

## **Health Overview and Scrutiny Committee**

### **Monday, 16 November 2020, Online only - 1.30 pm**

#### **Minutes**

#### **Present:**

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

#### **Also attended:**

Ash Banerjee, NHS England and NHS Improvement - Midlands  
Alex Cockburn, NHS England and NHS Improvement - Midlands  
Ms J Alner, NHS Herefordshire and Worcestershire Clinical Commissioning Group  
Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning Group  
Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust  
Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust  
Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing

Dr Kathryn Cobain (Director of Public Health),  
Hayley Durnall (Acting Consultant in Public Health),  
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 30 September 2020 (previously circulated).

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

#### **995 Apologies and Welcome**

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

Following Council changes, Mary Rayner was no longer a HOSC member and the membership had reduced by one. The Committee expressed their thanks for her involvement and support.

No Apologies had been received.

#### **996 Declarations of**

None.

	Interest and of any Party Whip	
997	<b>Public Participation</b>	None.
998	<b>Confirmation of the Minutes of the Previous Meeting</b>	<p>The Minutes of the Meeting held on 30 September 2020 were agreed as a correct record and would be signed by the Chairman.</p> <p>The Chairman referred to the Minutes and asked whether the information requested had been received. Members were informed that Scrutiny Officers would follow up the requests outside of the meeting.</p>
999	<b>Vaccination Schemes</b>	<p>Attending for this Item were:</p> <p><u>NHS England and NHS Improvement (NHSE&amp;I)</u>  Dr Ash Banerjee, Screening and Immunisation Lead (Public Health Consultant)  Dr Alex Cockburn, Public Health Speciality Registrar</p> <p><u>NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)</u>  Jo-anne Alner, Managing Director (ICS Development)</p> <p><u>Worcestershire County Council (the Council)</u>  Dr Kathryn Cobain, Director of Public Health  Hayley Durnall, Public Health Consultant</p> <p>Dr Banerjee talked through the Agenda report which, for this meeting, had focussed on childhood and flu vaccinations.</p> <p>Although NHSE&amp;I was responsible for commissioning vaccinations, the CCG had a role to play in ensuring the primary care provision. In addition, the Council had a role in promoting uptake, especially through the commissioning of school nurses and health visitors.</p> <p>Childhood immunisations for pre-school children were delivered by GP practices at five scheduled appointments and further immunisations were offered in secondary school years 8 and 9. In addition, the flu immunisation was offered in school in certain year groups.</p> <p>Achieving 95% uptake in the childhood immunisation programme would achieve ‘herd immunity’ ensuring that the level of any outbreak was reduced. This was particularly important for those who were not able to</p>

receive a vaccination.

Uptake in Worcestershire was consistently higher than both the West Midlands region and England and generally achieved the 95% target at age 1, but not at 2 or 5 years of age. However, there had been a sustained slight drop in uptake nationally in recent years, especially as children grew older. The reasons for this five year decline were unknown, however, could be related to the ease of access.

The seasonal flu vaccination was traditionally delivered between September and March through GP practices, NHS Trusts, community pharmacies and schools. Eligible groups included those aged 65+ and under 65 years with an at-risk condition. In recent years, the eligible group had expanded to include all children from school Reception year to Year 7. For 2020/21 the Government had announced that those aged 50-64 were to be invited for the first time, however final details were awaited. In addition, health and social care workers were eligible, however, that responsibility lay with the employer.

Uptake in Worcestershire for 2019/2020 across all eligible groups was higher than England, with the 65+ cohort achieving a 74.8% uptake. Early indications for 2020/2021 suggested that across all eligible groups there was a 10% increase in uptake. National targets for uptake in 2020/21 had also increased to 75% in each eligible group.

The COVID-19 pandemic had impacted the school programme of activity since March 2020, when schools were closed to the vast majority of pupils. It was anticipated that the backlog would be completed during the current academic year. Other childhood immunisations had continued to be offered through GP practices, however, there were fewer attendances, which may result in overall uptake being lower than in previous years.

NHSE&I had several initiatives to increase uptake, such as schemes where GP practices were paid to telephone families whose children had missed appointments to encourage uptake, or to explain the benefits of essential vaccinations to the most vulnerable groups, such as those with sickle-cell disease. Further initiatives included targeted flu vaccination letters for vulnerable groups and an advice service for clinicians when patient queries were more complex.

The Council, for 2020/2021, had introduced an initiative whereby all staff, including those in both maintained schools and academies, were offered a flu vaccination.

Dr Banerjee concluded by reiterating the key message that everyone must continue to have their scheduled vaccinations, including the flu vaccination for those in an eligible group.

