

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 15 JULY 2020

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Deane (Chair)

Also in attendance: Councillor McNair (Group Spokesperson), Barnett, Grimshaw, Hills, Lewry, Osborne, Powell and Appich

Other Members present: Fran McCabe (Healthwatch); Caroline Ridley (CVS rep)

PART ONE

1 PROCEDURAL BUSINESS

- 1.1 Apologies were received from Grace Hanley, Assistant Director, HASC.
- 1.2 Cllr Carmen Appich attended as substitute for Cllr Jackie O'Quinn.
- 1.3 There were no declarations of interest.
- 1.4 The press & public were not excluded from the meeting.

2 MINUTES

- 2.1 The minutes of the 22 January 2020 HOSC meeting were agreed as an accurate record.

3 CHAIR'S COMMUNICATIONS

- 3.1 The Chair gave the following statement:

Good afternoon everyone and welcome to today's meeting.

There was a time, when the pandemic was at its peak, that I thought it would be too risky to convene a meeting just yet, and was reluctant to tear health professionals away from their vital work to focus on us, but thankfully Covid has been on the decline in Brighton and Hove in recent weeks, and I believe it is vital that we have the opportunity to look at how the pandemic has affected the city and the local response to it.

So I am very grateful to HealthWatch and the CCG who have taken the time to prepare the presentations that we will be looking at later on, And world also like to welcome the members of the public who have joined us today to ask questions.

One thing that has become abundantly clear to us all is how much we value our frontline workers and all medical professionals. This pandemic has shed a stark light on how the NHS has been supported and funded in the past and how a decade of austerity has placed hospitals and social care perilously close to the wire. If there is one thing that is pulling us through this greatest health challenge for a century is the dedication of individuals, going way beyond the call of duty, and how they need to be fully supported both now and looking forward.

There are many lessons to be learned from the past few months and will be the subject of future reports for many months to come, as we look to recovery:—things we could have done differently, and examples of best practice we can share with others as we look to the future in terms of how well we are prepared should there be a second wave, and what plans are in place for any future pandemic.

It is also devastatingly clear that inequalities have been exposed and exacerbated by this pandemic. We need to scrutinise what we know about the impact of Covid-19 on our BAME communities, for example, and address how and why inequalities persist. We also need to consider the bereavement being felt by so many, the outbreak in our care homes – and the human impact this has all had. It is important to say today that these topics and others will be the focus of future reports and presentations to this committee. We owe it to *the memory of those who have died* is to give attention to the lessons learned, and ways we can prevent such deaths happening again.

There were a number of reports that should have come to this committee both back in March and today, most notably Cancer care, hospital discharge and children's mental health. All these and other outstanding reports will be coming to HOSC in due course, but as you can imagine, things have moved on so much just recently that all of them will have changed significantly since they were first mooted.

A couple of other things have emerged since we last met that I think Members will want to take a look at at later meetings. The first is the proposed merger of the Royal Sussex County Hospital with West Sussex, which has come as a surprise as there appears to have been no consultation with locally elected Councillors, and I will be asking the Chair of the Health and Wellbeing Board what conversations they have had with local NHS.

The other, as members may have become aware, is that the Brighton and Hove CCG is one of 16 throughout the country to have been written to by NHS England for falsely claiming to have met its mental health investment standard, and I would anticipate that Members will want to explore this further.

Before we move on to the public questions and reports, I would just remind Members of my regular update meetings with Adam Doyle along with East and West Sussex. These present a chance for us to raise questions, and I would urge members of all parties to send these to myself and Giles in good time for answers to be prepared. As with the last meeting Giles will send you all a reminder note.

It's difficult to predict how long we will be in session this afternoon, but I will be calling a break approximately every hour or when there is a natural time to do so.

4 PUBLIC INVOLVEMENT

4.1 Janet Strang

4.1.1 Janet Strang asked the following question:

"At the beginning of the current pandemic, local MP Peter Kyle was expressing dismay at the vulnerability of patients and staff in care homes. At the same time, the GMB trade union was reporting that at the Royal Sussex County Hospital, BAME staff were being bullied, discriminated against, and pressured to work without adequate PPE.

Does the HOSC share my concern about the high proportion of BAME deaths due to Covid-19, and if so, will the HOSC invite a senior officer to appear at its next meeting to provide the relevant statistics for Brighton & Hove?"

