

## Health Overview and Scrutiny Committee

### Wednesday, 27 January 2021, Online - 10.00 am

		<b>Minutes</b>
<b>Present:</b>		Mr P A Tuthill (Chairman), Mrs F Smith (Vice Chairman), Ms P Agar, Mr G R Brookes, Mr C Rogers, Mr A Stafford, Mr M Chalk, Ms C Edginton-White, Dr J Gallagher, Mr M Johnson and Mrs J Till
<b>Also attended:</b>		Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning Group Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust Simon Adams, Healthwatch Worcestershire  Dr Kathryn Cobain (Director of Public Health), Samantha Morris (Scrutiny Co-ordinator) and Jo Weston (Overview and Scrutiny Officer)
<b>Available Papers</b>		The Members had before them:  A. The Agenda papers (previously circulated); B. The Minutes of the Meeting held on 16 November 2020 (previously circulated).  (A copy of document A will be attached to the signed Minutes).
<b>1003</b>	<b>Apologies and Welcome</b>	The Chairman welcomed everyone and confirmed the arrangements for the remote meeting.  Apologies had been received from Mr P Grove, Prof J W Raine and Mr C B Taylor.
<b>1004</b>	<b>Declarations of Interest and of any Party Whip</b>	None.
<b>1005</b>	<b>Public Participation</b>	None.
<b>1006</b>	<b>Confirmation of the Minutes of the Previous Meeting</b>	The Minutes of the Meeting held on 16 November 2020 were agreed as a correct record and would be signed by the Chairman.

**1007 Update on Health Services during the COVID-19 Pandemic**

Attending for this Item were:

NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

Mari Gay, Managing Director (Worcestershire)

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)

Sue Harris, Director of Strategy and Partnerships

Worcestershire County Council (the Council)

Dr Kathryn Cobain, Director of Public Health

The Chairman explained that given the current immense pressure on acute services, he had agreed that representation from Worcestershire Acute Hospitals NHS Trust (WAHT) was not necessary at this time, and that the Managing Director (CCG) would provide a system wide update, with input from colleagues representing HWHCT and Public Health.

The Managing Director (CCG) reported that Worcestershire's health and social care organisations continued to work as one system for the benefit of residents, however, there were some very difficult decisions being made to prioritise care, with executive leaders meeting daily, seven days a week.

Until the middle of December, restoration of health services in Worcestershire had been progressing fairly well, however, since then, and since the rise to UK alert level 5 from 4 January, there had been a very rapid increase in the number of positive COVID-19 cases, which was impacting heavily on both Primary and Secondary Care at the same time as the COVID-19 vaccine delivery campaign.

As of 22 January, there had been daily increases in the number of positive cases, the number of hospital admissions, the number of intensive care beds required and the number of deaths. However, early indications suggested that the Worcestershire situation may be stabilising, which could be attributed to the impact of the national Lockdown and the vaccine rollout.

There was continued pressure on the workforce across the system, not only through sickness absence, but also on staff redeployed to deliver the vaccine and manage patient flow. Staff had been redeployed to support additional ICU beds and also to support patients to be

discharged home to keep as many acute beds available as possible. Military assistance had been sought, for non-clinical roles which if approved, would be welcomed.

Commissioners hoped that when the situation was more stable, the restoration of services could recommence in order of priority, however, they recognised that it would be more challenging than previously due to the increased numbers of patients waiting, especially for non-urgent surgery. The independent hospital sector continued to be fully utilised, however, the workforce was finite and staff wellbeing was a key priority.

Care Homes had managed very well, despite high levels of outbreaks, and support was available from both the Acute and Council Quality Assurance Teams.

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

- As of 22 January, 20 more patients were in hospital beds than at the peak of the first wave and 32 intensive care beds were in use. As of 26 January, the figure had fallen from 32 to 23
- The current wave grew much quicker and was lasting longer. Evidence suggested that the following two weeks would be difficult, however, there were early signs of stabilisation
- The age profile of patients requiring hospital admission now was slightly younger, however, there was no increased length of hospital stay and discharge rates remained good
- Asked whether medical treatments had changed very much from the first wave, it was reported that they were largely the same
- Clarification was given on the role of the military, whereby if approved, personnel would be deployed locally to both acute and community hospitals to assist with logistics, with military clinicians deployed to larger centres
- Nationally, all acute hospitals were required to set up a consultant led virtual ward for COVID-19 patients, resulting in patients being discharged home a little earlier, with medical equipment and consultant support. Examples of equipment used, included oxygen saturation monitors, video screens and the ability to monitor temperature and blood pressure. Locally, this service was building up to manage patient flow
- When asked how Care Homes were being supported, it was reported that there was a

dedicated management service, where Care Homes were able to access GP services, alongside infection prevention advice and guidance on a daily basis. Resilience was vital and measures were in place whereby if Care Home staffing levels became critical due to absence, staff would be relocated from the NHS to keep the Home open