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

- The effectiveness of the Pilot Scheme for flu vaccination for County Council staff was discussed and whether it was likely to be rolled out for all local government staff, nationally. Although this was unknown, it was noted that the Council's Scheme would be evaluated and the findings shared
- In response to a question about the uptake of the shingles vaccine, it was noted that this was not as good as it should be, which may be as it was an opportunistic vaccine, i.e. people were not invited to have the vaccine but offered it by the GP when attending for other reasons
- Although anti-vaccine groups existed, it was less prevalent in England and there was generally a positive attitude towards vaccinations in Worcestershire. Survey results showed surprisingly high levels of support by parents and teenagers, with a good level of understanding that the NHS website, for example, was more trusted than other websites or social media
- Strategies were in place to dismantle some of the arguments and the negative impact of publicity, such as the Public Health England campaign on the value of vaccines. The Director of Public Health added that for Worcestershire, it was also important to engage with residents
- Concern over the combined MMR (measles, mumps and rubella) vaccine 15 years ago had resulted in some more affluent parents paying for single vaccines, however, there was significantly more trust now. Uptake of the MMR vaccine needed to rise. A recorded dip in 2018/2019 of the uptake at 2 years of age could not be explained, it was suggested that it could be as a result of a data error
- The human papillomavirus (HPV) vaccine was delivered in two doses through the school

**1000 Update on Restoration of Health Services and Improvements arising from New Ways of Working during COVID-19**

programme. Girls, and more recently boys, were invited twice, in Year 8 and Year 9

- As very little was known about the upcoming COVID-19 vaccine, people were forming their own opinions. The CCG was anticipating more information from central Government by the end of November.

The Chairman of Healthwatch Worcestershire was invited to comment on the discussion and reported that Healthwatch had received no concerns from families about childhood immunisations. He referred to a 2019 Healthwatch report on screening and immunisations which would be shared with the Committee.

Healthwatch was aware of residents aged 50+ asking when they would be able to receive the flu vaccination. A national decision was awaited, however, it was understood that the programme would be delivered through GP practices and community pharmacies, from early December. Depending on demand, it may need to be delivered on a cohort basis.

Attending for this Item were:

Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

Mari Gay, Managing Director (Worcestershire)

Worcestershire Acute Hospitals NHS Trust (WAHT)

Matthew Hopkins, Chief Executive

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)

Sue Harris, Director of Strategy and Partnerships

Mari Gay reminded Members that they had received regular reports, most recently on 30 September, updating them on the restoration of health services across Worcestershire.

Members were led through the presentation, attached to the Agenda, with a reminder that at the beginning of the COVID-19 pandemic, there was a national directive to cease non-urgent services and then more recently a drive to restore services, whilst maintaining COVID-19 safety measures. The challenges involved were immense, however, there were also opportunities to work differently. Patient numbers were now back to near normal levels, with a slight increase in mental health referrals. Across the whole system around 90% of

services were being delivered, which was a national target.

As the COVID-19 second wave was in progress, further challenges to the restoration of services were expected, especially as the number of COVID-19 cases in the County were rising. The number of endoscopy procedures able to be carried out was reduced and therefore wait times had increased. Likewise, patients waiting for non-urgent treatment, especially those waiting over 52 weeks, would also be impacted. The CCG continued to work with the independent sector, although the central Government contract would now cease nationally on 21 December 2020, rather than March 2021 as originally expected. Locally, commissioners were hoping to engage for a further six months with the independent sector as their services were vital to maintaining the restoration phase.

Assessing WAHT bed capacity was complicated and changed on a daily basis, however, as an example, there were 71 COVID-19 positive patients earlier that day, with a number waiting for results and a number of beds needing to be kept empty to accommodate patients in the case of admission. During the first wave of COVID-19, earlier in the year, on a particular day, there were 141 COVID-19 positive patients, taking up the equivalent of 309 acute beds. Currently, around 250 beds were required, which was approximately 2/3 of what was required in Wave 1. Furthermore, on day 45 of Wave 1, there were less patients than on day 45 of Wave 2, which suggested that Wave 2 would be longer.

There was concern over the number of positive cases, especially in the north of the County and WAHT would potentially find it difficult to maintain non-urgent services. Some West Midlands NHS Trusts had already ceased elective surgery again. One key issue for elective surgery was the number of anaesthetists available, as they were needed in the Intensive Care Unit (ICU). WAHT was currently using its surge facility, with 15 patients in ICU that day.

Matthew Hopkins referred to page 5 of the agenda report (September in numbers) and highlighted some of the statistics, for example, numbers of appointments, Accident & Emergency (A&E) attendances, diagnostics and operations. At that time, the average length of stay in hospital was 4 days. There had also been an improvement (compared to other Trusts) in October of the number of patients waiting more than 4 hours in A&E,

compared to September. Maternity services had also been under pressure during the month, mainly due to workforce availability and known high numbers, with 441 births.

Residents were urged to 'Think NHS 111 First' to ease pressure on A&E and Members were asked to highlight this message.

WAHT had introduced a Recovery & Reset Programme, which would be embedded over time, however, workforce flexibility and digital innovations had already helped enormously. WAHT had set aside £4.9m for technology infrastructure and work was already underway, with some grant funding due.

