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Health Overview and Scrutiny Committee
Wednesday, 30 September 2020, Online only - 2.00 pm

Minutes

Present:

Mr P A Tuthill (Chairman), Ms P Agar, 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, Dr J Gallagher, Mr M Johnson, Mrs F Smith and Mrs J Till

Also attended:

Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing
Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Dr C Marley, Herefordshire and Worcestershire Clinical Commissioning Group
Julia Neale, Herefordshire and Worcestershire Clinical Commissioning Group
Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust
Rebecca Bourne, Worcestershire Acute NHS Trust
Sue Harris, Worcestershire Health and Care NHS Trust
Matthew Hall, Worcestershire Health and Care NHS Trust
Claire Curtis, Worcestershire Health and Care NHS Trust
Simon Adams, Healthwatch Worcestershire
Peter Pinfield, Healthwatch Worcestershire

Dr Kathryn Cobain (Director of Public Health), Maria Idoine (Senior Finance Business Partner), Samantha Morris (Scrutiny Co-ordinator) and Emma James (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 20 July 2020 (previously circulated).

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

984 Apologies and Welcome

The Chairman welcomed everyone to the meeting and explained the arrangements for meetings taking place online.

Apologies had been received from Committee member Bob Brookes.

985 Declarations of

Cllr Frances Smith declared a interest in Item 9 (Performance and In-Year Budget Monitoring) as her

	Interest and of any Party Whip	husband was the Cabinet Member with Responsibility for Health and Wellbeing.
986	**Public Participation**	None.
987	**Confirmation of the Minutes of the Previous Meeting**	The Minutes of the Meeting held on 20 July 2020 were agreed as a correct record and would be signed by the Chairman.
988	**Vice Chairman**	The Chairman advised that Cllr Frances Smith had been put forward by the Committee's District Council members to continue in the role of Vice-Chairman, and this nomination would now be put forward to Council on 12 November for approval. The Chairman congratulated Cllr Frances Smith.
989	**End of Life Care and ReSPECT**	In attendance for this item were: <u>NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)</u>: Dr Clare Marley, Medical Director Julia Neal, Programme Lead for End of Life Care <u>Worcestershire Health and Care NHS Trust</u>: Claire Curtis, Clinical Director for Specialist Palliative Care Services Dr Marley, Medical Director at Herefordshire and Worcestershire CCG summarised the Agenda report and explained that she had worked as a GP in Wyre Forest for over 9 years with particular interest in end of life (EOL) care. In April 2019 an End of Life Care workstream was set up across the Herefordshire and Worcestershire Sustainable and Transformation Partnership (STP) to ensure a focus on care across the two counties. It was fortunate that Worcestershire already had in place a very good network. The need for collaborative working had been recognised and a workshop attended by representatives from the health, care and voluntary sector had reviewed good practice and identified areas for improvement including: • increased and early identification of people who wold benefit from EOL support and care planning

- high quality care for people at EOL, their families and carers in every setting
- accessible, coordinated and digitally-enabled palliative and EOL services for all patient groups
- an appropriately skilled workforce
- high quality bereavement support and information
- an embedded ReSPECT process.

Examples of specific actions taken to address the priorities identified included:

- promoting identification of those living with severe frailty, recognising their vulnerability to acute deterioration in health, and potentially higher risk of hospital admission and death – work took place to utilise GP practices' registers of patients with severe frailty, which gave an opportunity to proactively identify such patients and offer personalised care planning
- work with Neighbourhood Teams to ensure proactive review of patients at risk of acute deterioration
- a quality improvement workshop for GPs, which allowed practices to review how patients were identified and personalised care planning discussions.

Monitoring patient and carer experiences was fundamental to improving EOL Care, and a number of approaches had been taken – one example was the enhancement of local GP contracts with an EOL component which meant practices could take additional actions such as reviewing every death, expected and unexpected. Other examples included mortality reviews of patients dying within 48 hours of attending an Emergency Department and a workshop to identify learning to support patients out of hours.