4.1.2 The Chair responded:

"I certainly share your concerns about the impact of Covid on BAME communities. The HOSC will definitely want this to be a major focus of its scrutiny of health & care system recovery planning and I will ensure that this issue is addressed at the future HOSC meetings when we look more closely at the local Covid response and at local system recovery and resilience planning."

4.1.3 Ms Strang asked a supplementary question:

I understand that the CCG has been working to assess the impact of Covid 19 on BAME communities within the city. Can the Chair confirm which BAME groups and networks the CCG has engaged with and what the outcomes of this work have been?

4.1.4 The Chair agreed to provide a written response to this query.

4.2 Valerie Mainstone

4.2.1 Valerie Mainstone asked the following question:

"The founding ethos of the NHS was that it would provide healthcare for everyone, free at the point of need. Now, voluntary organisations such as Medact, and Docs Not Cops, are extremely concerned about migrants who are unwilling to access NHS services, for fear of being charged sums of money that they cannot afford, and/or of being deported if NHS staff report them to the Home Office.

"Does this HOSC deplore the fact that current rules deter some people from seeking NHS help during the pandemic, and agree that NHS services throughout the country should be free and available to all at the point of need, regardless of ethnicity/nationality/immigration status?"

4.2.2 The Chair responded:

Aside from the moral of the Hippocratic Oath which compels medical people to treat anyone in need, I believe it is dangerous and counter-productive to bar anyone from medical help during a time of pandemic. We should bear in mind that many migrants and asylum seekers are barred from seeking employment, which in turn precludes them from paying NI contributions, even though they would dearly love to do so, and to make a contribution towards society. However, returning to the issue at hand, which is Health, it makes no sense to leave untreated conditions to get worse, which may in turn adversely affect the population at large.

4.3 Dr Yok Chang

4.3.1 Dr Chang asked the following question:

"It seems that HOSC has not met because NHS bodies have been charged with the following tasks, but were not ready with responses yet:

- An evaluation of the local Covid response across the health and care system.
- An explanation of the changes made to NHS services in recent months made under urgency powers (i.e. service changes that in normal circumstances would have required consultation with HOSCs).
- Plans for recovery across the local health and care system – i.e. returning services to 'normal' including dealing with the backlog of elective procedures etc."

Please would you clarify what service changes were made under the corona crisis and are these changes permanent or reversible if now open to scrutiny."

4.3.2 The Chair responded:

"CCGs have spoken to me about bringing a report on NHS service changes made under urgency powers to all Sussex HOSCs. This needs to be a coordinated approach as some of the changes will impact on more than one local authority area. The earliest point at which these reports can be presented more or less simultaneously to each of the HOSCs is early autumn. Brighton & Hove HOSC will therefore consider this issue at its October meeting. In instances where the NHS wants to make a temporary service change permanent, the HOSC will want to understand the rationale for this move, including its impact on the patient experience, particularly in terms of equalities."

4.4 Madeleine Dickens

4.4.1 Ms Dickens asked the following question:

"Various Government initiatives to deal with Covid- 19 have proved tragically ineffectual. Net result one of the highest death tolls. One such failing was the guidance issued that "negative tests are not required prior to transfers / admissions into the care home", contributing to a public health disaster.

HOSC members are no doubt extremely concerned about the Government failure to liaise and share intelligence with Local Authorities which has exacerbated the crisis.

With so many unnecessary deaths and grieving families across the city, will members call on the Full Council to convene public enquiry into this issue to ensure concerns and questions can be answered and guidance developed to avoid any re-occurrence?"

4.4.2 The Chair responded:

It's evident that the Covid crisis has exposed a number of weaknesses in resilience planning; and I agree that there is a pressing need to learn from the events of the past few months, so that we can be better prepared for future outbreaks and better able to protect our most vulnerable communities. A full 'public enquiry' is something that can only be established at a national level, and we don't currently know what the Government's plans are regarding this, although the Secretary of State for Health & Social Care has said today that there will be an enquiry. Given this current uncertainty, I'm not sure that it would be a good use of resources to seek to establish a purely local enquiry at the present time. There is a real risk that we would end up duplicating the work of a national enquiry.

4.4.3 Ms Dickens noted that she had concerns about the timing and form of any national enquiry and reiterated the need for a local enquiry. The Chair responded that we will need to wait to see what the Government plans. However, the HOSC will definitely be looking at the local Covid response and at system plans going forward.

4.5 Chris Tredgold

4.5.1 Mr Tredgold asked the following question:

'Care Home residents have been the most severely affected by Covid-19 - accounting for over 40% of England's high death rate.

