

# Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 18 November 2020

## Minutes

### Attendance

#### Committee Members

Councillor Wallace Redford (Chair)  
Councillor Margaret Bell (Vice-Chair)  
Councillor Jo Barker  
Councillor Sally Bragg  
Councillor Mike Brain  
Councillor John Cooke  
Councillor Andy Jenns  
Councillor Keith Kondakor  
Councillor Judy MacDonald  
Councillor Pamela Redford  
Councillor Penny O'Donnell  
Councillor Jerry Roodhouse  
Councillor Kate Rolfe  
Councillor June Tandy

#### Other Members

Councillors Les Caborn (Portfolio Holder), Pam Williams and Parminder Singh Birdi

#### Officers

Shade Agboola, Jagdeep Birring, Becky Hale, Nigel Minns, Deb Moseley, Paul Spencer and Pete Sidgwick.

#### Partner Organisations

Chris Bain (Healthwatch Warwickshire) (HWW)  
Councillor Joe Clifford (Coventry City Council)  
David Eltringham (George Eliot Hospital (GEH) and Warwickshire North Place Executive)  
Jenni Northcote (GEH and Coventry and Rugby Clinical Commissioning Group (C&R CCG))  
Anna Hargrave (South Warwickshire CCG)  
Rose Uwins (Warwickshire North and C&R CCGs)

## **1. General**

### **(1) Apologies**

Councillor Helen Adkins, Councillor Tracy Sheppard replaced by Councillor June Tandy (Nuneaton and Bedworth Borough Council) and Adrian Stokes (Warwickshire North and C&R CCGs)

### **(2) Disclosures of Pecuniary and Non-Pecuniary Interests**

Councillor Jo Barker declared an interest in any matters raised which concerned the Ellen Badger Hospital. Councillor Jerry Roodhouse declared an interest as a director of Healthwatch Warwickshire.

### **(3) Chair's Announcements**

The Chair welcomed Councillor Penny O'Donnell who had replaced Councillor Chris Kettle as the representative for Stratford-on-Avon District Council. He placed on record thanks to Councillor Kettle for his service to the committee.

The Chair welcomed David Eltringham, Managing Director of GEH and Chair of the Warwickshire North Place Executive, together with Jenni Northcote who was employed as Chief Strategy Officer across both GEH and C&RCCG. They would provide a verbal update to members, to pick up points raised at the last committee.

A standard item would be included at future meetings to provide for 'questions to the NHS'. Initial discussions had taken place at the recent Chair and spokesperson meeting. This would be an item early on future agendas, similar to questions to the Portfolio Holder, for members to raise any questions to NHS commissioners or service providers. Members would be asked to indicate areas they wished to raise ahead of the meeting. Consultation would take place with service providers and commissioners to finalise the details.

The Chair had written to all acute hospital trusts to seek waiting time data and the responses from all three trusts been circulated to the committee. He added that the agenda for the next meeting included an update from the West Midlands Ambulance Service and asked members to submit question areas to shape this item.

### **(4) Minutes of previous meetings**

The minutes of the meeting held on 30 September 2020 were accepted as a true record.

Arising from matters raised at the previous committee, the Chair invited David Eltringham and Jenni Northcote to address the meeting. David Eltringham initially gave a general position update on Covid-19 and the increase in data over the last week, with over 30 patients in hospital currently and sadly six deaths. He reminded members of the importance of following health guidelines to address the spread of the virus. Mr Eltringham spoke about the recovery work implemented after the first wave of Covid-19, updating on the reduction in waiting times for cancer patients. Linked to this were diagnostic services with 90% having been reintroduced. However, there was a shortage of MRI radiographers. In terms of outpatient,

day case and elective inpatient activity, GEH was currently operating at a level higher than that prior to the pandemic. This had been assisted by the opening of a new 30 bed surgical unit and theatre. An area of challenge for the local system was those patients waiting over 52 weeks for routine operations, which had been impacted by the pandemic. It was around 1,200 cases, had reduced to 900 cases presently and he spoke about the planned trajectory for continued reduction. Mr Eltringham outlined improvements to urgent care, the known challenges for the A&E department, and the improvements in performance when compared to the same period last year.

