

Agenda

Health Overview and Scrutiny Committee

Wednesday, 10 May 2023, 10.00 am
Council Chamber, County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee

Wednesday, 10 May 2023, 10.00 am, Council Chamber

Membership

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells

District Councils Cllr Sue Baxter, Bromsgrove District Council
Cllr Mike Chalk, Redditch District Council
Cllr Calne Edginton-White, Wyre Forest District Council
Cllr John Gallagher, Malvern Hills District Council
Cllr Frances Smith, Wychavon District Council (Vice Chairman)
Cllr Richard Udall, Worcester City Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 9 May 2023). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting To follow	
5	Workforce Pressures (Indicative timing: 10:05 – 10:55am)	1 - 10
6	Update on Maternity Services (Indicative timing: 10:55 – 11:40am)	11 - 16
7	Integrated Care Strategy (Indicative timing: 11:40 – 12:25pm)	17 - 24
8	Work Programme (Indicative timing: 12:25 – 12:35pm)	25 - 30

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Friday, 28 April 2023

Item No	Subject	Page No
---------	---------	---------

NOTES

Webcasting

Members of the Committee are reminded that meetings of the Health Overview and Scrutiny Committee are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MAY 2023

WORKFORCE PRESSURES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on workforce pressures across the Integrated Care System (ICS) for Worcestershire and Herefordshire.
2. The Director of People and Workforce, NHS Herefordshire and Worcestershire Integrated Care Board (ICB) and representatives from NHS Herefordshire and Worcestershire ICS have been invited to the meeting.

Background

3. Following the earlier workforce discussion at HOSC in June 2022, the Committee requested a further update to understand the position of the NHS workforce, including the challenges and pressures and the impact of those on services, staff and the residents of Worcester. This report outlines these pressures across the ICS for Worcestershire and Herefordshire but draws out data specifically for Worcestershire where this information is held.
4. This report also refers to the workforce in Social Care and the voluntary sector where appropriate. The workforce in each of these sectors is vital in the smooth running of the healthcare sector and following the establishment of the ICB's in July 2022, there is even greater joint working between the various parts of health and social care.
5. The challenges facing the NHS are well documented. It continues to strive to meet government targets around elective procedures and waiting times while dealing with the post-pandemic challenges around cost of living and workforce shortages.

Workforce Data

6. The NHS workforce across Worcestershire and Herefordshire totals circa 17,700 whole time equivalents (WTE) made up of clinical, medical, Allied Health Professionals and General Practice, community, pharmacy, dental and optometry staff in Primary and Secondary Care, as well as management and functional support staff. Of these just under 75% work within Worcestershire, noting that the Health and Care Trust provide services to both counties. Appendix 1 shows a high level table of workforce numbers across Herefordshire and Worcestershire ICS. This number has increased by 1200 WTE since the last HOSC discussion which is testament to the efforts across the sector to recruit and retain a skilled workforce.

7. The turnover rate of 15% last year has started to reduce and is now at 14% for secondary care. There were more staff retiring due to changes in the NHS Pension scheme in 2022, particularly in the nursing and medical professions. It is anticipated though that pension changes in the Spring budget may retain medics in particular for longer. Dominant areas of turnover have been in the non-clinical workforce due to the increased competition in the labour market. A recent review of exit interviews suggests that work life balance and flexibility are two of the key reasons for leaving.
8. Across the two secondary care trusts (Worcestershire Acute Hospitals NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust), the number of vacancies has reduced from 1200 to around 900, reflecting the work done in the Trusts to recruit. A combination of international and domestic recruitment, targeted recruitment drives and increased advertising have helped to achieve this.
9. That said, the NHS in Worcestershire continues to rely upon agency staff to support the delivery of services. While this is true of the NHS nationwide, usage in the county is high, with £50m spent on agency staff within Worcestershire in 2022/23. Each Trust is focussed on reducing these costs, recognising that they only offer a short-term solution and preferring to invest in longer term workforce sustainability. Plans submitted for this financial year indicate an expected agency spend of £37.5m across the two Trusts. Spend on agency staff is a multi-faceted issue and each Trust has a programme in place to reduce this expenditure which is clinically and operationally led. This involves a combination of greater scrutiny and control at ward level, alongside more strategic programmes to recruit and retain substantive and bank staff.
10. Primary Care practices also make use of agency staff and anecdotally report similar reasons and costs around usage as Secondary Care. Data across the whole of Primary Care for this is, however, not available.

Workforce Engagement and Sickness

11. Sickness rates continue to stand at around 5.7% across the two NHS Trusts. Overall, this is higher than pre-COVID rates, when sickness figures stood at around 4%. Higher post-COVID sickness rates are reflective of the national picture, across all sectors, not just in healthcare. Mental health tends to be the highest reason cited for sickness absence.
12. Staff engagement as measured in the most recent people survey (Autumn 2022) showed that those in the Herefordshire and Worcestershire ICS were at an average level in terms of their engagement with their employer. There has not been very much change since last year. Work continues on areas around improving access to Learning and Development, developing managers and inclusion.