Age and undiagnosed infected patients discharged from hospital have been causes of this - but so have a lack of testing and adequate PPE.

Testing is at last planned - weekly for the staff, monthly for the residents.

Homes and Local authorities need the results quickly.

How will the HOSC ensure that all staff and residents in Care Homes receive clear test results and that all staff have access to adequate PPE?'

4.5.2 The Chair responded:

The impact of Covid 19 on people living in residential care is something that should concern all of us; and as your question says, the issues of PPE and testing are particularly crucial.

I'm glad to say that there is some positive news locally. In terms of PPE, all care homes have access to PPE. If they are unable to purchase themselves via their usual supply routes, they can access government stocks via the Local Resilience Forum (LRF). The LRF delivers the stocks to the Local Authority, and in BHCC we have put in place a distribution Team to distribute this PPE to all care providers who require it. This includes care homes, home care, childcare settings, education settings and other commissioned and partner organisations and to individuals providing care. The use of PPE is monitored via Care Quality Commission, and through the Council Quality Monitoring Team, and also via additional Infection Control input to all care homes for advice and support.

In terms of testing Public Health and Commissioning & Contracts leads are communicating regularly with care homes to ensure they know how and when to register for whole home testing and to monitor the results of the tests and any issues with registering, receiving tests and receiving results. An inbox has been set up to monitor queries from homes and to collect results. Support and guidance is available on how to effectively swab people and on infection control to prevent outbreaks. At this point regular testing is only available for care homes for people over 65 or with dementia. Specialist care homes for people under 65 have received 1 round of whole home testing.

Staff from care homes, adult social care, teams across the council and partner organisations have worked really hard together to support residential care throughout the crisis and I'd like to commend their efforts.

Of course, we need to be assured that the system is robust enough to cope with a second wave of infections and this will definitely be something that the HOSC focuses on when it scrutinises the health and care system's recovery and resilience planning in the coming months.

4.6 Ken Kirk

4.6.1 Mr Kirk asked the Does the HOSC share my concern that the government's Test and Trace system run by Deloitte, see the answer to a parliamentary question, does not require Deloitte to pass positive cases to local authorities. Do you agree that the HOSC should require B&H director of public health to its meeting to ensure scrutiny of his planned response to a possible second Covid wave?

<https://www.theyworkforyou.com/wrans/?id=2020-05-19.48980.h>

Stella Creasey MP: To ask the [Secretary of State](#) for Health and Social Care, whether the contract with Deloitte for covid-19 testing requires that company to report positive cases to [Public Health England](#) and to local authorities.

Nadine Dorries (Minister of State): As an existing professional services provider to the public sector, Deloitte's expertise is being used to supplement in-house resource to deliver significant programmes of work, which currently includes the national response to [COVID-19](#). The contract with Deloitte does not require the company to report positive cases to [Public Health England](#) and local authorities.

4.6.2 The Chair responded:

"Deloitte deliver a contract to national Government to oversee aspects of the Pillar 2 Covid-19 testing programme provided by commercial labs.

Since the beginning of July, Public Health England have provided postcode level data for Pillar 2 cases to Directors of Public Health under a data sharing agreement. This is provided for local analysis under a data sharing agreement.

Contact tracing of these individuals continues to be managed within the NHS Track & Trace system. Where appropriate Public Health England work jointly with the Council on responding to outbreaks. These arrangements are described in our Local Outbreak Plan available at:

<https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan>

Until recently data on Pillar 2 cases was not published at nation, region or Local Authority level. Since the beginning of July, data relating to Pillar 2 cases is now included in the national and local daily dashboards available to the public.

These are available at:

<https://coronavirus.data.gov.uk/>

<https://new.brighton-hove.gov.uk/covid-19-key-statistics-brighton-hove> “

We will definitely be looking at local Covid outbreak planning as part of the HOSC’s scrutiny of local health & care system recovery and resilience planning.

4.6.3 Mr Kirk asked a supplementary question about how local test & trace service relate to Deloitte. The Chair agreed to provide an answer in writing.

