Adult Social Care & Health Overview & Scrutiny Committee

Wednesday, 24 June 2020

Minutes

Attendance

Committee Members
Councillor Wallace Redford (Chair)
Councillor Clare Golby (Vice-Chair)
Councillor Helen Adkins
Councillor Jo Barker
Councillor Margaret Bell
Councillor Sally Bragg
Councillor Mike Brain
Councillor John Cooke
Councillor John Holland
Councillor Andy Jenns
Councillor Pamela Redford
Councillor Jerry Roodhouse
Councillor Andy Sargeant

Other Members
Councillors Les Caborn (Portfolio Holder), Mark Cargill, Keith Kondakor, Kate Rolfe, Izzi Seccombe OBE and Pam Williams.

Officers
Shade Agboola, Jane Gillon, Jak Lynch, Nigel Minns, Isabelle Moorhouse, Louise Richardson, Sushma Soni, Paul Spencer and Gereint Stoneman.

Partner Organisations
Chris Bain (Healthwatch Warwickshire)
Councillor Clifford and Vicky Castree (Coventry City Council)
Gill Entwistle (South Warwickshire CCG)
Rose Uwins (Warwickshire North and Coventry & Rugby CCGs)

Members of the public
Dr. Sharon Hancock
Councillor Jacky Chambers
Professor Nick Spencer
Professor Anna Pollert
Mr Martin Drew

Warwickshire County Council

1. General

(1) Apologies

None.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair advised that an additional meeting of the committee had been scheduled for Thursday 30th July 2020 commencing at 10.00am. This would consider proposals from the clinical commissioning groups (CCGs) for the recommencement of services post-covid and to receive an update on the CCG merger proposals.

The Chair reported on the proposal to expand the terms of reference of the Horton Health OSC. It had agreed to amend its scope to be able to scrutinise a masterplan for the Horton Hospital. In order to do this, it may require all three councils to agree the revised scope within their health scrutiny powers.

(4) Minutes of previous meetings

The minutes of the committee meeting held on 19 February 2020 were approved as a true record.

2. Public Speaking

Seven public questions were submitted. The questions are attached at Appendix A to these minutes and summaries of each item and responses are provided below.

<u>Question from Dr. Sharon Hancock</u>

Dr Sharon Hancock had submitted a question on test, trace and Isolate and the support contacts were being offered in the Coventry, Solihull and Warwickshire (CSW) beacon area.

Dr Shade Agboola, Director of Public Health (DPH) provided a verbal response. Strong links had been established with the voluntary and community sector and she spoke about the support being provided to those who needed to isolate, which would continue to be built upon. This included practical support e.g. with shopping. There were plans for an engagement session with neighbourhood level groups and making best use of community development workers was also touched on. Further details would be provided later in the meeting on the outbreak control plan. Specific work was being undertaken with homeless people and victims of domestic abuse.

Question from Councillor Jacky Chambers

The DPH was asked to report on progress made so far in making test data from the national test and trace system (pillar two) available to local public health teams; how quickly test results were being returned, and whether or not this information had been used to identify and investigate recent outbreaks in the county.

Shade Agboola responded that significant progress had been made. There was direct access to the pillar two data at both the county and district/borough level. She spoke about test turnaround times which were between one to three days for pillar two tests. The data on incidents/ outbreaks was provided in a variety of ways, including through Public Health England (PHE), the national test and trace service (NT&T) and in relation to an outbreak amongst police officers, from the police themselves. It was expected that the NT&T service would report more data as it gained momentum. Reference was also made to the good working relationships with schools, which ensured that early notification was received, often before the NT&T service reported cases.

Question from Professor Nick Spencer

Professor Spencer spoke of plans amongst retired GPs, public health and community doctors and nurses, to establish a locally based contact tracing initiative, sensitive to and embedded within local communities. He asked if the DPH would meet with them to discuss how their expertise could be deployed to contribute.

