Dorset Council

BCP Council

# JOINT HEALTH SCRUTINY COMMITTEE ON NSH RESPONSE TO COVID-19

## MINUTES OF MEETING HELD ON WEDNESDAY 1 JULY 2020

**Present:** Cllrs Jill Haynes (Chairman), Lisa Northover (Vice-Chairman), Hazel Allen, Jackie Edwards, L-J Evans, Nick Ireland, Andrew Kerby, Rebecca Knox, Robin Legg, Lisa Lewis, Chris Matthews, Jon Orrell, Bill Pipe, Byron Quayle and Karen Rampton

**Officers present (for all or part of the meeting):**
Vivienne Broadhurst (Interim Corporate Director - Adult Care Operations), Sam Crowe (Acting Director of Public Health), Eryl Doust (Project Manager), Jane Elson (Service Director for Integrated Community Services, Dorset Healthcare University NHS Foundation Trust), Debbie Fleming (Joint Chief Executive, Poole and Royal Bouremouth and Christchurch Hospitals NHS Foundation Trusts), Tim Goodson (Chief Operating Officer, Dorset Clinical Commissioning Group), Phil Hornsby (Director - Adult Social Care Commissioning, BCP Council), Alistair Hutchinson (Medical Director, Dorset County Hospital NHS Foundation Trust), Tony Meadows (Head of Commissioning), Vanessa.Read (Deputy Director, Dorset Clinical Commissioning Group), Nikki Rowland (Chief Financial Officer, Dorset Clinical Commissioning Group), Paula Shobbrook (Deputy Chief Executive, Roual Bournemouth and Christchurch Hospitals NHS Foundation Trust), Jan Thurgood (Corporate Director of Adult Social Care), Forbes Watson (Chairman, Dorset Clinical Commissioning Group) and Helen Whitby (Senior Democratic Services Officer)

1. **Election of Chairman**

**Decision**
That Cllr Jill Haynes be elected as Chairman.

2. **Appointment of Vice-Chairman**

**Decision**
That Cllr Lisa Northover be appointed as Vice-Chairman.

3. **Apologies**

Apologies for absence were received from Cllrs Ryan Holloway, Cheryl Johnson, Emma Parker and Roberto Roca.

4. **Declarations of Interest**

Cllr Jon Orrell declared an interest as a practising GP in the NHS, holding a contract through Two Harbours Health Care in Weymouth. He had a dispensation to enable him to take part in health scrutiny meetings.

Cllrs Nick Ireland and Chris Matthews declared interests as a Governor of Dorset Healthcare University NHS Foundation Trust.

Cllr L-J Evans declared an interest as a working GP and as a bank employee for Poole Hospital NHS Foundation Trust.

Cllr Andrew Kerby declared an interest as his partner was an assistant nurse with Dorset Healthcare University NHS Foundation Trust. He had a dispensation to allow him to take part in health scrutiny meetings.

Cllr Hazel Allen declared an interest as an employee of Royal Bournemouth and Christchurch Hospitals NH Foundation Trust, with a Dorset-wide remit as a consultant nurse in liver disease.

5. **Term of Reference**

The Chairman read out the Committee's Term of Reference.

**Noted**

6. **COVID-19**

The Committee considered a report by the Director of Public Health and received a presentation on Public Health's response to the Covid-19 pandemic.

The presentation set out timelines for the pandemic: how Public Health had supported both local councils; the containment, delay, and lockdown phases; testing; the impact and easing of lockdown; mortality rates in Dorset in hospitals and care homes; and the latter phase of track and trace, and test and contain.

Covid-19 cases in Bournemouth, Christchurch and Poole (BCP) and Dorset areas remained low compared to the South West and the rest of England. It was not known what impact the increased number of visitors would have but officers would react quickly to any increased cases. The Local Authorities had received a test and trace grant which would be used to provide resources when there was evidence of an outbreak rather than carrying out testing of large numbers of people. This was in line with Public Health England guidance.

The Local Outbreak Management Plans (LOMP) for both Councils had been published the previous day which would enable swift action to be taken should there be any local outbreaks.