Primary Care – General Practice

13. While demand on primary care services remains high, and this has been highlighted as a concern in the 3 national reviews looking at general practice during 2022/23, Herefordshire and Worcestershire ICS continues to be ranked as

having one of the best patient to FTE GP ratios in England, currently with 1510 patients per FTE GP compared to 1708 nationally. Overall, since 2010 in Herefordshire and Worcestershire (H&W) although there has been a 5% increase in GP headcount, there has been a 13% decrease in WTE, indicating that more people are choosing to work part time.

14. In 2022, the number of GP partner retirements increased to 23 compared to 14 each year in 2020 and 2021. Due to difficulties in recruiting into Additional Roles Reimbursement Scheme (ARRS) roles, GPs are now also picking up the additional pressures associated with gaps in the primary care workforce. Patient list sizes as of January 2023 are at 618,361 in Worcestershire and 203,211 in Herefordshire. There are 334 WTE GPs and 222 WTE nurses in primary care in Worcestershire, which is a slight increase of 2 and 23 respectively on last March.
15. There has also been a decrease in the percentage of GPs over 55, from 26% to 17%, showing that the pipeline is less vulnerable to retirement now, as long as flexibility can be offered to new GPs coming in. Nurse numbers have remained fairly stable with around 66% of nurses are over 45 years old, however suggesting a potential retirement cliff edge. The Primary Care Training Hub is mitigating this through an increase in nurse training places and placements are being found throughout the system.
16. The system has also invested a large amount into developing new roles for primary care settings, making use of the (ARRS) roles. These roles range from pharmacists to therapists and social prescribing link workers.
17. In terms of pharmacy roles, Worcestershire has had an increasing practice-based pharmacy workforce since 2014 because of local enhanced services predating the Primary Care Networks Directed Enhanced Service (DES). The pharmacy workforce then expanded more rapidly across both counties from 2018 with the introduction of the additional roles and at the end of 2022 across both counties there were just over 60 WTE pharmacists and almost 30 WTE technicians. Pharmacy workforce supply is a concern and work is underway to find new roles and ensure future supply.

Secondary Care

18. Within Secondary Care Providers, vacancy rates sit at between 8-10% and are most notable in nursing and specialist medical roles including haematology, oncology, orthodontics, cancer, neurology and stroke services. These services are at risk of becoming fragile as professionals with these sought-after skills and specialisms leave or reduce hours either through personal choice to retire/relocate or because locum or agency work is more attractive and suits their lifestyle better.
19. Recruitment to fill these vacancies remains a challenge. For medical vacancies, highly specialised individuals do not always choose to come to Worcestershire, often preferring bigger hospital trusts, perhaps with a university faculty where state of the art systems and skill enhancement is available.

20. Nursing vacancies remain a challenge with the national supply of nurses lower than it has been in the past. The presence of University of Worcester enables conversations between the system, providers and the Nursing and Midwifery school to encourage more nurses to remain within the county after graduation, particularly if they have undertaken training in the area as part of their course, but this does not cover the gap. International recruitment has been a positive means of providing more Registered General Nurses. Worcester Acute Hospital Trust is planning to recruit a further 150 international nurses during 2023/24 including theatre nurses and midwives.
21. Mental Health also has a registered nursing shortage nationally and across H&W the shortage remains at circa 100+ nurses, which was also true of last year. International recruitment does not provide the same options for mental health nursing as it does for general nurses and so domestic recruitment and limited national supply remain the main options. Added to this the increased acuity of patient need that has been seen post COVID and this creates a real pressure within the system.

Social Care

22. The independent care sector data from Skills for Care shows that Worcestershire employs approximately 16,000 people. A vacancy rate of 11% for all care workers is reported, compared with 10.4% in 2020/21, which had risen sharply from 6.7% the previous year. For direct care workers, the vacancy rate is 12%. This is in line with the regional average but is higher than desirable. Turnover for carers is 29%. Around 45% of carers work full time and 29% of carers are on zero hours contracts.
23. Thorough exit interview data is hard to collate across multiple independent organisations, but evidence gathered to date suggests that high turnover is due to pay and lack of development opportunities in the sector. Recognition of the important work that carers do is not always as prevalent as in other parts of the health and social care sector.
24. The Council continues to support the care provider workforce through the dissemination of grants where available and support to recruit and train workers and other initiatives that are regularly scrutinised by the Adult Care and Wellbeing Overview and Scrutiny Panel.

Voluntary, Community and Social Enterprise Sector

25. There are over 2500 charities and social enterprises in Worcestershire with many thousands of paid staff and volunteers. The research that the VCSE Alliance is undertaking will enable more accurate data to be provided later this year.
26. Anecdotally, feedback from VCSE organisations is that engagement of both paid staff and volunteers has become more challenging post pandemic. Engagement of volunteers has reduced due to individual financial pressures and the pension age change. This can impact on level of support provided to people with health and social care challenges.

27. The NHS, Social Care and the VCSE are increasingly working together to find ways to shore up workforce supply to support the whole of the health and care sector across Worcestershire.

