To:	**Joint Health and Social Care Overview and Scrutiny Committee**
From:	**Harvir Lawrence, Director of Planning and Delivery, NHS Birmingham and Solihull CCG**
Date:	**16 December 2020**
Report:	**Briefing on Birmingham and Solihull STP Wave 2 Update**

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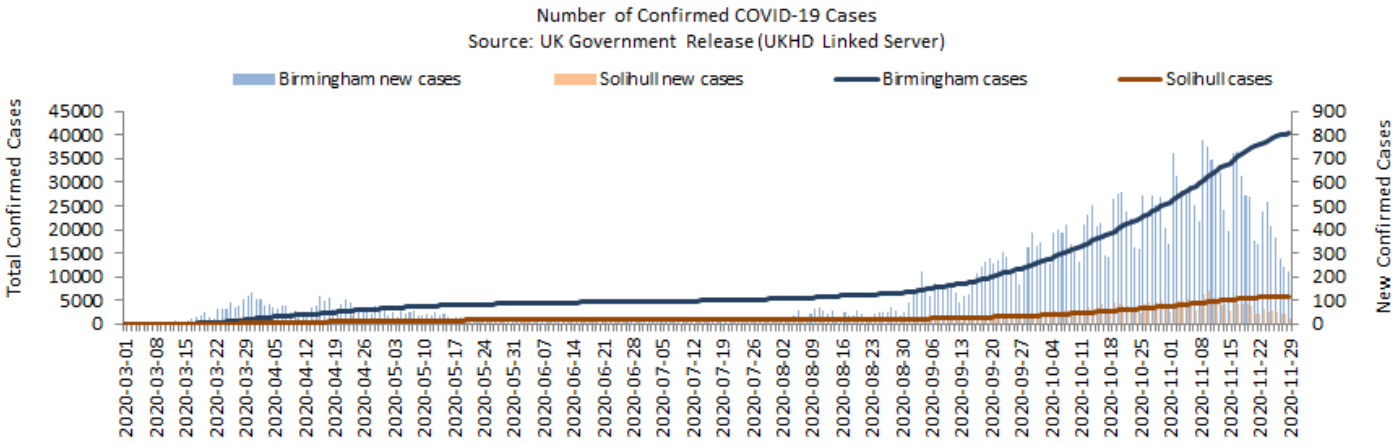
1. PURPOSE OF REPORT

This progress report is to provide an update on the latest developments in managing COVID-19, service changes in response to wave 2 and the approach and the ongoing engagement with key stakeholders.

2. COVID CURRENT POSITION AND CHALLENGES

2.1 Case rate

As at 29/11/20, the case rate has been decreasing over the past week for Birmingham and Solihull. The rolling 7-day average for Birmingham has reduced in the past week from 362.7 to 229.6 per 100,000 population. The Solihull figure has seen a similar decrease from 273.6 to 160.1 per 100,000.



2.2 Demography

There remains over 400 inpatients who have tested positive for COVID across Birmingham and Solihull. This has decreased from just under 500 a week ago. More generally, we are seeing an increased number of people aged 65 plus who are affected by the virus.

2.3 Geographical prevalence across Birmingham and Solihull

The heat maps in this report show the confirmed COVID cases by ward for Birmingham and Solihull. These maps compare data from the preceding month to the most recent week and show the changing pattern.

The heat maps show testing results for pillars 1 and 2. Both pillars 1 and 2 testing are sent to laboratories to process but there are differences in how the tests are undertaken. Pillar 1 tests are carried out in hospital or at an outbreak location whereas pillar 2 covers a wider range of testing methods including tests conducted at a regional testing site, local testing site, mobile testing site, conducted via a home testing kit or tests conducted at a satellite testing centre.