The COVID-19 pandemic had necessitated a shift in focus to ensure increased demand could be met. An End of life COVID response group had been set up, which had proved invaluable in the rapid development of guidance to support patients. Hospitals had been given additional funding to increase capacity for bereavement support and St Richards Hospice had played an important role in providing education to care home staff.

Summing up, the Medial Director explained that a refocus on the Personalised End of Life Care Strategy was now taking place, to include some additional priorities to reflect on learning identified, including from experiences

during COVID, which had revealed some very positive elements of care, but also some fragmentation, in particular for out of hours care. The additional priorities included:

- a 24 hour/7 day week single point of access to support and advice
- education and training on communication and clinical skills to improve timely recognition of dying, promoting personalised care and advanced planning discussions
- review of access to hospice at home and transitional services for children
- shared access to electronic patient information
- embedded ReSPECT process across all care providers

Some further detail about the ReSPECT programme was provided. The recommended summary plan for emergency care and treatment created a personal plan for conversations between the person, their families and health professionals about what mattered most to them and was realistic for their care. Increasingly, the process was being adopted across the UK and positively, Worcestershire was an early adopter and the CCG had recently allocated further funding and a further project manager. Having rolled out the project, the focus of work was now to continue the increased number of EOL conversations taking place.

The Chairman invited discussion and the following main points were made:

- The Chairman highlighted the sensitivity involved in initiating the EOL process to a patient, which was acknowledged by the Medical Director, who also advised that in general the clinician would have an established relationship with the patient, and that many patients valued the opportunity to talk about their wishes.
- When asked how the EOL process worked with patients not in the system, for example a sudden accident, the representatives advised that all care providers had the necessary form so that clinicians were equipped to have the necessary conversations. In general, it was important to encourage EOL conversations to take place before the crisis point.
- A HOSC member asked where the single access point was and how it worked and was advised that this was currently at the point of early discussion.

- A HOSC member sought further detail about EOL scenarios and discharge processes for example for someone being diagnosed from hospital, and she also sought further detail about the 90 day EOL survey. It was agreed that the Personalised End of Life Care Strategy would be circulated, which provided further detail.
- A HOSC member asked whether anything had been done about changes to funding streams if a patient was transferred from a health to a social care setting, which the Medical Director undertook to check.
- Cllr Agar reported that her own recent experiences of EOL care whilst caring for her husband, had been a long way from what had been outlined. She had not been informed that EOL conversations with her husband had taken place and understood that the conversation had been insensitive. She was unaware of bereavement support. Overall, the lack of overnight support, communication and reassurance meant she could not sleep and did not feel in control of the process. The Medical Director thanked the member for sharing her experiences of this very distressing time and requested the opportunity to follow this up after the meeting. She acknowledged the need for control and somewhere to go to and would look into wider promotion of a leaflet about bereavement support.
- Dr Curtis, Consultant in Palliative Medicine acknowledged that Cllr Agar's experiences were very illustrative of the support needed for families who were caring for a family member at home. She explained that EOL experiences had been affected by COVID-19, therefore though overnight care was very important, at the moment hospital overnight care was not provided - care agencies could provide this, but it was an area of ongoing consideration. The importance of working with families was acknowledged and that there was more work to do.
- The Health and Care Trust representative pointed out that the ReSPECT process was essentially an emergency process plan which everyone could initiate at any time.
- A HOSC member asked about planning for hospice capacity and how care homes were being involved in the ReSPECT process, and was advised that a lot of work had taken place, including follow-up with care homes where

residents had been inappropriately taken to hospital; during COVID-19 - significant progress had been made in this area.

