

Health Overview and Scrutiny Committee

Monday, 29 January 2018, - 10.00 am

Present:

Minutes

Mr P A Tuthill (Chairman), Ms P Agar, Mr P Grove, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mrs A Hingley, Mr M Johnson, Mrs F Smith and Mrs N Wood-Ford

Also attended:

Sue Harris, Worcestershire Health and Care NHS Trust
Ruth Lemiech, Worcestershire CCGs
Michelle McKay, Worcestershire Acute Hospitals HNS Trust
Dr Frances Howie (Director of Public Health)
Sheena Jones (Democratic Governance and Scrutiny Manager) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for Item 5 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 17 October 2017 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

863 Apologies and Welcome

Apologies were received from Mr T Baker, Mr G R Brookes, Mr C Hotham, Prof J W Raine and Mr R P Tomlinson.

864 Declarations of Interest and of any Party Whip

Mrs F Smith declared an Interest as her husband was the Cabinet Member with Responsibility for Health and Well-being.

Ms P Agar declared an Interest as her husband worked at Worcestershire Royal Hospital.

865 Public Participation

None.

866 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 17 October 2017 were agreed as a correct record and signed by the Chairman.

**867 Herefordshire
and
Worcestershire
Sustainability
and
Transformation
Partnership -
Update**

Attending for this Item were:
Frances Howie, Director of Public Health, Worcestershire
County Council
Sue Harris, STP Communications and Engagement
Lead, Worcestershire Health and Care NHS Trust
Ruth Lemiech, Director of Strategy, Worcestershire
Clinical Commissioning Groups

A presentation was given which outlined the national and local background to STPs, highlighting that the NHS Five Year Forward View set out plans to improve health and well-being, improve quality of services and narrow the funding gap. After consultation and engagement during 2016/17, the Herefordshire and Worcestershire Sustainability and Transformation Plan was published in Summer 2017 and the 'P' for Plan was changed to Partnership to reflect the joint working required in the implementation phase.

Structurally, a Partnership Board had been formed, which had an Independent Chairman. Its remit was to oversee the delivery of the Plan through various sub groups. Membership was drawn from clinicians, managers and leaders from across all programme areas and both Counties.

Triple Aims were often referred to and for the STP, these were:

- Health and Well Being (improving Health Outcomes)
- Care and Quality (improving Care and Quality)
- Finance and Efficiency (delivering Financial Sustainability).

The STP vision was described as *'local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people'*. Within Worcestershire, there were already good examples of health economy partners working together to achieve better outcomes for residents.

The Presentation also explored Accountable Care Systems (ACS), where the NHS England definition was *'An ACS is an evolved STP through which local organisations take collective responsibility for the performance of their system'*.

Nationally, it was hoped that STPs would evolve to become Accountable Care Systems, where NHS

organisations (both commissioners and providers), in partnership with local authorities, choose to take collective responsibility for system resources and the population's health, providing joined up, better co-ordinated care, acting and behaving as one single system even though in law there are a number of distinct entities with distinct duties.

Nationally, in time, as ACSs demonstrate their ability to act collectively as a system, greater control and freedoms may be given.

Further developments were cited in relation to the ways in which working across organisations was already occurring, such as winter planning, a system wide focus on frailty and diabetes and extended access to Primary Care.

Next Steps included strategic discussions at all partners' Boards, including the County Council, to agree a set of principles which would guide the work towards accountable care.

In the ensuing discussion, the following main points were raised:

- Members noted the shift from Sustainability and Transformation 'Plan' to 'Partnership', but agreed that the language used was not clear and the concept continued to be confusing
- The Committee noted that some partners had statutory duties to fulfil and these would have to be taken into account when looking at future services, unless there was a move to change legislation. Despite the desire to work collaboratively, it was felt that residents would still want to know 'who' was accountable for their care
- One Member queried the definition of Social Prescribing, an area which was tackled well across different organisations. In response it was described as a standard NHS term, whereby GPs may refer patients to non-clinical services, such as those provided by the community or voluntary sector
- Community Hospitals were seen as the 'jewel in the crown' and an asset to be utilised. With the concept of care closer to home their use would be stronger than ever, with examples given whereby extended GP access could see the sites being used as physical bases. Previously, it had been reported that beds could close as part of the STP programme and it was clarified that some future

868 Quality of Acute Hospital Services - Update

modelling work was being undertaken. Everyone acknowledged that the public was concerned and at an appropriate time in the future, an Item would be brought to HOSC

- The Director of Public Health reported that Prevention was a strong theme across the programme and it was felt that success in this area could improve service efficiency in the future
- The role of Independent Chairman was filled following a national advert and comprehensive recruitment process and it was clarified that future decisions would be made by a combination of clinicians and managers
- When asked whether the workforce was in place to support new structures, it was said that this was not the case and had to be addressed urgently
- The Committee understood that it was difficult to define the role of Community Hospitals and Minor Injury Units, but urged Representatives to improve communication to residents to ensure a clearer pathway to available services
- Members felt that Integrated Care was much clearer than Accountable Care and hoped that nationally there may be a shift to clearer language.