Geographical prevalence - Birmingham

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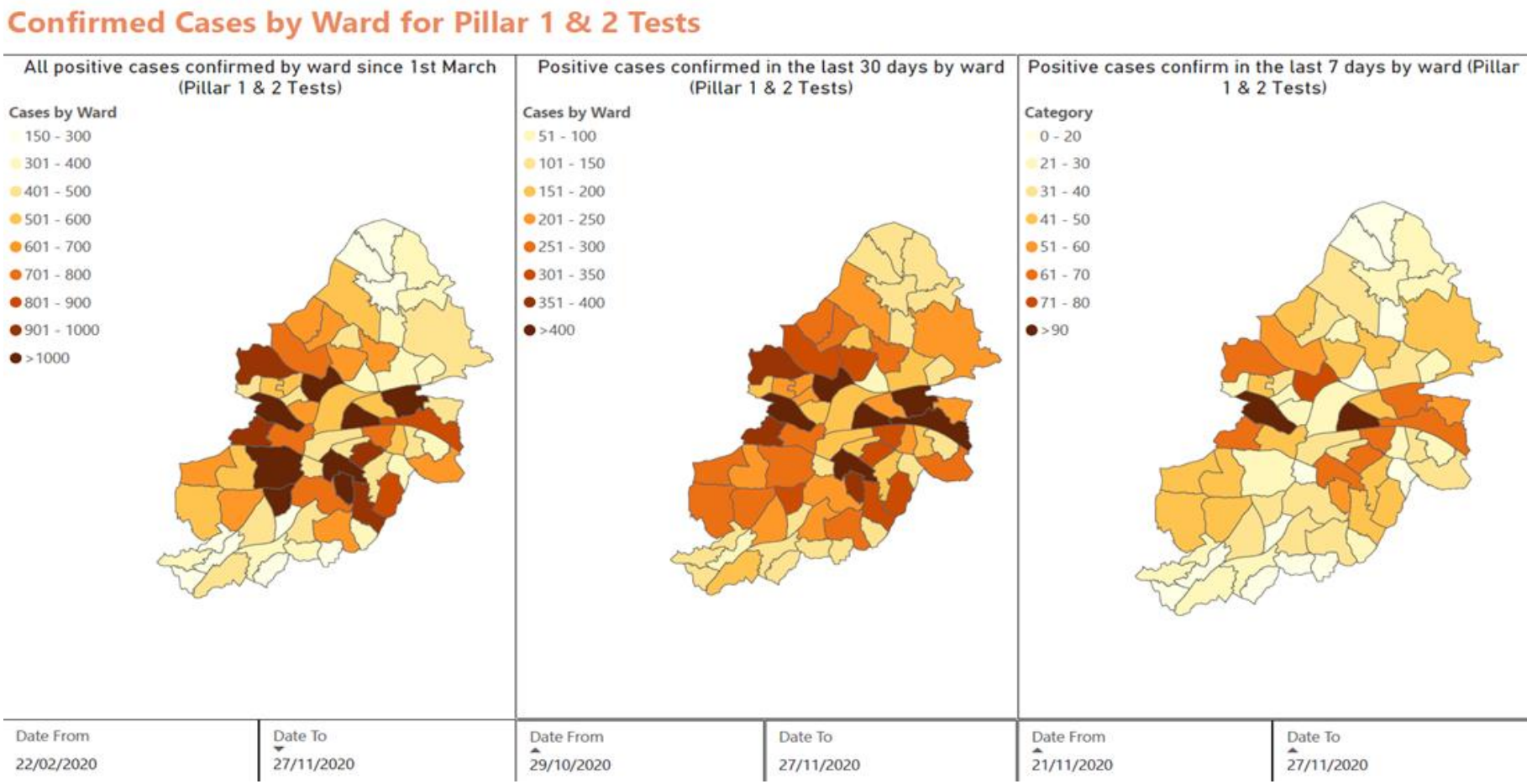
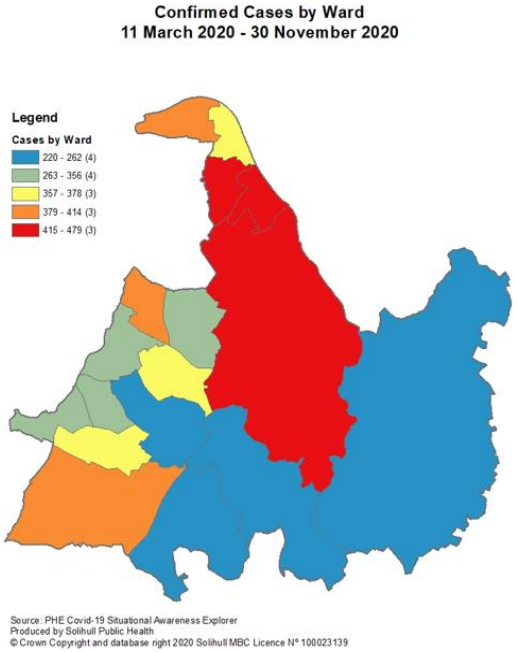
Birmingham and Solihull