Jenni Northcote gave a short presentation to update on the phlebotomy service, with the slides comprising:

- Phlebotomy service
  - Covid-19 impact
  - Community clinic delivery model
  - New sites at Bulkington Community Centre, Coleshill Leisure Centre and the Leicester Road Stadium
  - Patient feedback
- Phlebotomy capacity
  - Clinic space at GEH had not been available
  - Capacity impact – 7,500 patients displaced from GEH creating pressure on community clinics
  - Social distancing requirements reducing the number of patients who could be seen
  - Resource diverted to keep the most vulnerable patients safe
- Phlebotomy appointments
  - Appointment only service – to protect staff and patients
  - Appointment booking – an outline of the systems in place
  - Clinically urgent – appointments reserved for urgent cases
- Phlebotomy waiting times – a table showing current waiting time data across eight sites
- Next steps
  - Resource request to the Health and Care Partnership for system level support
  - Blood tests were required for a myriad of services and pathways

Questions and comments were submitted, with responses provided as indicated:

- It was agreed that a copy of the presentation slides would be circulated.
- Discussion about the blood test delays in Nuneaton and plans to increase capacity at busier times. There were difficulties in getting to the Bulkington site for those without a car. This site had been put in place to ease pressures at the Bedworth clinic and there was public transport between the areas.
- Further information was sought about the speed of Covid swab test results at the GEH. David Eltringham confirmed that swab tests were currently processed at the UHCW laboratory and took 24 hours. New technology was expected to be operational from the week of 30 November, which would increase capacity and provide rapid turnaround of swab tests.
- A question about increase in pregnancies following the first wave of the pandemic, but there had been no growth in service demand presently. Many services were being monitored as the full impact of the pandemic was still unknown. An offer was made to brief the committee on such aspects in a few months.

- It was requested that thanks be communicated to all GEH staff for their dedicated service.
- A question about the resumption of ophthalmology and hearing clinics. GEH was restarting all services, including ophthalmology and audiology. Mr Eltringham spoke of plans to offer such services in 'out of hospital' settings and further information could be brought to the committee in the coming months.
- Discussion about the variance in phlebotomy waiting times across the north of Warwickshire and in Nuneaton this was currently 11 days. Also, the commissioning arrangements in the north of Warwickshire and the rationale for it. Further aspects raised were GP service provision and those for patients who were shielding, which comprised both protected clinics and home visits.
- The Portfolio Holder, Councillor Caborn confirmed the frequent meetings held with David Eltringham, himself and council leaders in the areas served by GEH. He recorded his thanks to all for the service improvements achieved. The Chair echoed these thanks to GEH and to both speakers for the updates. The Committee would welcome the further updates offered to future meetings.

## **2. Public Speaking**

None.

## **3. Questions to Portfolio Holders**

The Portfolio Holder reported on the joint government and NHS project for a 'mega' laboratory serving all of England to be located at Leamington Spa. This would be operational early in 2021, employing 1500 people initially, rising to 2000 with both highly skilled employees and technicians. There would be supply chain job opportunities too and recruitment was already underway. The centre would focus initially on Covid, but subsequently for illnesses like influenza and cancer in the longer term. This was an excellent opportunity for the area and good close working was taking place between the district and county councils. The news was welcomed with an enquiry about interim arrangements until the new laboratory was available. There was not expected to be any capacity issues.

The Portfolio Holder also confirmed that all patients discharged from hospital to go back to into care were having a Covid test 48 hours before leaving.

## **4. Mental Health - Healthwatch Warwickshire Survey**

The Committee received a report and presentation from Chris Bain, Chief Executive of Healthwatch Warwickshire (HWW) on the findings from its survey of how Covid-19 had affected the health and wellbeing of people in Coventry and Warwickshire.

