

## **Minutes of the Health Overview and Scrutiny Committee**

### **Council Chamber**

**Wednesday, 10 May 2023, 10.00 am**

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#### **Present:**

Cllr Brandon Clayton (Chairman), Cllr David Chambers, Cllr Lynn Denham, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Kit Taylor, Cllr Richard Udall and Cllr Tom Wells

#### **Also attended:**

Cllr Karen May  
David Mehaffey, NHS Herefordshire and Worcestershire Integrated Care Board (ICB)  
Alison Roberts, NHS Herefordshire and Worcestershire ICB  
Katie Hartwright, NHS Herefordshire and Worcestershire ICB  
Karen Payton, Herefordshire and Worcestershire ICB  
Tina Ricketts, Worcestershire Acute Hospitals NHS Trust  
Jackie Edwards, Worcestershire Acute Hospitals NHS Trust  
Justine Jeffery, Worcestershire Acute Hospitals NHS Trust  
Elaine Clough, Herefordshire and Worcestershire Health and Care NHS Trust  
Carole Cumino, Voluntary Community and Social Enterprise Sector

Mark Fitton, Strategic Director for People  
Lisa McNally, Director of Public Health  
Rebecca Wassell, Assistant Director for Commissioning  
Samantha Morris, Interim Democratic Governance and Scrutiny Manager  
Emma James, Overview and Scrutiny Officer

#### **Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 18 April 2023 (previously circulated).

(A Copy of document A will be attached to the signed Minutes).

### **1133 Apologies and Welcome**

The Chairman welcomed everyone to the meeting.

Apologies were received from Councillors Jo Monk, Chris Rogers and Sue Baxter.

The Chairman pointed out that the Committee was smaller in number at this particular meeting, since District Council elections the previous week meant there would be some new representatives appointed to the Committee.

### **1134 Declarations of Interest and of any Party Whip**

Regarding Agenda Item 7 (Integrated Care Strategy), Cllr Lynn Denham declared an interest as a member on the ICS Partnership Board in her capacity as a Worcester City Councillor.

### **1135 Public Participation**

None.

### **1136 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meeting held on 18 April 2023 were agreed as a correct record and signed by the Chairman. A HOSC member pointed out that it would be beneficial for Committee Members to have names and roles of the representatives attending in advance of each meeting.

### **1137 Workforce Pressures**

Present for this Item:

Herefordshire and Worcestershire Integrated Care Board

Katie Hartwright, Director of People and Workforce  
Karen Paynton, Head of Primary Care

Worcestershire Acute Hospitals NHS Trust:

Tina Ricketts, Director of People and Culture

Herefordshire and Worcestershire Health and Care NHS Trust

Elaine Clough, Director of People and Organisational Development

Worcestershire County Council:

Mark Fitton, Strategic Director for People  
Rebecca Wassell, Assistant Director for Commissioning

Voluntary, Community or Social Enterprise Sector:

Carole Cumino

The update on workforce pressures was introduced by Herefordshire and Worcestershire Integrated Care Board's (ICB) Director of People and Workforce Pressures, who reminded the Health Overview and Scrutiny Committee (HOSC) that workforce was being looked at collectively as a system. Workforce remained a challenge nationally as well as locally, with some specialist and social care roles being especially hard to fill. The situation

was not helped by factors such as media coverage and industrial action, however staff turnover had decreased slightly, which was testament to the huge effort involved.

The Primary Care workforce was in a good position, and the Herefordshire and Worcestershire (H&W) GP to patient ratio was one of the best in the country. However social care workforce pressures remained a challenge.

The Chairman invited discussion and the following main points were raised:

- A Member questioned the number of staff that the increase in workforce numbers of 1200 equated to since the previous HOSC discussion.
- Several members expressed concern about the amount of spend on agency staff and felt that measures should be introduced to limit this. The ICB Director agreed that agency use remained an issue for the system as a whole, and advised that currently, just under 10% of substantive pay was on agency staff (including Wye Valley Trust in Herefordshire). Every area had a programme in place to reduce use of agency staff, and the national target was 3.7%, although an outcome of 6% was more likely for H&W. Reasons for agency staff use were complex and many, involving decisions about wards, cover and strike action.
- The Worcestershire Acute Hospitals NHS Trust (the Acute Trust) representative referred to the Trust's quite high reliance on agency staff, although this had reduced the previous month to 12%. Successful recruitment levels this year was very positive and would make a difference to reliance on a temporary workforce. Measures to increase recruitment included international recruitment and welcoming CVs to aid the application process, as well as wider recruitment and retention work. Career progression paths and apprenticeships were also being developed for hard to recruit roles. The Herefordshire and Worcestershire Health and Care NHS Trust (the Health and Care Trust) representative referred to other work including getting teams to think critically about use of agency staff and to focus on fostering a robust staff base.
- A member sought clarification about the actual difference in cost for an agency member of staff as opposed to a permanent employee, taking into account factors such as holiday pay, sick pay, and was advised that pay rates could be £25 an hour but £50 an hour for hard to fill roles; there was a range depending on the nature of the shift and how hard it was to fill, which was often nights and weekends. The ongoing focus on recruitment and retention would reduce agency use. The Acute Trust representative explained that the approach was to use its own staff where possible, followed by bank staff (Acute Trust staff who chose to work additional hours), with agency staff being the last step. The induction and welcome to agency staff was important as some may then opt to join the permanent workforce.
- A member acknowledged the enhanced flexibility for agency staff but asked what impact their presence had on permanent staff morale, and was advised that in general staff feedback indicated a preference for

working with their own colleagues and teams and a dislike of having to work in other areas.

- In terms of safety considerations when using agency staff, the Acute Trust representative explained that they worked with NHS Professionals to ensure staff had the right training and checks.
- The Chairman enquired about agency staff use within the Council's People Directorate and the Strategic Director pointed out that in general the Council had its own workforce and used agency staff only when absolutely needed. The vast majority of social care staff were employed by the independent sector, therefore the Council's role was different. Nationally, morale in social care was not good and there were efforts at national level to promote the sector, and in general staff retention was better where employers valued their staff.
- The H&C Trust representative pointed out the importance of promoting the non monetary benefits of working for the health sector including progression and training, which were being worked on across the system.
- A HOSC member asked the representatives what their sectors were doing to regulate and control use of agency staff and whether any representation had been made to Government to suggest introducing restrictions. The ICB Director acknowledged the detrimental impact of higher paid agency staff working alongside other staff and stressed that the sector was working to make substantive roles the best possible, which was such an area of focus both at local and national level. While there was no national directive, locally, various strategies were in place, such as not using the most expensive agencies, however where patient safety was concerned, staff gaps had to be filled, which was an inevitable pressure. However the Director would raise this point again at a regional meeting she was attending that week.
- In respect of Adult Services' staffing, the Council's Strategic Director explained that some use of agency staff was necessary to fill gaps in teams for example where higher pay rates elsewhere hindered recruitment, however the new Social Work Academy was helping attract local staff. A consultation exercise was also underway to look at reducing over reliance on agencies within children and families social care.
- In terms of help from the Government to reduce use of agency staff, there was a framework to ensure only appropriate agencies were used.
- Regarding the reduction in vacancy numbers across the two secondary care trusts from 1200 to 900, this related to support staff recruitment, rather than medical.
- In response to a concern raised about the potential impact on staff such as nurses using their leave to work additional hours through the staff bank, the representatives advised that all staff were encouraged to take their leave as it was important to have rest from a demanding job. The hours of permanent and bank staff were monitored and followed up with conversations where appropriate.
- Acknowledging a member's point that course fees may be a barrier to residents entering the health profession, the ICB representative referred to ongoing conversations across the system to support and enable people to enter and progress careers, in particular for local residents,

for example looking at apprenticeships, degrees and social work and recruitment days in localities with interviews on the day. When advertising vacancies, managers were encouraged to review roles to consider whether they could be delivered differently which could help recruitment.