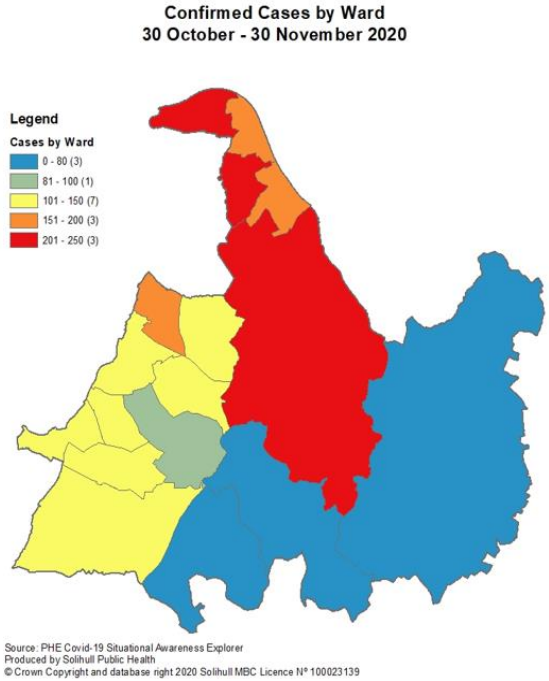
Note: Cases for the week 21-27/11/20 are likely to be an under-estimate due to time-lags in reporting.

- The thematic maps above show the number of confirmed COVID cases by ward since March, for the past month and then also for the past week. The key on the left shows that the lowest concentration of cases has a colour code of yellow and the highest concentration of cases brown. It is also important to note that the keys are the same on each graph, but the colours represent different volumes of cases.
- This data correlates with a falling case rate across Birmingham, although there remain two wards who have had more than 90 confirmed positive cases over the last week. There is a clear drop in the volume of cases across the city in the latest week of data from the preceding month.

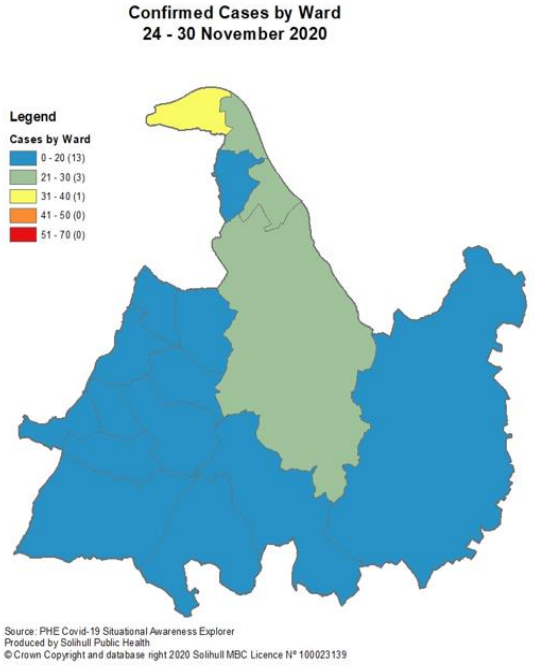
Geographical prevalence – Solihull



All Cases



Last Month



Last Week

- The thematic maps above show the number of confirmed COVID cases by ward since March, for the past month and then also for the past week. The key on the left shows that the lowest concentration of cases has a colour code of blue and the highest concentration of cases red. It is also important to note that the keys are the same on each graph, but the colours represent different volumes of cases.
- The drop in case rate in Solihull over the past week is shown in the thematic map above with most wards now colour coded blue and having less than 20 new confirmed cases of COVID. A further three wards have had between 21 and 30 cases and there is a single ward with between 31 and 40 cases.

2.4 Numbers of people being admitted to hospital

The number of admitted COVID cases is now reaching significantly increased levels in comparison to the number of cases and bed occupancy levels in wave 1 as we went into the first lockdown. These rising numbers during wave 2 are creating a strain on general bed and Intensive Trauma Unit (ITU) capacity as well as the ability to protect Solihull Hospital and the Royal Orthopaedic Hospital NHS Foundation Trust (ROH) as COVID free elective sites. There has been a significant increase in pressure in ITU activity, and as such workforce resilience and availability are affected.

2.5 Potential wave 3

There are concerns regarding the impact of the festive season in relation to rising infection rates, which could lead to a further spike in cases in mid-January 2021. Social distancing and infection control remain a significant challenge and a critical priority to manage the winter season of flu and COVID. In the event of a third spike, we will need to review the position and look at how our services can be delivered, depending on pressures on system capacity.

2.6 System pressures and the need to scale back elective activity

As per our restoration and recovery plans following wave 1 of the pandemic, we had intended to restore as much elective activity as possible and this process started in the summer. However, previous weeks have shown a significant rise in COVID-19 cases and admissions to hospitals as part of wave 2 of the pandemic, although the latest data shows that the number of cases has in fact started to drop.

