

Health Scrutiny Panel

Minutes - 14 January 2021

Attendance

Members of the Health Scrutiny Panel

Tracy Cresswell
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Phil Page (Chair)
Cllr Susan Roberts MBE
Cllr Paul Singh (Vice-Chair)
Cllr Wendy Thompson

In Attendance

Cllr Jasbir Jaspal (Cabinet Member for Public Health and Wellbeing)
Cllr Dr. Michael Hardacre (Cabinet Member for Education and Skills)
Cllr John Reynolds (Cabinet Member for Education)
Cllr Linda Leach (Cabinet Member for Adults)
Cllr Phil Bateman MBE

Witnesses

Professor David Loughton CBE (Chief Executive of the Royal Wolverhampton NHS Trust)
Paul Maubach (CEO of the Black Country and West Birmingham CCGs)
Paul Tulley (Managing Director of Wolverhampton CCG)
Steven Marshall (Programme Director for Mental Health Integration and Transformation - Black Country and West Birmingham CCGs)
Chris Masikane (Chief Operating Officer – Black Country Healthcare NHS Foundation Trust)
Marsha Foster (Director of Partnerships – Black Country Healthcare NHS Foundation Trust)
Professor Sultan Mahmud (Chief Innovation, Integration and Research Officer of the Royal Wolverhampton NHS Trust)
Simon Evans (Chief Strategy Officer – The Royal Wolverhampton NHS Trust)
Andrew Moody (Black Country STP Mental Health Commissioning)
Mags Courts (Children's Commissioning Manager – Wolverhampton CCG)
Syed Naqvi (Youth Council – Chair)
Anna Tabner (Youth Council Representative)

Employees

Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
Becky Wilkinson (Deputy Director of Adults Services)
Dr. Ankush Mittal (Consultant in Public Health)
Richard Welch (Head of Partnerships and Commercial Services)
Andrew Wolverson (Head of Children's Strategy and Partnerships)
Kush Patel (Children's Innovation Lead)
Andrew Scragg (Participation Officer)
Julia Cleary (Scrutiny and Systems Manager)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Panel Members, Cllr Obaida Ahmed, Cllr Bhupinder Gakhal and Rose Urkovskis.

Other apologies received were as follows :-

City of Wolverhampton Council's, Director for Children's and Adult Services, Emma Bennett.

Deputy Chief Nurse at the Royal Wolverhampton NHS Trust, Vanessa Whatley.

The Head of Engagement and Communication at the CCG, Jayne Salter-Scott.

- 2 **Declarations of Interest**
There were no declarations of interest.

- 3 **Minutes of previous meeting**
The minutes of the meeting held on 19 November 2020 were confirmed as a correct record.

- 4 **Matters Arising**
There were no matters arising from the minutes.

- 5 **CCGs Merger Update**
The Chief Executive Officer of the Black Country and West Birmingham CCGs gave a verbal update on the CCGs merger. In attendance for the item there was also the Managing Director of Wolverhampton CCG.

He stated that the CCG was a membership organisation, which was made up of the GP practices. In October in the previous year, GP Members across the four CCGs across the Black Country and West Birmingham had voted in support of a merger of the four CCGs. 90% of practices across the four CCGs had supported the merger, which he considered to be an outstanding endorsement for the merger to proceed.

He commented that they were expecting the merger to be completed by 1 April 2021. As part of the new arrangements there would be a local Commissioning Board, which would have Paul Tulley as a member and local GPs. In addition invitations would be extended to the Director of Public Health and the Director of Adult Services to participate as and when they saw appropriate. The trajectory which they were on, was to as much as possible, to transfer and devolve as much work into the new Integrated Care Partnership arrangements. These arrangements were being developed by the Royal Wolverhampton NHS Trust. They believed that the main emphasis in terms of the way they developed service delivery across Primary, Secondary Care and Community Services in Wolverhampton would be by supporting the partnership between the Royal Wolverhampton NHS Trust, the GP Practices and the Council.

The Chairman had submitted the following questions in advance of the meeting to the Chief Executive Officer of the Black Country and West Birmingham CCGs :-

1. How will the Black Country CCGs Senior Management Team ensure that Wolverhampton does not suffer financially as a consequence of the merger? Will there be ring fenced budgets for the Wolverhampton area and will there be extra investment to help improve health inequalities, which have been even more marked by Covid-19?
2. Wolverhampton CCG has returned a surplus in recent years, in contrast to some neighbouring areas; can we be assured that surplus funds in the future will be re-allocated to improve health outcomes for Wolverhampton citizens?
3. Can you demonstrate how the merger will accelerate plans to ensure an improved and consistent quality of care in Primary Care across Wolverhampton. Have you identified within Wolverhampton the areas which you will be looking at to improve Primary Care?