Solutions

28. The Committee is asked to note the solutions already planned or in place below and to consider whether further cross-system approaches will help to deal with some of the issues faced.
29. There are a range of different solutions in place to address the challenges above. Staffing hotspots in the NHS provider organisations (health), Primary Care and County Councils (social care) are reviewed regularly and each organisation has its 'people plan' in place to improve recruitment, retention, development and deployment of scarce skills.
30. The ICB addresses the risks at a system level, to share resource, shape new interventions and build economies of scale. The key objectives of the ICB are in attraction of new people into the area, retention of those skills and expertise, a greater focus on collective workforce planning and creating a learning and inclusive environment for all.

Workforce Attraction

- a) Overseas recruitment for registered nurses across all sectors – this has brought over 200 nurses into the system, with a further 150 planned for 2023/24.
- b) Explaining the role of a Healthcare Support Worker/Health Care Assistant or Care Worker more clearly, to encourage more people who are new to care to join one of the organisations.
- c) Joint recruitment events to showcase the range of roles available to people joining the sectors. This will include more virtual events over the coming year.
- d) Working with the University of Worcester to determine how to bring more university leavers into the workforce and shape new curricula to develop new roles, e.g. in Allied Health Professional roles and nursing.
- e) Programme to improve recruitment and retention of the unregistered workforce across all sectors.
- f) General Practice skilled worker visa support – enabling practices to have sponsorship status to grant visas to international healthcare workers.
- g) Wider roll out of staff passport to enable mandatory training records to be ported across sectors.

Workforce Retention

- a) Development of the system-wide health and wellbeing hub.
- b) Review of the occupational health offer available across the NHS Trusts to improve the experience for staff.
- c) Dedicated retention lead in place with community of best practice set up across the system.
- d) Primary Care Health and Wellbeing networks (part of 14 national pilots).

Workforce Planning

- a) Dedicated NHS Workforce Planners in each of the Trusts who support in identifying short and long-term workforce supply for fragile services e.g. haematology, oncology etc.
- b) A training programme for teams to learn how to workforce plan more confidently and strategically, with a particular focus on stroke, mental health, cancer and diagnostics and children and young people services.
- c) Clinical and operational workforce groups which meet to discuss the needs of their functions

Learning and Inclusion

- a) Continued development of the ICS academy as a one stop shop for all education, learning and development needs across the health, social care and voluntary sector.
 - b) Development of the Three Counties Medical School.
 - c) Development of a system-wide Equality Diversity and Inclusion strategy.
 - d) Greater promotion of diversity networks and cultural ambassadors across the system.
31. Within the ICS, there is a range of governance in place to oversee these actions to mitigate workforce risk. This includes a People Board made up of members from across the system with thematic workstreams each focussed on the delivery of the objectives above.
32. The People and Workforce Strategic Forum looks at system wide workforce issues and engages with partners across the health and social care sector to gain commitment to finding collective solutions.

Purpose of the Meeting

33. The HOSC is asked to consider and comment on the information provided and agree:
- whether any further information or scrutiny is required at this time
 - whether there are any comments to highlight to the relevant Health Partners or the Council's relevant Cabinet Member with Responsibility.

Supporting Information

Appendix 1 - High Level Table of Workforce Numbers across Herefordshire and Worcester Integrated Care System.

Contact Points

Katie Hartwright, Director of People and Workforce, Integrated Care Board

Tel: 07522618720

Email: katie.hartwright@nhs.net

Background Papers

In the opinion of the proper officer (in this case, the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 10 June 2022

[All agendas and minutes are available on the Council's website here.](#)

Appendix 1 - High Level Table of Workforce Numbers across Herefordshire and Worcester Integrated Care System

Whole Time Equivalents as at end Feb 23		Worcestershire			
		Integrated Care System	Worcester Acute	H&W Care Trust	Worcestershire General Practice
Primary Care	General Practice	2322			1714
Secondary Care	Nursing, midwifery and health visiting staff	4140	1994	1193	
	Scientific, therapeutic and technical staff	1861	770	656	
	Support to clinical staff	4538	1818	1384	
	NHS infrastructure support	1797	756	507	
	Medical and Dental	1428	745	127	
	Ambulance service staff	9	2	5	
	Bank	894	430	280	
	Agency	740	345	198	
Total		17729	6859	4351	1714

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MAY 2023

UPDATE ON MATERNITY SERVICES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on Maternity Services, in order to seek assurance on progress by Worcestershire Acute Hospitals NHS Trust (the Trust) since its last update in October 2022.
2. Senior representatives from Worcestershire Acute Hospitals NHS Trust have been invited to the meeting to respond to any questions the Committee may have.

Background

3. As a result of an inspection by the Care Quality Commission (CQC) on 9 December 2020, the overall rating for the Service went down from Good to Requires Improvement. It was rated Requires Improvement for being safe and well-led, and Good for being effective. Inspectors did not assess the service for whether it was caring or responsive at that inspection.
4. The Maternity Service Improvement Plan was shared with the HOSC in September 2021. At the last update on 17 October 2022, Members were advised that significant progress had been made against the remaining actions. Further progress has been made on outstanding actions and these are detailed in this Report.