Nevertheless, there is still significant pressure in the system and there is an ongoing need to protect urgent and emergency care and ITUs to support COVID, maintain delivery for high priority elective cases as far as possible, and focus on the most urgent clinical priorities. To support our elective care programme, there is also a growing reliance on access to independent sector capacity, which is also being accessed by other STPs in the region. Access to further capacity has been agreed with the potential to utilise up to 100% of theatre time. This is to manage the ongoing challenges of delivering as much elective activity as possible.

At present, Solihull Hospital and the ROH both remain as ‘green sites’ in that capacity at the hospitals is being protected to deliver elective care for priority 1 and 2 patients.

2.7 Digital delivery of care

We recognise that COVID has accelerated the implementation of our ‘digital first’ programme, an ambition in the Long Term Plan. Through this, we have been able to continue to provide care, albeit remotely, through telephone or video consultations, which has supported social distancing and infection control measures. However, we have also been keen to understand if this is working in practice for our population.

During the summer, the CCG conducted an engagement exercise to evaluate the impact of COVID-19. The online survey had 694 respondents and through the assistance of seven voluntary and community partners, we were also able to collect the views of 241 people from groups adversely affected by the COVID-19 pandemic.

The report, which was analysed independently, found that the majority of respondents who had accessed services via the telephone and found this easy. Moreover, of the small number of people that indicated that they received a video consultation, nearly two-thirds, said that they had also found it easy.

However, it is worth noting that the results from the engagement also indicated that respondents want to have the ability to access face-to-face services, when needed. The report is being shared to ensure that partners across Birmingham and Solihull can address the findings.

3. ACTIONS BEING TAKEN TO MANAGE COVID-19

Several actions have been agreed, at Chief Executive level, to enable the system to manage demand and service pressures. The following sections are a summary of the position and critical actions taken to manage COVID.

3.1 Clinical prioritisation and harm reviews

On 11 April 2020, the Royal Colleges of Surgeons in England and Scotland published guidance on surgical priorities in light of COVID. The aim of the guidance was to:

- Support clinicians and managers to plan the allocation of surgical resources
- Support individual surgical specialties to appreciate the needs of other specialties when resources are stretched
- Facilitate the development of regional surgical networks to sustain the delivery of surgery in a timely fashion
- Ensure there are mechanisms to support and communicate with patients so that:
    - Patients are provided with information regarding any up and coming surgery/treatment in the context of COVID e.g. safety measures, risks of not proceeding supporting patient choice and information
    - Patients are provided with information and they do not 'get lost' in the system if treatment is deferred due to pressures
    - To manage the inevitable increase in waiting times and size of waiting lists that will occur in all surgical specialties.

Within Birmingham and Solihull, Chief Medical Officers in the CCG and Trusts have worked together to develop more specific guidance to support patients and respond to specific pressures within this area. This supports clinicians to review when and how quickly it might be appropriate to consider a patient for surgery or treatment and whether the NHS patient is listed with an NHS trust or an independent sector provider. There are weekly meetings with the Chief Medical Officers to discuss the position on clinical prioritisation and mutual aid.

The prioritisation is based on national guidance as follows:

Category/ priority	**Timescales clinically appropriate to wait for treatment**
Priority 1	Emergency patients
Priority 2	Need to be treated within a month
Priority 3	Need to be treated within 3 months
Priority 4	Patients who can wait longer than 3 months and can be delayed by a further 3 months
Priority 5	Patients wishing to postpone surgery because of COVID concerns
Priority 6	Patients wishing to postpone surgery because of non-COVID concerns

Due to the pressures that COVID has generated we are undertaking ongoing clinical prioritisation to support delivery of the system's most clinical urgent cases. This is based on the available capacity and the prioritisation of priority 1 and 2 patients in the national guidance.

Each acute trust has adopted the clinical prioritisation policy and are delivering this in line with their internal governance.