The Chief Executive Officer of the Black Country and West Birmingham CCGs responded that when he was first appointed at Dudley CCG, they had actually given financial support to Wolverhampton CCG in his first two years. More recently he rectified Walsall's CCG deficit within a year as the turnaround Chief Executive. He added that over the CCGs history across the Black Country all four CCGs had good financial stewardship including Wolverhampton. It was his intention to maintain good financial stewardship and also to maintain investment in each of the places. They would approach this by increasingly supporting the development of the Integrated Care Partnership locally in Wolverhampton. As this developed it would be the CCGs intention to allocate resources to the Partnership enabling the Partnership to manage the resources. The issues about maintaining the finances in Wolverhampton could be managed by the Integrated Care Partnership. His recommendation to the Scrutiny Panel was to encourage health partners to all work together with the Royal Wolverhampton NHS Trust and the GP Practices to develop the Integrated Care Partnership. The partnership would be the main vehicle to manage the resources locally going forwards.

In response to the question on how he could demonstrate how the merger would accelerate plans to ensure an improved and consistent quality of care in Primary Care across Wolverhampton, he stated that one of the benefits of merging the CCGs was that it enabled him to establish a much stronger, robust and dedicated Primary Care function. He now had a Director of Primary Care who was very experienced, and he would lead the work on how they oversaw and ensured the quality of care in Primary Care Services. The main focus at the moment was in supporting the development of the Primary Care Networks. He had been most impressed with the Primary Care Networks work to date on the arrangements surrounding the roll out of the Covid-19 vaccine. The Primary Care Networks were working well together and in working with the Royal Wolverhampton NHS Trust on the development of the Integrated Care Partnership. He added that they would always continue to monitor access as consistency of access to GP services was an issue across the country and not just in Wolverhampton.

The Vice-Chair of the Panel had submitted the following advanced questions to the Chief Executive Officer of the Black Country and West Birmingham CCGs :-

1. How will the Black Country CCGs Senior Management Team, help to deliver proposed local Wolverhampton plans and place agenda set by Wolverhampton health partners working together?
2. How will the Black Country CCG Senior Management Team work with local health partners to find new and innovative ways to improve the health of the people of Wolverhampton, with a particular focus on the preventative agenda?
3. Will the Black Country CCGs Senior Management Team be supportive of digital innovation in the health system in Wolverhampton including attracting the collaboration of high-profile technological companies and appropriate data sharing and use?

The Chief Executive Officer of the Black Country and West Birmingham CCGs responded that it was important to work with local health partners in Wolverhampton. They would continue to be a partner to the Council through all the forums and shared statutory duties. A key vehicle to be able to support the local Wolverhampton plans and place agenda was by supporting the development of the Integrated Care Delivery model across Primary, Community and Council services. They would be maintaining a local team within Wolverhampton. He had also, that week, signed a lease agreement for the CCG's headquarters to be based at the Civic Centre in Wolverhampton. He hoped this would help cement the relationship with the CCG and the City of Wolverhampton Council as two organisations moving forwards.

The Chief Executive Officer of the Black Country and West Birmingham CCGs stated that the Black Country CCGs Senior Management Team would be supportive of digital innovation in the health system in Wolverhampton. This included attracting the collaboration of high-profile technological companies and appropriate data sharing and use. Data sharing was extremely important because, as demonstrated by Covid-19, health partners could work far better together by having open data sharing arrangements. This was because it enabled information to get to the right people at the appropriate time. He praised the work taking place in Wolverhampton around the development of digital technologies. The management team were fully supportive of the work taking place locally and highlighted the work taking place at the Royal Wolverhampton NHS Trust.

A Panel Member commented that she was aware of a vaccination centre opening at Telford and there was soon to be one at Dudley. There was also the mass vaccination site at Millennium point in Birmingham, to which some Wolverhampton residents had been invited to receive their vaccination and experienced great difficulty in being able to make the journey. She understood that there were plans to open two dedicated centres in Wolverhampton. She asked when it was intended for these two centres to open as she was being asked by local residents when a dedicated vaccination centre would be opening within Wolverhampton.

The Chief Executive Officer of the Black Country and West Birmingham CCGs responded that there were seven vaccination centres already in Wolverhampton including the New Cross Hospital running their own as a Hospital hub. Each of the Primary Care Networks had already opened up a centre. One of the Wolverhampton Centres had to date delivered the most vaccine out of all the centres in the Black Country and West Birmingham CCGs area, aside from the Walsall Hospital Hub site.

The feedback they had been receiving from the general public was that they far preferred to go to their local GP centre than a mass vaccination site, such as the one in Birmingham. Their priority at the moment was to support the over 80s in having their vaccine. The existing centres were more than capable of providing the existing vaccines to the people of Wolverhampton. The pace of the supply of the vaccines was the biggest issue they were facing.