The presentation included slides on:

- The survey questions:
  - How had local people accessed information during the pandemic and was that information given in a way that they understood?
  - What changes had been made to NHS, adult social care services, or the support needed or received during the pandemic?

- How the pandemic had impacted peoples' mental health and wellbeing, what services had been affected and the impact on the person receiving support?
- 1117 people had responded to the survey, with data on the location and ethnicity of respondents.
- Findings:
  - Information to stay safe and well – people had found it easy to access information but difficult to keep up to date. The types of information people needed clarity on were reported
  - Additional communication needs, with 'easy to read' information being a common area
  - Changes to healthcare – 401 people had experienced changes to their healthcare
  - Experiences of healthcare for Covid-19 symptoms
  - Themes in what we are hearing – maternity and dentistry examples
  - Changes to social care
  - Mental health and wellbeing – the key area with 839 respondents, many saying there had been an impact on their mental wellbeing
- Next steps showing work undertaken already and that planned

The Committee was invited to submit questions and responses were provided as indicated:

- The Chair asked if the survey had identified anything that WCC needed to address. Chris Bain spoke of the feedback around loneliness and isolation, people feeling forgotten and how to engage with them, perhaps through the third sector. The restriction on care home visits impacted on residents causing anxiety, especially those with dementia, but also for their relatives too.
- The points about anxiety were echoed by several members. One referred to a telephone support group she assisted with and the change in feedback on the wellbeing of those being contacted. There had been an impact for younger single people who were working at home, especially those living in rural areas, due to the lack of social contact.
- Chris Bain endorsed this as 60% of the survey respondents were of working age and had made this point, sharing concerns for their own wellbeing and also the impacts on their families.
- There was a mental health impact for relatives of not being able to visit people in care. Where they were coming to the end of their life (EoL), it was questioned whether family members could have a Covid test to be able to visit them. An example from the survey feedback showed the mental health impact for family members where Covid restrictions prevented them from being present when a loved one passed away.
- A question on survey feedback for people aged under 25 and especially access to the Rise service. Endeavours had been made to get feedback from this cohort, but nothing had been received. It was considered this would be a useful area for further focussed research. Levels of awareness of the Rise service may be a related issue.
- The portfolio holder shared the concerns raised about access for relatives to care homes and there were ongoing discussions with officers to find a solution, so that Warwickshire continued to provide compassionate care. Lateral flow testing (LFT) may provide a solution and there were adequate supplies of personal protective equipment (PPE). The government and WCC had provided iPads to some care homes as a means of communication between residents and their families. He spoke about EoL care specifically and the importance of companionship, also referring to the frequent guidance issued to care homes and he urged member feedback to himself. Nigel Minns referred to a national pilot scheme in care homes

with testing to enable visits for a single named person. EoL care was an exception to the current restrictions and care homes could operate differently. WCC informed care homes regularly on this aspect.

