

# Agenda

## Health Overview and Scrutiny Committee

**Monday, 16 November 2020, 1.30 pm**  
**County Hall, Worcester**

Due to the current COVID-19 pandemic, Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Please note that this is a public meeting, conducting remotely by videoconferencing between invited participants and live streamed for general access via a link on the Council's website to the Council's **Youtube Channel**

The Agenda papers and background papers can be accessed electronically on the Council's website. Members of the public and press are permitted to report on the proceedings.

**All County Councillors are invited to attend and participate**

# DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

## WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

## WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

## WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

## WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

## DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

## DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## Health Overview and Scrutiny Committee Monday, 16 November 2020, 1.30 pm, County Hall

### Membership

**Worcestershire County Council** Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr C B Taylor

### District Councils

Mr M Chalk, Redditch District Council  
Ms C Edginton-White, Wyre Forest District Council  
Dr J Gallagher, Malvern Hills District Council  
Mr M Johnson, Worcester City Council  
Mrs F Smith, Wychavon District Council  
Mrs J Till, Bromsgrove District Council

### Agenda

Item No	Subject	Page No
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> Members of the public wishing to take part should notify the Assistant Director for Legal and Governance in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 13 November 2020). Enquiries can be made through the telephone number/email address below.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
5	<b>Vaccination Schemes</b>	1 - 8
6	<b>Update on Restoration of Health Services and Improvements arising from New Ways of Working during COVID-19 – to follow</b>	
7	<b>Health Overview and Scrutiny Round-up</b>	9 - 10
8	<b>Work Programme 2019/20</b>	11 - 14

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Friday, 6 November 2020

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **16 NOVEMBER 2020**

## **VACCINATION SCHEMES**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed on the effectiveness of vaccination/immunisation schemes, which is part of the Committee's work programme.
2. This report provides a status report on childhood and flu vaccinations in Worcestershire and aims to provide assurance that all partners are working together to ensure good protection against flu and other vaccine preventable diseases.
3. Representatives have been invited from NHS England and NHS Improvement (NHSEI), as well as from the Council's Public Health Team and Herefordshire and Worcestershire Clinical Commissioning Group (CCG).
4. The objectives of the report are to:
  - a. Describe the NHS commissioned immunisation programme including roles and responsibilities and the range of providers involved
  - b. Review performance concentrating on the routine childhood immunisation and flu programmes
  - c. Describe local initiatives to improve uptake, quality and safety

### **Background**

5. Worcestershire has higher childhood and flu immunisation uptake than the England average. There is a local and national small but sustained drop in childhood immunisation uptake over several years. This is complex to explain, and a multi-faceted approach is required.
6. The importance, safety and effectiveness of vaccines must be communicated to parents to counteract the anti-vaccination movement and disinformation on social media.
7. Providers must offer immunisation services in a culturally aware and highly accessible way, making it clear that a COVID safe environment is being provided. All stakeholders need to work together to promote immunisations.

### **Overview**

8. The World Health Organisation says that "the two public health interventions that have had the greatest impact on the world's health are clean water and vaccines".
9. The NHS provides free vaccinations against many diseases in childhood,

adolescence, adulthood, pregnancy and older age. The aim is to prevent illness and death associated with infectious disease. Immunisation also helps reduce the capacity pressures on NHS treatment services and is a key winter plan intervention.

10. Some immunisations are given routinely to everyone whilst others are targeted to those most at risk. The immunisation schedule is summarised in Appendix 1. It protects against many potentially dangerous diseases including measles and flu.

11. Pre-school immunisations are provided by GP practices at 5 scheduled appointments between 8 weeks and 3 years 4 months of age. School Age Immunisation Services (SAIS) provide further immunisations to teenagers in school Year 8 and 9. Vaccination UK is the SAIS provider for Worcestershire.

12. The aim is to achieve 95% uptake in the childhood immunisation programmes so that 'herd immunity' is achieved which is the level of uptake where outbreaks are unlikely to occur or be sustained.

13. Flu immunisations are provided by GP Practices, Community Pharmacies, Maternity Services, NHS Trusts (for staff and patients) and SAIS providers (Table 1). Most vaccinations are delivered between September and December each year.