The Panel Member responded that nationally there was a target of vaccinating all over 70s by mid-February, she asked if this would be possible in the Wolverhampton area. The Chief Executive Officer of the Black Country and West Birmingham CCGs responded that as long as there was sufficient supply, the target would be met. Now there were three vaccines approved, the supply would start to increase.

The Chief Innovation, Integration and Research Officer of the Royal Wolverhampton NHS Trust commented that the Chief Executive Officer of the Black Country and West Birmingham CCGs had been in discussions with the Trust about how new model arrangements would work in the future, which were digitally driven. The CCG had been very helpful in the planning of this work. He felt they had a unique valued proposition in Wolverhampton in terms of the connectiveness of the relationships and data to drive a new deal for the patients and citizens they served. He personally thanked the Chief Executive Officer of the Black Country and West Birmingham CCGs and his team including the Managing Director of the current Wolverhampton CCG.

The Chief Innovation, Integration and Research Officer of the Royal Wolverhampton NHS Trust commented on the importance of the next phase and referred to the work taking place known as “Digital Wolverhampton.” He thought now was the time to come together as a community of providers including Social Care to make proposals happen that had often been spoken about in the past. The “Place” was absolutely critical to which they had received nothing but support from the Chief Executive Officer of the Black Country and West Birmingham CCGs and his team, and he hoped that would continue. He hoped they would be given the flexibility that was needed in Wolverhampton due to the very unique set of circumstances and a unique leadership. The Chief Executive of the Royal Wolverhampton NHS Trust, over the preceding years had led the Trust and Community Services closer and closer to GPs. It was important that the “Place” agenda retained primacy.

The Chief Executive Officer of the Black Country and West Birmingham CCG spoke positively about the work outlined by the Chief Innovation, Integration and Research Officer of the Royal Wolverhampton NHS Trust. He commented on the excellent relationships in Wolverhampton and how it was his intention to support and develop them.

The Chair thanked the Chief Executive Officer of the Black Country and West Birmingham CCG and The Chief Innovation, Integration and Research Officer of the Royal Wolverhampton NHS Trust for their contribution to the item.

6 **Update from Director of Public Health on Covid-19 Vaccinations and Testing in the City**

The Director of Public Health gave a presentation on the subject of Covid-19 vaccinations and testing in the City. Wolverhampton currently had a case rate of 854.4 per 100,000. This was a very high rate in both a regional and national context.

The percentage case rate was down by a percentage of minus 17% from the previous week, which was a positive sign. The average case rate in England was exceptionally high at a level of over 500 per 100,000. The cases per day were extremely alarming and there had been one day when they hit 486 cases in one day. The new Covid-19 variant, it was thought was driving the high rate of infection. Working with Public Health England, it was thought that the new variant accounted for over 70% of new infections in the City.

The Director of Public Health commented that the Wolverhampton Covid-19 case rate heat map was showing that the confirmed cases were increasing in the over 65's and in people aged under 15. They were targeting people most at risk to encourage them to keep themselves safe and to limit their movement within the population. The messaging had resulted in a lower than expected death rate during the pandemic compared to the City's health burden pre-Covid. He wanted to be able to continue this going forward. He was however concerned with the unprecedented rates of infection in people aged over 65. This was worrying as the health risks of Covid-19 increased as you aged. The impact of the high cases had not yet been seen within the hospital setting to the extent to which it would be in the future.

The Director of Public Health stated that testing within the City was the highest rate within the West Midlands and it was currently the eighth highest rate in the country. 17,479 tests had been undertaken in the seven days leading up to the 11 January 2021. Testing was a core part of the strategy in fighting the pandemic in Wolverhampton. He described the testing approach as a "Hub and Spoke" approach with a hub at the Civic Centre and spokes in the community, run by the community. The first lateral flow test pilot had commenced in Sedgley Street Gurdwara. At the end of the pilot 67% of those who had attended were from the BAME (Black, Asian and Minority Ethnic Community). This had far outstripped other delivery modes previously in the City, which reinforced their approach to build on the model. As a consequence, there was now a testing site at Bilal Mosque, St Joseph's Church and Pendeford Library for key workers and in particular Teachers. There were 4 additional community sites scheduled to open in the forthcoming weeks. They would also be rolling out a Schools offer and a Workplace offer, for people that had to leave their home to go to work. A regular testing programme for these people was the intention.

