

SCRUTINY OVERVIEW COMMITTEE

Tuesday 30th June 2020 at 6.00 p.m.

Virtual meeting via Microsoft Teams *Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Councils Standing Orders for Remote Meetings and those set out in the Council's Constitution.*

Present:

Councillor J. Murray
Councillor A. Nawaz
Councillor S. Ditta
Councillor K. Ferguson
Councillor L. Harrison
Councillor K. Hussain
Councillor L. Jeavons
Councillor W. Rasab
Councillor S. Samra
Councillor I. Shires
Councillor M. Statham

Portfolio Holders present

Councillor M. Bird –	Leader
Councillor A. Andrew –	Deputy Leader and regeneration
Councillor O. Butler -	Clean and green
Councillor B. Chatta -	Personnel and business support
Councillor S. Craddock –	Health and wellbeing
Councillor R. Martin –	Adult social care
Councillor G. Perry –	Community, leisure and culture
Councillor T. Wilson –	Children's
Councillor C. Towe –	Education and skills

Officers

Deborah Hindson -	Executive Director
Derwyn Owen -	Corporate Landlord Implementation Lead
Craig Goodall -	Senior Democratic Services Officer
Nikki Gough -	Democratic Services Officer

Partners

Geraint Griffiths-Dale -	Managing Director (Walsall CCG)
Mark Axcell -	Chief Executive (Mental Health Trust)
Richard Beeken -	Chief Executive (Walsall Healthcare Trust)
Dr Rische -	Chair of Walsall CCG

Other Members in attendance

Councillor G. Ali
Councillor V. Waters

Welcome

The Chair opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers, which could be found on the Council's Committee Management Information system (CMIS) webpage.

Members and officers confirmed that they could both see and hear the proceedings.

238/20 Apologies

An apology for absence was received on behalf of Councillor S. Ditta.

239/20 Substitutions

There were no substitutions for the duration of the meeting.

240/20 Declarations of interest and party whip

There were no declarations of interest or party whip.

241/20 Local Government (Access to information) Act 1985 (as amended)

There were no items in private session.

242/20 Minutes

Resolved

That the minutes of the meeting held on 21st May 2020 be approved as a true and accurate record.

243/20 The Black Country and West Birmingham Restoration and Recovery Plan

The Managing Director (Walsall CCG) introduced the report and thanked NHS staff for their hard work which had maintained services and prioritised those most in need and the most vulnerable. Ordinarily, consultation on service changes would have taken place; however, during the pandemic this had not been possible. Consideration would be given to the service changes would be beneficial to maintain in the future. The Walsall Together partnership was strong and this had assisted during the Covid-19 pandemic. Hospital services had been prioritised, community capacity had been increased, and GP services had adapted to provide more virtual appointments. Increased mental health support for staff and patients had been provided, it was stressed that services were open and patients were being encouraged to access those services that they needed.

The 'restoration' phase had begun, although it was stressed that Covid-19 remained a threat. Capacity needed to be maintained to allow the health system to respond to the ongoing threat. It was stressed that full capacity of services could not be fully

regained due to social distancing measures. Increased activity had been created in the community due to patients previously hospitalised needing ongoing support, this needed to be considered in the restoration of services.

There was a significant backlog of planned care, which would result in increased waiting lists. Prioritised access would be provided to the most vulnerable and those most in need. A piece of work would be completed to evaluate the response to Covid-19, to determine what measures had worked as services were restored. Partnership working had been strong and this needed to be built on. It was noted that the scrutiny committee would be asked to be involved in consideration of future service change.

There was currently a 'demand and capacity review', to enable the reset of services. Once core services had been restored, the 'reset' phase would be entered, and the use of digital technology would be key to this. The reset of services would include the voluntary and independent sector.