- A follow up question was asked to find out how the Government could help restrict high agency fees and the Acute Trust representative said she would be very grateful for support in asking the Government to reduce the complexity of recruiting consultants since non foundation trusts were bound by more requirements than foundation trusts – it would be helpful if requirements were the same across the board.
- The Chairman invited comment from the Voluntary and Community or Social Enterprise Sector (VCSE) representative, who highlighted the importance of being represented at a HOSC meeting, which was a step change. She acknowledged the workforce challenges for all the organisations represented but explained that the VCSE sector picked up some staff from the health and social care workforce, perhaps who wanted more flexibility or who wanted additional opportunities alongside their existing roles. She referred to the new ICS Academy which included a VCSE faculty which would be a really interesting provision.
- The Council's Strategic Director emphasised the need to think wider than the paid workforce, since unpaid carers contributed enormously.
- A HOSC member highlighted the massive contribution to the local economy from the 18,000 full time equivalent health and social care workforce.
- When asked about awareness of GPs about the workforce agenda in particular the important role of community pharmacies, the ICB Director advised that GPs were relatively comfortable about pharmacy support. Recent emphasis on pharmacies was acknowledged and the ICB was working with the Pharmacy Committee and liaising with the local Medical School about attracting more pharmacists to the area. The ICS Academy included a Pharmacy Faculty, and there was potential for a Pharmacy School at the University of Worcester. The ICB was looking to bring together local and national work in this respect.
- The ICS Academy was described as a system-wide one stop shop, with a website, and was a virtual place to bring together several faculties such as social care and nursing, with training available to the whole system. The ability for people to have a varied career and move around the system was important.
- The HOSC looked forward to hearing progress with the Academy.
- When asked about equality and inclusion and how this was extended to internationally recruited staff, the ICB Director explained that the aim was for the system wide Equality, Diversity and Inclusion Strategy to enhance those of each separate organisation. The health trust representatives explained that EDI work benefitted the wider staff base. The Trusts only worked with ethical companies for international recruitment and they acknowledged the importance of pastoral care and communication in retaining staff – which included accommodation support, and signposting to relevant community groups, religious leaders and food shops.

- The main issue raised by staff recruited from overseas was a struggle with accommodation after the first three months' provision.
- In terms of how Worcestershire benchmarked against other areas on workforce pressures, the HOSC was advised that each trust completed monthly reports on a number of measures. For Adult Services, the Council's Strategic Director advised that benchmarking data was reported to the Association for Directors of Adult Social Services (ADASS). Worcestershire performed better for sickness rates and was in the lowest quartile for use of bank staff, and for most indicators performance was comparable with other areas.
- Support for staff mental health had been increased and was provided by the Health and Care Trust in the form of individual and team sessions and was well used. Mental health was the biggest reason for absence and had increased since the Covid pandemic, however currently there was no funding for the additional support beyond July, which was a concern.
- The representatives were asked what they would want highlighted to local MPs, and the ICB Director highlighted the need for positive portrayal of careers in the sector, with emphasis on the moral and substantive rewards The sector could offer a breadth of exciting, lifelong careers. The VCSE representative's plea would be to remember social care, which was so often forgotten.
- The Council's Strategic Director referred to the plethora of staff wellbeing events being held for council staff that week.
- The Cabinet Member with Responsibility (CMR) for Health and Wellbeing stressed the importance of a positive narrative to encourage people to come to Worcestershire which was a phenomenal place to live and work.
- When asked about the quality of staff cover, the extent of shortfalls and the impact on things such as waiting lists, the ICM representative explained that regular conversations took place to develop short-term and medium to long-term solutions for fragile areas and medical roles where expertise took time to grow. This involved working with the University of Worcester and enabling split roles with other providers so that post holders could spend time at a Surgery Centre, which the Worcestershire Acute Trust lacked. Roles were reviewed to see what could be changed, for example could an advanced clinical practitioner take on aspects of a consultants' role – although at times agency staff were needed. Waiting lists were impacted, however were monitored and use was made of other providers.
- In terms of pressure points, recruitment of acute nurses did not tend to be a problem, however consultant posts were more difficult, and the health trusts tried to look at the skills mix of a role and how to overcome barriers to recruitment, for example enabling home working and options for part-time working.
- The CMR commented on the importance of preventative work and factors such as having a good home and taking exercise, which were a collective responsibility.

The Chairman thanked the representatives for their information. A further Update would be scheduled on this important area.

## 1138 Update on Maternity Services

Present for this Item:

Worcestershire Acute Hospitals NHS Trust: Jackie Edwards, Interim Chief Nursing Officer and Justine Jeffery, Divisional Director of Midwifery

Worcestershire County Council: Lisa McNally, Director of Public Health

The Interim Chief Nursing Officer referred to the Agenda report which gave an update on how Worcestershire Acute Hospitals NHS Trust (the Trust) was improving Maternity Services. As a Worcestershire resident herself, she had family members who had used the service and recommended it, which was important. There were some aspects which could be better and listening to user feedback was important.