- The Chairman asked whether the progress made through working with care homes had relieved some of the pressure of inappropriate ambulance call-outs and was advised that overall, systems were working and interacting differently, and that staff feedback had been positive about how learning had developed.
- In response to a query from the Chairman, the CCG representative advised that as far as they were aware, every GP practice had signed up to the enhanced contract element, with very positive engagement.
- A HOSC member sought assurance that EOL patients would be placed in appropriate hospital wards, which had not been the experience of his own relative, and the Medical Director agreed that transitions were a very important stage and she would escalate these comments.
- Cllr Taylor expressed concern about an incident where the response he had received about a relative's care had been far swifter once he had declared he was a councillor, than enquiries he had made solely as a relative.
- A HOSC member asked where ReSPECT forms should be kept and whether they were hard copies or also available electronically, and was advised that it was important they were kept at home so that they were available for ambulance staff, however forms were also kept on GP records and GPs were encouraged to share electronic records with ambulance and out of hours services. The representatives advised that ensuring all organisations had access to ReSPECT forms through electronic records still represented a challenge, and the Committee asked to be kept updated about progress.
- Regarding a single point of contact, a member asked whether the 24/7 lifeline system in Redditch been considered, which was noted by the representative's present.
- The Chairman queried the simplicity of the ReSPECT form, and was advised that it was important to strike a balance between setting out an individual's wishes whilst being very clear to ambulance crews and to family members, and also to capture that the EOL conversations around the form, which were important, had taken place. For someone completing a form, it was important

that this was part of more detailed conversations with a health professional
- The Programme Lead explained the need to reflect the changing needs of patients with long term health conditions was being incorporated into the process.

The Chairman thanked everyone for their input. The Vice-Chairman suggested it would be helpful to have an update in six months' time on further work to advance the progress so far and it was hoped that this would also reflect the Committee's comments.

The representatives present undertook to provide the following information:

- further detail of the Personalised End of Life Care Strategy
- information on costs when a patient transferred between health care and social care services
- Contact details so that members can feedback learning points from members of the public
- CCG to follow up points raised by Cllrs Agar and Taylor
- Update on EOL Care in six months' time.

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

In attendance for this item were:

<u>NHS Herefordshire and Worcestershire Clinical Commissioning Group</u>:
Mari Gay, Managing Director

<u>Worcestershire Acute Hospitals NHS Trust</u>:
Matthew Hopkins, Chief Executive
Becky Bourne, Head of Communications

<u>Worcestershire Health and Care NHS Trust</u>:
Matthew Hall, Chief Operating Officer
Sue Harris, Director of Strategy and Partnerships

<u>Healthwatch Worcestershire</u>
Peter Pinfield, Chairman and Simon Adams, Managing Director

The Chairman welcomed everyone and congratulated Worcestershire Acute Hospitals Trust (the Acute Trust) on emerging from special measures and invited comment from the Chief Executive. The Chief Executive explained that the Care Quality Commission had recommended the organisation come out of special measures the previous September following its inspection in May/June, but only

once a system-wide package had been put in place to ensure continued improvement. The NHS Improvement Senior Committee had signed off this recommendation, which was very good news for staff and patients and he also thanked all the Trust's stakeholders for the part they had played, although there was more work to do.

Mari Gay, Managing Director of Herefordshire and Worcestershire Clinical Commissioning Group (CCG) referred to the presentation included in the Agenda which set out the temporary service changes made to allow services to be managed against COVID predictions and provided an update since the previous two updates to the HOSC on the guiding principles for future planning and services provided by the Acute Trust, the Health and Care Trust) and Primary Care.

<u>Guiding Principles</u>
The health system was now preparing for the future and in the case of a second surge of COVID, was in the better position of having early warning triggers and pre-agreed actions to take if required. However, this time it was planned to maintain more services than previously and the guiding principles were to:

- Limit the risk of transmission of the virus to patients and staff, routinely using alternatives to face to face consultations where this was clinically possible and acceptable to service users
- Enable clinicians to restore many of the services paused in response to phase 1 so that the amount of cancer surgery, planned care and specialist diagnostic activity was increased
- Give confidence to the local population that healthcare settings were safe.

It would be important to maintain core essential services, cancer services, some diagnostic services and high category elective care such as urgent surgery, whilst restoring patient confidence to come forwards.