Dr Agboola confirmed she was happy to meet with Professor Spencer and colleagues. She described the local role in the test and trace programme, managing complex cases and compared this to the role of the NT&T service in dealing with non-complex contact tracing. Local authorities had a brief from national government which included the development of outbreak control plans. To date existing resources had been utilised to respond to outbreaks, working in conjunction with PHE. The additional government funding may need to be used to provide increased capacity, especially with the easing of lockdown measures. Dr Agboola spoke of the local Health Protection Board, which was meeting weekly and confirmed the composition of this board.

Questions from Professor Anna Pollert

Professor Pollert submitted a question about CCG deficits, but acknowledged that this could be deferred, as it was not Covid related. She asked if the Committee would investigate how the CCGs would deal with these deficits.

Professor Pollert asked a second question which concerned Covid19 and the government system for control of it. She asked the DPH, supported by the committee to do all in their power to work with local health professionals and volunteers to reach, test, trace and isolate local residents with a Covid19 infection. She reiterated the points from Professor Spencer, acknowledging that the DPH had agreed to a meeting with individuals seeking to establish a locally based contact tracing initiative.

Dr Agboola confirmed she was happy to explore working with local health professionals and volunteers, also the local responsibilities for responding to complex cases and producing the Outbreak Control Plan. There had not to date been a requirement for large scale contact tracing. This could change as lockdown measures eased.

Question from Dr Gordon Avery

Dr Avery had submitted a question asking whether there was a way people could help to make a full local contribution to the management of the test, trace and isolate scheme in Warwickshire.

Dr Agboola acknowledged that this was similar to previous questions and reiterated the points made including the willingness to meet with local health professionals and volunteers.

Question from Mr Martin Drew

Mr Drew asked if the DPH and the committee would investigate how GPs could be brought into the Covid19 response making comparison to notifiable diseases. He also asked if Warwickshire GPs were receiving Covid19 antigen test results and if not, what the DPH could do about this.

Dr Agboola responded that the involvement of local GPs would be investigated. One suggestion made was use of local GPs to increase local testing capacity. An options appraisal for testing was currently in production. It was not yet clear if Warwickshire GPs were receiving Covid19 antigen test results. However, it was understood that this was planned. She made an offer to discuss how best GPs could be involved whilst recognising the increasing demands on primary care.

The Chair noted that a further question had been received without adequate notice being provided. This had been forwarded to officers for consideration. He thanked the public participants for their questions.

3. WCC Covid Recovery Approach

A report was introduced by Nigel Minns, Strategic Director for People Directorate, to provide an overview of the Council's approach to recovery from the Covid-19 pandemic. A key aspect was the development of a recovery plan which would be submitted to Cabinet for approval in September. This Committee's comments were sought on the approach to the development of the recovery plan.

Following its approval there would be an ongoing scrutiny role, particularly over the longer-term delivery phase. This would feature in the planned review of the scrutiny function.

The key elements of the recovery approach were summarised within the report and provided in more detail in the appended report approved by the Cabinet on 11 June. This set out the three phases to recovery. The Council was now in the foundation stage and an outline was given of the key focuses and the output for the recovery plan being presented to Cabinet in September.

The report included a section on the focus of the response and plans for recovery. The Council had worked flexibly and adapted in many ways to ensure that key services were delivered, and people were supported to cope with the effects of Covid19. Examples were provided of the responsiveness and actions taken by Public Health, Adult Social Care and People Strategy and Commissioning for services within the remit of this Committee.

As the Council moved into the delivery phase of its recovery plan, there would be a role for this committee to consider aspects of recovery relevant to its remit, particularly health and social care

and aspects of community recovery. It was proposed that further reports be brought to the Committee for its consideration.

Nigel Minns focussed on key sections of the report, giving examples of the work undertaken over the last three months. He referred to the isolation arrangements for Covid patients leaving hospital before retuning to a care home setting. He referred members to the appended Cabinet report and the recovery principles set out within it. There were close working arrangements with health colleagues and the voluntary sector on the recovery actions.