- It would be useful to compare feedback from this lockdown against the first, to assess how the time of year influenced people's mental health. The survey feedback included sentiment analysis to assess the feelings of respondents, enabling such comparison. Chris Bain expected that a further survey would be undertaken, but its timing was key to include the impact of winter pressures. It did seem from recent responses that more younger adults were making contact, with anxieties around quality of life, mental health and not being able to see a conclusion to the pandemic.
- The survey had provided clear messages on anxiety and depression, which could be worsened by the time of year. From a clinical perspective, these were considered to be lower level mental health challenges but could escalate to more serious issues. A key role for the council was around communication and support to those front line Covid groups to assist with community capacity on a cross-cutting basis. It could be an area for scrutiny to assess how this was working in practice. HWW intended to continue gathering evidence to build on the baseline it had established.
- Some existing mental health patients were not coping well with the way that services were having to be delivered. It would be useful to hear from the C&W Partnership Trust on how they were adapting services to ensure patients' conditions were not worsening. There were new cases from people not responding well to the lockdowns. A need to galvanise the third sector services and early help offer. It was not clear if those responding badly to lockdowns would suffer longer-term mental health issues and require ongoing support.
- An aspect worthy of exploration was the impact for carers both in supporting people and the strains they were facing themselves. There was evidence both from the survey and anecdotal member feedback, but the scale of this issue was unknown.
- Many people receiving domiciliary care lived alone, were missing contact with their families and some were not able to use technology. A suggestion about provision of PPE so family members could visit them. A further point on those anxious about people visiting their homes.
- There may be hidden issues, which could extend to safeguarding or domestic abuse.
- Councillor Caborn offered to pick up the points on support for carers with officers. He also offered to circulate the latest guidance issued to care providers for the committee's information.
- Becky Hale offered to share information on the work being undertaken with informal carers. She publicised carers rights day which would take place on 26 November. Also, reference to the links between alcohol and mental health as this was alcohol awareness week.
- Contributions were made via the meeting chat supporting the points raised above, praising the document, additional evidence of anxiety, depression and concerns about safeguarding or domestic abuse issues.

The Chair thanked Chris and Healthwatch for the survey and its findings, which had provided useful information and areas for further consideration.

## **Resolved**

That the Committee notes the presentation from Healthwatch Warwickshire.

## 5. Mid-Year Performance Progress Report

The committee received the mid-year quarterly progress report, which was supplemented by a presentation from Becky Hale, Assistant Director, People Strategy and Commissioning.

The Council Plan quarter 2 performance report for the period 1 April to 30 September 2020 was considered and approved by Cabinet on 12 November. The report provided an overview of progress of the key elements of the Council Plan, specifically in relation to performance against key business measures (KBMs), strategic risks and workforce management. A separate financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the same Cabinet meeting.

A tailored report was provided for the services under the committee's remit. This included strategic context and a performance commentary, assessed against the KBMs. It expanded on areas of note and two areas concerning inspection activity which had needed to be paused. Four areas were currently not on track and further commentary was provided on those areas. A financial commentary was also provided.

The presentation pulled out key aspects of the report relating to the following areas:

- Council overview – the council plan, high level outcomes and key business measures (KBMs)
- The People Directorate overview and the 14 KBMs within the committee's remit.
- Areas of success, those paused and areas for improvement
- The financial aspects

Questions and comments were submitted, with responses provided as indicated:

- New legislation was being introduced which placed statutory duties on councils in regard to domestic abuse. There was a correlation to mental health and drug/alcohol abuse. It was suggested that performance indicators for this area could be refined to provide smarter reporting arrangements and a briefing on the new duties would be helpful too. The points on reviewing indicators would be taken on board. Reference was made to the multi-disciplinary team approach with service providers to understand people and their needs. A lot of work was taking place to prepare for the new duties and for the recommissioning of domestic abuse support services. A briefing note would be prepared as requested.
- Further information was provided about people reducing care visits for day care and respite services. Compared to the first wave of the pandemic, there had been a significant increase in take up of domiciliary care support.
- Discussion about the financial aspects, which were complex, with multiple income streams. Overall activity levels were expected to be slightly higher than normal, but not significantly so. A specific area raised was the revised guidance limiting entitlement to free care and support for some service recipients.
- Officers had noted that some people who self-funded their care costs seemed reluctant to go into care. This was impacting on admissions and there were occupancy rate considerations for some providers, but the council was working closely with them. The same level of reduction was not being seen for community-based support.

- The impact of lockdowns for the elderly, causing a decline in both mental and physical health. Additional support may be required for those who previously had been independent, to give them more confidence.
- A positive impact from the hospital discharge process was that more assessments now took place in the community, supporting more people with reablement and domiciliary care, getting them home sooner and often reducing their social care needs.

## Resolved

That the committee's comments on progress of the delivery of the Council Plan 2020-25, as outlined above, are noted.