<u>Worcestershire Acute Hospital Trust</u>
Most face to face outpatient appointments had been suspended and independent sector hospitals (Spire, BMI, Dolan Park) were being used for elective surgery. It was pointed out that screening for breast, bowel and aortic aneurysms previously suspended nationally, had now resumed.

There had been some challenges in achieving 100% restoration of services because of COVID restrictions and

extra measures needed to prevent infection which therefore reduced capacity.

Whereas urgent surgery had been maintained, elective care (planned surgery) had been suspended over 3-4 months, therefore nationally there would be long waits. Public confidence was another obstacle resulting in some members of the public deferring treatment, although as much reassurance as possible was being given.

Primary Care

As per national guidance to minimise risks to staff and patients during COVID-19, there remained the ability to offer online and video consultations across all practices in Worcestershire to ensure services were sustained. NHS 111 could also book appointments into all GP practices from Monday to Friday. On 14 September national guidance reiterated that Primary Care was required to ensure:

- clear information for patients about how to access services, that encouraged patients to consult where necessary and that face to face care remained available when clinically appropriate
- No practice should suggest that it was closed or that face to face appointments were not available
- Adjustments should be in place to ensure those who found it difficult to engage in virtual consultation were able to access appropriate care.

Worcestershire Health and Care Trust Update

The Health and Care Trust was working to restore services to near normal levels and following an audit of all locations, all were able to offer services. Face to face appointments had continued to be available throughout the COVID-19 period based on clinical need and patient preference and most services had settled into a mix which was sustainable. Some services had remained largely face to face with appropriate PPE for example podiatry, whereas other services had adapted strongly to new ways of working, for example 40% of consultations for Children and Adolescent Mental Health Services were now via video link with very good feedback.

A 24hour/7 day week access line for mental health enquiries had been made available through the website and the 50% increase in enquiries during COVID provided confidence that people were seeking advice.

Community hospital usage had changed slightly during

COVID-19 as due to national discharge requirements people had been coming to them for sub-acute care and more reablement. Bed capacity had needed to be reduced slightly from 243 to 200 to accommodate social distancing, however capacity was now being restored. Child development centres had re-opened, planned respite for adults and children had resumed and this week the two MIUs previously closed had reopened, with the option of booking through NHS111.

The Health and Care Trust was confident in achieving 100% restoration of Mental Health Services, and while initially some patients had wanted to defer treatment, activity levels were now up to pre-COVID-19 levels, and 40% of adult consultation was now face to face, having increased month on month from the previous level of 60%. Further work was taking place on how to respond to and plan for a potential surge in demand, although to date whilst there had been an increase in people experiencing anxiety and using the helpline, numbers with serious mental health concerns had not increased and this may be attributed to efforts to keep services as normal as possible compared to some areas in the region.

The Chairman invited discussion and the following main points were made:

- Several HOSC members emphasised how pleased they were that the Acute Trust was now out of special measures.
- The Chairman asked about capacity at the Acute Trust now that numbers of COVID-19 patients had reduced, what number of beds were now able to be used for elective work? The CCG representative confirmed that current bed numbers at the Acute Trust were 770 and explained that recently there had been very small numbers of COVID patients however, preparations were necessary for what may lie ahead. Commissioners were working hard to restore elective surgery but over the next few months a greater number of beds would need to be kept free, with use of the independent sector being key to maintain services. It was incredibly difficult to predict the future situation.
- The HOSC Chairman asked whether all capacity in the independent sector had been used and was advised that during the first part of COVID, it was all available as part of a national contract. A further contract in June/July enabled NHS to access 75% of the independent sector, the other 25% being for

private work. In Worcestershire, as much capacity as possible was needed and discussion was therefore ongoing between the CCG, the Acute Trust and the independent sector.