The Director of Public Health presented a slide on Covid-19 patients at the Royal Wolverhampton NHS Trust. There were more Covid patients in the Royal Wolverhampton NHS Trust than during the Spring peak, with ICU beds especially under pressure. The City needed to do everything it could to support them over the next month. If people followed the guidelines it would greatly help lower admissions into the NHS. He presented a slide on NHS admissions by age. Due to the high amount of cases in the City, there were now more young people being hospitalised. The Director of Public Health displayed a slide on the Covid-19 vaccine roll-out. The responsibility for the roll out sat with the NHS, discharged to CCGs and 'system footprints.' There was currently a three linked approach. There were the mass NHS Vaccination Centres with the nearest to Wolverhampton being Millennium Point in Birmingham. There was also the Local GP delivery through the six Primary Care Networks. He hoped that when people were called for the vaccine that they would take up the offer. As a system they needed to continue to communicate with the people of Wolverhampton about the rollout of the vaccine. In the week commencing 11 January all 6 PCN vaccination sites were operational. All Care Home residents

and staff would be completed that week, apart from where there was a current outbreak. The new variant was so infectious it could rapidly spread through a Care Home, which would have a huge impact on vulnerable people. The absolute priority was to vaccinate the residents in the Care Homes.

The Chair asked the following questions:-

1. How many Wolverhampton citizens have been vaccinated to date?
2. Do you have any specific local vaccination targets?
3. Can you comment on the effectiveness of the Pfizer vaccine and the Oxford-Astra Zeneca vaccine?
4. Can you comment on the fact that the Government has stipulated that they are happy for there to be a longer gap between the first and second doses of the Pfizer and Oxford-Astra Zeneca vaccines?
5. How is the progress on vaccinating Care Home residents and staff going and what is happening to make sure this is done as efficiently and effectively as possible?

The Chief Executive Officer of the Black Country and West Birmingham CCG Senior Management Team concurred with the Director of Public Health on the priority to vaccinate Care Homes. They had presently vaccinated staff and residents at 46 out of the 69 Care Homes in Wolverhampton. Across the population as a whole, he thought that over 12,000 people had received the vaccine across Wolverhampton. The Director of Public Health added that in every way it was important to drive as much as possible the Council working with the health system to make the vaccination programme as efficient as possible. It was welcome that the CCG were prioritising the Care Homes and that it was an area of key focus for the Chief Executive Officer of the Black Country and West Birmingham CCGs.

The Managing Director of Wolverhampton CCG stated they did not have numerical targets for the number of people to be vaccinated. The local targets were the same as the national targets, which were in the public domain. The national requirement was that all Care Homes should be vaccinated by the end of January, they were well on track and ahead of reaching this target. The other national milestone was to offer the vaccine to all eligible people over 70 by the 15 February 2021. Provided there was enough supply of the vaccine into the City, the milestone would be reached locally within Wolverhampton. The Director for Public Health commented that the CCG recognised that there was a need to work as quickly as possible to vaccinate people given the high case rate and the attack rate of the new variant in the Care Homes. It was a race against time against the new variant and the roll out of the vaccine. The local need outweighed any national target figures.

The Chief Executive of the Royal Wolverhampton NHS Trust stated that he was pleased that the Director of Public Health's report had indicated that the cases were plateauing. The day's infection rate reflected the amount of ICU beds that would be needed in two weeks' time. He expected the peak of hospital

admissions to be around the 27 January. Things had been worse in the last two to three weeks than in the first wave of the pandemic. In the last seven days there had been 51 deaths. There had been two days recently when the deaths had been more on any day than the peak of the first wave in April. There were now 323 Covid-19 positive inpatients, whereas the peak of the first wave, on 10 April, there had been 282. The stresses on the system were extreme. He praised the collaborative working of the Trust and Public Health and gave particular praise to the Director of Public Health.

The Chief Executive of the Royal Wolverhampton NHS Trust stressed that his main priority was to keep the maximum number of people alive as possible. It was however expected that the figure of over 500 Covid-19 deaths at the Trust would be reached by the end of the week. He had taken the decision, with NHS England, to allow the media into the Accident and Emergency Unit and the Intensive Care Unit. The decision was taken to do this to try and combat the fake news that was circulating. He did have several empty wards but that was because he had redeployed staff and was not conducting any elective surgery. He had doubled the level of ventilator capacity to cope with the Covid-19 admissions. It was an inaccuracy to say that the NHS wasn't under pressure because there were empty wards. He regretted that the seriousness of the situation in hospitals was not publicised at an earlier stage. He agreed with the approach of the Director of Public Health to have intensive Covid-19 testing within the City.

A Member of the Panel commented that having reflected on the Chief Executive of the Royal Wolverhampton NHS Trust's comments, the situation was deeply distressing and very serious. She acknowledged the impact on people working at the Trust who were having to care for people with Covid-19. She asked about the extent to which people would receive false negative tests at the walk-in lateral flow sites. She had a concern that people's behaviour might change on the receipt of a negative test and on the general accuracy of the test.

