HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 13
	Brighton & Hove City Council

Subject:		**Covid: Local Health & Care Stem Responses and Planning**
Date of Meeting:		**14 October 2020**
Report of:		**Executive Lead, Strategy, Governance & Law**
Contact Officer:	**Name:**	**[Giles Rossington Tel: 01273 295514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All [If not All, insert affected wards]**

FOR GENERAL RELEASE

1.   PURPOSE OF REPORT AND POLICY CONTEXT

1.1   This report sets out local health and care system responses to the Covid crisis and outlines plans for system restoration and recovery.

1.2   Slides detailing response and recovery actions have been provided by Brighton & Hove CCG and are included as **Appendix 1** to this report.

2.   RECOMMENDATIONS:

2.1   That members note the information provided on local health and care system actions and planning in relation to the Covid 19 crisis.

3.   CONTEXT/ BACKGROUND INFORMATION

3.1   During the first wave of the Covid crisis, local health & care system leaders provided regular updates on their actions to the Council's Health & Wellbeing Board (HWB) and to the Health Overview & Scrutiny Committee (HOSC), either at scheduled committee meetings or via briefings to the committee Chairs etc.

3.2   However, the fast-changing nature of the Covid outbreak and the demands that managing the outbreak placed on senior managers and clinicians across health and care services, meant that engagement with local HOSCs was necessarily limited. This report offers members an opportunity to explore local health and care system actions in response to the Covid emergency, as well as system planning to restore normal services and to prepare for a second wave of infections.

3.3   Specifically, the HOSC Chair has asked system leaders to provide information on:

- Substantial changes to NHS services made under urgency powers (i.e. changes that would normally have required NHS bodies to consult with local HOSC(s) at an early stage of planning).

- System plans to restore services to normality and to address any backlog in terms of treatment where services were suspended/limited during the Covid outbreak. For example, the NHS suspended a range of elective procedures to enable acute hospitals to focus on Covid treatment. Of particular concern here are areas where local performance has historically been weak: e.g. in cancer diagnosis and treatment, and in reaching the national NHS target of a maximum 18 week wait between referral and treatment for non-urgent conditions (the RTT target).

- Instances where the system is planning to make temporary changes permanent where those changes have delivered real benefits to service users – e.g. the increased use of digital/remote consultations. HOSC members may wish to focus on the benefits to patients of 'locking-in' some of these temporary changes; but also how services will ensure that some users do not experience worse care through these changes, and particularly what safeguards are in place to ensure that changes do not exacerbate existing health inequalities.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report to note.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 No formal engagement regarding this report to note.

6. CONCLUSION

6.1 HOSC members are asked to note the information provided by health & care system leaders on actions and planning with regard to the Covid emergency.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None for this report to note

Legal Implications:

7.2 There are no legal implications to this report to note.

Lawyer Consulted: Elizabeth Culbert   Date: dd/mm/yy

Equalities Implications:

7.3   Members may wish to explore the equalities implications of actions taken in response to the Covid emergency and of plans to restore and recover the system. Of particular interest may be impacts on BAME communities; and the mitigations in place to ensure that a greater emphasis on remote appointments/consultations do not adversely impact on protected groups which are more likely to experience digital exclusion (e.g. older people).

Sustainability Implications:

7.4   Moves to more remote working may have a positive impact on carbon emissions by reducing patient journeys.

Brexit Implications:

7.5   None identified. However, members may wish to explore how Brexit risks have been evaluated in terms of system planning for a second wave of Covid infections given that any winter second wave is likely to coincide with the end of the transition period.

Any Other Significant Implications:

None identified

SUPPORTING DOCUMENTATION

Appendices:

1.   Information provided by Brighton & Hove CCG

Background Documents
None