- **University Hospitals Birmingham NHS Foundation Trust (UHB)** – There is a daily clinically led meeting to review and prioritise patients into cohorts, which is supported by clinical validation. Patients are also advised of the situation and are informed regarding next steps, which is key in terms of reassurance to patients. It also provides an opportunity for patients to highlight any issues, which may result in a harm review or movement to another priority grouping. UHB has put in place a single administration system across all their sites, which is supporting this work. A review is currently being completed by the speciality leads and the clinical governance team of the risks associated with the patients that are currently on the waiting list. The aim of the review will be to document the risks and associated mitigation plans on the appropriate risk register. According to the level of the risk it will be managed in accordance with the trust's risk management policy which will include reporting at Board of Director level.
- **Birmingham Women's and Children's Hospitals NHS Foundation Trust (BWCH) -** A series of status checks and harm reviews are being carried out to ensure waiting lists are clinically prioritised effectively, accurate and identify patients at risk of harm, or where harm has occurred:
    - The status checks review patients waiting for care and check on how each patient is, which supports any immediate action needed. This is a comprehensive process which is tracked closely and in the event of not receiving a response from the patient, a call is made as additional follow-up. Following the review of responses, any issues are also escalated.
    - The harm reviews normally follow treatment or where harm is suspected, and reviews take place to improve services and processes for other patients. These are comprehensively recorded which also includes where no harm is caused. Where harm is suspected, a root cause analysis review is undertaken, which is reported to the Clinical Harm Assessment Panel for review with outcomes agreed. This is further reported to the relevant Quality Committees in BWCH for oversight.
    - As with UHB process, this is a live process and patients are informed of the position.
- **ROH** – Patients are kept informed of their progress and informed of the next steps in relation to their care via virtual appointments or face to face clinic appointments as appropriate.
    - A clinical review has included a review for harm and potential harm in the line with the trust harm review process. All prioritisation levels are documented on the trust patient level tracking system, so they are visible and any clinical outcomes from clinic appointment are documented as part of the medical record.
    - All patients that have been listed for surgery have undergone a clinically led review and are prioritised based on the national guidance.
    - A harm review process is undertaken to identify patients with waits for treatment over 52 weeks as identified from the patient tracking list and referral to treatment time database.
    - The harm reviews undertaken are presented at a multidisciplinary team meeting and the primary consideration of the panel is to identify if harm has occurred, or is likely to occur, as a result of a delay in treatment or diagnosis. Where this is identified the group ensures that a duty of candour meeting is arranged with the patient/family and a patient specific treatment plan is developed. Further to this

a root cause analysis is undertaking and reported to the CCG as a Serious Incident (SI) if it meets the SI Framework. The harm review meeting is reported to divisional and board level within the ROH and chaired by the Associate Medical Director
    - Given the national, regional and trust clinical prioritisation schedule, it is hoped that the majority of breach patients will be low risk or patient choice so that the likelihood of severe harm is envisaged to be low.
    - In line with the national request for ongoing prioritisation of patients the trust have set up a task and finish group to fulfil requirements set out by the national team, which will report to the trust board through the Quality and Safety Committee.

To deliver care and treatment, we are maintaining Solihull Hospital and the ROH as COVID-free elective sites. Additional theatre lists that can be completed by the ROH will also be identified to support this. ROH have confirmed they will be working through UHB's priority list of priority 2 and 3 patients. This includes the delivery of cancer activity for priority 2 and 3 patients. In addition, the ROH is in discussions with Sandwell and West Birmingham Hospitals NHS Foundation Trust to scope capacity at the ROH and treat priority 2 orthopaedic cases in line with their ongoing support to the wider system.

3.2 Support for staff

As a system, we have worked closely to put in place a number of initiatives to support staff given the challenges of COVID. This has been in relation to wave 1 as well as the ongoing work to manage wave 2 and the vaccination programmes for both flu and COVID.

One of our key strengths and achievements as a system is that we have an active Memorandum of Understanding in place to support movement of staff across the system and provide mutual aid to areas of greatest service need.

We have also developed a People Plan and established a STP People Board to ensure a dedicated focus on our workforce to build capacity and resilience. Our plan going forward includes:

- **Enhanced staff health and wellbeing**
    - The STP has successfully bid to NHS England/Improvement (NHSEI) for both an enhanced wellbeing and occupational health offer (£2 million) and a staff mental health hub (c.£370,000).
    - The ambition is to develop a hub and spoke model to deliver an integrated, joined up, system wide approach to meet the psychological, mental, physical and professional health needs of 80,000 health and care staff across Birmingham and Solihull. This will be a pilot and will enable this shared ambition of health and wellbeing for staff to be translated from strategy into practice. An initial launch workshop was held on 24 November.
    - Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) are working with UHB to create adult mental health 'zones' as part of the enhanced wellbeing occupational health offer and mental health hub for staff.
    - BSMHFT will be lead provider for the mental health hub, working with other third sector partner agencies, which will operate through the existing Single Point of Access to enable staff to get fast access to highly specialist psychological and mental health assessment before being advised on treatment options.
    - Some treatments will be available via the mental health hub, but staff accessing this hub will also be referred or signposted into local Improving Access for Psychological Therapies or mental health services where more appropriate.
    - The mental health hub, which will go live in the new year, will operate almost exclusively remotely using video links such as MS Teams, Zoom etc, and will

mostly focus on individual contacts. More proactive lower level psychological and mental health wellbeing and resilience focused support will be available via the health and wellbeing hub. Both hubs are available to all staff working across the system.

