funding was required to deliver the same level of funding in 2020/21.

The Cabinet Member with Responsibility for Health and Wellbeing commented that the PHRFG had to be audited and signed off by NHS England each year.

In response to a Member querying the reduced spend in domestic abuse, it was explained that people needed to come forward in the first instance. There was an expectation that post COVID-19, these services would be in more demand.

Furthermore, the demand for Mental Health services was expected to increase and extra funding to create resilient communities was being actively considered.

The Director explained that a new Health and Wellbeing Strategy was required by April 2021.

The following information was requested:

- Clarification on the error band of % excess weight in children figures
- Clarification on how pupils who lived in the County, yet were schooled out of County, were classified

- The Director of Public Health was happy to share Public Health plans with HOSC at a future meeting.

982 Health Overview and Scrutiny Round-up

HOSC Members had nothing to add at this time.

983 Work Programme Refresh 2020-21

The HOSC had been asked to refresh its Work Programme in advance of it being agreed by Council on 10 September 2020.

In addition to those Items already scheduled, it was agreed to prioritise the following:

- Mental Health Services (all ages) including Post Traumatic Stress Disorder resulting from COVID-19
- Learning and new ways of working from COVID-19
- Equalities in relation to COVID-19 – including how the HWB strategy tackles health inequalities identified in the Joint Strategic Needs Assessment.

The Chairman thanked everyone, especially Members, who had participated in the extended meeting.

The meeting ended at 4.50 pm

Chairman …….