The Chair of the CCG addressed the Committee to describe the learning from primary care, the experience of digital technology had largely been a success and was now embedded in each GP practice. A telephone triage system meant patients were able to speak to a Doctor, if patients needed to be seen by a GP they were able to do so. It was hoped that digital communication methods would be embedded in the long term provision of services. Face to face services for patients would be prioritised for those with long term conditions, and throughout the pandemic, children and babies were still able to receive their vaccinations. Cancer screening services would be restored. It would be up to each practice how they reset services in the long term. It was hoped that primary care assessment centre would be retained to allow face to face assessment for patients with Covid-19 symptoms. This facility had worked well during the peak of the pandemic.

The Chief Executive of Walsall Healthcare Trust stated that 'restoration' phase related to urgent elective treatment or time sensitive care, in the acute hospital this applied to services such as cancer diagnostics, assessment and treatment. In the Black Country context, Walsall was performing well in restoring of urgent elective services. The recovery phase would be the reintroduction of routine surgery, diagnostics, and preparation for normal seasonal pressures and a potential second Covid-19 spike that would affect the acute sector. Work to prepare for this involved the segregation of the building to create Covid-19 secure area. Infection control measures, including PPE had a clear impact on productivity within the hospital. The recovery of routine elective work would take some time, and availability of resources to do so combined with Covid-19 demands. The reset phase created redesign opportunities and redesign of pathways, integrated front door and shared services across the Black Country. The pandemic had exposed the need to reduce health inequalities; Walsall was well placed to do so through the Walsall Together partnership.

The Chief Executive (Dudley Walsall Mental Health Trust) described the approach by the Trust during the pandemic, which was to protect those services, which people needed whilst in crisis, this was mainly inpatient, crisis and community services and he confirmed that these were maintained. The wider role of the Trust was recognised and included a mental health support service which was rolled out for the acute Trust, GP's, Care Homes, Primary care, and Social Care. This included counselling services and PTSD support. Digital technology had been used, but options for face to face

services were maintained. It was suggested that the challenges in relation to Covid-19 for mental health services were yet to come, in terms of increased demand and this was being modelled. Investment in wider determinants of health was needed to support the population to stay well.

The Corporate Landlord described the Local Authority facilities management response to Covid-19.

A Member asked how it could be ensured that those who were not able to access technology were not disadvantaged. The Chief Executive (WHT), stated that any outpatient who was not able to access the digital appointment was offered a physical consultation. Officers confirmed that this was the approach for the Mental Health Trust, and for Primary Care.

In response to a question about test, track and trace. The Chair of CCG stated that there was value in tracking contacts of Covid-19 patients to reduce the spread of the virus and that speeding up the testing process was important to reduce unnecessary self-isolation.

A Member asked how GP home visits had been impacted by the pandemic, and BAME communities had been impacted more than other groups, and questioned what was being done differently to tackle health inequalities in Walsall. The Chair of Walsall CCG stated that home visits were still happening and there was a system in place to see patients who were symptomatic of Covid-19. Where possible video assessments were taking place, patients who needed visiting were being prioritised. In terms of health inequalities, the most deprived areas had suffered from higher levels of Covid-19, and the reasons for this needed addressing. The reset plan included priority at risk groups' in particular metabolic and respiratory conditions.

The Portfolio Holder (Health and wellbeing) stated that a Local Outbreak Engagement subcommittee was focusing on local outbreak management. Within the Council's corporate plan, a priority was to reduce health inequalities and the way this could be further embedded was being considered. The Chief Executive (Dudley Walsall Mental Health Trust) acknowledged the impact on BAME staff and their families and the Trust were working to ensure that they felt supported. Community support workers had been expanded to ensure that affected communities felt supported.

Representatives asked for clarification around the process of GP primary care reset, in response the Chair of the CCG stated that there was a primary care restoration group; guidance had been provided to primary care providers however, each GP would manage this independently due to different needs of each geographical area.

A Member queried if risk assessments had been conducted for BAME staff and the preparation of the health economy for a local lockdown should it be needed. The Chair of CCG confirmed that all Trusts and Primary Care staff had received a risk assessment and any steps to support those staff had been addressed. This was applied to clinical and administrative staff. If a spike in admissions was experienced, it was suggested that action should be taken. The Portfolio Holder for Public Health stated that there was not a major spike at the moment in Walsall. The Chair of the CCG, stated that a threshold needed to be agreed by Cabinet, at which point action could be taken.