5 MEMBER INVOLVEMENT

5.1 There were no member questions.

6 PRESENTATION FROM HEALTHWATCH BRIGHTON & HOVE ON THE COVID 19 CRISIS

6.1 The committee saw a presentation from David Liley, Chief Executive of Healthwatch Brighton & Hove.

6.2 In response to a question from Cllr Appich on patient experience of GP services during the pandemic, Mr Liley told members that things were very different from the beginning of the crisis where all services had been caught unawares to some degree. GP services had very quickly adapted to the crisis, for example in moving to telephone consultations. Patients had experienced some issues with this service at first, as the sheer volume of calls mean that there were some long waits. This situation has improved, although some patients still report excessive wait times. Patients have also reported problems with some of the social distancing requirements at GP surgeries: e.g. having to queue outside the surgery in inclement weather even though there is ample space inside for people to wait. Again though, the situation is generally much improved from the early weeks of the pandemic. There were also very significant access issues experienced by hearing impaired people at the start of the crisis, although again services responded quickly once the extent of the problem was recognised.

6.3 In answer to a question from Cllr McNair on likely second wave scenarios, Mr Liley told the committee that no one could confidently predict the form that any second wave of Covid would take. However, it is reassuring that the Local Covid Outbreak Control Plan looks thorough and robust. Emotional health & wellbeing is bound to be a major issue going forward, whether or not there is a major second wave: there is likely to be significantly increased demand for mental health support.

6.4 In response to questions from Cllr Powell on equalities issues and access to GP services, Mr Liley told the committee that most people (80%) Healthwatch had spoken

with were happy with digital appointments, but a significant number (20%) were not. Healthwatch believe that a relatively large number of people have delayed presenting for diagnosis or treatment due to the Covid crisis. Responses to Healthwatch surveys have had a good demographic mix, and the CCG has involved Healthwatch in the work it is carrying out with city BAME communities.

- 6.5 In answer to a query from Cllr Osborne on which bodies had been quick to respond to the Covid situation, and which slow, Mr Liley told members that BHCC Health & Adult Social Care (including Public Health) had been very quick to respond and had done amazing work. The same was true of the CCG, and in general of senior NHS leaders. For example, Adam Doyle, the Accountable Officer for Sussex CCGs, has been meeting weekly with Sussex Healthwatch organisations. Dental services have been problematic, both in terms of providing access and of charging. South Central Ambulance Services NHS Foundation Trust (SCAS), which runs non-emergency patient transport in Sussex, has also been slow to respond to patient information requests.
- 6.6 In response to a question from Cllr Osborne on future priorities and opportunities arising from the Covid crisis, Mr Liley told the committee that the expansion of digital services offers great opportunities. An increased focus on care homes and on end of life care is also potentially useful, as these service areas need more attention.
- 6.7 In response to a question from Cllr McNair on the challenges Healthwatch has faced during the crisis, Mr Liley responded that staff and volunteers have been extremely busy. There is a risk of burn-out, particularly as routine work like post-discharge calls with Royal Sussex in-patients picks up as the hospital returns to near-normal activity levels. Healthwatch has received additional funding from HASC and the CCG during the crisis and this has been very helpful.
- 6.8 In answer to a question from Cllr Powell on the impact of Covid on community and voluntary sector (CVS) organisations, Mr Liley told members that many CVS organisations had been hit hard by the crisis, with much lower than normal levels of charitable giving. Caroline Ridley (HOSC CVS representative) added that this problem was particularly acute for CVS organisations that don't do commissioned work for the council or the NHS as they have no income source to fall back on.
- 6.9 Rob Persey, BHCC Executive Director Health & Adult Social Care, responded to a question from Cllr Grimshaw on engagement with care workers, explaining that listening to care workers is a key element in the council's Care Home Support Plan. The council communicates with care homes across the city on a daily basis and is always keen to hear the views of care workers.
- 6.10 In response to a question from Cllr Powell on PPE, Mr Persey told members that there is currently enough PPE, but the situation is being closely monitored. PPE is currently treated as clinical waste for disposal purposes. Going forward, the council is keen to explore opportunities for minimising the employment of single use plastics in PPE.
- 7 PRESENTATION FROM BRIGHTON & HOVE CLINICAL COMMISSIONING GROUP (CCG) AND BHCC HEALTH & ADULT SOCIAL CARE (HASC) ON THE COVID 19 CRISIS**