The following questions and comments were received with responses provided as indicated:

- In response to a question from the Chair, Nigel Minns gave an outline of how the County Council had assisted care home providers especially with the provision of personal protective equipment (PPE). Reference was made to a webpage containing further information. This link would be provided after the meeting and can be viewed here. A workforce recruitment plan had also been established, leading to over 100 additional staff being employed. Finally, he spoke about the financial offer to care providers to meet all additional costs associated with the pandemic. The government infection control fund was passported to care providers within a week of receipt. This had already exceeded £4.1m and was continuing to increase. A further update on distribution of funding, including the second tranche of £2.7m of government funding would be provided shortly. The Chair considered a good response had been provided by the County Council to care homes and by its officers generally. This sentiment was echoed by several members during the debate.
- Data was sought on the number of Covid positive patients going from George Eliot Hospital into intermediate care and whether any had needed to go back into hospital. The data would shared after the meeting. No patients had needed to return to hospital.
- The sustainability of the measures implemented was raised, especially the support for homeless people and provision of transitional care. On hospital discharge, the work undertaken over the last two years had helped. Good joint working arrangements had been established, with relationships improving still further during the pandemic. There was joint work on planning the recovery processes. It was hoped that the guidance in place currently would remain similar after the pandemic. There had been terrific support for homeless people across all areas and good joint working between agencies. There was a wish to sustain this if possible and announcements were awaited from central government on funding and arrangements. It was agreed that a letter be sent from the committee to offer support for the continuation of the current measures implemented.
- More information was provided on the priorities for reinstatement of services. This included commissioned services, respite, support for people with disabilities and domestic abuse services. Many services such as sexual health services had continued to operate virtually, but reinstating face to face services was a priority.
- Some issues were beyond the County Council's direct remit. Examples were the decisions on reopening of pubs, restaurants and schools. There was a need to work with other local authorities and the private sector. Officers assured there were good joint working arrangements for example on recovery, town centre planning and members were referred to a section of the Cabinet report which detailed this joint work. It was questioned how local councillors could contribute and the impacts for the business sector were also referenced. Key messages from the pandemic remained in terms of enhanced hygiene and social distancing. This was key to preventing a second wave of the pandemic. An outline was given of key messages within the Outbreak Control Plan.

- It was agreed that reducing health inequalities was a key aspect and this would be the chosen topic for the annual DPH report, anchored by the experience from covid. The pandemic had emphasised the health divide between the north and south of the county. The Outbreak Control Plan would also come into the public domain from the end of June.
- Covid cases in residential care homes was raised with recognition of the way the County Council had responded to a 'spike' in cases.
- The committee's work programme included an item on the long-term sustainability of the care home market. It was hoped this would be included in the cabinet working groups as a recovery aspect.
- Similarly, the mental health difficulties for some people in coping with the lockdown, respite arrangements, telephone support services and the potential for social prescribing were mentioned as further areas for consideration.
- The points raised on respite and care home sustainability were recognised as key priorities. There may remain public nervousness on being admitted to a care environment and currently there were high vacancy rates. There was national work through the government and ADASS on sustainability of the care home market.
- Healthwatch Warwickshire had undertaken a project on access to primary care services for homeless people. It was hoped that the current flexibility and relaxation would be continued after the pandemic, so homeless people continued to have easier access to services. The committee was asked to monitor this, which the Chair agreed to do. Gill Entwistle of South Warwickshire CCG agreed with the points raised and offered to pursue this with Healthwatch after the meeting.

Resolved

That the Committee:

1. Receives and notes the County Council's approach to Covid19 Recovery, as set out in the report and appendix.

2. Comments as set out above on the specific issues relevant to the remit of this Committee that should be considered in the development of the Recovery Plan to be submitted to Cabinet in September.

