

**Minutes of the**  
**Health Overview and Scrutiny Committee**  
**County Hall, Worcester**  
**Tuesday, 9 January 2024, 10.00 am**

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**Present:**

Cllr Brandon Clayton (Chairman), Cllr Christine Wild (Vice Chairman),  
Cllr Salman Akbar, Cllr Lynn Denham, Cllr Paul Harrison, Cllr Antony Hartley,  
Cllr Bakul Kumar, Cllr Emma Marshall, Cllr Chris Rogers, Cllr Kit Taylor,  
Cllr Richard Udall and Cllr Tom Wells

**Also attended:**

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

Mari Gay, Managing Director, NHS Herefordshire and Worcestershire  
Integrated Care Board

Tom Grove, Director of Communications and Engagement, NHS Herefordshire  
and Worcestershire Integrated Care Board

Rob Cunningham, Director of Intermediate & Urgent Care, Herefordshire and  
Worcestershire Health and Care NHS Trust

Kate Pike, Associate Director of Integrated Community Services, Herefordshire  
and Worcestershire Health and Care NHS Trust

Simon Adams, Healthwatch Worcestershire

Lisa McNally, Director of Public Health

Rebecca Wassell, Assistant Director for People Commissioning

Samantha Morris, Interim Democratic Governance and Scrutiny Manager

Jo Weston, Overview and Scrutiny Officer

**Available Papers**

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meetings held on 13 November and 7 December 2023  
(previously circulated).

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

## **1175 Apologies and Welcome**

A minute's silence was held in memory of Councillor Peter Griffiths who had sadly passed away.

Apologies had been received from Cllrs Adrian Kriss, Jo Monk and the Cabinet Member with Responsibility for Health and Well being, Cllr Karen May.

## **1176 Declarations of Interest and of any Party Whip**

None.

## **1177 Public Participation**

None.

## **1178 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meetings held on 13 November and 7 December 2023 were agreed as a correct record and signed by the Chairman.

## **1179 Health and Care System Plans to Reduce Inappropriate Admissions to Hospital**

The Managing Director of NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) introduced the Item by reporting that the winter period was extremely challenging for the whole health and social care system. A lot of work had already been undertaken and there was confidence that the current pathways were appropriate to the needs of Worcestershire residents. Furthermore, the County benchmarked well against other areas for Emergency Department (ED) attendance, at 88.1% per 100,000 population compared to 114% nationally. Across both the Herefordshire and Worcestershire Integrated Care System (ICS), and Worcestershire separately, work was ongoing to support the whole system to keep residents out of hospital, especially the frail elderly.

The Director of Intermediate & Urgent Care from Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) added that although there was a lot of focus on Urgent and Emergency Care and hospital care, there had been an increase in pre-hospital activity to help with admission avoidance and also post hospital activity, such as rehabilitation. Reference was made to the work of the Home First Committee, as it was proven that home was best for patients. Activity, such as Virtual Wards, Urgent Community Response and Neighbourhood Teams was also highlighted from the Agenda Report.

In the ensuing discussion, the following key points were made:

- The definition of an inappropriate admission was someone who could have been supported in their own home

- Clarification was given that Virtual Wards, also known as hospital at home, were not physical wards. Patients were cared for in their own home with senior clinical oversight and if required, there was rapid access to services such as diagnostic testing, blood tests or x-rays. There were daily ward rounds and weekly multidisciplinary team meetings. In Wyre Forest District Council area, there was a 'step up' frailty virtual ward with 12 beds. At the time of the meeting, all 12 beds were occupied and 18 patients had been supported during the Christmas period. A second virtual ward in the south of the County was being developed and in the longer term it was hoped that there would be equity across Worcestershire for frailty provision
- Virtual Ward staff had overcome challenges with digital access and technology and could see the benefit to patients. However, one emerging issue was the risk of too many companies involved in the provision and HWICB was working with other Health Trusts to find one solution. Other challenges had been engagement with clinicians and the ability to retrieve equipment once no longer required. Equipment was supplied and monitoring, such as blood pressure or temperature, was undertaken as appropriate. The service was supported 24 hours a day, 7 days a week and face to face visits to patients could be up to 4 times in a day. Any patient alert would go through to the Urgent Community Response Hub for action
- Home visits were still important, not only to assess the patient, but also assess their surroundings and staff were very alert to any safeguarding concerns
- When asked whether the views of the patient, and any carer or family member, was taken into consideration when considering care at home, it was confirmed that they were
- A Member raised concern about the possibility of technology failing and patient records not being shared across organisations. There was currently multiple platforms for electronic patient records, however, HWHCT had changed to one system resulting in a shared care record. It was hoped that a single point of access would be agreed for all organisations, however, that would be a challenge. For assurance, safeguarding alerts were a priority and shared across organisations. The issue of shared patient records was not unique to Worcestershire and the HWICB wanted to work with acute hospital staff on development of a shared provision
- In relation to NHS operations undertaken in the independent sector, a Member asked about the extent of any protocol. It was agreed to provide further information on the number of NHS operations undertaken in the independent sector and the number of patients who then required emergency conveyance to an acute hospital
- The HWICB Managing Director had been pleased to see the Care Navigation Hub and Single Point of Access in action and referred to a number of elderly patients that had been diverted due to its work
- When asked whether GPs continued to refer patients to ED, rather than seeking an alternative provision, HWICB reported that it was working across the system to promote different pathways, such as Same Day Emergency Care (SDEC) which was available for GPs to directly refer