The Divisional Director of Midwifery reminded HOSC members of the context for the successive updates to the HOSC, following a negative Care Quality Commission inspection in 2020 which reduced the overall rating for Maternity Services from 'Good' to 'Requires Improvement'.

Improvement against the resulting Improvement Plan had continued and since the last update good progress had been made in filling staff vacancies. Importantly, new roles had been added to the Team including advanced practitioners which was very exciting and an incentive to the existing workforce. 24 Midwives had just been appointed to start in September, which was very pleasing as they had undergone their training with the Trust. Feedback from a recent visit by the Local Maternity and Neonatal System (LMS) was very good and although this needed to be validated, the representatives were confident the Service was now in a very good place.

The Chairman invited discussion and the following main points were made:

- HOSC members were very pleased to see improvements being made, which were particularly evident in the latest update.
- A member sought assurances that the situation could not lapse, and the representatives acknowledged that a previous lack of leadership consistency at the Trust had likely had an impact but that the maternity leadership team was now much stronger. The role of the LMS provided further scrutiny - there was no way the Service could drift back.
- Some of the new measures introduced had been enabled by additional NHSE funding arising from the national Ockenden Review.
- The absence of current data for elective caesarean rates and emergency caesarean rates was because these indicators were no longer considered indicators of safety and were therefore no longer reporting measures, which was an outcome of the Ockenden Review.
- In response to a query, it was explained that caesareans classed as emergency were monitored using the Robson classification to see trends of mothers having caesareans for the first time or repeated

caesareans, to keep an eye on any changes, and this was monitored monthly by the LMS.

- A member who had heard negative feedback from same sex couples about communication asked how this was dealt with and was advised that the Service had received considerable good feedback from same sex couples, although all feedback was actively invited as a listening approach was important. The Service had recently sought input from a Brighton hospital team and a number of changes around language were being introduced.
- A HOSC member highlighted the great improvement in the Trust's stillbirth rate, and asked how this had been achieved and it was explained that the neonatal death rate had reduced when the Service was centralised, and the stillbirth rate had reduced as a result of several initiatives including looking at smoking in pregnancy, monitoring smaller babies and pre-term initiatives; it was a slow shift and an area of focus was raising awareness of low foetal movement to encourage woman to come forward more promptly if any changes were noticed.
- Regarding the Continuity of Carer teams who provided care to some of the most deprived families, these were in areas of deprivation, although the original team was based in Pershore.
- The Director of Public Health highlighted the risks of smoking during pregnancy, in particular for premature births. She praised the work of public health colleagues with the Trust to fund specialist midwives which was now resulting in figures dropping from above average, to below.
- It was explained that figures for completion of Personal Development Reviews and mandatory training rates were not at the required 90% due to workforce challenges and the balance required between releasing staff and maintaining safe staffing levels. However it was now easier to release staff due to improvements in the workforce.
- The Trust held regular health and wellbeing initiatives and the Interim Chief Nursing Officer encouraged staff drop-ins.
- When asked whether staff could complete reviews and training in their own time, it was clarified that these activities needed to be done during normal working hours, although some could be done online.
- It was explained that high rates of induction of labour was the case nationally following a huge change in clinical practice around five years previously, which had changed the offer of choice when a risk factor was present. The Trust's rate was similar to that of other Trusts in the region and the Trust had looked at how the guidance was applied and worked with staff to ensure advice was appropriate.
- A member asked whether the reduction in vaginal births was likely to continue to the point of becoming abnormal, and the representatives advised that such trends were affected by choices being offered and would likely rebalance, and that choice and safety were the important factors. The 'Big Baby Trial' was referred to, from which feedback was awaited.

The Chairman thanked the representatives for their encouraging update.

## **1139 Integrated Care Strategy**



Present for this Item:

Herefordshire and Worcestershire Integrated Care Board

David Mehaffey, Executive Director of Strategy and Integration

Alison Roberts, Associate Director, System Development and Strategy

Worcestershire County Council:

Lisa McNally, Director of Public Health

Mark Fitton, Strategic Director for People

Rebecca Wassell, Assistant Director for Commissioning

Karen May, Cabinet Member with Responsibility for Health and Wellbeing

The Executive Director of Strategy and Integration at Herefordshire and Worcestershire Integrated Care Board (ICB) referred to the Agenda report and reminded the HOSC of the context for the Integrated Care Strategy (the Strategy). Integrated Care Systems had been legally established by the Health and Care Act 2022, although in practice integrated working had been ongoing since 2015.