- A HOSC member reported positive experiences of accessing health services, but cautioned against overloading stretched outpatient services and raising public expectations since she had received a letter advising an appointment would be available by a specific date which upon enquiry was not possible – the CCG representative would report back this issue to inform future working.
- Clarification was sought on plans for opening hours at Kidderminster MIU by a HOSC member who was aware of some residents' confusion, and the CCG representative would verify this, but was aware that overnight provision was not currently possible.
- Another member was reassured by the changes to Primary Care since residents had notified her about out of hours provision in Kidderminster, with some having been directed to Sandwell hospital by NHS 111 or being unable to access Primary Care at weekends. The CCG representative explained that general primary care provision was Monday to Friday, however several out of hours options were available through NHS 111, including an out of hours GP – she would verify why some residents had been directed to Sandwell hospital as if other options were not appropriate then Worcestershire Royal Hospital or The Alexandra should be offered.
- The Chairman asked whether GPs had a list of patients who may struggle to engage in virtual consultation and what numbers were and the CCG representative emphasized that practices knew their patients and were getting the message out for them to contact the surgery if they needed to. Patient preferences depended on the individual practice, with some patients preferring face to face and others preferring remote consultation.
- A HOSC member asked about the volume of elective surgery being cancelled or moved to the independent sector and how this was being monitored and was reassured that monitoring took place through a harm review process. The national contract with the independent sector was in place until the end of November, and locally more than the 75% allocation had been used. The representative would need to check exact numbers of cancellations but she also pointed out that some were triggered by patients themselves due to lack of confidence.

- The Chairman asked whether continued envisaged use of the independent sector until March was around COVID-19 planning or to address backlogs of treatment and was advised that both were relevant.
- A HOSC member reported that from his own experiences of contact with his GP practice, a telephone appointment was the standard offer.
- A question was asked about monitoring unmet demand in order to know the scale and the potential problems ahead, and the CCG representative advised that the 52 week waiting list for elective care was already known to be a long wait. Modelling work was being done however scenarios could be very different therefore there was no exact answer yet – whilst appreciating the difficulties, the HOSC member suggested that a best/worst case scenario would help to manage patient expectations and the CCG representative would discuss this suggestion with communications colleagues.
- The representatives present from Healthwatch Worcestershire were invited to comment and Peter Pinfield (Chairman) explained that since the earlier updates on restoration of services, he had felt the need to verify that the changes being outlined mirrored the experience of the public, for example on access to GP services. Unfortunately, many themes and concerns raised by HOSC members had been echoed through Healthwatch's research data.
- Simon Adams (Managing Director of Healthwatch) referred to three Healthwatch publications during COVID-19, which had been positively received. The report on people's experiences of health and social care services had benefitted from nearly 2,500 survey responses. The other two areas of work had been to look at experiences of those with learning disability and autism and feedback from GP practices. Emerging themes included GP practice communication, fears around availability of future Mental Health Services and concerns about misdiagnosis through remote consultation. Lack of appointment times for GP consultation had been frustrating. The research indicated that patient experiences had not necessarily reflected the national and local CCG message that services were open for business, which was a concern. Overall experiences varied, which could be attributed to the different approach and resources of individual GP practices. Nonetheless, the NHS had responded well to Healthwatch's reports and health officers

were working hard to bring improvement.

- Commenting on the feedback from Healthwatch, the HOSC Chairman suggested that future work on the consistency of patient experience of GP access could be helpful, and the CCG representative highlighted that GP practices were being carefully monitored particularly around the availability of face to face consultation.
- Responding to the Healthwatch research, which included fears about access to Mental Health Services, the Health and Care Trust Chief Operating Officer explained that whilst referrals through Primary Care had dipped by 50% at the height of COVID-19, they had now returned to normal levels.
- A HOSC member asked about the evidence behind the Health and Care Trust's response to mental health services in light of its importance and historical long waiting times. The Chief Operating Officer explained that the evidence so far suggested that access to services and advice had been opened up through the 24 hour self-access line for mental health. This was not to say that an increase in serious mental health problems would not arise, for example as factors such as job losses took effect. The public was worried in general (about COVID) but in the main this was within the expected range.