Progress

5. The following information presents the improvements achieved in Maternity Services since the Trust previously reported the improvements made on a number of key performance indicators (KPIs) to HOSC in May and October 2022.
6. The Care Quality Commission (CQC) planned to inspect all maternity service in England between September 2022 and July 2023. To date the Trust has not yet been re-inspected and is continuing to work on the recommendations from the previous report received in 2020.
7. Following the change in CQC rating in 2020, NHS England (NHSE) recommended that the Trust should take part in the national support programme. A Maternity Improvement Advisor has been working with the maternity team since May 2020. Significant progress has been made and it is anticipated that the Trust will exit the programme in the Summer of 2023.

Workforce

8. Despite the widely reported national workforce challenges, the Trust has made good progress to reduce the turnover and sickness rates of staff whilst also seeing a

reduction in the midwifery vacancies across the service. The workforce KPIs are presented in Appendix 1.

9. To strengthen the workforce, the Trust has identified a number of opportunities to develop staff, which include supporting four Maternity Support Workers (MSWs) to complete their apprenticeship training, with an additional four members of the team identified to commence the course in September. Upon completion, the Maternity Support Workers will have met the requirements as outlined by Health Education England to provide direct clinical care to women and babies which has traditionally been delivered by midwives.
10. The Trust is also offering training for midwives in Advance Clinical Practice (ACP) to provide additional clinical and leadership skills within clinical services. This role will not only enhance the care women receive, it offers staff career progression for those who do not wish to move into a managerial/leadership role.

Maternity Service Improvement Plan

11. The Maternity Service Improvement Plan has delivered a number of improvements over the last six months. In summary the service has:
 - Improved staffing levels across all areas
 - Reduced sickness, vacancy and turnover rates in all areas
 - Maintained five of the existing Continuity of Carer (CoC) teams who continue to provide care to some of the most deprived families in Worcestershire.
 - Made improvements to the Induction of Labour (IOL) pathway
 - Strengthened the daily reporting of the staffing, capacity and acuity to ensure all areas are safe and appropriately staffed
 - Appointed a number of specialist midwives, governance roles and leadership roles to meet the standards set by NHSE to ensure the service has the capacity and the capability to deliver a safe service
 - Completed workforce redesign e.g. MSWs & ACP
 - Delivered the majority of the CQC must do's and should do's – Personal Development Review (PDR) and Mandatory Training rates are not at the required 90%.
 - Delivered the majority of the Ockenden 7 Immediate and Essential Actions (IEAs) and continue to work to completing the 15 IEAs recommended in the recent *Final Ockenden Report*
 - Met all the objectives outlined in the improvement plan and in the NHSE Support Programme
 - Completed the Rugby League National Cares programme –providing the team with leadership, effective team working and resilience skills.

Care Quality Commission

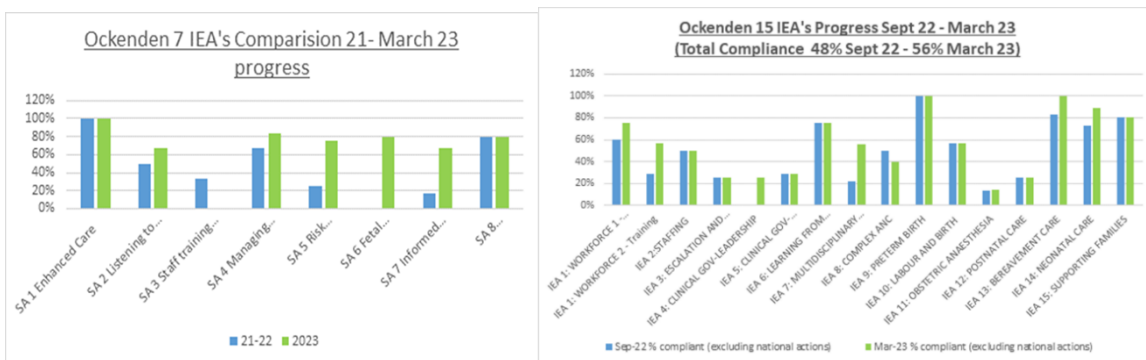
12. The table below presents the service's current position against CQC 2020 must do's and should do's. It is expected that the PDR and Mandatory Training rates will be at the Trust target (90%) by May 2023.

CQC Regulated Activities	Applicable to Maternity	Compliance
--------------------------	-------------------------	------------

(NB includes Trust MD /SD)		Full	Partial
Must Do's	11	9	2
Should Do's	9	9	0

Ockenden Reports

13. There has been further progress in meeting the recommendations from both Ockenden reports. The progress is presented in the charts below. The evidence for the 7 IEAs has been shared with the Local Maternity & Neonatal System and the evidence to support this position was scrutinised and currently the final report is awaited.



14. Progress against the Ockenden reports, the NHSE self-assessment document and the recently published Single Delivery Plan are monitored at a monthly Compliance and Assurance meeting. The outputs from this meeting are reported to the Trust Board.