Members asked questions and commented in relation to the app tested on the Isle of Wight, the test booking 119 telephone number, difficulties experienced with the on-line booking system, whether any lessons had been learned particularly with regard to dealing with any second peak, the need for local testing, tracking and isolation, particularly if there was a second peak, whether any hot spots had been identified for pro-active testing; and how an outbreak at a meat processing plant would be dealt with.

It was explained that:-

- there were issues regarding personal date with the app tested on the Isle of Wight and it had been decided to establish a national telephone-based service which was now up and running. It was not known whether the app would be progressed;
- the 119 telephone number had been in place since 28 May 2020 and had been widely publicised through a national media campaign, on billboards at football matches, and TV advertisements. It was the main route for booking a test and more publicity would be given to it via the publication of the LOMP and through other local communications;
- lessons had been learned during the pandemic and continued to be identified. With the introduction of the LOMP, Public Health now felt they had been given the tools to respond quickly to any outbreaks;
- the Health Protection Board was working through a list of high-risk settings so that there was a clear understanding of what needed to be done quickly to address any outbreak;
- extensive testing would not be carried out unless there was large outbreak;
- the response to possible cases remained isolation, testing and reducing contact; and
- Public Health had links to neighbouring councils who had their own LOMPs. They worked alongside Environmental Health Officers with regard to communicable diseases and they had enforcement powers. Some work on national powers which may be devolved to local councils was under way. Should there be any local outbreaks, the Health and Wellbeing Board, through the Outbreak Management Board, would clearly communicate any action to be taken and reasons for this.

The Chairman thanked the Director of Public Health for his report and thanked everyone who had been involved in the response to the pandemic. She asked that links to the two Local Outbreak Management Plans be forwarded to the members of the respective Councils.

**Decision**
That links to the two Local Outbreak Management Plans be sent to the members of the respective Councils.

7. **NHS Response to COVID-19**

The Committee considered a report and received a presentation by the Chief Officer, Dorset Clinical Commissioning Group (DCCG), on the NHS response to Covid-19.

The Chief Officer paid tribute to the voluntary sector and public partners who had helped the NHS over recent months and to those who had lost loved ones to Covid-19, including NHS colleagues.

The presentation set out how all the agencies in Dorset had worked together to respond to the crisis; preparations for any surge and changes to services; operating requirements and measures taken; recruitment and redeployment of staff and associated resources; the financial response; concerns; mental health services impact; phase 2 to bring services back on line; and public engagement.

Such a collective effort across the NHS and all partners had never been seen before and there were lessons which could be learned from this. The first phase was coming to an end and residents now had to live with Covid-19 on a daily basis. With the easing of restrictions there was a real possibility of a second surge.

Members asked a number of questions including how the non-medical beds in hotels in Sherborne and Weymouth were funded, whether nightingale hospitals could have been used better to provide beds for those leaving hospital before returning to care homes, the NHS funding gap, whether the system had enough resilience to deal with a surge in demand for services coinciding with a second peak, future support for community pharmacists and workforce issues.

In response it was explained that:-

- Dorset Council would bill the DCCG for the hotels and the DCCG would then bill the national Covid-19 fund;
- nightingale hospitals had been established for critical care which had not been needed and they had now been adapted for different uses;
- costs for months 1-4 of the Covid crisis were being covered but it was not yet known what arrangements would be put in place for month 5 onwards;
- Dorset's three acute hospitals were working together to ensure there were plans to address any second spike, but capacity was limited because of social distancing and infection control;
- NHS services had become more innovative, with an increase in people taking advantage of the digital offer, and Trusts were working collaboratively with primary care to plan for any surges;
- as many specialists had been unable to treat patients, hospital waiting lists had grown. The most urgent cases were being prioritised by clinicians. This was the same across the whole country;
- work on wrap around care to deliver a safe service was underway and the voluntary sector had stepped up to support medication delivery. There

had been a shortage of some medication but this had been resolved. The system was now better prepared for a second spike;

- the workforce was paramount in delivering a safe and sustainable service. If staff were off sick then this complicated the ability to run services or additional beds. Staff sickness was monitored, was reducing, and staff were returning to work. Many staff had undertaken different roles across Dorset's hospital trusts in order to address need.

