

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13 October 2020

MINUTES

- Present: Councillors: Fowler, Pocock, Donaldson, K Blunt, Mrs D Holl-Allen MBE, D Howell, L McCarthy and R Sexton
- Officers: Phil Johns – Deputy Chief Executive, Birmingham and Solihull CCG
Harvir Lawrence – Director of Planning and Delivery, Birmingham and Solihull CCG
Gemma Rauer - Assistant Director of Communications and Engagement
Gail Sadler – Scrutiny Officer
Joseph Bright – Democratic Services Officer

1. APOLOGIES

There were no apologies.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were submitted.

4. MINUTES

The minutes of the previous meeting were presented.

RESOLVED

The minutes of the Joint Health Overview and Scrutiny Committee held on 11th June were approved.

5. BSOL STP - RESTORATION AND RECOVERY AND PHASE 3 PLANNING UPDATE

The Director of Planning and Delivery presented the report, providing an update on the restoration and recovery of services, following the report to the Committee in June. She detailed how the report provided an update on the CCG's current position, progress on winter preparations, the Phase 3 plan, as well as the service change position. It was emphasised how circumstances were rapidly changing, since the report was published, due to the second wave of Covid being experienced.

Members raised the following questions and observations:

- Members highlighted the arrangements for delivering enhanced flu vaccination measures. They noted the report identified a shortfall of over

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c250,000 across the whole system – they queried how access to this treatment was going to be prioritised.

- The Deputy Chief Executive explained how they had received notification the previous day, from the Department of Health, of additional stock they had been able to secure. It was explained how the Department of Health was sending through details as to how practices could access this additional stock.
- Members queried the preparatory works, for when a Covid-19 vaccination may become available.
- The Deputy Chief Executive confirmed there was on-going preparatory work, being led by University Hospital's Birmingham (UHB), with participation from all provider organisations and the CCG. It was noted the delivery of the Covid-19 vaccine may overlap with the flu vaccination programme. The Deputy Chief detailed how they were identifying the key locations required, as well as the volume of staff they would have to be redeployed.
- Members flagged up how the report detailed current activity, capacity and scenario modelling. They queried how the scenarios identified within the report had been impacted by the recent rise in cases and second wave.
- The Director of Planning and Delivery explained how, as part of Phase 3 planning, all providers had been asked to model activity and capacity against a range of scenarios in terms of best and worst case as follows:
 - Scenario A – as per the Phase 3 plan.
 - Scenario B – 5% of general and acute beds being occupied, with a 15% reduction in elective activity.
 - Scenario C – a sustained Covid demand that peaked at 20% of beds being occupied, with a greater reduction in elective activity.
 - Scenario D – a similar peak to April, with 35% of beds being occupied and a stand down of elective activity, as per national guidance issued.
- The Director of Planning and Delivery explained that, last week they were at scenario B and now they were at scenario C. It was noted there was potential for this to be impacted further, depending on the volume of patients being admitted to UHB.
- The Deputy Chief Executive confirmed that a quarter of their ICU capacity was occupied by Covid patients, which impacted on their ability to deliver elective activity. Where necessary, surrounding providers could also provide support – for instance, the Royal Orthopaedic could offer anaesthetic support. The Deputy Chief Executive confirmed that the system, as a whole, was responding to demand levels.
- Members highlighted how the report detailed proposed permanent changes to service delivery. They emphasised how these proposed changes were now in the public domain and queried how any public concerns stemming from this could be managed.

