

Minutes of the Corporate Review Committee Meeting held on 4 June 2020

Present: David Williams (Chairman)

Attendance

Charlotte Atkins	Jeremy Oates
David Brookes (Vice-Chairman)	Ian Parry
Mike Davies	Bernard Peters
John Francis	Stephen Sweeney
Colin Greatorex	Susan Woodward (Opposition Vice Chairman)
Johnny McMahon	

Also in attendance: Simon Whitehouse, Director of the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP); Paddy Hannigan, Stafford and Surrounds Clinical Commissioning Group (CCG); Tracy Bullock, University Hospital North Midlands (UHNM); Kenny Laing, North Staffs Combined Health Trust (NSCHT); Jennie Collier, Midlands Partnership Foundation Trust (MPFT); Magnus Harrison University Hospital Derby and Burton (UHDB) Duncan Bedford UHDB and Tracey Shewan STP

PART ONE

1. Declarations of Interest

Agenda Item 4 - Johnny McMahon declared that he had previously been a Chairman of a Clinical Commissioning Group.

2. Minutes of the meeting held on 4 May 2020

RESOLVED: That the minutes of the meeting held on 4 May 2020, be confirmed as a correct record and signed by the Chairman.

3. Covid 19 - Health Scrutiny

The Chairman thanked NHS partners and officers for attending the meeting and explained that they had been asked to attend Corporate Review Committee rather than the Healthy Staffordshire Select Committee as the issues to be considered at the meeting cut across all public services. Detailed scrutiny of the NHS remained with the Healthy Staffordshire Select Committee and today's debate would inform their future work programmes.

The Director of the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP) informed the Committee that the work undertaken over the previous few weeks to bring Health and Social Care services closer together had been unprecedented. Services remained in a level 4 major incident category but there was

also a need to look forward. It was recognised that some of the decisions that had been made would have an effect on the future health of the communities and that resuming services, with Covid-19 still in the community would be a challenge.

The Chairman reminded the Committee that a number of questions had been asked by Committee members in advance of the meeting. Responses received in advance had been published online with the agenda and would not be asked again during the meeting.

Information on the implications of some of the decisions made during the first few weeks of the Covid-19 crisis, particularly relating to the cancellation of operations such as heart surgery, cancer treatments and the reduced primary care referrals was requested. The Committee was informed that getting to the position where the full extent of the crisis and fully understand the impact on long term health of the population was a long way off. The national campaign to only go to hospital if it was a real emergency had worked very well, but it was now time to get people back into hospitals in a planned and safe way. Delayed elements of care in order to cope with the Covid-19 demand would inevitable change mortality rates. On some days during the start of the crisis Accident and Emergency (A&E) departments had received less than half the normal number of patients. UHDB during the worst of the crisis had received 46 cancer referrals compared to a normal of approximately 800 per week.

All acknowledged that switching off services was much easier than turning them back on. There was now a need to redesign some of the services to keep what had worked well e.g. Digital appointments. There was ongoing work to keep patients safe including testing temperature on arrival at A&E, keeping left in corridors, segregating car parks for patients and staff etc. Both UHNM and UHDB were prioritising the operations and waiting lists and resuming patients attending for elective surgery/treatments.

The wellbeing of staff in all NHS settings was a priority and work was taking place to ensure that counselling and support was available where and whenever needed on an ongoing basis. The impact of Covid-19 would change as time went on and it was felt there would be a delay before the full effects were felt.

A similar picture had been seen in Primary Care which had seen very low demand at the start of the pandemic. This had been getting back to normal, but capacity was an issue with face to face appointments taking a lot longer due the cleaning after each patient and PPE processes, which weren't required before.

The 'Help us help you' campaign was discussed, and more information would be circulated after the meeting.

Following a question on Clostridium Difficile and Norovirus rates, the Committee was informed that these had reduced, and assurances were given that the increased levels of hygiene and hand washing would continue in health settings.

The Committee was informed that the changing demand for services may affect the viability of some NHS services in the medium to long term. There was a need to look to the future, which may not include returning 100% to the old system. It was felt that this

was an opportunity to recognise the changes that had been made in a very quick period of time and build on them e.g. digital appointments and consultations.

Following a question on Personal Protective Equipment (PPE), it was explained that home care arrangements were the same as for care homes and this was for providers to source their own supplies where possible and for the Council to provide emergency supplies where necessary. There was a national 'Clipper' system being developed for Primary and Social Care providers but it was felt that this was not yet a proven system and so the current arrangements locally would continue until this was resilient.

It was felt that the conditions of the new national Infection Control Fund were excessive. It was explained that there had been three sources of government funding for the County Council. The first two included funding for care providers, which had been passed on with relatively few conditions; the Infection Control Fund had a large number of conditions for the County Council and care providers which were quite prescriptive and bureaucratic.