to for same day treatment. HWICB also recognised that ED had traditionally been seen as the path of least resistance

- In relation to communication about the most appropriate healthcare, and alternative provision to ED, there was still much to do as many people who went to ED as a walk-in patient did not need to be there. The Managing Director of Healthwatch Worcestershire commented that in a survey, which pre-dated the current pathways, 70% of people in ED were there as a consequence of being directed by either NHS 111, a GP or Nurse and that young people reported that they had made no attempt to try an alternative service, believing that ED provided an instant and free service
- In response to a question about work on falls prevention in older adults, the Frailty Strategy was highlighted. Furthermore, additional work was planned with Care Homes about preparing for the future and each Home had a dedicated GP assigned to it. Quality Assurance teams from both the NHS and the Council worked to support Care Homes
- Members also learned about the work of the falls response team. Numbers were rising and more work was being planned. It was agreed to provide further information on the number of patients treated
- One of the challenges for all of the admission avoidance schemes was the health system operating in a financial deficit. A Member asked whether services were sustainable, to be informed that currently, all services were. Furthermore, it was anticipated that some beds would close after the winter period
- Clarity was given that Urgent Community Response (UCR) provided urgent assessments and treatment to people in their own home to try and avoid unnecessary hospital admission. The assessment was usually completed within 2 hours and patients were already known to Neighbourhood Teams. Examples could include patients who were at end of life, or were uninjured after a fall
- A Member referred to the national GP Patient Survey, which had reported that 31% of patients who were unable to see a GP went to ED, and asked what was being done to improve access to Primary Care. In response, HWICB stated access to GP services was of national concern, but extra capacity had been commissioned and since the survey had been published, action had been taken. In addition, a second GP was now based in the ED and escalation processes were in place
- Although some residents had difficulty in accessing health services and not everyone was satisfied with the current system, representatives reminded the HOSC that Worcestershire was working to simplify the system and could already demonstrate positive changes to support the pressures the system was currently under
- The Appendix to the Report provided a performance summary on Integrated Community Services UCR data, however, a Member queried the trend in patients seen within 2 hours. It was agreed to clarify the data after the meeting, however, it was explained that being seen would mean face to face. Further information was also requested on the outcome of the percentage of patients not seen by UCR
- A Member referred to the recent communication around what residents should do during industrial action and whether risk assessments had

been done on the messages sent. Much of the activity was managed and led nationally, however, the key message had always been the NHS was open and appointments would take place unless notified directly. Locally, there had been specific HWICB communication and also individual health organisations. It was agreed that the Member would follow up their comments with HWICB Director of Communications and Engagement

- Recognising that Malvern Community Hospital was a superb environment, a Member asked what additional services could be offered on the site, to be informed that the physical space was the main challenge in Malvern
- Minor Injury Units (MIUs) had seen significant increase in activity, however, opening hours and services available remained inconsistent, which was confusing for residents
- The Director of Public Health highlighted the need to work collectively on primary prevention in order to drive down demand and advocated that growing capacity was not the solution. Examples were given of schemes to improve health, including an investment of £1.5m in Healthy Worcestershire to improve physical activity, strength and balance, mobility and confidence.

## **1180 Work Programme**

The HOSC considered the Work Programme and agreed to schedule an update on Community Pharmacies and an update on Maternity Services.

The meeting ended at 11.55 am

Chairman .....