14. The responsibility to immunise Health Care Workers (HCWs) and Social Care Workers (SCWs) rests with employers due to health and safety responsibilities. Employers should organise and pay for free flu immunisations for HCWs with direct patient contact and Social Care Workers with direct patient contact. There is limited free NHS provision for HCWs and SCWs, but this is complementary to employer schemes and does not replace employer responsibilities.

**Table 1: Flu immunisation provider for different flu eligible groups (2020/21)**

Flu Eligible group (2020/21)	Provider			
	GP	Pharmacy	Maternity	SAIS
<b>Aged 65+</b>	X	X		
<b>18-64 with at-risk condition</b>	X	X		
<b>6 months to 17 with at-risk condition</b>	X			
<b>Pregnant women</b>	X	X	X	
<b>2-3 year olds</b>	X			
<b>School Year: Reception to Year 7</b>	X (if at-risk)			X
<b>50-64 (to start in November 2020)</b>	X	X		
<b>Health and social care staff employed by:</b> <ul style="list-style-type: none"> <li>• employed by residential care/nursing home</li> <li>• employed by domiciliary care provider</li> <li>• employed by voluntary managed hospice provider</li> <li>• employed through Direct Payments and/or Personal Health Budgets to delivery domiciliary care</li> </ul>	X	X		

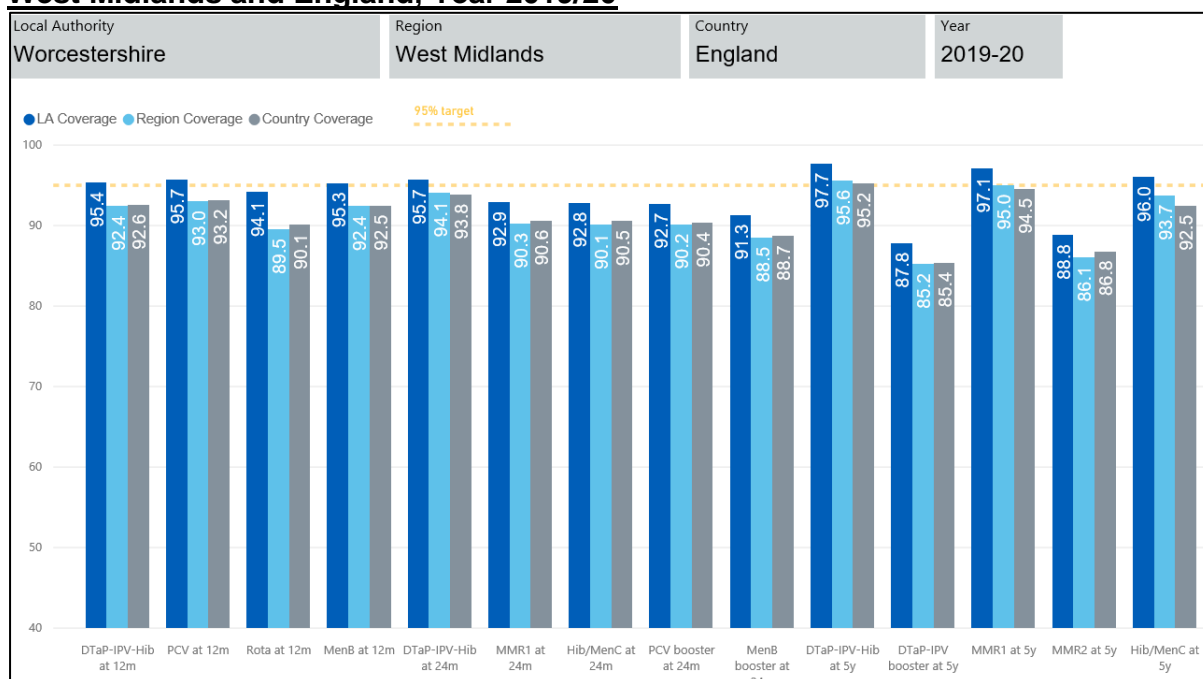
15. Most NHS commissioned immunisations are commissioned by NHSEI. CCGs play an important part in primary care quality and performance. Local Authorities have an important role in system leadership, promoting vaccination (health promotion), community engagement (vulnerable groups, schools etc) and ensuring Health Visitors and School Nurses help to improve uptake. They also have a role in flu immunisation for the social care workforce and to the care and nursing home sector.

16. In Worcestershire Health Visitors and School Nurses check the immunisation status of children, promote vaccination uptake, provide information to parents and carers and support them to have their children vaccinated.