The Director of Public Health responded that people who received a positive result having taken a lateral flow test were encouraged to have a PCN test for confirmation. Anyone receiving a positive lateral flow test received a phone call as a follow up regarding the advice to undertake a PCN test. A person using a negative lateral flow test as a reason to change their behaviour missed the point of having it in the first place. Everybody needed to follow the national guidance of "hands, face, space." People needed to avoid going to other people's houses. Irrespective of people having a lateral flow test they needed to follow the guidance. Human contact was how the virus was able to spread.

The Chief Executive Officer of the Black Country and West Birmingham CCGs on the question relating to the efficacy of Pfizer and Oxford-Astra Zeneca, advised that his Doctor had informed him that there was very little difference between the two. They were also very safe. He encouraged people to take the vaccine as soon as they had the opportunity. He reinforced the Director of Public Health's comment about the need to press ahead with vaccinations as quickly as possible. It was important to note that vaccines did not work immediately and could take 12-14 days before they really started to take effect.

A Member of the Panel commented that there was no information on local hot spots in the Director of Public Health's presentation. He asked if this information

was available on a ward by ward basis. The Director of Public Health responded that he would send the link of the public domain dashboard which would show the data on a ward basis, to the Members of the Panel via the Scrutiny Officer. With the new variant and its higher transmissibility rate and 1 in 40 people in the City expected to have Covid-19 at the current time, he didn't think there was much value in trying to identify specific hotspots at the present time.

A Member of the Panel asked about the next steps once tests had been completed. The Director of Public Health responded that if someone tested positive for Covid-19 they would be followed up by National Test and Trace. There was also a local offer where everybody who tested positive would receive a phone call from the Council and a letter. The letter checked on how the person was, offered support and reinforced the key actions the person needed to take having received a positive result.

A Panel Member stated that a friend's mother had died of Covid-19 the previous evening at New Cross Hospital. It was very important to convey the message about the seriousness of the virus and counter the fake stories appearing on Social Media. She stressed the need for more promotion of the key messages. The Chief Executive of the Royal Wolverhampton NHS Trust commented there had been a recent change in strategy and that he had been asked by NHS England to appear in front of the media. He had since done interviews with the BBC on National Television and an interview with Piers Morgan on ITV. He would be at the WMCA Press conference with the Mayor of the West Midlands the following day. There were many months in the pandemic where it was not publicised how bad things could become; he was pleased that the media strategy had changed. He was very sorry about the people who had lost their lives who worked within the organisation. No one had attended Medical School or entered a nursing career to watch people die and not be able to do much to help them. It was not what they were equipped to do, which meant it was especially hard for them. There were anaesthetists at the hospital who had trouble sleeping at night because they could remember the faces of all the people they had told they were going to put to sleep and that they may never wake up.

The Vice Chair asked if there were enough people available in the City to help administer the vaccine. He also asked about the accuracy of the lateral flow tests and if there had been people attending a lateral flow testing site who were expressing symptoms. The Director of Public Health responded that they asked people when they attended at a lateral flow site if they had any symptoms and they also took their temperature. There were six PCR testing sites in the City for people who were expressing symptoms. The results for PCR tests were now turned around within 24 hours. On the accuracy of the lateral flow test, he thought it was good at a population level. The Managing Director of Wolverhampton CCG stated that they did have enough people to administer the vaccine. Some of the expectations on providing some services in General Practice had been relaxed at a national level so they could focus their resources on delivering the vaccine.

7 **Mental Health Services and the Covid-19 Response**

Andrew Moody from Black Country STP Mental Health Commissioning introduced the presentation on Mental Health Services and the Covid-19 response. When the pandemic started, they had setup twice weekly meetings of a group titled, the Black Country STP Mental Health Group. These meetings brought all the partners together who were involved in providing Mental Health Services. It was a forum which acted as an oversight and planning group which could make decisions. It took financial decisions on where budgets provided from the Government, for the response to the pandemic, were allocated. The appendix to the report provided with the agenda for the meeting detailed how the money had been used.

Mr Moody commented that a number of wards and places of care had been closed during the pandemic due to a patient or staff member testing positive for Covid-19. This had naturally had an impact on the capacity of Mental Health Services and the ability to provide access to inpatient facilities. One of the ways they had responded to the challenge was by commissioning additional capacity. He felt that they had responded quickly to the challenge and had sourced additional providers to meet the demand.