4. **Test, Trace, Isolate**

Shade Agboola, Director of Public Health gave a presentation to the Committee, which had also been provided to the Covid19 member engagement board held the previous week. This outlined the Outbreak Control Plan, its aim, the eight key priorities and respective roles of national and local government especially in regard to contact tracing. The presentation included Covid19 case number estimates, the sub-regional response arrangements and the governance structure for Warwickshire. Detail was then provided on each of the eight priority areas:

- Community engagement to build trust and participation
- Preventing Infection
- High risk settings and communities
- Vulnerable People
- Testing Capacity

- Contract Tracing
- Data: dynamic surveillance and integration
- Deployment of capabilities including enforcement

The presentation concluded with resource requirements and priorities. The following questions and statements were submitted, with answers provided as indicated:

- People who were infectious but not symptomatic. Currently only people with symptoms could request to be tested. Work was ongoing with Public Health England (PHE) to see how this could be addressed, so those who potentially could be contagious were tested.
- It was planned to provide pillar two test data to elected members along with the pillar one information. Sharing this data periodically with the public would help to ensure appropriate behaviours. It was asked if this data could be disaggregated for each district/borough area. Officers confirmed that the numbers of cases were small.
- The number of cases at the George Eliot Hospital (GEH) seemed disproportionately high. It was questioned if these were community acquired cases or could have been transmitted at the hospital. The number of cases at GEH was reducing. Research had shown a mixed picture with some cases being transmitted in hospital. A postcode breakdown was awaited on the location of residents who had acquired covid in the community.
- A comparison was sought on the proportion of cases acquired at GEH to those in other hospitals. Frequent and detailed information was provided, which confirmed that the rate at GEH was higher. A video had been posted on the County Council's website to show the measures implemented to control infection at GEH.
- In response to a related question about the four wards involved at GEH, the DPH stressed that people should not be discouraged from going into hospital.
- Decisions about local lockdowns and how they would be triggered. It would be crucial to give the correct messages to the public and elected members, as community leaders would be able to provide information in their locality. It was expected that lockdowns would be required, but the size of the lockdown area was presently unknown. The DPH advised that this was currently not under the control of the local authority.
- It was questioned if plans were being put in place in anticipation of such powers being granted. Lockdown action plans would be developed for each part of the beacon area.
- Arrangements for the rollout of antibody testing were questioned. It was available to NHS and some social care staff. However, this was not the solution as it did not give a clear guide to how long the immunity would last for or if it would be effective if the virus mutated. It did help with managing workforce pressures though. It was important that people did not become complacent. Monitoring of staff who had returned to work after receiving a positive antibody test for further symptoms was a further point raised.
- It was questioned why the nightingale hospitals had not been used to provide capacity at existing acute trusts and to isolate covid patients. The DPH agreed to take this point away and report back.

The Chair thanked Dr Shade Agboola for the extensive work being undertaken and for the information provided to members at the meeting.

Resolved

That the Committee notes the report.

5. Questions to the Portfolio Holder

Councillor Les Caborn advised that he had written to the George Eliot Hospital Trust to support the Director of Public Health and ensure that everything possible was being done.

A question was submitted regarding covid deaths, the higher proportion of people affected from BAME communities and the links to social and health inequalities too. It was questioned if this could be added to the work programme. Councillor Caborn referred to the new Health, Wellbeing and Social Care Covid Recovery Group. Such items could be included within its remit. There was an aim to embed all the learning from the pandemic in designing future services. The Chair suggested that this could be added to the Committee's work programme too.

6. Work Programme

The Committee reviewed its work programme.

The Chair suggested that an update be sought from UHCW on actions outstanding from its previous Care Quality Commission inspection. He proposed that more use be made of briefing notes to keep the committee updated and acknowledged the suggestion under the previous item regarding covid deaths and the higher proportion of people affected from some communities.

Changes were being made to healthcare in response to the covid pandemic. In terms of future funding for health services, reference was made to developer contributions and it was suggested an item on where these monies would be allocated would be useful for the committee. The Chair suggested a briefing note for all members in the first instance.

The Warwickshire North Place Board had received a presentation on smoking in pregnancy. The data for the north of the county showed that one in five expectant mothers smoked. A briefing with data and the actions being taken would be useful.