### Childhood Immunisation and Flu Performance

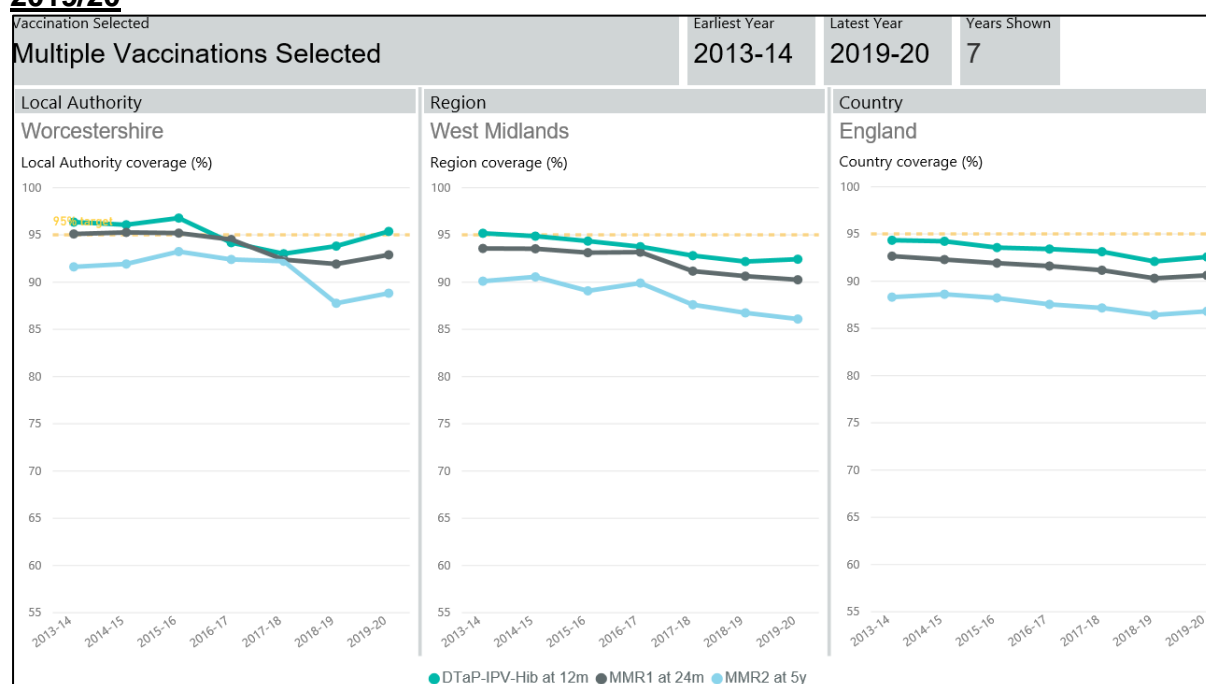
17. Immunisation uptake is measured at 1, 2 and 5 years of age with the latest annual results relating to 2019/20. Figure 1 shows that childhood immunisation uptake in Worcestershire is consistently higher than for the region or England as a whole. It generally achieves the 95% herd immunity target at 1 year of age but not at 2 or 5 years of age.

**Figure 1: Childhood Immunisation coverage for Worcestershire, compared to West Midlands and England, Year 2019/20**



18. Figure 2 shows that there has been a slow but sustained drop in childhood immunisation uptake locally and nationally over the last few years. MMR uptake at 2 years of age did drop significantly in Worcestershire in 2018/19 but recovered partially in 2019/20.

**Figure 2: Childhood immunisation uptake over time in Worcestershire 2013/14 to 2019/20**



19. Flu uptake in Worcestershire in 2019/20 was higher for all GP eligible groups than for England as a whole, although the national ambitions were not achieved. The national ambitions are very high this year at 75% for most cohorts. Although no 2020/21 figures are yet published, unpublished data suggest that uptake for Herefordshire and Worcestershire (no published Worcestershire only figures available, but information is monitored weekly by Clinical Directors) is higher than this time last year and amongst the highest in the whole of the Midlands.