Mr Moody remarked that communications during the pandemic were key. Messages from Government and NHS England were being received regularly and it was important that these messages were sent to the appropriate people through the right channels as efficiently as possible. The Black Country STP Mental Health Group had been a useful forum for problem solving and finding practical solutions. PPE was one of the problem areas which they were able to effectively solve. For all the challenges of Covid-19, they still had to continue their normal day to day work. He cited the example of the improvements being made in perinatal health, for which there was currently a Community Transformation Programme. It was therefore important to balance the response to the pandemic with ensuring that mental health services as a whole were continuing.

Mr Moody commented that they had realised early on that Covid-19 was disproportionately effecting people in the Black, Asian, Minority, and Ethnic Community. The Black Country Voluntary Services Group had been established, which met on a weekly basis and brought non-statutory partners together with other key partners such as the Police and Public Health. The group helped to connect with people who ordinarily it would be a struggle to reach. The pandemic had acted as a catalyst to make quick decisions that normally would have taken longer to have made. The pandemic had helped to establish relationships which had proved beneficial to groups who had perhaps struggled to connect in the past. At the end of the first lockdown it had been universally agreed to continue with the group.

Mr Moody remarked that the Black Country BAME Mental Health Steering Group had been established during the course of the pandemic. Tackling inequalities across the system was one of its main aims. It had been a very positive group.

The Director of Operations of the Black Country NHS Healthcare Foundation Trust presented a slide on how Mental Health Services responded to the Covid-19 pandemic. He informed the Panel that they had immediately established robust Incident Management arrangements. They had developed new ways of working, delivering clinical care by using a blended approach of telephone/video and face-to-face consultations. They had reconfigured inpatient wards to enable safer

management of Covid-19, to reduce transmission. This had been a challenge due to the aging nature of many mental health hospitals. Isolation due to Covid-19 was clearly not going to be good for mental health, this had meant PPE and other infection prevention measures had been essential.

The Director of Operations of the Black Country NHS Healthcare Foundation Trust remarked that they had implemented a robust gateway process to prevent unnecessary hospital admissions. There had been an increase in admissions since the Covid pandemic. They were discharging patients, but more people were then admitted. They had worked with stakeholders to develop a 24/7 crisis telephone line to support or prevent people from going into crisis. The crisis line had been setup in 3-4 weeks, when in normal times it probably would have taken months. They had robust Outbreak Management arrangements, one of the challenges with this was Track and Trace and finding the index case, which was difficult.

The Director of Operations of the Black Country NHS Healthcare Foundation Trust outlined the enhanced links with Primary Care and PCNs, which included IAPT, (Improving Access to Psychological Therapies Services) working with practices. The Trust had developed a comprehensive Health and Well Being offer for staff and other partners. The resilience of staff was key. Risk assessments of all staff had taken place and in particular for those most at risk and those from a BAME background. Lateral flow testing had been rolled out to all staff. The Trust were playing a key role in the STP (Sustainability Transformation Partnership) Vaccination programme and were making excellent progress in vaccinating their staff. Visiting had been one of the issues, because it had to be stopped unless in exceptional circumstances and then under strict risk management.

The Director of Operations of the Black Country NHS Healthcare Foundation Trust remarked that managing inpatient capacity had been a key feature of their work during the pandemic. They had needed to quickly reduce occupancy in wards to improve safety and the ability to distance staff and patients. They had reconfigured their wards into red/green areas and utilised the practice of patient cohorting. When required, they had redeployed staff from other areas to ensure hospitals were appropriately staffed. The CCGs had commissioned additional inpatient capacity from other providers. The weekly multi-agency meetings had helped smooth the links between the NHS, private, third sector and the local authority.

The Children's Commissioning Manager for Wolverhampton CCG said that initially in lockdown one, CAMHS (Child and Adolescent Mental Health Services) referrals had reduced. From September there had been a steady increase in referrals to the CAMHS single point of access, the point where all referrals were triaged to either specialist CAMHS services or the service run by Base 25. The emotional health and wellbeing service had needed to adapt to Covid and so they now offered a blended offer. There was a face to face option available for the people that wanted to or had to be seen in a physical environment or alternatively a telephone / digital method. She was however frank with the Panel in stipulating that young people had struggled with digital engagement as much as adults. There were however some young people who had adored not having to leave their home and to be able to seek the therapy they needed from their own bedroom. She thought the blended offer would continue into the future. Additional resources from the local authority had been provided to Kooth (an organisation that offered emotional and mental health support

for children and young people aged between 11-24 years). The additional resources related to extra support for care leavers as part of a digital platform.

The Children's Commissioning Manager for Wolverhampton CCG commented that there had been a general challenge of digital poverty and access to data to engage with services. In the past children had found it easier to engage with services due to free Wi-Fi being available in so many different locations. With the onset of the pandemic free Wi-Fi had been far more difficult to find. She thought this was an important point to consider as part of a model moving forward into the future. The crisis team had been working on a face-to-face basis rather than a digital platform. Base 25 for under 11's had also been offering more of the face-to-face option. The 24 hours a day seven days a week helpline was also a service for Children and Young People.

