

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 22 July 2020
This meeting was held remotely

Present:

Members: Councillor J Clifford (Chair)
Councillor M Ali
Councillor J Birdi
Councillor L Harvard
Councillor J Innes
Councillor R Lancaster
Councillor E Ruane
Councillor D Skinner
Councillor H Sweet

Co-opted Member: David Spurgeon

Other Member: Councillor K Caan, Cabinet Member for Public Health and Sport

Employees:

V Castree, Law and Governance
J Fowles, Public Health
G Holmes, Law and Governance
L Knight, Law and Governance

Other Representatives: Anna Hargrave, South Warwickshire CCG
Dr Sarah Raistrick, Coventry and Rugby CCG
Adrian Stokes, Coventry and Rugby CCG
Paul Spencer, Warwickshire County Council
Rose Uwins, Coventry and Rugby CCG

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. Minutes

The minutes of the meeting held on 11th March 2020 were agreed as a true record. There were no matters arising.

3. Covid-19 - Restoration, Recovery, Reset

The Board received a briefing note from Anna Hargrave, Chief Strategy Officer, South Warwickshire Clinical Commissioning Group (CCG), which provided an update on the NHS Covid-19 service changes. The Board also received a presentation from Adrian Stokes, Interim Accountable, Coventry and Rugby CCG

on Covid-19 Restoration, Recovery, Reset. Both Anna Hargrave and Adrian Stokes attended the meeting for the consideration of this item.

The briefing note indicated that the Coventry and Warwickshire had responded at significant pace to the Covid-19 pandemic. The nationally mandated changes from NHS England and Improvement, along with local decisions, had been delivered along with as many services as possible. The response was being managed in four phases:

Phase 1 – Service change (immediate response to Covid-19)

Phase 2 – Restoration (6 weeks from May to July)

Phase 3 – Recovery (to March 2021)

Phase 4 – Reset (2021/22).

The Board were informed that a Reset Co-ordination Group (RCG) had been established to oversee all 3 phases of the Restoration, Recovery and Reset Programme, reporting in to the Coventry and Warwickshire Health and Care Partnership Executive Group.

The briefing note set out the details of the correspondence received from NHSEI during March and April concerning the mandated service changes including the immediate urgent response and a service change baseline exercise to understand material changes across Coventry and Warwickshire. The commitment to providing services, albeit in different locations or virtually through telephone and/or online services, was highlighted. In many areas it was essential to fast-track transformation initiatives to enable delivery of as many services as possible. In the future, maintaining the transformation would enable the meeting of the short to medium term challenges of restoration and recovery, providing a sound basis to reset the health and care system to one that was more effective and sustainable.

The presentation set out the context to restoration, recovery and reset with the ongoing backdrop of Covid-19. Restoration was very complex, essential services had been started but the system was facing long waiting lists in areas. The NHSEI letter concerning phase 3 (recovery) was expected soon. Reference was made to the positives from the last few months which included the strengthening of partnership working and the need to lock in innovation rather than go backwards.

The current governance arrangements for Coventry and Warwickshire were set out and included reference to the Kings Fund model with the key message being that services were up and running. The use of existing groups across the system had been encouraged.

Phase 2 priorities were: essential services; test, track and trace; care homes; and mental health. Members were informed of the current numbers of covid-19 patients in the local hospitals.

The presentation concluded with the following takeaway messages: that all four phases would happen simultaneously which meant much complexity; the level 4 response would be running into the winter which could coincide with a second wave as well as the usual winter pressures; the partnership working was a real positive and avoided duplication; and communication was key.

Members questioned the representatives on a number of issues and responses were provided, matters raised included:

- The use of the independent health sector to treat patients during the covid-19 pandemic
- The measures in place at the hospital to prevent infection amongst patients and staff
- What was being done to help the BAME communities to prevent the spread of covid-19
- Would there be enough financial resource to allow the health system to cope with a second wave
- A request for details about the number of infections and fatalities in local care homes
- What support was being provided to assist with the staff who had worked in the health system during the pandemic
- Further details about the staffing resource including the impact on service delivery and were staff able to work from home
- Concerns about the high numbers of patients using the hospital pharmacy making social distancing difficult. Would it be possible for patients to collect prescriptions from their local chemist.

The Chair, Councillor Clifford, placed on record his thanks to all employees working in the local health and social care system.

RESOLVED that:

(1) The content of the briefing note and presentation be noted.

(2) Details of the numbers of Covid-19 infections and fatalities in local care homes to be sent to Board members.

(3) Concerns about the problems of social distancing at the pharmacy at UHCW and the options for patients to be able to use their local pharmacy for prescriptions (which is a national issue) to be raised with the Chief Operating officer at the hospital.

(4) The Board's thanks for all those working in health and social care during the current pandemic to be conveyed as appropriate.

4. The Future of Health Commissioning in Coventry and Warwickshire

The Board considered a report of Adrian Stokes, Interim Accountable Officer, Coventry and Rugby CCG, concerning the future of health commissioning in Coventry and Warwickshire, proposed changes to the structure of the clinical commissioning function and the future process. Support was sought for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire. Adrian Stokes, Dr Sarah Raistrick, Chair, and Rose Uwins, Senior Communications and Engagement Manager, Coventry and Rugby CCG attended the meeting for the consideration of this item.

The report indicated as part of the NHS Long Term Plan, every Sustainability and Transformation Partnership area in the country was to be, or be part of, an

Integrated Care System by 2021. The three Clinical Commissioning Groups in Coventry and Warwickshire had been considering how to accomplish this. Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, with three possible options. Any options which involved the strategic direction of the CCG was a matter reserved to all member organisations of the CCG. Members were asked to vote on their preferred option. The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of full merger to their members, with each CCG running a voting process for their members. The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger. For Coventry and Rugby 88 out of a possible 126 votes were cast. Of these

- 23 were for Option 1 – Do Nothing
- 12 were for Option 2 – Joint Working
- 53 were for Option 3 – Merger.

The Board were informed that the three CCGs were now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply, a number of documents had to be submitted, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger was 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020. In addition, the CCGs were starting the process for recruitment for a single Accountable Officer across the three CCGs. This was running concurrently with the formal application to merge, and would not be dependent on the outcome of the application progress. The Accountable Officer would be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers.

The report highlighted the benefits that the merger would bring for Coventry and Warwickshire as follows:

- The opportunity to develop Place to meet the needs of the local population and address health care inequalities
- Faster more efficient decision making to enhance the experience of care
- Significant administration savings to reduce per capita cost of health care and improve productivity
- Easier to recruit and retain staff and increase wellbeing and engagement of the workforce
- Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population.

Successful progression of the merger programme was one of the CCG key priorities over the next few months. Ongoing engagement with stakeholders and the population formed an essential part of this process, and it was important to the CCGs that the views of stakeholders were able to help to shape the potential form of the new strategic organisation. Further details as to the opportunities for engagement, particularly on the development of the Clinical Commissioning Strategy, which would outline how services would be commissioned as a single organisation, would be shared with stakeholders in due course.

Members questioned the representatives on a number of issues and responses were provided, matters raised included:

- Would there be an impact on service provision in Coventry, in light of the financial deficits at the other CCGs
- Where would employees of the merger be located
- Further details about the financial savings to be achieved by the merger and the decisions to be made regarding prescribed medicines.

RESOLVED that the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire be supported.

5. Work Programme 2020-21 and Outstanding Issues

The Board considered their work programme for the new municipal year.

RESOLVED that:

(1) The work programme including the schedule of meetings for 2020-21 be approved.

(2) Regular updates on Covid-19 be circulated to Board members.

6. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 11.00 am)