**Table 2: Flu immunisation uptake: Worcestershire and comparators, 2019/20**

Cohort	% Uptake		National ambition, %	
	Worcestershire	ENG	2019/20	2020/21
<b>65+</b>	74.8	72.4	75	75
<b>&lt;65 at-risk</b>	50.7	44.9	55	75
<b>Pregnant</b>	50.1	43.7	55	75
<b>Age 2/3</b>	52.6	43.8	50	75
<b>Reception – Year 6</b>	69.4	60.3	65	75
<b>WAHT HCWs</b>	80.3	74.3	N/A	STP target 90%
<b>WHCT HCWs</b>	90.8	74.3	N/A	STP target 90%

### Impact of COVID

20. Practices have continued to offer childhood immunisations during the COVID pandemic so there is no 'backlog' of children who have not been offered GP immunisations. Parents were less likely to attend at this time than normally however



and so uptake this year risks being lower than previous years. It is difficult to estimate the impact of the pandemic because of the way that the data is collected – robust figures will not be available until around June 2021. However, we have undertaken a bespoke analysis which suggests that uptake in Herefordshire & Worcestershire (no Worcestershire only figures are available) may be down around 9% this year so far compared to around 10% down for the West Midlands as a whole. Children who did not attend their GP immunisations automatically get an automatic second invite and can present at any time to the practice to be immunised.

## **NHSEI Initiatives**

21. NHSEI has several initiatives to improve uptake, quality and safety.

22. All Midland GP practices were invited to join a scheme that rewarded them for:

- d. following up children who had repeatedly failed to attend immunisations
- e. developing robust protocols to ensure that vulnerable patients including those with sickle-cell disease were being offered essential vaccinations such as PPV23 (polysaccharide pneumococcal vaccine)
- f. encouraging sign up to a data system that ensured that childhood immunisation records were up to data

23. This scheme is due to end in 2020 and will then be evaluated afterwards.

24. A new domiciliary neonatal Hepatitis B service has been recently introduced in Worcestershire, for babies born to Hepatitis B positive mothers. This service, provided by a specialist community team, will visit the infant's own home to deliver two of the required Hepatitis B vaccine doses. The other doses are delivered by the GP alongside other vaccines. The timeliness of Hepatitis B vaccination for these is vital in reducing their likelihood of developing chronic Hepatitis B infection, which can lead to cancer and premature death in later life. This service provides vaccination for these babies in a timely manner in the comfort of their own home.

25. NHSEI has commissioned a 2020/21 GP scheme to support practices to send tailored flu invitation letters to their most vulnerable at-risk patients. The tailored letters have been produced using behavioural insights methodology and in a previous local pilot supported around a 4% increase in flu vaccination uptake in some groups.

26. There is a clinical advice service for immunisation providers hosted by Public Health England (PHE) staff that supports doctors and nurses with queries and incidents and helps empower clinicians to promote immunisations and answer patient queries.

## **Local Authority Initiatives**

27. Worcestershire County Council (WCC) is this session running a pilot of influenza vaccination for staff. All WCC staff who are not eligible for vaccination through the NHS are entitled to a vaccine through the programme. This included staff at WCC maintained schools and academies across Worcestershire. Front line staff are being prioritised through 8 on site clinics across the county, other staff and staff at maintained schools and academies will be able to access vaccination through booking directly with community pharmacies.

## **Purpose of the Meeting**

28. Members are invited to consider and comment on the information discussed on the effectiveness of vaccination schemes and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage

## **Supporting Information**

Appendix 1 – Childhood Routine Immunisation Schedule

## **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

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## **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- NHS website 'NHS vaccines and when to have them': [NHS website](#)

## Appendix 1 - Childhood Routine Immunisation Schedule

Routine childhood immunisations			from June 2020	
When	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO <sup>2</sup> or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group <sup>1</sup>	Influenza (each year from September)	Live attenuated influenza vaccine LAIV <sup>2, 3</sup>	Fluenz Tetra <sup>2, 3</sup>	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Repevax or Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO <sup>2</sup> or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm

1. See Green book chapter 19 or visit [www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) or [www.nhs.uk/conditions/vaccinations/child-flu-vaccine/](http://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/)

2. Contains porcine gelatine.

3. If LAIV (live attenuated influenza vaccine) is contraindicated and the child is in a clinical risk group, use inactivated flu vaccine.

### Selective childhood immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old <sup>1,2</sup>	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country <sup>3</sup>	At birth	Tuberculosis	BCG
At risk children	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1. Take blood for HBsAg at 12 months to exclude infection.