- 7.1 This item was presented by Rob Persey, BHCC Executive Director, Health & Adult Social Care; Ash Scarff, Deputy Managing Director, CCGs; and Alistair Hill, Brighton & Hove Director of Public Health.
- 7.2 In response to a complaint from Cllr Powell that links on the BHCC website Covid pages were not working properly, officers agreed to investigate. (It appeared that, although all the appropriate information was on the website, some faulty links meant that not all pages were linked correctly to other pages. The issue was subsequently resolved.)
- 7.3 In response to a question from Cllr Grimshaw on how the NHS planned to manage a possible second wave of Covid, Mr Scarff told members that the CCG was working with NHS Trusts to optimise workforce planning and flexibility. Moving some services to digital interfaces may also increase productivity, particularly where social distancing or PPE issues have made face-to-face interactions less productive. Mr Persey added that partners were working on the Mental Health Collaborative: developing new pathways around wellbeing and community mental health to ensure that there is additional capacity to meet demand spikes.
- 7.4 In answer to a query from Cllr McNair on messaging around face masks, Mr Hill confirmed that there is a role for local Public Health teams to promote the appropriate use of face coverings.
- 7.5 In response to concerns raised by Cllr McNair about tourists and/or protestors congregating in large numbers in the city, Mr Hill agreed that this was a worry. It is important that everyone continues to practice social distancing.
- 7.6 In answer to a question from Cllr Hills on transport and air pollution worsening the impact of Covid, Mr Hill agreed that this is a real issue. The city Joint Health & Wellbeing Strategy already recognises the connections between air quality and health and wellbeing and Public Health works closely with transport planners to improve air quality and to encourage active travel. This has led to the recent successful active travel funding bid.
- 7.7 In response to a query from Cllr Osborne on whether Covid mortality data can be broken down into demographic groups, Mr Hill agreed to look into this, but noted that there is a lack of mortality data relating to certain demographics (e.g. ethnicity). It is still too early to know how many more deaths there will be this year than against the five-year average.
- 7.8 In answer to a question from Cllr Osborne on the timing of lockdown, Mr Hill told members that it was difficult to say whether lockdown came at the right time, in part because public behaviour was already changing before lockdown – e.g. the week prior to lockdown saw significant drops in transport activity.
- 7.9 In response to points raised by Cllr Osborne regarding care homes data and test & trace, Mr Hill responded that he would look at how data on care homes is represented as this may appear confusing.

- 7.10 In answer to a question from Cllr Osborne on test & trace, Mr Hill explained that if people develop Covid 19 symptoms then they should self-isolate (as should their household members) and seek a test. If the test is positive, then they will be put in touch with the national test & trace service which will follow-up any contacts they have made. Contacts will be instructed to self-isolate for 14 days and to seek for a test if they show any symptoms. Local Public Health teams do not directly deliver this test and trace service however where a case is associated with a 'complex setting' (e.g. a school or care home etc.), the local Public Health England Health Protection Team will lead contact tracing and the local BHCC Public Health team are likely to be involved.
- 7.11 Fran McCabe noted that she was concerned about staff burn-out given the long and intense hours that staff across NHS and care services had been working during the crisis. She was also eager to know whether the successful Integrated Discharge and Responsive Services teams would be retained following the crisis. Mr Persey agreed that staff burn-out is a critical issue affecting back-office as well as front-line staff. There are no guarantees that funding will continue for any specific service, but there is definitely a case to be made to protect successful interventions as much as possible. Mr Scarff added that CCGs are currently evaluating the success of Covid measures. There is a particular concern about waiting times, especially for cancer services. This is something that should be scrutinised by the HOSC. Although cancer services continued throughout the crisis, there have been issues with diagnostics and robust recovery planning is needed here.
- 7.12 Ms McCabe added that there has been an understandable focus on the success of digital during the crisis; but whilst it certainly has an important role to play, it needs to be recognised that digital has its limitations, and it is questionable whether it is really what patients want. Mr Persey agreed that this was a valid point and is something that services are aware of.
- 7.13 In response to a question from Cllr Appich on data for local health and care worker deaths, and whether any of these came from BAME communities, Mr Hill said he did not have data on this but would investigate.
- 7.14 In response to a query from Cllr Appich on test & trace communications to the deaf community and to BAME and other potentially hard to reach groups, Mr Hill told members that communications would build on current good practice on engaging with various communities. Community Works and the BHCC Communities team are actively involved in this work, and a guiding principle is that this will be done with communities rather than top-down. The Public Health team is also happy to engage directly with communities, and translated resources are being developed.
- 7.15 Cllr McNair commented that he was worried about any wholesale move to digital for mental health services, given the therapeutic value of developing face-to-face relationships. Mr Persey agreed, and told members that thought needed to be given to mental health workforce planning given the likely future demand for services.

The meeting concluded at Time Not Specified

Signed

Chair