Purpose of the Meeting

15. The HOSC is asked to:
- consider and comment on the information provided on maternity services; and
 - determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Key Performance Indicators
 Appendix 2 – Maternity Services Improvement Plan
[\(available from Agenda for HOSC on 17 October 2022\)](#)

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
 Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 17 October and 9 May 2022, 21 September and 10 March 2021 and 20 July 2018 [Health Overview and Scrutiny Committee Minutes and Agendas](#)
- [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](#)

[All agendas and minutes are available on the Council's website here.](#)

Key Performance Indicator	Trust target	November 2020	November 2021	August 2022	March 2023
Sickness absence	<6%	11%	7%	7%	6%
Turnover	<10%	11%	9%	16%	11.5%
Midwifery Vacancy	<2.5%	5.5%	4% (excl Ockenden posts)	1% (excl Ockenden posts) (end of September position) 8 posts to fill	6 % * *change to funded establishment
PDR compliance	>90%	64%	61%	60%	66%
Mandatory Training Compliance	>90%	71%	77%	83%	82%
Number of complaints	n/a	19	12	10	4
Quality & Safety KPIs	Trust target	November 2020	November 2021	August 2022	March 2023
Vaginal births	n/a		55.6%	55%	54%
Induction of labour Rate	< 38%		35.6%	36%	36%
Elective Caesarean Section Rate*	n/a	14.1%	15.3%	n/a	n/a
Emergency Caesarean Section Rate*	n/a	13.3%	16.4%	n/a	n/a
Home births	4%	3.5%	2.3%	2.3%	1.2%
	National Rate	2020	2021	2022 (rolling 12 month rate)	2023 (rolling 12 month rate)
Stillbirth Rate	3.35/1000	3.44/1000	3.18/1000	3.26/1000	2.24/1000
Neonatal Death Rate	1.62/1000	1.41/1000	1.39/1000	1.22/1000	1.44/1000

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MAY 2023

INTEGRATED CARE STRATEGY

Summary

1. The Health Overview and Scrutiny Committee has requested an update on the development of the Integrated Care Strategy, which was approved for publication by the Integrated Care Partnership on 26 April 2023. The Update will include the approach to developing the Strategy and identifying priorities, and the process for engagement and implementation of the Strategy.
2. The Executive Director for Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board and the Director of Public Health, Worcestershire County Council will be in attendance at the meeting. Further representatives from NHS Herefordshire and Worcestershire Integrated Care Board have also been invited.

Background to Integrated Care Systems

5. As reported previously, In July 2022, the Health and Care Act 2022 was implemented, which legally established Integrated Care Systems, including the formation of **Integrated Care Boards**. Herefordshire and Worcestershire Integrated Care Board (ICB) subsumed the responsibilities previously held by the Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1 July 2022 and, from 1 April 2023, the ICB inherited new duties delegated from NHS England for commissioning additional services such as Pharmacy, Optometry, Dentistry and complex treatments (known as specialised services) across physical and mental health services.
6. The Act also created **Integrated Care Partnerships** (ICPs). An ICP is a statutory joint committee between the ICB and the Local Authorities responsible for the provision of Public Health and Social Care Functions in the ICS area. Locally this has resulted in a three-way committee between:
 - NHS Herefordshire and Worcestershire Integrated Care Board
 - Worcestershire County Council
 - Herefordshire Council
7. In forming the ICP, the three partners agreed to establish a wider Assembly of members to provide a platform for engagement and collaboration on the development of integrated care. Thus, a **Partnership Assembly** was established to support the ICP by providing input and advice to ICP decisions.
8. The specific responsibility of the ICP is to oversee the creation and delivery of an **Integrated Care Strategy** for the Integrated Care System area. The purpose of the Strategy is to identify how partners across Health, Local Government, voluntary, community and social enterprise organisations (VCSE) and wider partners (such as care providers, housing providers, police, fire etc) can work

together to:

- Improve population health outcomes.
- Reduce inequalities in outcomes, access and experience.
- Improve value for money.
- Contribute to wider social and economic wellbeing for the population.

The Integrated Care Partnership

9. The ICP and the Partnership Assembly has met four times:

- **21 July (ICP only):** To agree the terms of reference, membership model for the Partnership Assembly and the timeline for developing the Integrated Care Strategy.
- **7 October (ICP and Partnership Assembly):** To initiate the process for developing the Strategy, including describing the engagement approach.
- **14 December (ICP and Partnership Assembly):** To receive a copy of the engagement report from phases 1 and 2 and agree the “Strategy on a Page” as the basis for the engagement work in phase 3.
- **25 April (ICP and Partnership Assembly):** To receive a copy of the engagement report, the subsequent changes to the draft Strategy in response to the engagement report, and to approve the final Strategy for publication.

10. It was agreed that the ICP will work on a Place-Based principle, where key projects to improve health outcomes will be driven by the two Health and Wellbeing Boards through existing structures such as sub-committees, District Collaboratives, Primary Care Networks (PCNs), the Being Well Strategic Group and the Worcestershire Executive Committee (The Place-Based Partnership for Worcestershire).