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- The Assistant Director of Communications and Engagement emphasised the ongoing communications to ensure patients and residents were aware of how to access the necessary services. She detailed how, if any issues were raised in respect of changes to specific services, they would look to respond on a case-by-case basis. There was also an emphasis, where appropriate, on people using NHS 111 first, so they were assessed and accessed the correct support.
- Members detailed how further service changes, not detailed in the document, may be required due to the rise in infection rates – they queried how this would be communicated to the public. The Assistant Director of Communications and Engagement detailed how they would work with partners to ensure that, as far as possible, they were communicating with patients and the public in a timely way. She explained that, in regards to public facing services, such as Minor Injuries Units and Urgent Treatment Centres, there had already been a lot of communication about contacting NHS 111 first, so patients could be triaged and advised on the most appropriate service for their needs. It was detailed how there would be on-going significant communications, to ensure people were aware of the NHS 111 service.
- Members queried the on-going use of the Independent Sector, noting there was a flexible agreement up until March 2021 – they queried whether there had been any change here, following the recent rise in Covid-cases.
- The Deputy Chief Executive confirmed they were continuing to use 75 per cent of the Independent Sector capacity, to support on-going elective activity. It was explained there were now plans to change this, in order to protect operating capacity.
- Members queried whether the proposed permanent changes to service delivery were for the duration of the Covid-19 pandemic, or beyond. It was also noted that, as part these changes, there was a significant emphasis upon these services being delivered digitally. Members expressed concern that some of the patients and residents affected may struggle to access digital services. It was also highlighted, in particular, how it was proposed to undertake virtual assessments and consultations for Continuing Healthcare assessments (CHC) – Members also highlighted concerns here, taking into account the potential complexity of cases.
- The Deputy Chief Executive explained that, in regards to CHC assessments, the CHC team was going to be co-located in the Integrated Discharge hub, which should lead to an improvement in service delivery, as more professionals, including Social Workers, were going to be involved earlier.
- The Assistant Director of Communications emphasised it was fully recognised that digital access was not a suitable option for everyone. She explained how there was a focus on advocacy support for patients

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and residents, including work with local organisations, to ensure they could access the services they required.

- The Director of Planning and Delivery confirmed the proposed service changes in the report were for the duration of the Covid-19 pandemic and potentially beyond. It was emphasised that any proposed changes would be subject to on-going review, to ensure the best future service delivery model.
- Members detailed the concerns raised by the public in regards to accessing Primary Care services in Solihull – they queried the messaging here. They also expressed concerns regarding the potential for serious conditions not to be diagnosed, when digital consultations were undertaken.
- The Assistant Director of Communications emphasised the volume of work undertaken with Primary Care Services to support effective communications and messaging. The Deputy Chief Executive explained how patients were being triaged over the phone, to ensure a digital/telephone or face-to-face consultation was undertaken, as appropriate. He emphasised it was not their intention to move to a 100% digital solution. The Deputy Chief Executive confirmed he would look to get assurances how the clinical protocols worked in instances where patients may experience difficulties communicating their conditions.
- Members raised the issue of reduction in capacity in dental services, due to the use of aerosol generating procedures and the need to maintain safe environments – they requested a further update on this. The Deputy Chief Executive explained how Birmingham Dental Hospital were restarting services; however, it was emphasised the CCG did not commission general dental services.
- Members welcomed the additional mental health support for staff detailed in the report and queried how they would access this. They also asked for clarification regarding staffing levels at that moment.
- The Director of Planning and Delivery detailed how they were promoting the health and wellbeing of staff, through increased psychological therapies, as well as well online and telephone-based mental health support. They were also looking to promote an on-going dialogue about mental health and wellbeing, through one-to-one meetings between line managers and staff, as well as via team meetings. The Director of Planning and Delivery also detailed how it was recognised that staff had been impacted by the first wave of Covid – where necessary, going forward, they would look at increased use of agency staff, as well as being innovative about how staff were being used across the system.

RESOLVED

The Joint Health and Social Care Overview and Scrutiny Committee noted the current position, progress on winter preparations, Phase 3 plan and service change position.

6. JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE - WORK PLAN

Members were invited to consider the proposed work plan for the remainder of the municipal year.

RESOLVED

The Joint Health and Overview Scrutiny Committee approved the proposed work plan.

End time of meeting: 7.20 pm