- **Establishing additional support for our Black Asian and Minority Ethnic (BAME) staff** – this includes equality, diversity and inclusive leadership development, which will be reviewed by the People Board.
- **An ongoing focus in monitoring system workforce changes** – this will include monitoring workforce growth, sickness absence and race equality.
- **A focus on recruitment** – To manage the ongoing challenges regarding workforce capacity, Trusts also continue to recruit to fill vacancies and substantive offers of employment have been made to redeployed students, 'Bring Back Staff' and nursing students who are due to qualify in January 2021. UHB is also undertaking large scale recruitment to recruit enhanced capacity to deliver the COVID vaccination workforce and additional resource is being identified to enhance primary care capacity with a key focus GPs during wave 2. An increasing number of allied health professionals and registered nurse apprentices have been built into the workforce forecast to review the skill mix needed to reduce vacancies and address workforce gaps. This is being reviewed regularly to see if the recruitment and additional workforce lead to real increases in workforce growth.
- **Agreement to be a pilot for the STP bank/reservist model** – this will be an additional key component to support an increase in workforce and capacity across the system to increase system wide resilience.
- **A strategic intent to recruit from our local communities to support economic regeneration** - engagement has started with our 'anchor' institution network, airlines, ex-military staff and local councils to actively recruit to vacancies from those affected by the economic impact of COVID.
- **Understanding the workforce impact of various plans** – including staffing impacts and needs for primary care networks, specialist cancer and diagnostic workforce requirements, and mental health.

3.3 Protecting emergency acute hospital capacity

- **Emergency activity** - Heartlands, Good Hope and the Queen Elizabeth Hospital (QEH) will continue to focus on delivering COVID and emergency activity. The QEH will aim to deliver tertiary activity as capacity allows.
- **Ward creation** - The gynaecology day case unit at Good Hope Hospital has been converted to a ward to provide additional capacity.
- **Gynaecology** - As a result of the ward creation referenced above, urgent gynaecology cases (priority 2 cases) are being transferred to BWCH including consultant staff. As BWCH is unable to provide critical care and a High Dependency Unit, the transferred cases have been reviewed and clinically prioritised with some cases being handed over to the independent sector and neighbouring trusts, so patients can be treated through urgent care, surgery or other treatment as needed. This supports the ongoing challenges of capacity and staffing. Patients who are transferred will be contacted and a Patient Advice and Liaison Service (PALS) call centre is in place. This enables PALS to manage all calls, with a supporting escalation process in place to resolve issues with delays and cancellations.
- **Inpatient emergencies** - The Good Hope Hospital ambulatory trauma unit is now being used for inpatient emergencies.
- **Diverts** - Patient diverts have been implemented to ease demand in acute Emergency Departments (ED). This includes divert of patients attending Heartlands Hospital with primary care conditions, paediatric ambulance divert from Heartlands Hospital and Good Hope Hospital EDs to Birmingham Children's Hospital ED on a 24/7 basis.

- **COVID assessment** - A COVID-19 assessment unit has been established on the haematology ward at Heartlands Hospital.
- **Outpatients** - A reduction in UHB outpatient appointments is now in place to release staff to better support acute care for COVID and emergencies.
- **Independent sector** - We are maximising the utilisation of independent sector capacity across all sites to 100% to support ITU and endoscopy. Targeted use of capacity to support individual services will be mapped into available capacity to expand that is already in place.
- **Diagnostics** - There is a reduction in diagnostic provision and direct access activity and remote phlebotomy introduced off site at UHB to support capacity for urgent cases and allow COVID social distancing, infection prevention guidelines to be effectively applied.
- **Soft Launch of NHS 111** - In line with the rest of the country, all EDs (also known as A&E departments) and urgent treatment centres across Birmingham and Solihull are no longer 'walk-in' services; patients now need to contact NHS111 for advice before attending these services. This will enable patients to be seen in the right place, at the right time, and enable emergency care to be provided to those who need it.