11. To ensure the strong focus is maintained on Place-based working, it was agreed that the ICP will be co-chaired by the two Health and Wellbeing chairs, with the ICB Chair in a vice-chair role. The ICB will own system wide projects that are focused on core delivery of health services which are commissioned with NHS funding. Detail of how these system wide NHS services are organised, prioritised and delivered will be outlined in a document called the **Joint Forward Plan (JFP)**. The JFP represents the NHS contribution and response to the priorities set out in the Integrated Care Strategy; it is currently in development and will be published in June 2023.

The Integrated Care Strategy

12. A copy of the Strategy will be provided to Committee Members once published.

13. The Integrated Care Strategy has been developed jointly by partners across the public sector, VCSE and health/care providers. As required by the legislation, it specifically addresses issues highlighted in the two **Joint Strategy Needs Assessments (JSNAs)**. In addition to the JSNA response, it also addresses other priorities that local partners have agreed as important elements of providing integrated care.

14. The Strategy sets out a vision for **Good health and wellbeing for everyone**, to

be achieved by partners:

Working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer.

15. The Strategy sets out three priority themes, each of which are underpinned by specific areas or focus:

Providing the best start in life	Living, ageing and dying well	Reducing ill health and premature death from avoidable causes
<ul style="list-style-type: none"> • Eliminate smoking in pregnancy. • Reduce infant mortality. • More children who are a healthy weight. • Improving oral health and reducing tooth decay. • Increasing number of children who are school ready. • Improve social, emotional and mental health & wellbeing. 	<ul style="list-style-type: none"> • Support people to enjoy good mental health and wellbeing. • Increasing physical activity and reducing unhealthy behaviours. • Increasing timely diagnosis of dementia. • Reducing inequality of health outcomes for people with learning disabilities & autism. • Improving access to urgent care services. • Improving access to primary and community-based services (inc pharmacy, optometry and dentistry). • Providing end of life care to enable patients to die with dignity. • Delivery of the ICS commitment to carers. 	<ul style="list-style-type: none"> • Improving targeted provision and uptake of primary, secondary and tertiary prevention services. • Proactively reducing inequalities in access, experience and outcomes. • Providing timely cancer diagnosis and treatment. • Reducing the risk of cardiovascular disease and improving stroke care. • Reducing deaths by suicide

16. The Strategy is then grouped into three areas:

- Improving health and care outcomes in Herefordshire
- Improving health and care outcomes in Worcestershire
- System wide enablers such as workforce, digital and clinical/care leadership

17. The Strategy sets out a series of measures that will be monitored over time to assess whether the collective ambition outlined above is being achieved or not.

Engagement Approach

18. A robust and comprehensive programme of engagement has been undertaken during the development of the Strategy. The ICP and Partnership Assembly agreed the engagement approach at the October meeting. This involved three phases:

- **Phase 1 – October 2022:** Gathering together and distilling existing patient and community feedback relevant to developing integrated care and delivering the four strategic pillars of integrated care systems.

- **Phase 2 – November and December 2022:** Through ICPA representatives, discussing the approach to the Strategy and a conducting a listening exercise on proposals. Sharing the emerging draft with partners and stakeholders to help develop the content.
- **Phase 3 – January to April 2023:** Formal engagement on the proposed draft, including a wide range of face-to-face meetings with partners, groups and stakeholders.

19. **Phase 1** involved working with the Engagement Networks in both counties to identify and stocktake all relevant existing feedback. This identified the following themes:

- Putting patients and service users first when designing services.
- Providing compassionate care which ensures services are person centred around individual needs and circumstances (personalisation).
- Ensuring services are easily accessible and timely.
- Making communication clear and understandable to all.
- Integration of services and better working together.
- Self-care
- Digital
- Health inequalities

20. **Phase 2** involved discussions with Partnership Assembly members and sector representatives, based on the following questions:

- What strategies and plans do we need to map into the Integrated Care Strategy?
- What do you want to see included in the Integrated Care Strategy?
- How do we need to work differently to deliver the strategic aims for the integrated Care Strategy?

21. This approach drew out a number of key themes that needed to be addressed and these were used to form a series of commitment statements that would be included in the draft Strategy:

- Maximising the opportunity to work together as partners to build connections, share learning and address common challenges in the short and long term
- Focusing on prevention and taking action to address health inequalities.
- Joining up our work to tackle issues that affect peoples' health, such as housing, jobs, leisure and environment.
- Supporting people to take responsibility for their own health and wellbeing and working to enable their independence.
- Co-producing solutions with our communities and VCSE partners and engaging them as equal partners in delivery.
- Making the right service the easiest service to access and providing it as close to home as possible.
- Delivering better value for money, stopping duplication and using population health management to be smarter in how we target interventions.
- Using digital to make services more accessible and effective, but never forgetting the risks of digital exclusion.

22. Broader feedback from phase 2 included:

- The need to balance ambition with realism, recognising the context and challenges faced.
- To use the Strategy as an opportunity to build a better future for the people who use health and care services, and the people who work within them.
- To include the mechanisms for delivering and evaluating the Strategy.
- To only identify system priorities where they will benefit from the breadth and scale of this approach.