The Chairman thanked officers for their presentation and responses to questions. On behalf of both Committees, she thanked all NHS staff and volunteers who had helped during the crisis.

**Noted**

8. **Social Care and Care Homes**

The Committee considered the Care Home Support Plans for Bournemouth, Christchurch and Poole (BCP) and Dorset Councils and received a joint presentation from the Director - Adult Social Care Commissioning, Bournemouth, Christchurch and Poole Council and the Head of Commissioning - Market Relationships, Major Contracts and over 65s, Dorset Council.

The joint presentation covered: the letter received from the Minister of State for Care detailing additional funding of £600m to support infection control and action to be taken by local authorities in response; joint work undertaken by BCP Council, Dorset Council, the Dorset Clinical Commissioning Group (DCCG), Public Health and provider representatives to provide a full view of support in place and future plans; the National Capacity Tracker (NCT) web application; financial support provided to care homes; feedback gained via the NCT; and an Infection Control Fund update for both Councils. Particular attention was drawn to the joint working across organisations and providers in response to the pandemic.

Members were then given the opportunity to ask questions. These related to: care homes charging self-funders extra on top of PPE costs; whether those receiving home care received help and support; and how the partnership working which had helped with discharges from hospital would continue;

In response members noted that:-

- councils had no control over private organisations' charges although they had intervened in two situations with the result that the approach had been withdrawn. Care homes would have to evidence how they were spending the additional funding and if this was not appropriate the support would stop;
- there had been significant changes in the home care market with regard to complexity and increased demand. People preferred to remain at home and working with providers gave an opportunity to promote Home First models with better outcomes for residents. Advice had been given to

care providers on how to reduce the risk of infection being transferred between visits and transport support provided;
- DCCG had supported the roll out of infection control training to all care homes, home care providers, personal assistants etc. This continued as the risk of Covid-19 remained;
- joint working would continue. There were common agreed principles for the Home First programme, which aimed to keep people in their own homes for as long as possible, with appropriate support, and help them to return home more quickly from hospital.

The Chairman thanked officers for their presentations, which provided some assurance for Councillors. The pandemic had shown how the whole system could work together and this momentum should not be lost.

**Noted**

9. **Joint Health Scrutiny Protocol**

The Chairman explained that a joint protocol was needed to enable scrutiny of common items across both Council areas. This was agreed.

**Decision**
That officers from Bournemouth, Christchurch and Poole and Dorset Councils progress a joint scrutiny protocol after consultation with the Chairmen of the Bournemouth, Christchurch and Poole and Dorset Councils' health scrutiny committees.

10. **Urgent Item**

There were no urgent items.

11. **Exempt Business**

There was no exempt business.

12. **Public Participation - Questions from the Public and Responses Given**

**Please note** that in view of the public's interest in this subject and because of their pertinence to the topic being scrutinised, multiple questions have been accepted from individuals for this meeting.

**Questions from Claudia Sorin - Responses by Public Health**

The World Health Organisation has told constituent countries repeatedly that testing, track and isolate is the key to proactive management of COVID 19. There are many concerns about the national programme, including long waits for results, results going missing, and results coming back void. I understand that Dorset’s Public Health database showed in June that thousands of test results are still awaited, some from as long ago as February.

In some areas effective local test, track and isolate schemes have been set up, which use existing public health/GP structures – such as those for managing sexually transmitted diseases. These local schemes have several advantages over the national scheme including:

- councils had no control over private organisations' charges although they had intervened in two situations with the result that the approach had been withdrawn. Care homes would have to evidence how they were spending the additional funding and if this was not appropriate the support would stop;
- there had been significant changes in the home care market with regard to complexity and increased demand. People preferred to remain at home and working with providers gave an opportunity to promote Home First models with better outcomes for residents. Advice had been given to care providers on how to reduce the risk of infection being transferred between visits and transport support provided;
- DCCG had supported the roll out of infection control training to all care homes, home care providers, personal assistants etc. This continued as the risk of Covid-19 remained;
- joint working would continue. There were common agreed principles for the Home First programme, which aimed to keep people in their own homes for as long as possible, with appropriate support, and help them to return home more quickly from hospital.