The Children's Commissioning Manager for Wolverhampton CCG stated that NHS England had asked them to increase their access for young people to 35%. In Wolverhampton this target had not quite been met, the actual total last year was 34%. She thought there had been a problem with data input and she was confident that they would reach the target. December has been particularly busy compared to normal. The Mental Health Support Teams in Schools were being rolled out and they would be fully operational from 21 January 2021. There were now educational mental health practitioners ready to begin their roles in the teams, after a delay due to Covid-19. They were looking to increase the Mental Health Teams once they had been reviewed. By 2024 there would be comprehensive Community Mental Health Services for children and young people up to the age of 25.

The Children's Commissioning Manager for Wolverhampton CCG articulated that since Covid-19, one of the real areas for which there had been an impact was the Eating Disorder Service. There had been a doubling of the number of referrals into the service. She spoke on the matter of learning disabilities and autism; they were supporting people to keep out of Tier 4 or the Criminal Justice system. Demands for ASD (Autism, Spectrum Disorder) diagnosis had increased. She asked if the Tier 2 staff providing emotional health and wellbeing support for young people could be placed on the priority vaccination list. She had noticed that Covid-19 was having a bigger impact on staff sickness levels than earlier in the pandemic.

The Director of Partnerships for the Black Country Healthcare NHS Foundation Trust presented a slide on working in partnership during the Covid-19 pandemic. She stated that early on in the pandemic they had offered mental health support to their staff, which had now been extended to other partners including acute Trusts, nursing homes, Social Care and Public Health. For people working in ITU (Intensive Therapy Unit), stress levels were very high, but there was also stress for people in other areas. There was also the general stress which Covid-19 had brought into people's personal lives and having to live with the lockdown restrictions. She spoke on the Transforming Community Mental Health Services programme, which was a national programme. The programme brought much needed investment in the community to support people with severe mental illness. Over the next three years it was the intention of the Trust to take big steps to transform the Community Mental Health offer across the Black Country.

A Panel Member referred to the Scrutiny review which had taken place on Adult Mental Health Services a few years prior. She was not sure as to what progress had

taken place since the time of the review's conclusion, on the level of preventative work taking place to stop people going into acute crisis. During the Scrutiny review it had been clear people were not getting the intervention they needed for weeks, by which time they had either got worse or had improved through some other means. She was concerned that waiting times for talking therapies had not improved since the few years had passed from the Scrutiny Review.

The Programme Director for Mental Health Integration and Transformation responded that prior to Covid they had been meeting the IAPT target rate in regard to access, for a first appointment within two weeks. Since Covid because many people were referred through Primary Care and there had been a reduction in access to Primary Care, they had seen a substantial decrease in access to IAPT Services. The Transforming Community Services Programme had been delayed due to Covid-19. The initial rollout was intending to take place in Wolverhampton. The ambition during the course of the next twelve months, starting in April 2021 was to provide a much more joined up service between Primary Care Services and Specialist Community Services. He appreciated the Panel Member's frustration, which he shared, that they had not moved forward to the extent they had hoped.

The Head of Service for Children's Strategy and Partnerships commented that from a Children's perspective their whole emphasis was on supporting children and young people at the lowest level to try and prevent escalation through into Tier 2 Services, such as Base 25 and certainly into CAMHS. Throughout the whole of the Covid-19 pandemic they had been undertaking huge amounts of work to support the City's children and young people. Two surveys had been completed for children's life in lockdown. The WV Holiday Squad had been moved to an online platform. They had commissioned additional detached work through Base 25. Base 25 had also run campaigns to support young people in adhering to guidelines throughout the pandemic. Mental Health awareness week had taken place. There was also the HeadStart Offer which had increased throughout the pandemic. In addition they had tried to work with the Schools on the offer that was available through Schools and this was an area that they continued to work on.

The Head of Service for Children's Strategy and Partnerships stated that there was a significant offer of emotional wellbeing services across the City, but the missing link was that not everybody knew what was available. There was presently not a single place where the information was available, and it was difficult to navigate around the system. This was something which they were working on and a group was starting next week to look at a single platform to show the services available. He referred to the Wellbeing for Education Return Grant, which was given by Government and specifically aimed at Schools. They had decided to cluster schools together and provide them with mentoring and support through their educational Psychology Team focusing on how they could support children and young people with mental health issues. There were Mental Health Support Teams in Schools along with the HeadStart Offer.