23. The Partnership Assembly reviewed the engagement report from phase 1 and 2 at the December meeting. Taking account of the feedback, a draft Integrated Care Strategy was developed and used as the basis for engagement in phase 3.

24. **Phase 3** was built around a range of engagement methods, such as creating a website and narrated video), sharing the draft Strategy with partners and stakeholders, meetings with representative groups and forums and providing links to JSNAs and Health and Wellbeing papers. There was also an online survey.

25. Through these various methods, input was provided by, and feedback was received from, the following groups and sector representatives:

<ul style="list-style-type: none"> • Acorns Children's Hospice • Audiology Service Provider • Bromsgrove District Council • Bromsgrove District Collaborative • Community First • Care homes and care home national rep • Education – SEND School • Healthwatch Herefordshire • Healthwatch Worcestershire • Herefordshire Care Home sector • Herefordshire and Worcestershire Kemp Hospice • Herefordshire VCSE sector representative • Housing partnership Worcestershire • Local Dental Network • Herefordshire and Worcestershire Local Pharmacy Committee • Hereford & Worcester Fire and Rescue Service • Herefordshire Council • Herefordshire Local Optometry Committee • Herefordshire VCSE Alliance • Heritage Manor Limited • Home-Start North-East Worcestershire • Hospice Provider • Malvern Hills District Council 	<ul style="list-style-type: none"> • Malvern Hills District Collaborative • One Herefordshire Partnership • Onside • Palliative and End of Life Care Provider • Primrose Hospice and Family Support Centre • Redditch District Council • Speak Easy N.O.W. • St Michael's Hospice, Hereford • Taurus Healthcare • Turning Point – Substance Misuse • The Cart Shed Charity • West Mercia Office of the Police and Crime Commissioner • West Mercia Police • Where Next Association • Worcester University • Worcestershire Executive Committee • Worcestershire Association of Carers • Worcestershire VCSE Alliance • Worcestershire's Learning Disability Partnership Board • Worcestershire Council Leaders and Chief Executives • Wychavon District Council • Wychavon District Collaborative
--	---

26. The ICB Engagement Team, conducted a review of the engagement approach and produced an engagement report (Appendix 1). This highlighted the following key themes:

- 110 people, organisations or forums responded to the invitation to provide.

- 88% of respondents felt the Strategy fully or partially provides a clear direction for health, care and wellbeing partners to work together more effectively to deliver the vision ‘Good health and wellbeing for everyone’ living in Herefordshire and Worcestershire.
- It should be noted that **ALL** nominated Partnership Assembly members that responded to the survey felt that the Strategy fully or partially provides a clear direction.

27. As a result of the engagement work, the following changes were made to the draft Strategy, before it was presented to the ICP and Partnership Assembly at the April meeting:

Section / focus	Amendments made based on engagement feedback
Strategy on a page	<p>As a key mechanism for communicating the strategy, there have been a number of amendments to this section including:</p> <ul style="list-style-type: none"> • Reference to people, individuals and personalised care in addition to the phrase ‘communities’. • Including a stronger focus on co-production. • Specific cohorts of people have been included explicitly: Carers, including the ICS commitment to carers and people with a learning disability or autism. • Within the shared priorities end of life and dying well have been included, with associated outcomes. • Removing Health Inequalities from the strategic enablers, as this is a core priority running through all that we do, rather than a separate enabler. • Refining the presentation of the strategy on a page to aid readability.
Introduction and context	<ul style="list-style-type: none"> • Strengthening the wording regarding the role of the Integrated care board in considering all aspects of the Integrated Care Strategy when discharging duties and developing delivery plans. • Including the Hospice sector in the ICS overview, recognising the role of the sector, and the stronger inclusion of a focus on dying well, within the strategy.
Key challenges	<ul style="list-style-type: none"> • Additional content within the health and healthcare inequalities section regarding people with a learning disability and / or autism.
Working together	<ul style="list-style-type: none"> • Updates to the approach to measuring impact and the breadth of core priorities in line with the updated strategy on a page.
Improving outcomes	<ul style="list-style-type: none"> • Addition of a case study describing partnership working, improving outcomes for people with a learning disability.
Herefordshire	<ul style="list-style-type: none"> • The whole slide has been updated to reflect the Herefordshire joint local health and wellbeing strategy, which has been developed during the same time frame as the Integrated Care Strategy.
Worcestershire	<ul style="list-style-type: none"> • Inclusion of ‘Carer friendly Worcestershire’. • Inclusion of VCSE services and support in Integrated Family hubs and Health & Wellbeing hubs.
System enablers	<ul style="list-style-type: none"> • Including volunteers in the people and workforce section. • Addition of communities of interest as well as communities of place and experts by experience within the strategic approach to working with communities.
Delivering the strategy	<ul style="list-style-type: none"> • Updated content reflecting the role of the Integrated Care Partnership, Partnership assembly and two Health and Wellbeing Boards.