Cross boundary issues in relation to local lockdowns were discussed, and how feasible this would be. The Chair of the CCG stated a Black Country lockdown would be considered if a lockdown was needed.

A Member asked what lessons had been learnt whilst dealing with the pandemic. The Chief Executive (WHT) stated that challenges included workforce absence, ventilator capacity, a large number of inpatients with a positive diagnosis, distressed staff who were dealing with difficult scenarios. The immediate learning had been that the health and wellbeing offer to staff was vital to reduce absenteeism, and the patient journey for a suspected Covid-19 patient needed to be carefully planned. In the event of a future spike in cases, the availability of critical care capacity would be central to the response and ventilator availability needed to be improved.

A Member asked if local lockdown plans were being developed, and stated it would be useful to understand the work on planning for local lockdowns. The Portfolio Holder stated that the Covid-19 Outbreak Management Plan detailed enforcement and legislation in the event of an outbreak. Response would be dependent upon the circumstances. A Member suggested that this plan should have been subject to pre-decision scrutiny; the fast turnaround of this document was noted.

A Member asked for details of the financial impact to the health economy, the Chief Executive (WHT) stated that the impact was significant, revenue had been provided from Government, however the first period of financial support was coming to an end and the hospital would further Covid-19 related costs. It was unclear what the financial settlement would be, and this clarity was needed.

Resolved (by assent)

That the Black Country and West Birmingham Restoration and Recovery Plan' was noted.

244/20 COVID-19 Briefing Note

The Chair introduced the item (annexed) and stated that the document was for information and to give Members the opportunity to ask questions on specific areas. The Portfolio Holder (Health and wellbeing) stated that he had circulated a dashboard which was now published on the Council website and would be updated on a regular basis.

A Member highlighted the disparity between referrals for assistance between the East and South of the Borough and asked for the reasons for this. It was suggested that this was due to the local community support available in the South of the Borough (not connected to the making connections infrastructure) providing support and this information may not be captured within these figures.

A Member stated that it was expected that all pupils would be returning to school in September and asked the plans that had been made to plan for this. The Portfolio Holder (Education and skills) stated that the Authority would follow Government guidance. There were currently 925 Reception children, 945 year 1 children, 1089 year 6, 355 year 10, 91 year 12 children, 1927 key children and vulnerable children

attending school. A Member asked for clarification on the Covid-19 testing regime in schools, it was explained that testing was offered for symptomatic individuals. The Leader stated that schools were well prepared, and tests were available if requested. The limited effectiveness of the antibody test was noted.

The summer free school meals programme was discussed, and it was noted that schools would not be open during the summer holidays. The 'Money, Home Job' team were considering the implications of this scheme.

Resolved (by assent)

That the Covid-19 briefing note be noted.

245/20 Areas of Focus

The Committee considered the items scheduled for the next meeting. The Chair invited additional suggested items for the July meeting.

It was agreed that the 'member communication review' would be added to the work programme for August. The scrutiny of the decision to change the management structure of Money, Home Job was also a potential item for August.

Members suggested that the following items be considered for future meetings: 'flash flooding', review of gulley cleansing regime pressure points, capacity and identification of solutions for flash flooding. Another suggestion was the reliability of water supply in Walsall, to consider Severn Trent's performance, and plans to resolve ongoing issues.

246/20 Covid-19 Working Group Initiation Document

The work of the Covid-19 Working Group was described and the initiation document was considered by the Scrutiny Overview Committee.

Resolved (by roll call)

That the Covid-19 working group initiation document be approved.

246/20 Forward Plans

The Forward plans were considered by the Committee.

Resolved (by assent)

That the forward plans be noted

Termination of Meeting

The meeting terminated at 8.20 p.m.