

Health Overview and Scrutiny Committee

Monday, 27 January 2020, County Hall - 10.00 am

Minutes

Present:

Mr P A Tuthill (Chairman), Ms P Agar, Prof J W Raine, Mrs M A Rayner, Mr A Stafford, Mr C B Taylor, Mr M Johnson, Mrs F Smith and Mrs J Till

Also attended:

Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing
Simon Trickett, Worcestershire Clinical Commissioning Groups
Sue Harris, Worcestershire Health and Care NHS Trust
Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust
Sarah Smith, Worcestershire Acute Hospitals NHS Trust
Richard Haynes, Worcestershire Acute Hospitals NHS Trust

Dr Kathryn Cobain (Interim Director for Public Health), Michael Hudson (Chief Financial Officer), Steph Simcox (Head of Finance), Sheena Jones (Democratic Governance and Scrutiny Manager) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 25 November 2019 (previously circulated).

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

954 Apologies and Welcome

Apologies had been received from Mr G R Brookes, Mr P Grove, Mr M Chalk, Ms C Edginton-White and Mr J Gallagher.

The Chairman welcomed those present and reported on recent activity outside of the meetings:

- An update on Dental Services had been received and circulated to HOSC Members following a recent HOSC meeting
- A response from the CCGs had been received and circulated in response to HOSC's concern in relation to Audiology Services
- The Chairman had completed a CQC questionnaire about inspection processes, mainly asking why reports take so long to publish

		<ul style="list-style-type: none"> - The Chairman congratulated Worcestershire Health and Care NHS Trust in their recent 'Good' CQC Inspection, especially commending the 'Outstanding' rating given to Children's Mental Health.
955	Declarations of Interest and of any Party Whip	Mrs F Smith declared an Interest as her husband, Mr J Smith, was Cabinet Member with Responsibility for Health and Well-being.
956	Public Participation	None.
957	Confirmation of the Minutes of the Previous Meeting	The Minutes of the previous meeting, held on 25 November 2019, were agreed as a correct record and signed by the Chairman.
958	Sustainable Transformation Partnership and the NHS Long Term Plan	<p>Attending for this Item were:</p> <p><u>Worcestershire Clinical Commissioning Groups</u> Simon Trickett, Accountable Officer</p> <p><u>Worcestershire Health and Care NHS Trust</u> Sue Harris, Director of Strategy and Partnerships and STP Communications and Engagement Lead</p> <p>A presentation had been circulated as part of the Agenda and Members were reminded of the vision and five aims of the NHS Long Term Plan (LTP), which had been launched in January 2019. These were broadly around improving health and well-being outcomes, reducing inequalities, improving quality and productivity and developing a sustainable workforce.</p> <p>Five priority areas had also been highlighted, including integrated primary and community services, mental health, urgent care, elective care and cancer care.</p> <p>As a Sustainability and Transformation Partnership (STP) footprint, Herefordshire and Worcestershire was already working towards some of the aims and workstreams were well established. However, the STP had to be refreshed to align with the new LTP priorities and with political changes nationally, it was now expected to be published in late Spring 2020.</p> <p>The HOSC was reminded of past discussions on Maternity Services and Neighbourhood Teams for</p>

example, which had been established in order that several health and social care professionals could work together in the community with the aim of being responsive to keeping people in their own homes. Through wider discussions, HOSC Members were also aware of other health initiatives, such as social prescribing and better planning for end of life care.

The STP was also working on Mental Health and Learning Disability services, which should see improvements to services. Plans were also being formulated on urgent care, elective care and cancer services.

Workforce was assessed as the health and social care system's biggest asset. Partners were working collectively to create a resilient and sustainable employee base and developing new roles, including Registered Nursing Associates and Social Prescribers.

Patient information would be more accessible across health system partners through digitalisation and the possibility of digital primary care, for example video consultations, was in sight.

Relationships across the healthcare organisations covering the STP footprint were developing as a system, with the collective aim of working together to ensure that patients get the safest, most effective and efficient services when they are needed.