3.4 Delivering priority elective care

- **Pause in theatre usage** - Given the current pressures on elective care and the pressing need to release staff resource for ITU at UHB, there will be a reduction in the number of theatres operating to allow release of staff to support ITU. This is resulting in a temporary pause of elective activity for priority 3, 4 and 5 patients.
- **Waiting lists and ongoing clinical prioritisation** - Waiting lists will be reviewed, which will include clinical prioritisation and an ongoing review of capability and capacity will take place to carry out as much urgent elective surgery as possible.
- **Funding approved to resource endoscopy** – at Solihull, two Minor Injury Rooms have been converted to endoscopy rooms with NHSEI financial support of over £1.4m. The funding will also support four consulting room for nasendoscopy (a form of endoscopy that is less invasive than a full endoscopy, as no sedation is required) and additional staffing. It is anticipated the endoscopy rooms will be live in the spring given the facilities work needed but it will contribute significantly to addressing increased diagnostic capacity to identify cancer.
- **Paediatric tertiary transfers** - It has been agreed with NHSEI that tertiary transfers will no longer be taken by Royal Stoke University Hospital's Paediatric ITU. These will come to Birmingham Children's Hospital. This is to release ITU capacity for COVID-19 admissions at the Royal Stoke Hospital given the current pressures in Staffordshire.
- **Establishment of a STP Elective and Outpatient Transformation Hub** - Funding has been agreed from NHSEI to support the development of a hub which will support a system wide focus on patient tracking and prioritisation. This will also include capacity allocation across the NHS and Independent Sector which will support elective recovery as a result of the pressures from COVID. It will also support outpatient transformation.

3.5 Managing system flow and community capacity

- **Hospital discharges** - Medically fit for discharge patients are being reviewed and managed daily to support discharge from acute care into the community.
- **Maximising community beds** – Birmingham Community Healthcare NHS Foundation Trust (BCHC) will continue to manage the single point of access and maximise use of community beds. Additional staff have been redeployed to the Medical Admissions Unit and Older People's Assessment Liaison Service (OPAL) across the system. Good Hope and Queen Elizabeth Hospital now have an established OPAL service in place, and further work will take place to establish this service at Heartlands.

- **Additional community wards** - Two additional community wards have opened, and two community units have been re-opened, to provide additional community beds and release acute bed pressure, maximising all physical space available. The additional community beds will be supported by the Dental Hospital nursing team, alongside nursing and therapy staff from the ROH. CCG staff will also be redeployed to support the wider system.
- **Post-operative care** - BCHC and UHB are also exploring the post-acute fractured neck of femur rehabilitation pathway to release acute beds.
- **Protecting capacity** - To protect community-based resources to support COVID delivery, a number of services have had to be temporarily scaled back but are continuing to operate on a reduced scale. These include:
    - Assessment and treatment service for outpatients for older adults and younger people with complex care needs
    - Moor Green Outpatient Brain Injury Service
    - Musculoskeletal Services
    - Birmingham Neuro-Rehabilitation Team
    - Community Stroke
    - Integrated Multi-Disciplinary Teams (formerly known as District Nursing Teams)

- **Nightingale Hospitals** - The Nightingale Hospital in Birmingham remains on standby, ready to quickly stand up and provide extra capacity to support local services with COVID patients if necessary.

3.6 Supporting primary care and ambulance conveyancing

- **Winter/COVID safe operating model** – GP Providers have worked together to develop a system wide winter operating model to support practice resilience and patient and staff safety during the COVID/winter period. See overleaf for full diagram.

Live healthy
Live happy
Birmingham and Solihull

Birmingham and Solihull
General Practice Winter Operating model

NHS

General Practice Model

Green sites:

Most practices are green sites, where most consultations are undertaken on the phone or by video.

Options for patients requiring further treatment, following phone or video triage, are displayed (please note, purple and amber sites may require patients to travel to a different site.

Purple/Amber Site

Non COVID-19 patients

Purple sites:

Purple sites are used for well patients with no symptoms of viral illness, and largely deal with immunisations and vaccinations, maternity work, baby checks, dressings and urgent bloods.

Amber sites:

Amber sites are for acute medical problems with no signs symptoms of viral illness, patients who may need extra shielding, and those who cannot be definitely reassured by a virtual consultation. Patients here will only be seen after a second triage, to ensure we are prioritising face to face consultations only where needed.

Home Visits

Non-COVID-19 patients and COVID-19 patients

Home visits can now be done collaboratively by practices with system wide support to manage demand. The service is based around the amber sites.

This service will be introduced as escalation levels and demand increases.

7 main GP Referral Centres hubs with additional peripheral satellite locations.