- Care Homes were a key priority for infection control as residents were more vulnerable and at greatest risk, especially residents with dementia. Community transmission remained high and it was therefore vital that the rules were followed to drive down the rate of transmission. Residents and staff had been prioritised for vaccination. There was a dedicated Care Home taking COVID-19 patients discharged from hospital for recovery, which was already quite full
- There were currently 66 COVID-19 cases in Worcestershire's care homes, out of a total of 176 care homes in the County. Members requested the total number of Care Homes beds and the total number of residents
- A Member queried why patients were not tested when discharged home from a hospital setting. In response, it was believed that this was not national guidance, however, all patients were tested after 3 days, 5 days and 10 days of a hospital stay. Representatives agreed to check the national guidance and report back
- In response to news that the Minor Injury Units in Malvern, Evesham and Tenbury had temporarily closed, it was clarified that staff had been redeployed due to the unprecedented numbers of patients in this wave of the pandemic. The decision was kept under weekly review, however, 'Think NHS 111' had helped enormously in keeping patients away from hospital settings
- When asked where the Community Hospital patients had been moved to, it was explained that the decision had been made in advance, therefore no patient had been moved unnecessarily. In addition, there had been an increase in home based support
- The national contract to use the independent hospital sector had been extended until 31 March. Locally, planned cancer surgery and some surgery classed as priority two (not urgent, but within 2 weeks) was taking place
- Worcestershire Royal Hospital was using the newly developed Aconbury Ward for additional

intensive care beds. In addition, there were plans to develop Accident and Emergency. The Acute Trust was trying to keep Kidderminster Treatment Centre as a 'green' site, meaning no COVID-19 patients.

Discussion focussed on the COVID-19 vaccination programme included the following main points:

- Outside of the meeting, a Member agreed to provide some feedback to the Director of Public Health on the national NHS Test and Trace service
- The COVID-19 vaccination rollout was working well in Worcestershire. Nationally, it was hoped that the first four cohorts would be completed by mid-February, which the County was on track to deliver
- In relation to the location of vaccination centres, a Member reported that some residents were travelling some distance and questioned why, when suitable premises were more local. In response, venues were chosen based on a number of factors, however, a GP led venue was available in each Primary Care Network. Mass Vaccination Centres were also constantly opening, with these sites being available within a 45 minute drive of everyone. The logistics and staffing for these sites was being managed at a national level
- For assurance, housebound residents would be vaccinated by their GP and a vaccination inequalities group had been established to work with specific groups
- Some Members provided positive feedback of their own and their residents experience of vaccinations to date, who were overwhelmingly supportive of the system
- In relation to the COVID-19 virus mutating, the Director of Public Health reported that it was normal for viruses to mutate and this was monitored both nationally and globally. The 'Kent' variant was believed to be more transmissible and at present; it was thought that around 75% of cases in Worcestershire were that variant. Two further variants, 'South Africa' and 'Brazil', were currently known in the UK, both with very low numbers
- The Cabinet Member with Responsibility for Public Health commented that this was the largest vaccination programme in the UK and although

positive feedback had been received to date, it was vital to assure everyone that the vaccine did work and promote its uptake to all groups.

The Director of Strategy and Partnerships (HWHCT) reported that the Health and Care Trust was seeing mental health referrals at pre-pandemic levels and although there had been an increase in numbers to the crisis team, the Trust was managing within resources available at the present time, especially as residents were able to self-refer. The Trust envisaged challenges in 6 to 12 months time.

The Managing Director of Worcestershire Healthwatch was invited to comment on the discussion and reiterated that Healthwatch had received broadly positive feedback from residents on the vaccination programme, adding that it was important that everyone follow the advice and not contact their GP for the vaccination, rather wait to be called by the NHS.

The Director of Public Health commended the CCG on the vaccination programme and added that communication following vaccination remained the same, that hands, face, space, remained in place, as did following the rules. These measures would continue to be needed to drive down transmission in the community.

The Chairman thanked everyone present for a useful update and for the crucial work they were doing.

The Committee requested the following information:

- The overall number of Care Home beds and the current number of residents
- Clarification on the national guidance on testing when hospital discharge was to home.

**1008 Health Overview  
and Scrutiny  
Round-up**

Members had nothing to note at this time.

**1009 Work  
Programme  
2020-21**

No Items were added to the Work Programme.

The meeting ended at 11.15 am

Chairman .....