	<ul style="list-style-type: none"> • The approach to developing outcomes measures for the Integrated Care strategy, whilst retaining the focus on delivery. These will evolve overtime, building out from the Joint Local Health and wellbeing strategy outcomes measures, whilst avoiding duplication.
--	--

Equality & Health Inequality Impact and Risk Assessment

28. An Equality & Health Inequality Impact and Risk Assessment (EHIIRA) was undertaken as part of the process of developing the Strategy. This identified:
- A potential positive impact on all equality groups, therefore no targeted engagement with a particular group was required to take place for this engagement exercise.
 - The risk that some needs may not have been identified and properly assessed during the production of the Strategy and may change over time. To address this risk:
 - An additional question was added to ask respondents to identify if there were any things missing. The fact that some respondents identified missing areas showed the value of amending the approach in response to the EHIIRA.
 - The EHIIRA will be updated alongside future updates of the Strategy to ensure it remains relevant.
 - Positive feedback was received from the Equality and Diversity Team on the accessibility of the strategy document and information.

29. With this in mind, the Strategy was recommended for approval to the ICP and the Partnership.

Purpose of the Meeting

30. The HOSC is asked to:

- Consider the approach to developing the Integrated Care Strategy and to review whether a robust approach to engagement was followed.
- Agree any comments for consideration by the ICP, Partnership Assembly and constituent partners during the implementation of the Strategy.

Supporting Information

Appendix 1 – Engagement Report: [weblink to engagement report on HWICS website](#)
 Appendix 2: Integrated Care Strategy – to follow

Contact Points for the Report

David Mehaffey, Executive Director for Strategy and Integration, NHS Herefordshire and Worcestershire ICB, david.mehaffey@nhs.net

Lisa McNally, Director of Public Health, Worcestershire County Council, LMcNally@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case, the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 2 November and 12 January 2022 and 10 March 2021
- Agenda and Minutes of the Health and Wellbeing Board on 15 February and 24 May 2022

[All agendas and minutes are available on the Council's website here.](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MAY 2023

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The draft 2023/24 Work Programme has been developed by taking into account issues still to be completed from 2022/23, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health).
6. The overall 2023/24 Scrutiny Work Programme has recently been refreshed is due to be considered by the Overview and Performance Board on 28 April. Council will be asked to agree the Work Programme at its meeting on 18 May.

Dates of Future 2023 Meetings

- 15 June at 10am
- 10 July at 2pm
- 11 September at 2pm
- 11 October at 10am
- 13 November at 10am
- 7 December at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the 2023/24 Work Programme and agree

whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2023/24 (Draft)

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board 29 June 2022](#)

[Agenda and Minutes for Council 14 July 2022](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

SCRUTINY WORK PROGRAMME 2023/24

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
10 May 2023	Workforce Pressures	10 June 2022	Requested at 17 October 2022 meeting
	Update on the Integrated Care Strategy	2 November 2022	Requested at 2 November 2022 meeting
	Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement)	17 October 2022 9 May 2022 21 September 2021	Requested at 17 October 2022 Meeting
15 June 2023	Update on Improving Patient Flow* to include Onward Care Team and Integrated Intermediate Care Service	10 February 2023	Requested at 10 February 2023 meeting
10 July 2023	Worcestershire Mental Health Needs Assessment	21 September 2021 19 September 2018 (CAMHS)	Following the discussion of the Needs Assessment the priorities for further scrutiny will be identified
	Adult Mental Health Inpatient Services Redesign		Suggested by Herefordshire and Worcestershire Health and Care Trust on 17 April 2023
	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring		
Sep/Oct 2023	Progress against targets for the elective recovery programme and future plans		Requested at 13 March 2023 HOSC
Sep/Oct 2023	Update on CQC Inspection (including a range of mental health and physical health services and the Hillcrest Mental Health Ward)		Agenda planning March 2023
Sep/Oct 2023	Progress against targets for the elective recovery programme and future plans		Requested at 13 March 2023 HOSC

Possible Future Items			
Ongoing	Integrated Care System (ICS) Development	2 November 2022	
2023	Commissioning Arrangements under the Integrated Care System (ICS)		Including Pharmacy, Dentistry, Optometry, Specialised Acute, new arrangements for Mental Health, Specialist Mental Health and Prison Health
2023	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
2023	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 meeting
2023	Routine Immunisation		Suggested at 19 July 2021 Meeting
2023	Hospital at Home Service		Requested at 10 June 2022 meeting
TBC	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	To review service relocation from February 2023
TBC	Stroke Services – update		
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Prevention Work in Health and Social Care		Suggested at 17 October 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
TBC	Podiatry services		Requested at 10 February 2023 meeting
TBC	Long Term plan for WAHT Theatres		Requested at 13 March 2023 HOSC
TBC	Update on Community Pharmacies		Requested at 18 April 2023 HOSC

Standing Items			
When required	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Annual Update on Health and Wellbeing Strategy	17 October 2022	
January/July	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 January 2023, 8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
March	Review of the Work Programme		

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

This page is intentionally left blank