Acknowledging that the Acute Trust's Chief Executive had needed to leave the meeting, the Chairman requested the following information, which would help the Committee to understand the situation and trajectory in terms of how capacity and patient numbers were changing:

- Number of patients being treated in the independent sector
- Number of beds available in acute hospitals for routine operations and for COVID-19 patients
- Number of operations cancelled

In addition, the following information and action was requested:

- Kidderminster MIU opening hours
- The CCG representative would report back issues to inform future working:
  - reports of patients being incorrectly directed to Sandwell hospital via NHS111
  - automated outpatient letter giving unrealistic

timeframes
- the suggestion to inform the public about potential waiting times in order to manage expectations.

991 NHS 111 First

The following were in attendance:

Herefordshire and Worcestershire Clinical Commissioning Group (CCG)
Mari Gay, Managing Director

Worcestershire Health and Care Trust (Health and Care Trust)
Matthew Hall, Chief Operating Officer
Sue Harris, Director of Strategy and Partnerships

Mari Gay, the CCG Managing Director summarised the new 'NHS 111 First' national programme which was designed to help the NHS manage urgent care and COVID pressures, and inappropriate use of walk-in Emergency Departments. Worcestershire was one of the earliest adopters of this programme, which was designed to encourage people to contact their GP in the first instance or to contact 111. NHS 111 was now able to book directly with GPs, Minor Injuries Units (MIUs) as well as Emergency Departments (EDs). A Care Navigator would also now be present at the front door of EDs, not to turn people away but to educate them in more appropriate ways to access care in future.

The direct booking process was currently being trialled, with positive feedback and it was emphasised that no one being turned away. The programme was due to be rolled out across the country in November.

The Chairman invited questions and the following main points were made:

- The Chairman referred to the second stakeholder briefing (appendix 2) and sought clarification that the new programme was not suggesting that calls to 999 may go via 111 and that the main message was to encourage people to ring 111 first if this was the sensible route. The CCG representative emphasised that the programme was not to discourage people from using 999 when needed and that the 999 function for emergencies would continue as normal.
- The Chairman asked whether the NHS 111 service may be affected by the impact of losing students and was advised that this was a key risk

to the programme because the service had also had to support COVID advice to patients – concerns about what would happen once the rest of the region was using the new 111 programme had been highlighted, and was being reviewed urgently by regional commissioners.

- A member pointed out that he had heard of a resident being directed to Sandwell Hospital, which the CCG representative would follow up as this should not be the case.
- A member asked whether waiting lists for children's autism had increased due to COVID as she was aware they had previously been 10 months which was unacceptable, and the Health and Care Trust representatives advised that waiting times for umbrella appointments had generally remained the same, but that two more paediatricians were being brought in to help reduce waiting times. An update on this would go to the Council's Children and Families Overview and Scrutiny Panel in November.
- The Chairman queried the advice contained in the second stakeholder briefing (appendix 2) about people arriving at Emergency Departments without an allocated time slot possibly experiencing longer waits, and the CCG representative clarified that the programme was to tackle people who did not need A&E care, for example it was common for people to go there with an ear infection when they could and should access Primary Care.
- The Vice-Chairman stressed the need to educate the public, which would be very difficult and use of example scenarios would be helpful. The CCG representative agreed that changing behaviour would be challenging but that there would be a high level national campaign and the role of care navigators would also help. While no one would be turned away the care navigators would be able to book in patients with the GP or MIU. Walk-in facilities were not available in all countries, and they needed to be manageable.

Summing up, the Chairman agreed that changing behaviour would be a challenge, although it was hoped that the public would respond better to the new campaign and be educated by the new care navigators at Emergency Departments.

992 Performance

In attendance for this item were:
Dr Kathryn Cobain, Director for Public Health

and In-Year Budget Monitoring

Maria Idoine, Senior Finance Business Partner
Cllr John Smith, Cabinet Member with Responsibility for Health and Wellbeing

The Chairman queried whether a quarterly update was needed, the Director of Public Health was aware that all of the scrutiny bodies had a performance and budget monitoring role, but agreed that reporting patterns for public health needed to be reconsidered since the relevant performance data was not updated quarterly and use of the public health ring-fenced grant was subject to specific conditions. It was agreed that the scrutiny officers would liaise with the Director regarding performance information reporting patterns.