Chris Bain of HWW spoke about the expected legacies of the pandemic. Examples included increased waiting lists and the mental health impacts for people either anxious to return to work, or spending lockdown whilst suffering from a mental health condition. The Chair commented that use of more briefing notes would provide additional capacity to keep the committee informed.

Resolved

That the Committee updates its work programme as outlined above.

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Chair

The meeting closed at 11.55am

Question from Dr. Sharon Hancock

In order for 'Test, Trace and Isolate' to succeed in preventing a second wave of the Covid 19 pandemic, it is essential to have a high degree of compliance by contacts. 14 days self-isolation is a challenge particularly for those on low incomes or with caring responsibilities. What support are contacts being offered by the Coventry, Solihull and Warwickshire Beacon?

Question from Councillor Jacky Chambers, North Warwickshire Borough Council

Statement: More than half the Tests for Covid 19 are now carried out through the National Test system of drive-in centres, mobile units, or postal home testing kits (described as 'Pillar 2' tests).
One of the priority actions described in the Sub regional briefing paper circulated to members was to ensure that the results of these tests were returned quickly and in a form which could be used by local public health teams to respond rapidly to local needs and outbreaks.
Recent media coverage (June 17th) of the sharp rise in the number of patients admitted to the George Eliot Hospital for Covid 19 gave the impression that calls to 111 are the main source of community based information about population transmission – rather than the number of Covid +ve cases reported in the national system.

Question. Now that Warwickshire County Council has been selected as a BEACON authority to work with the national leaders on Outbreak Control Plans, could the Director of Public Health report what progress has been made so far in making test data from the national Test and Trace system (Pillar 2) available to local public health teams; how quickly test results are returned, and whether or not this information has been used to identify and investigate recent outbreaks in the county.

Question from Professor Nick Spencer

Statement:

Primary care and public health professionals in Sheffield and Calderdale (see https://www.communitycontacttracers.com/projects/) have established local community-based contact tracing initiatives which have contributed positively to contact tracing sensitive to, and embedded in, local communities. By contrast, in the CSW Beacon Test & Trace Plan, which interestingly appears to have omitted 'isolate' from its title, tracing of contacts of individuals in the community is being carried out by cold callers recruited by the outsourcing company, Serco, with no involvement of primary care or community-based tracers. Contact tracing and follow up to ensure isolation are skilled and sensitive processes and the use of remote callers with no local knowledge and no clear plan for follow up is destined to fail.

Question:

As a group of retired GPs, public health and community doctors and nurses, we are proposing to establish a locally-based community contact tracing initiative working with primary care practices and local volunteers. Will the DPH consider meeting with us to discuss how our expertise can be deployed to contribute to a locally-based sensitive and embedded initiative?

Questions from Professor Anna Pollert

CCG Deficits.

Statement: SWCCG has a £26 m deficit
Coventry and Rugby and North Warwickshire CCG has a £17.9 m deficit.

Question: Will WCC ASCHOSC investigate how the CCGs will deal with these deficits?

Covid 19.

Statement
I want to indicate to councillors that the government is failing to control Covid 19 in that its testing and tracing system fails to find the majority of Covid 19 cases.

The **Office of National Statistics** **estimated that, at any given time between 31 May and 13 June 2020, the number of people with COVID-19 in the community in England was 33,000. 'Community'** in this instance refers to private households, and it excludes those in hospitals, care homes or other institutional settings.

But the official figure for the UK government test and trace scheme for England between June 4th and 10th was only 5,949 people who tested positive for coronavirus . See Guardian June 18th.

Although this is not for exactly the same time period as for the ONS (one week, not two weeks), this is a tiny fraction of the estimate by the ONS. This disparity means that the majority of people with COVID-19 are simply not being reached by the UK government test and trace system.