The Strategy for Herefordshire and Worcestershire had just been published and would be circulated to HOSC members. There was a close relationship between the Strategy and the Health and Wellbeing Strategy, since both were focused on improving health outcomes. The overriding principle was to work as close to the ground as possible and only at system level where necessary.

The ICB Associate Director for System Development and Strategy outlined the engagement approach during development of the Strategy, which had taken six months engagement with partners and involved three phases to gather information, consider how best to work together and to share the draft Strategy for feedback.

The Chairman invited discussion and the following main points were raised:

- The Cabinet Member with Responsibility (CMR) for Health and Wellbeing pointed out that that factors affecting health were 20% economy and 80% wider determinants such as having a good home.
- The Council's Director of Public Health highlighted examples of how the Integrated Care Strategy could impact residents' health. The number of women smoking during pregnancy had reduced down to the national average through integrated working between Public Health and Worcestershire Acute Hospitals Trust, and integrated working with the District Councils to signpost young people to opportunities for physical activity, had greatly increased those reaching the recommended level of activity. Future plans included a Public Health funded junior parkrun, being worked on with the District Councils and the NHS.
- It was clarified that the majority of District Councils had provided input to the Strategy.
- A member queried the absence of podiatry on the list of groups which had provided input to the Strategy, and pointed out its importance in heading off any issues experienced by children, yet GPs may not always refer them on to Podiatry. It was clarified that the group was not

exclusive, therefore further appropriate sectors were welcomed, including podiatry. It was also confirmed that optometry was represented on the group.

- The ICB Directors explained that the Strategy set out the priorities and it was now important to get people out there and working on the priorities. There was a collective desire for implementation and the ICB would make use of existing structures to ask the organisations involved how work would be taken forward.
- A member sought acknowledgment that providing timely cancer diagnosis and treatment (one of the Strategy's areas of focus) was more positive for breast than for other cancers such as prostate, and he and another HOSC member reported having to push for prostate cancer tests from GPs. The ICB Executive Director undertook to look into this observation, but advised that tackling cancer was a top three priority although NHS partners had to be optimal in how they identified and treated cancer and Urology was a struggling area, although there were strong aims to tackle this.
- The Director of Public Health sympathised with the comments about screening for prostate cancer, and suggested that the Public Health team may be able to help by promoting awareness, following success with bowel cancer screening, in liaison with NHS colleagues.
- HOSC members welcomed the progress set out in the report, and the ICB representatives suggested a further progress report in around 5 months would be helpful.
- A member commented that social prescribing did not seem to be happening and the Director of Public Health highlighted the importance of providing opportunities, since the 'wagging finger' approach did not work. Social prescribing in essence had been used for years although not always health related and needed to be maximised. Healthy life expectancy varied dramatically and working with communities was key and was an area she was resolved to support.
- A member highlighted the tragedy of suicides as well as expressing concern that increasingly people seemed to have to push to access diagnosis and treatment. The Executive Director acknowledged demand had increased following the Covid pandemic and gave the example of referrals to children's mental health having increased by 90% from September 2021 to March 2023. School mental health teams had been introduced however could not keep pace with demand, which had increased by 235% over the period.
- The Executive Director referred to progress reducing elective care waiting lists, with the number waiting 78 weeks down from 3000 in September 2021, to 400; it was a fight to reduce numbers but partners were desperate to do so.
- The CMR signposted the HOSC to a report being brought to the Health and Wellbeing Board on preventative action on suicide.
- Responding to an account of a resident experiencing pain in her arm, who subsequently suffered a heart attack after being turned away from the GP telephone receptionist because the practice was only able to respond to emergencies, the Executive Director expressed concern that this was not an experience health commissioners expected. Demand for GP appointments had increased hugely, it was not that capacity had

reduced, but no practices in Herefordshire and Worcestershire should only deal with emergencies.

The Chairman thanked the representatives for their update, and hoped that the clear direction of the Strategy, as reported by partnership assembly members was indeed correct, as this would really benefit Worcestershire residents. He requested that the final Strategy be circulated to HOSC members.

## **1140 Work Programme**

The Committee agreed to add the following to the work programme:

- Out of Hours GP Services
- Haematology
- Neurology

The meeting ended at 12.40 pm

Chairman .....