2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.

3. Where the annual incidence of TB is  $\geq 40/100,000$  – see [www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people](http://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people)

For vaccine supply information for the childhood programme please visit [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk) and check vaccine update for all other vaccine supply information.



The safest way to protect children and adults



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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **16 NOVEMBER 2020**

## **HEALTH OVERVIEW AND SCRUTINY ROUND-UP**

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### **Summary**

1. To receive a round-up of information on:
  - County Council activities in relation to health
  - District Council activities in relation to health
  - NHS Board meetings
  - Consultations in Worcestershire
  - Urgent health issues in Worcestershire; and
  - Items for future meetings of the Health Overview and Scrutiny Committee

### **Background**

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

### **County Council Activities in Relation to Health**

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each HOSC.

### **District Council Activities in Relation to Health**

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

## **NHS Board Meetings**

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each HOSC.

## **Consultations in Worcestershire**

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

## **Urgent Health Issues in Worcestershire**

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

## **Items for Future Meetings**

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

## **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to this report:

- Worcestershire County Council Procedural Standing Orders, May 2017 [which can be accessed here](#)

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**16 NOVEMBER 2020****WORK PROGRAMME 2020-21**

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**Summary**

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

**Background**

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The suggested 2020/21 Work Programme has been developed by taking into account issues still to be completed from 2019/20, the views of HOSC Members and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
  - Local NHS bodies and health services (including public health and children's health)
5. The overall scrutiny work programme was discussed by OSPB on 22 July and agreed by Council on 10 September 2020.

**Dates of Future Meetings**

- 27 January 2021, 10am
- 10 March 2021, 10am
- 7 July 2021, 2pm
- 23 September 2021, 10am
- 3 November 2021, 2pm

**Purpose of the Meeting**

6. The HOSC is asked to consider the 2020/21 Work Programme and agree whether it would like to make any amendments. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.

**Supporting Information**

- Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2020/21

## **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- [Agenda and Minutes of Council on 10 September 2020](#)
- [Agenda and Minutes of OSPB on 22 July 2020](#)



## 2020/21 SCRUTINY WORK PROGRAMME: Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
16 November 2020	Vaccination Schemes		
	Update on the quality of acute hospital services		Requested at 30 September 2020 meeting
	Monitoring temporary service changes made as a result of COVID-19 response – including demand and capacity planning for unmet needs and preparedness for winter pressures in light of COVID-19		

**Possible future items**

TBC	Mental Health Services (all ages) including Post-Traumatic Stress Disorder resulting from COVID-19		Requested at 18 June 2020 meeting
Ongoing	Learning and new ways of working from COVID-19		Requested at 18 June 2020 meeting
Ongoing	Monitoring temporary service changes made as a result of COVID-19 response – including demand and capacity planning for unmet needs and preparedness for winter pressures in light of COVID-19		Requested at 18 June 2020 meeting
Before April 2021	Health and Wellbeing Strategy (effective April 2021) including how the Strategy tackles health inequalities identified in the Joint Strategic Needs Assessment (JSNA)		Requested at 18 June 2020 meeting
TBC	Public Health – the new Health and Wellbeing Board Strategy and the areas being given extra focus from the use of reserves and how Public Health was responding in comparison with other councils		Requested at 30 September 2020 meeting

March 2021?	Update on End of Life Care and ReSPECT	30 September 2020	
TBC	Midlands Renal Review		
TBC	Onward Care Team – follow up on progress made		Suggested at 2 March 2020 meeting
TBC	Developments in admission avoidance measures		Suggested at 2 March 2020 meeting
TBC	Recruitment and development of staff in the health sector		
Ongoing	STP - ongoing workstreams (including updates on Neighbourhood Teams and Maternity Systems) / communication strategies / structure and governance (balance between the 2 Counties) / role of community hospitals / capital programme / capacity	November 2018 (member briefing) 29 January 2018	
Standing Items	Substantial NHS Service Changes requiring consultation with HOSC Performance Monitoring (Public Health) and In-Year Budget (Public Health Ring Fenced Grant) Monitoring Budget Scrutiny HOSC Round Up NHS Quality Accounts Quality and Performance of the Acute Hospitals (including capacity and preparations for winter pressures) West Midlands Ambulance Service Annual Update	Jan/March/July/Sept/Nov	