And of this 5,949 of diagnosed cases, the New Scientist and other media report that less than three quarters were contacted by the NHS Test and Trace (SERCO run) contact tracers (New Scientist: Latest coronavirus news as of 5 pm on 18 June).
The UK government's contact tracing scheme for England only reached 73 per cent of people diagnosed with coronavirus between 4 and 10 June, government figures revealed today. **This falls short of the 80 per cent target recommended by the government's Scientific Advisory Group for Emergencies (SAGE) for the second week in a row.**

In addition, not everyone contacted by NHS Test and Trace was reached quickly enough. Only 75 per cent of people who were contacted were reached within the government's target of 24 hours. 8.6 per cent of people were only contacted after 72 hours, when the chance that an infected person has already spread the virus is high.

Question Will the DPH, supported by WCC ASCHOSC, recognise the failures of the government system and do all in its power to work with local health professionals and volunteers to reach, test, trace and isolate local residents for COVID 19 infection?

Question from Dr Gordon Avery

I, along with many other public health professionals recognise that the Government has created many problems for the NHS by centralising management and privatising services. In the case of the Covid-19 pandemic we also recognise that they have broken international rules set by the World Health Organisation for the control of Communicable Diseases. The management of such diseases should be carried out by skilled, well trained locally based teams and led by a Regional or Local Director of Public Health. The Coventry, Warwickshire, Solihull Beacon system, while appearing to be a local one, is, from its description to councillors, dependent on the centralised Deloite testing station which people must drive to and which, as far as we know, still does not provide test results to GPs and Public Health. It is not based on accessible, walk-in test centres, as it should be, and is the case in other countries where the virus is successfully suppressed.

We are very concerned that the delays and mistakes made by the Government in getting this programme up and running is a real threat to the people of Warwickshire and Coventry. We are even more concerned about the possibility of a second wave of of the Covid-19 pandemic if concerted action is not taken very soon as 'Lockdown' is eased.
We wonder whether there is any way we can help to make a full local contribution to the management of the Test, Trace and Isolate scheme in Warwickshire especially as the Government has just abandoned the long awaited tracing App.

Question from Mr Martin Drew

Subject: Reinstate role of the GPs in tackling the Covid 19 pandemic

Statement.
There is an established, statutory, locally based **public health** system for tackling notifiable diseases. GPs are pivotal in this process. Patients' trust and their GP's knowledge of health history are very important in diagnosis. GPs are also experienced in cooperating with local Public Health and other local agencies.

A patient with symptoms contacts their GP. If a **notifiable disease** is suspected, GP tests, sends it to their local Public Health Lab, advises patient to isolate and GP notifies Public Health. Test results are returned within 24 hours. If confirmed Public Health organIses tracers to track patient contacts. This tried, tested and trusted system involves close cooperation and local knowledge. It has been successfully used widely in Europe.

However, **in the case of Covid 19**, the Government sidelined this legal process with a centralised, fragmented un-evaluated system. GPs are bypassed because NHS 111 **and the testing centres** did not notify GPs of suspected cases. GPs weren't allowed to test, so confirmed cases were not recorded. Furthermore many results from independent testing companies and lighthouse laboratories went missing and many swab tests were false negative due to poor tester training. Until recently no testing was done in the community, all tests were confined to hospitals. This is probably a major contributory factor for the huge number of excess deaths and the catastrophic toll in care homes.

Reliable local testing together with effective use of tracing data are key. The advent of autumn and winter months will be a critical time if there is a second Covid wave together with the usual increase in flu cases. Expert diagnosis by GPs and swab samples taken **by** trained nurses is vitally

important to ensure higher quality results compared with those produced by the likes of Deloitte or home test kits.

GPs play no role in the Coventry, Solihull and Warwickshire local pilot Beacon programme for test and trace. **They should be brought in.** GPs and Local Public Health need to take back control and should be funded accordingly. There are willing retired health professional and many of the 7000 Warwick/Leamington Mutual Aid volunteers should be deployed for **community** contact tracing.

Question: Will the local Director of Public Health and ASCHOSC investigate how GPs can be brought into the Covid 19 response - as they should have been in the first place?