## 6. Covid-19

The Committee received a presentation from Dr Shade Agboola, Director of Public Health. The presentation included slides showing:

- An outline of the focus on for the session:
  - Comparison between waves one and two and differences in what is happening.
  - An update on test and trace arrangements
  - Uptake of the Covid-19 mobile telephone application
- Wave One vs Wave two
  - Chances of survival are better
  - The age composition is different
  - Hospital admissions and excess death rates, so far, are lower than the rates during the first wave of the pandemic
- A breakdown by district and borough area of Covid-19 cases in each wave
- Data by age groupings showing the number and percentage of cases in each wave and a 'heat map' showing recent case rates by age group
- Test and trace data with details of the testing services being used
- Case rates and positivity of tests for each district and borough area
- Contact tracing activity – including the establishment of a local team and the need to build capacity
- Asymptomatic testing
  - Seen as key to stopping the spread of Covid-19
  - Contact tracing starts more quickly, as results are ready within 30 minutes
  - Comment about the sensitivity of the LFT and potentially the need for follow up tests
  - Planning underway to deploy this
- Data for the mobile telephone application:
  - Downloaded by 40% of eligible adults with smart phones, a total of 19.62 million times. Estimated that this equates to 190,000 downloads in Warwickshire
  - 56% of the general population, or 80% of current smartphone owners, would need to use a contact-tracing application for it to be effective in helping stop the coronavirus.
  - Over 160,000 businesses have downloaded unique QR codes
- A summary of current priorities
  - Incident management teams and support
  - Targeted messaging to the over 60s
  - Workplace outbreak prevention



- LFTs/mass testing roll-out, partnerships, resourcing, risks
- Exiting lockdown

Questions and comments were submitted, with responses provided as indicated:

- For people living close to the county boundaries, the nearest testing services were in neighbouring areas. A question on the consistency of approach being used.
- Whether the relaxation of the restrictions over the Christmas holiday was sensible, given the potential for another increase in case numbers. Whilst people had messaging fatigue, they needed to 'do the right thing' and follow guidance to reduce spread of the virus.
- Some members commented that people would celebrate Christmas with their families and there was a need for clear guidance to minimise the risk of transmission and a third lockdown. It was agreed that communications were needed to reassure people, but also encourage them to celebrate safely.
- A member commented on whether the wider impacts and costs of responding to Covid, now outweighed the disease itself.
- Feedback from people receiving multiple calls as part of the tracing process and considering this to be excessive. This point had been raised repeatedly with the national test and trace service.
- With students coming home for Christmas, a suggestion that they be tested beforehand. Universities had been approached directly about use of the LFT. Warwick University had requested 20,000 test kits and it was understood that most universities were doing likewise.
- Reference to the different age ranges used for some of the slides. The 'heatmap' had been sourced from Public Health England, with other data produced locally.
- Discussion about transmission in schools and sixth forms. Shade Agboola advised that schools were a priority area for the LFT and there would be a targeted process which would extend to school sixth forms. Bespoke work for sixth form students would be considered.
- The exit arrangements from the current lockdown. Guidance was not expected to be received from the government until the end of November, but it was understood that a range of metrics would be used to determine the tiers that each area would go into.
- The report was praised and contained lots of detail. This would be shared with all members and officers at NBBC and it was suggested that others share the information too.

The Chair thanked Shade Agboola for the report and asked that thanks be passed to all Public Health staff for their considerable efforts.

## **Resolved**

That the Committee notes the presentation from the Director of Public Health.

## 7. Work Programme

The Committee reviewed its work programme. The Chair reminded that the next meeting would include an update from the West Midlands Ambulance Service, the merger of the clinical commissioning groups and the standing item on Covid-19. He asked that any questions be submitted ahead of the meeting so they could be forwarded to those providing the updates.

### Resolved

That the Committee notes its work programme.



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Councillor Wallace Redford, Chair

The meeting closed at 12:35pm