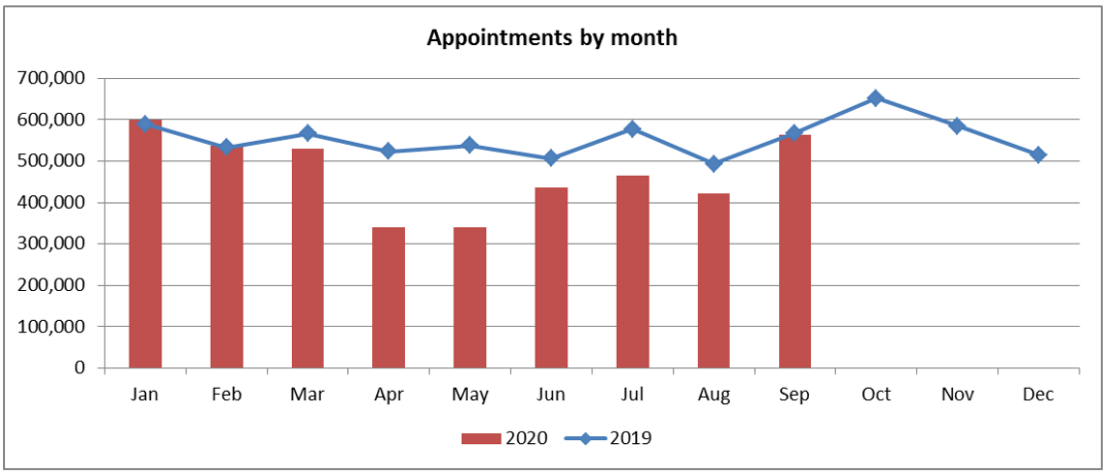
COVID-19 patients

The GP Referral Centres are available seven days per week, and will receive GP and NHS 111 referrals for face to face assessments of COVID19 cases. This is only for patients who require a further assessment over and above a GP telephone consultation. Further capacity will be introduced if demand increases.

- **National priorities**
  - *Staying open and accessible* - NHSEI has set out the shared ambition for general practice to remain fully open and accessible to all patients. However, they clearly recognise the additional workload of a COVID-19 vaccination programme may require practices to prioritise clinical activity.
  - *Quality Outcomes Framework (QOF)* - Within preparedness guidance NHSEI have referenced reassurance on income is to be provided by the existing funding guarantee for the QOF in 2020/21.
  - *Extended hours and access* - As part of local clinical prioritisation, NHSEI has urged local GP providers and CCGs to repurpose extended hours and access capacity to provide full support for potential COVID vaccination activity.
  - *Repurposing funding capacity* - NHSEI has also stated they expect CCGs to take sensible decisions around the repurposing of funded capacity delivering locally enhanced services which could also be paused.
- **Local priorities**
  - *Universal Enhanced Service Patient Offer* – the CCG has reviewed this and stood down non-essential elements of the Offer to support practices to prioritise urgent patient care with a focus on core provision until the pressure reduces. These flexibilities have supported the introduction of:
    - *Ambulance conveyancing* - A paramedic hotline from GPs is being implemented to support ambulance conveyancing. General practices are providing clinical advice to indicate the most appropriate location of care for individual cases. This supports ambulance conveyance and alleviates pressures with ambulance turnaround times
    - *Additional appointments* – Primary Care 'Red' Referral Centres have increased capacity to support system pressures.
    - Review of staff support – there is the potential to use Additional Roles Reimbursement scheme underspend/slippage, GP Forward View Retention funds and the COVID Expansion fund
  - *GP COVID Expansion Fund has been made available to General Practice to focus on 7 key priorities:*

Goal 1	•Increasing General Practice workforce numbers and capacity
Goal 2	•Supporting the establishment of the simple COVID oximetry@home model
Goal 3	•First steps in identifying and supporting patients with Long COVID
Goal 4	•Continuing to support clinically extremely vulnerable patients and maintain the shielding list
Goal 5	•Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
Goal 6	•On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021. And actions to improve ethnicity data recording in GP records
Goal 7	•Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely

- *Managing public expectations* - Work is happening to try and manage expectations during this pressurised period, in terms of managing and booking appointments.
- *GP Capacity and Appointments* - Appointments per month are back to pre COVID levels. As expected, more appointments are now undertaken via telephone but more than 50% are face to face.



4. ONGOING ENGAGEMENT

We will continue to engage with partners and the public regarding the current actions being taken to manage COVID-19, the service changes arising from wave 1 and 2 and any impacts arising from this. This will include regular communication updates with stakeholders, including the Joint Health and Social Care Overview and Scrutiny Committee, Solihull Health and Wellbeing Board and Birmingham Health and Wellbeing Board. Regular updates will also be provided to NHSEI.

5. RECOMMENDATIONS

The Joint Health and Social Care Overview and Scrutiny Committee is asked to:

- NOTE the work undertaken and next steps on managing COVID-19
- NOTE ongoing engagement with key stakeholders on the response to wave 2 and service recovery and restoration.