Training to use PPE had been provided by MPFT through their Infection Prevention Support Team. The Council and Public Health England had also given advice to care homes about using PPE and provided advice online and through Webinars. 'Train the trainer' programmes were also being rolled out. NSCHT had also supported their staff with training. With regard to NHS Community and Primary Care services, there had been a move to digital contact first and then only if required face to face so the requirement for PPE was limited and where necessary PPE had been provided to staff.

It was confirmed that following national guidance, when Care Home patients left hospital, there had been testing for Covid-19 and if the patient had tested positive, they would have been either isolated or discharge had been delayed.

Following a question on why the Healthwatch care home survey had been postponed, the Committee was informed that the decision to postpone had been taken as it had been felt that this was not the appropriate time to overburden care homes with information gathering as they were already completing the national capacity tracker for daily returns and local intelligence was also being collected on a regular basis. Work was taking place with Healthwatch to think about what information could be collected in future to help understand the impact of Covid-19 in care homes. Members were informed that there was a piece of work being developed place to explore the impact on the mental health of residents and their long-term wellbeing following the pandemic.

It was felt that there had been some confusion between the County and Borough/District Emergency shopping programmes which had left gaps and duplication. In response, Members were informed that the Leaders and Chief Executives were meeting to ensure that lessons were learnt and as many people contacted as possible whilst minimising duplication.

Clarity on the support offered to Black and Minority Ethnic (BME) communities, who seemed to be disproportionately affected by the virus was requested. Public Health England had just published a report which would need more consideration. NHS partners informed the Committee that all workforce concerns were being taken into account through risk assessments and these included BME considerations.

The development of Local Outbreak Control Plans was discussed. It was felt that these would benefit from local scrutiny.

Following a question on the mental health of vulnerable people who are isolated in their homes; new mothers who have been isolated; and support for victims of domestic violence, it was explained that under the Local Resilience Forums, there were groups who focused on the most vulnerable. There were also national campaigns for certain groups such as those suffering domestic abuse.

RESOLVED:

- a) That the information provided be noted.
- b) That the Chairmen of the Select Committees agree which committee would be best placed to scrutinise the Local Outbreak Control Plan.

4. Covid-19 - Financial scrutiny

The Cabinet Member for Finance explained that there had been an initial £ 37.8m Government funding for general Covid-19 support and an Infection Control Fund grant of £9.9m specifically for care providers. Further funding was expected to support development and implementation of Local Outbreak Control Plans, but details were not yet known.

There had been a loss of income of approximately £4m from closed car parks, loss of enterprise centre rents etc. Also, savings from service transformation or budget savings would not be possible this year and it was felt that this increased the financial pressure by approximately £14m.

The Committee was informed that short term the Council would manage, however, later in the year the Collection for Business rates would be reduced and this may affect the 2021/22 budget. The total cost to the Council was anticipated to be in the region of £50m. Work was ongoing to assess the longer term impact.

Key concerns were expressed as: increased demand in adult social care and children's services; support for local businesses; economic regeneration; the delivery of transformation and cost reduction savings; and a shortfall in Business rates.

More detail was anticipated in July and this would be fed into the Medium Term Financial Strategy (MTFS) development process.

A question was asked on the additional cost of PPE and that if only 4% of that which was needed had come from national sources and the Council were procuring locally to ensure an available supply, did this mean that we were paying twice? In response, it was felt that this was not the case but there had been a need to respond and ensure safety. Inevitably, there would be lessons learnt but it was too early at this stage. In due course this would be looked at.

The County Council did have reserves and borrowing capacity but there would be a need to consult with the public on how they felt the crisis should be paid for.

It was explained that Procedure rules had been suspended in certain circumstance in order to deal with the crisis. It was confirmed that there was due diligence on the issuing of grant and processes had not been relaxed. There would be a review after the event to ensure that any lessons were learnt.

Planning was taking place for local outbreaks/spikes which were predicted in June and possibly winter due to relaxing of lockdown rules. The Council needed to evaluate and learn from any lessons quickly so that it was ready for any future demands, for example adequate stock of PPE for a 3/5-month period.

Following a question on the Care Act easement process, the Committee was informed that the Council had now reverted to their normal Care Act compliant processes. Work was on going to complete Care Act compliant assessments for those people who and received a shortened Covid-19 assessment. There remained a possibility that the Council may have to revert to reintroducing Care Act assessments if demand increased or staff sickness increased.

RESOLVED: That the report be received.

5. Work Programme

The next meeting was scheduled for 3 July and then 30 July. Members felt that the committee should continue to scrutinise the overall Covid-19 response with more financial information available in July.

All of the Select Committees had now resumed and would look at areas which were specifically within their remit.

Other items of business raised were; the Gender and Equality report previously requested by the committee and the quarter four performance report.

RESOLVED: That the Chairman and Vice Chairman(s) agree the items for the next meeting of the Committee dependent on availability of reports and priority.

Chairman