Could the Joint Health Scrutiny Committee please advise:

1) Considering the advantages of local testing and tracing schemes as outlined above, will Dorset Public Health consider setting up a local scheme in Dorset, over which they would have much greater control?

2) How does Dorset plan to manage test, track and isolate?

3) The Chair of the Health Select Committee commented last week that "We do not know where about two thirds of new infections are happening, so we cannot feed them into the test and trace process". What are Dorset's plans for finding asymptomatic carriers?

4) How will those in insecure employment be supported to self-isolate?

5) Given concerns about asymptomatic carriers, and the Chair of the Health Select Committee's further comments last week that about one third of new infections are of people who have caught C19 in hospital, or in care homes:

- are there plans for regular routine weekly testing of NHS and care staff, including those caring for people in supported living in the community?

- are there plans for regular weekly routine testing of hospital inpatients and care home residents?

6) Considering the advantages of local testing and tracing schemes as outlined above, will Dorset Public Health consider setting up a local scheme in Dorset, over which they would have much greater control?

**Responses**

We already work closely with the regional health protection team at Public Health England to respond to positive cases and their contacts. As local outbreak management plans are developed, this will set out our plans to respond to cases and outbreaks in different settings, including local testing.

Our local outbreak management plan sets out how Dorset Council and its public health team will work closely with Public Health England regional health protection team to respond to positive cases and their contacts identified by NHS Test and Trace. It is published on the Dorset Council website (30 June – link to follow).

Testing for asymptomatic COVID-19 cases is carried out in health care settings and in care homes currently. This is identifying low numbers of asymptomatic cases. In addition, if there was any local outbreak, more widespread testing would be undertaken to identify whether asymptomatic transmission was an important factor.

Local outbreak management plans are being developed that set out how we will provide support for people to self-isolate under different circumstances. This will be by extending the support offered via voluntary sector groups to people who have been shielding.

No not at this point in time.

No, all hospital inpatients are tested prior to admission or on admission and then prior to discharge if they are going on to a high risk closed setting eg to a care home or prison setting. Whole care home testing is available to care homes but at this point there is

**Questions from Lisa Weir - Responses from the Dorset Clinical Commissioning Group**

Infection control is crucial in managing COVID 19. Given that, according to the Chair of the Health Select Committee on 24th June, and based on SAGE data, around 1/3 of new infections are caught in hospitals or care homes, hospitals have been asked by NHS England what can be done to separate C19 patients from other emergency inpatients.

In Dorset, in the first C19 wave, mums-to-be were able to access maternity care in a separate building at Poole Hospital.

Having two A&E's in the East, at Poole, and at Royal Bournemouth Hospitals, meant that we had more emergency beds during the first wave than we will have if there is no longer an Accident & Emergency department at Poole, as, at this point the Clinical Services Review is clear that emergency admissions at Poole will cease. Having two A&E's in the East would also give the Hospital Trust the option, in future, to treat C19

emergency patients in one hospital, with non C19 emergency patients treated in the other hospital.

Under the process for scrutinising the Clinical Services Review, the plans were referred to the Secretary of State, and the Independent Panel who advised the Secretary of State have suggested that “A&E Local” is a “possible viable option” for Poole Hospital. What is A&E Local? Health Services Journal clarified in October 2019 that A&E Local is a full A&E that is closed overnight,* and the model of a full A&E closed overnight has been in operation for some years at Weston Super Mare.

In January, Richard Drax MP asked the Health Minister to reconsider the loss of emergency care from Poole. Following the Independent Panel’s advice, also received in January, Swanage, Bridport, Portland and Weymouth Town Councils and Corfe, Worth, Langton and Arne Parish Councils have written to Dorset Health Scrutiny requesting that Dorset Council support the A&E Local model for Poole.

Could the Joint Committee advise:

- What are the infection control plans to safeguard Dorset patients - older patients, patients with long term conditions, BAME patients, mums-to-be and newborns – and to meet NHS England guidance of separating C19 patients from other emergency patients during any future wave of this pandemic, or during any other pandemic?

- Whether the Joint Committee have arrived yet at any position in terms of support for A&E Local?