The Head of Service for Children's Strategy and Partnerships referred to an Advisory Teacher within education that specifically focused on personal, social and mental health matters. The Council's School Improvement Team continued to have conversations within Schools about what activity they were completing in terms of checking in with children throughout the pandemic. He concluded by commenting that there was considerable work taking place outside of statutory services. He

praised the work being undertaken by community and voluntary groups. He cited the faith groups that had helped to deliver food parcels as an example.

Two representatives from the Youth Council presented to the Panel on the results of their survey they had completed at their Youth Council meeting earlier in the week. A copy of the results of the survey are attached to the signed minutes. Reading and communicating with friends were the two responses that were most common in response to the question of what they had been doing to keep happy and positive during Covid-19. Exercise and music also featured in the response. In response to the question of what support and advice Schools had offered for their emotional wellbeing during Covid-19, a common response had been “none” or “not much.” A couple of people had responded that they had been signposted to websites or to speak to tutors.

The Youth Council representative in response to the question about whether Social Media had made things better or worse during the pandemic, commented that it was a mixed response. Some people had responded that it had made things better as they were able to keep in contact with friends better and access information about Covid-19. Others had felt it had made things worse, citing being afraid of becoming addicted to the medium or an unnecessary distraction from Schooling. In response to the question regarding whether they knew of any influencers or trend setters in the public domain that could help with general wellbeing, she said there had been a range, but with an emphasis on the digital platforms YouTube and TicTok.

The Youth Council representative stated that health services could do a lot more in the use of Social Media, Websites, Schools and Colleges to communicate with young people. Some people had commented that the language being used was too formal for them to engage with. Others had commented that Social Media was not utilised enough and therefore the messages were not reaching the people that needed them the most.

The Youth Council representative on the final question from their survey, which asked for any comments or experiences regarding emotional wellbeing and mental health services in the City, commented that many people had said they needed more support in Schools for mental health. In addition, Outreach Services needed to be designed better, with more input from younger people. There were comments raised about anxiety, which meant some people found it difficult to approach the system and so thought needed to be given to make it less daunting and more information on accessibility.

A Panel Member asked for the information which had been relayed by the Youth Council to be forwarded to the Cabinet Member for Education. The Head of Service for Children’s Strategy and Partnerships commented that the information from the Youth Council survey had been shared with Cllr Dr Michael Hardacre, the Cabinet Member for Education and Skills. They would be continuing to work with Schools and the Youth Council to ensure the key messages were relayed.

The Children’s Innovation Lead talked about the prevention work taking place with children and young people, a key part of this work was underpinned by #YES, the Youth Engagement Strategy. The strategy focussed on being healthy and being connected. One of the positives of the pandemic was the increase in engagement with young people participating in various youth forums, with some new groups

having been established. They had also recently established, the Youth Partnership Strategic Board. This board had overall governance responsibilities for the various youth groups in the City and had its own commissioning budget. Emotional wellbeing had been a key area of focus in Children's services with a particular focus on anxiety and loneliness in the pandemic. They worked closely with the voluntary and community sectors.

The Children's Innovation Lead commented that the results of the two surveys had showed generally that children weren't coping too bad. What had been alarming though was the level of parents saying they needed support. This was echoed by the information gathered from the voluntary sector. As a consequence of the results of the surveys, a comprehensive parenting offer had been established. The Children's Commissioning Manager for Wolverhampton CCG added that they had also been alerted to the need for a parenting offer through their own work.

The Chair stated that there was an issue in parts of the City with a lack of digital equipment for children and young people. He also raised whether there was a nominated person at each school fully trained in providing emotional wellbeing and mental health support. He added that it was important that this individual cascaded down to the pupils the services available. He asked if emotional wellbeing and mental health was reported on at Governors meetings. The Head of Service for Children's Strategy and Partnerships responded that a report would be completed for the Children and Families Together Board covering the areas the Chair raised, which could then be shared with the Health Scrutiny Panel. The Wellbeing for Education Return Grant was critical to the support provided. The Chair also suggested a meeting with the Chair of the Children, Young People and Families Scrutiny Panel to discuss the subject further.

The Chair and Vice Chair on behalf of the Panel thanked all the contributors for their input during the item.

8 **Future Meetings**

The Chair confirmed that the next scheduled meeting of the Panel was on Wednesday, 24 March 2021. The Scrutiny Officer commented that after discussions with the Chair and Vice-Chair it had been proposed that the West Midlands Ambulance Service University NHS Trust would attend the March meeting to discuss their response to the Covid-19 pandemic. A further item would be on Covid-19 cases, testing and vaccinations. He added that the proposed agenda could potentially be revisited given the fast-changing nature of health at the present time.

The Chair, on behalf of the Panel, thanked all the contributors to the meeting.

The meeting closed at 3:31pm.