Michelle McKay, Chief Executive for Worcestershire Acute Hospitals NHS Trust, attended for this Item and took Members through the Agenda Report. In the general discussion, the following details and questions were addressed:

- Since the Care Quality Commission (CQC) had served a section 29A notice on the Trust in January 2017, requiring significant improvement, a number of inspection visits had taken place, both expected and unannounced. Most recently, service reviews of 4 services (out of 22 core services) and a focussed assessment on governance was undertaken in November 2017 and the report published on 17 January 2018
- Positively, the report showed that all 4 core services inspected showed improvement since the last inspection, however, given the fact that not all core services were reviewed, the overall judgement for the Trust had not changed
- The CQC had also advised that they would conduct a 'well led' review at the end of February 2018 and review further core services over the coming weeks
- Members were very pleased to note the progress

made, the positive effect that substantive leadership was having and it was clear that the Chief Executive was driving forward the agreed change programme. When asked, it was clarified that all Board Member positions had been successfully filled

- In response to a question, the Chief Executive commented that it was not a surprise that there had been no movement on 'well led' for Urgent Care as the Division was newly formed (following the split from the Medicine Division) with a new Leadership Team, a fact which CQC acknowledged
- Training was a key focus in the improvement programme and the signature behaviours of 4ward was a part of this:
 - Do what we say we will do
 - No delays, every day
 - We listen, we learn, we lead
 - Work together, celebrate together
- Winter Pressures had seen a massive increase in activity and for the period 22 December 2017 to 16 January 2018, an additional 418 patients presented to the two acute hospitals A&E departments and there was an additional 264 ambulances. It was pleasing to note that there had only been 3 12hour trolley breaches in this time, compared to 135 for the same period last year and the amount of time patients spent in corridors was considerably less than last year
- During this period, ambulance waiting times also deteriorated and handover delays were especially problematic when there was a surge in activity
- Prior planning across all health economy partners had built on previous practice and an additional £2.6m of winter pressure funding had helped, however, patient flow continued to be an issue and therefore focus for the Trust and other partners
- In response to a question, Members learned that only around 30 to 35% of patients presenting at A&E were admitted to hospital and the Committee discussed other options available to residents, including GP access, pharmacies and Minor Injury Units. It was felt that clarity was needed across the health sector to inform residents of the options and services available across different sites throughout Worcestershire
- The role of Community Hospitals was vital, both in relation to hospital avoidance, via GP referral, but also rehabilitation after an Acute Hospital stay

**869 Health Overview
and Scrutiny
Round-up**

- When asked how the health system would cope next winter, the Chief Executive expressed concern, especially given the County's demographic profile and the increasingly older and more frail population. It was noted that the importance of making every contact count was an opportunity to highlight potential issues and address them early by signposting
- Nationally, planned surgeries were cancelled during the winter period from 12 December to 5 February, however, locally it was planned to be less time than this and patients had not been booked in during the time of highest pressure to avoid potential cancellations
- Members were surprised to hear that the Trust felt the uptake of the flu vaccination amongst staff was pleasing, despite the figure being 75%
- Although the £29.6m capital funding bid was secure from an outline business case approved by the Department of Health in December 2017, a final business case was still required and the funding for this would be a challenge. However, the Trust had successfully argued that £3m be drawn down early to fund the link bridge work at the Worcester site. This work was therefore on track to be completed by next winter. The additional funding would be used to provide extra beds, assessment units and enhance theatre provision, especially at the Alexandra Hospital in Redditch. The Committee asked for a summary of the proposed projects for the capital expenditure
- It was clarified that the new Ambulatory Emergency Care (AEC) Unit was funded separately to the capital bid and had been in use since November 2017
- At a previous meeting, nursing vacancies had been discussed. It was reported that currently, of 2,500 funded nurses, there were 158 vacancies and of those, 56 offers had been made but Staff had not yet started. It was hoped that by working with Worcester University on a nursing programme, it would help with future workforce planning.

When asked whether any Member wished to report any activity from around the County, Cllr Smith raised concern about the future viability of hospital shops nationally if NHS England progressed with their plan to insist in a reduction in sales of sugary drinks and high calorie snacks.

The meeting ended at 12.20 pm

Chairman