During the discussion, the following key points were made:

- Members were very grateful for the courage and dedication of NHS Staff and thanked everyone for their efforts during the very challenging time
- Of the 71 COVID-19 positive patients that day, 42 were at Worcestershire Royal Hospital and 29 were at the Alexandra Hospital in Redditch
- There had been 1,500 new cases over the last 7 days, with the rise in numbers aged 60+ extremely worrying
- Longer endoscopy wait times was due to the requirement of full personal protective equipment (PPE) being required for staff when undertaking aerosol generating procedures, which in turn affected overall capacity. Additionally, staffing numbers had been affected. Although extra capacity was put in during 2019, the impact of COVID-19 measures had resulted in 6 to 8 endoscopies being carried out in a clinical session, rather than the usual 12. Evesham Community Hospital was currently in use and further sites were being considered, however, staffing would continue to be a constraint
- Concern was raised about delays in cancer diagnostics, with some Members reflecting on individual stories. The concerns were shared by WAHT, however, Members were reminded that in March, a national directive was given to all NHS organisations to cease all non-urgent services. Data suggested that the backlog would take 12 to 18 months to return to pre-pandemic levels
- Residents who were concerned about delays or had queries were encouraged to contact the

Patient, Advice and Liaison Service (PALs) and were also urged to make contact with their GP or their Consultant if they experienced new symptoms or a deterioration

- Members appreciated the overview of September 2020, however asked for comparative figures for other months, something which the Chief Executive agreed to provide
- Nationally, there was an expectation to restore 90% of pre-pandemic activity
- To stress the challenges ahead, it was reported that in February 2020, no patient was waiting over 52 weeks for an operation and less than 12 were waiting over 40 weeks (against the 18 week target), however, based on current data, the number of patients needing to wait 52 weeks could be 2,000 by March 2021
- WAHT vacancy rate was dropping, currently 8%, with less than 12% turnover. The work with Worcester University was seen to be crucial for the future, although physical space on the hospital sites would continue to be a challenge.

Sue Harris referred to the agenda report in relation to HWHCT, where restoration of services was currently at 90%. Digital innovations were ongoing. Patient feedback around what worked well was important and although video contact would continue, face to face contact was preferred for first assessments. Promotion and marketing of the 'Now We're Talking for Healthy Minds' campaign had resulted in 1,200 self-referrals.

The Community Mental Health Transformation programme, covering around 50% of Worcestershire, launched on 1 October rather than 1 April.

The predicted surge of referrals to the Child and Adolescent Mental Health Service (CAMHS) had yet to occur, however, referrals were currently at pre-pandemic levels. There were no waiting time issues for CAMHS.

The Community Paediatrics service had seen a significant rise in referrals and although there was no current waiting time, it was suggested that there could be a capacity issue in 3 to 4 months.

HWHCT was in daily contact with health colleagues to manage services across the County, with options to deliver additional services from community hospitals where possible. In addition, the Neighbourhood Teams were working closely with paramedics to provide home



support rather than conveyance to hospital

HWHCT that day had 8 COVID-19 positive patients across 3 sites and all Community Hospitals were open, supporting residents to 'Think NHS 111 First'.

In response to a query whether patients required an appointment for A&E, it was explained that there had been some use of this in the County, however, there was no national campaign at present.

Representatives from Healthwatch Worcestershire were invited to comment on the discussion and made two main points:

- Healthwatch surveys continued to show a variance in access to a GP across the County
- The presentation and discussion were a fair reflection of the real challenges facing the NHS.

The HOSC Chairman asked those present whether there was a feeling of when the Wave 2 peak in COVID-19 cases would be, to be informed that the Acute Trust was potentially expecting their peak to be w/c 29 November 2020, however, in Wave 1 the peak was earlier than predicted.

The Director of Public Health added that the health system was monitoring the situation on a daily basis and that the coming weeks would depend on the actions of residents. Key messages had not changed and were for everyone to limit contacts, adhere to social distancing and to wash their hands frequently.

When asked what would be most helpful, the WAHT Chief Executive echoed all the key messages and encouraged people to follow all of the guidelines, to not go out or go to work if symptomatic and to book a test. If eligible, residents should also have the flu vaccination. In addition, if residents felt unwell, or had other health concerns, then not to delay in reporting to the GP or Consultant.

The HOSC Chairman thanked everyone present for a very helpful update in very difficult times and on behalf of Members, thanked all NHS staff.

In view of Cllr Rayner no longer being a HOSC Member, Cllr Rogers volunteered to take on the Lead Member role for West Midlands Ambulance Service University NHS Foundation Trust, which the Committee endorsed.

**1001 Health Overview  
and Scrutiny  
Round-up**

**1002 Work  
Programme  
2019/20**

Members had nothing to add at this time.

The meeting ended at 3.15 pm

Chairman .....