Performance Monitoring – Quarter 1 (April to June 2020) – there was no update at this time.

Budget Monitoring – Quarter 1 (April to June 2020/21)
Maria Idoine, Senior Finance Business Partner referred to the presentation included in the Agenda.

From this year's public health allocation of £30 million, spend was forecast to break even, with a small underspend on staffing. Due to funding uplift this year, there was currently an unallocated grant of £1.1m and plans for its use were likely to include additional support to the alcohol care team, smoking cessation, substance misuse, quality assurance, as well as the Agenda for Change staffing inflation.

The forecast position excluded the impact of COVID-19 as the following specific costs were assumed to be funded from the following external sources:

- COVID-19 grant £29m
- Test and Trace - £2.75m
- Infection Control - £7.45m
- Transport - £1.3m
- Community Hardship - £0.6m
- Support for loss in sales, fees and charges
- Use of PHRFG reserve- £0.4m
- CCG grant relating to hospital discharges and avoiding admission to hospital.

Areas where COVID-related spend had occurred relevant to the Committee included additional costs of personal protective equipment, test and trace activity, support for the community and additional payments to providers.

- The Chairman asked whether public health reserves were being spent to address COVID-19, since during previous updates, the Committee had

noted that reserves were relatively high and were being saved for appropriate future need, which COVID-19 surely must be, and it was confirmed that this was the case.

- Several members highlighted the growing critical problem of obesity in Worcestershire, including child obesity, and the risk factor of obesity for COVID, and would welcome use of public health funds to tackle this area. The Director reassured the Committee that the problem of obesity was absolutely relevant, although it was a very complex area which linked to various public health issues and social factors, therefore funds would be directed to work with communities on the wider perspective.
- Regarding numbers of mothers smoking during pregnancy, the Chairman sought reassurance that people in maternity wards were not allowed to smoke, which the Director confirmed, although the overall hospital site was not completely smoke free. Public Health commissioned a service from the Acute Trust to address smoking during pregnancy, which was important as it affected the whole household, however it would take some time to see the impact.
- In response to a concern raised about a potential major surge in mental health problems which would require additional planning and funding, the Director emphasised the Team's ongoing commitment to mental health and wellbeing across the spectrum. Pre-COVID, additional funds had been granted for suicide prevention work thanks to a successful bid with the local CCG to address raised suicide levels amongst young males. Mental Health and Wellbeing was one of the objectives of the Health and Wellbeing Strategy, which was currently being reviewed, and the Public Health Team had been working very closely with Worcestershire Health and Care Trust on early intervention.
- The CMR reassured the Committee that whilst COVID-19 was the top priority at the moment, this did not mean that other areas were not being addressed.

Summing up, the Chairman suggested a further update on the areas being given extra focus from the use of reserves and how Public Health was responding in comparison with other councils in early 2021, which the Director would be happy to address, along with an update on the Health and Wellbeing Board Strategy.

On behalf of the Committee, the Chairman thanked the Director of Public Health for all the work completed and the CMR also placed on record his appreciation to the Public Health team who had been working extremely hard.

993 Health Overview and Scrutiny Round-up

There were no updates for this item.

994 Work Programme 2020-21

The following updates had been requested during the meeting:

- Update on performance from Worcestershire Acute Hospitals NHS Trust (next meeting)
- 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 (early 2021)
- Update on End of Life Care in six months' time

Several Committee members said how pleased they were that the Acute Trust had been taken out of special measures and what good news this was for staff and patients. On behalf of the Committee, the Chairman would contact the Acute Trust to offer congratulations to the Trust and its staff on this achievement.

The Overview and Scrutiny Co-ordinator reminded HOSC members that due to IT problems, the first part of the livestream of the meeting had not been available, and she therefore provided a brief summary of actions agreed under items 1 to 5.

The meeting ended at 4.30 pm

Chairman …….