## Responses

Infection control plans have followed national guidelines and best practice. Covid positive patients have been separated wherever possible, however with a long incubation period for the virus this effects the testing process, so it is not possible to say that someone is Covid ‘free’. Our hospitals use stringent ‘universal precautions’ for infection prevention and control including, but not restricted to, PPE (personal protective equipment), social distancing, increased cleaning and decontamination of equipment. Emergency patients are segregated on admission and there are processes in place for elective patients to test and shield prior to surgery. In primary care we have created “hot and cold” sites to separate people who are suspected of having C19. We will continue to provide electronic consultations where practicable to prevent unnecessary visits to healthcare premises.

**Questions from Chris Bradley - Response from the Dorset Clinical Commissioning Group**

**The need for Dorset acute beds to be freed up for Covid 19 patients: the consequences for Care Home residents and planned operations patients**

Due to the need to free up acute hospital beds for C19 patients, Government Guidance from 19th March encouraged the Care Sector to accept patients discharged from hospital and patients who had become unwell in their own homes, reserving hospital beds for ‘acutely sick’ patients. There was no

requirement to test patients moving into care homes: indeed, Government Guidance encouraging Care Home to take patients stated:

*"Some of these patients may have COVID-19, whether symptomatic or asymptomatic. All of these patients can be safely cared for in a care home if this guidance is followed."*

Freedom of Information Act requests show that 270 people were discharged from Dorset hospitals, untested, into Dorset Care homes.

The Office for National Statistics database shows that, at 29 May 2020, 329 people had died of COVID 19 in Dorset. This includes 157 patient deaths in Dorset care homes, a slightly higher number than the 154 patients who have died of C19 in Dorset hospitals.

In addition to concerns about patients arriving in care homes with C19, there have been ongoing national issues in relation to timely access to adequate PPE, particularly in Care Homes. The need to free up acute hospital beds for C19 patients has also meant that planned operations have been cancelled, including some urgent cancer operations, which have been postponed.

In any future waves of C19 or indeed any other pandemic, could the Joint Health Scrutiny Committee advise what will be done to ensure:

- we have enough acute and critical care beds to cope with a second C19 wave, or, indeed, another pandemic? Current planning indicates that there will be no emergency care beds at Poole, and 74 less acute beds at Dorset County. Although beds at Bournemouth Hospital will increase, there will be 245 less acute beds over our three Dorset hospitals*.
- we have enough acute beds to maintain planned operations?
- no one who is infected is either discharged from acute hospital, or admitted from home, into a care home?
- there will be timely access to adequate PPE for carers?

Could the Joint Health Scrutiny Committee also advise what the plans are to resume planned operations, what the backlog is, and when it is expected that we will catch up to where we were before the pandemic, given that, even at that time, people were waiting much longer times for planned operations than they were, say, 10 years ago?

**<u>Responses</u>**

The future plans for East Dorset has more critical care beds than the current provision. No health system is permanently established to cope with a pandemic level of service requirements, hence why the Nightingale Hospitals were introduced to cope with huge surges in demand.

The halting of planned operations was a clinical risk judgment, balancing the benefit of the procedure versus the risk of catching Covid for both the patient and the NHS staff. Emergency procedures and being prepared for a surge in

very ill patients with Covid took priority for beds due to the potential for large numbers of patients requiring them. Services requiring no beds at all took a similar approach, i.e. dental services.

National guidelines were followed in relation to discharges. However with a long incubation period for the virus this effects the testing process, so it is not possible to say that someone is Covid ‘free’, hence PPE (personal protective equipment) and distancing measures are used for all patients. All patients leaving hospital going to a care home and admissions to a care home are tested for Covid prior to admission.

National guidelines were followed in relation to the PPE.

Planned operations are gradually resuming, but this remains a clinical risk judgment, balancing the benefit of the procedure versus the risk of catching Covid for both the patient and the NHS staff. PPE (personal protective equipment) and distancing measures remain a factor for stepping services back up. It is too soon to say when the NHS will have caught back up with the pre Covid position, especially considering we are still in the pandemic/major incident phase.

**Duration of meeting**: 3.00 - 5.20 pm

**Chairman**

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