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

- Despite the STP needing to be refreshed, the vision and aims remained the same
- The Neighbourhood Teams approach was working well. Its aim was to keep patients in a primary care setting for longer
- There were now 11 Primary Care Networks across Worcestershire, seeing groups of GP surgeries working together to better serve the population
- Funding had been secured for mental health transformation. The STP was one of twelve Pilot areas which had been successful with their bid. New models of care were being developed and would free up capacity in the system
- When asked what would change in the refreshed STP, it was reported that there would only be subtle changes
- Members learned that individual organisations

would no longer be able to bid for capital funding by themselves, rather system partners would need to support any future bid

- Some legacy Capital funding was being finalised from the Worcestershire Acute Hospitals NHS Trust bid, which resulted in the link bridge being built
- A Member questioned why no timescales were included in the documentation, to be informed that the 2020/21 Annual Plan resulting from the LTP was due in March and would be more detailed. The Plan would apply to all organisations involved but funding decisions would be decided by individual organisations
- Furthermore, detailed plans were being developed with targets set
- A Member pursued health inequalities, suggesting that the situation was deteriorating in particular areas and it was reported that prevention services and moving away from acute treatment options was a huge workstream
- The CCGs Accountable Officer suggested that the Health and Wellbeing Board's priorities could perhaps be reviewed to focus on the gaps
- A Member reported that access to GP services was still a concern for some residents, although according to a national survey, Worcestershire was in the top 10% nationally for ease and availability of GP appointments
- The HOSC acknowledged that there was no consistency to access GP appointments and each surgery had a different system. It was noted that in time it was planned that the system would be more seamless
- It was suggested that through the Primary Care Networks, patients would see change and be signposted to appropriate professionals, not always a GP. This would include making compromises in some parts of the health system, through triage for example and building resilience through practices buddying up with each other
- Simon Trickett reported that workforce remained the top challenge across all local health services. The partnership with Worcester University was developing and it was still their desire to establish a Medical School. If successful, it would help build resilience in the local health system
- The HOSC noted that residents were now able to self-refer for physiotherapy services, freeing up surgery time

959 **Worcestershire
Acute Hospitals
NHS Trust
Clinical
Services
Strategy -
Update**

- In response to a query about out of hospital care, it was reported that Herefordshire and Worcestershire were much more further forward than other areas and there were good working relationships across the health and social care system, including with the voluntary and community sector.

In summing up the Chairman thanked those present for the update and looked forward to receiving further updates in due course.

Attending for this Item from Worcestershire Acute Hospitals NHS Trust were:

Matthew Hopkins, Chief Executive
Sarah Smith, Director of Strategy, Planning and Improvement
Richard Haynes, Director of Communications and Engagement

The Clinical Services Strategy to 2025 had been approved by the Trust's Board in October 2019 and provided a strategy to enable clinical sustainability and financial viability.

Members noted that the hospital reconfiguration had not yet been completed and the final business case for the capital investment was yet to be submitted. However, some of the planned changes, such as the changes to maternity services and paediatric services, were now much more sustainable.

The shortage of available beds was being addressed. In 2018 work undertaken in the health service had identified a shortage of 109 beds. By the end of February 2020, 89 new beds would be in the system.

There had been significant changes to Leadership and Management and Consultants had become disengaged over time. Stability at Board level had already resulted in positive changes to workforce engagement and Staff were increasingly able to see how their future needs would be met.

A presentation had been provided as part of the Agenda pack which highlighted priority areas. There were three areas of activity in the Strategy which would shape the future:

- End to end integrated care
- Comprehensive and responsive urgent care and

- emergency care
- High quality, dependable acute and specialist planned care.

Further detail was provided in relation to each of the three areas of activity, which included plans for such as those in relation to end of life care, care for people living with frailty and across workstreams such as maternity systems.

It was reported that the Strategy was designed to provide sustainability and aimed to work in partnership with the whole health and social care system, especially recognising this was important to build a resilient workforce.

The Acute Trust Board had recently approved a move to digital care records, which clinicians were quite excited about and this would assist achieving the vision for a fully integrated care system.

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

- Local media articles had suggested that doctors were spending time out of Community Hospitals and helping in the Acute Hospitals. In response, it was reported that this was not reflective of the situation
- Keeping frail older people out of an acute setting was a priority and there were a number of pathways to support this and it was an area of focus in the Trust's annual plan for 2020/21
- It was noted that End of Life care was excellent, but more could be done to help individuals and families plan for the future by joining up work on the RESPECT initiative
- The Committee was encouraged with the number of beds being introduced into the system
- The Committee agreed that clear communication to residents was vital, especially in relation to the Alexandra Hospital and their acceptance of children's cases. It was noted that as a matter of course Ambulances conveyed children to the Worcestershire Royal. The Committee recommended that residents around the Redditch area needed to be constantly reminded of their best options when in need of urgent care for children
- Members also recommended that the Trust communicated the reasons why a patient may need A&E over other facilities such as Minor Injury

- Units, a GP or another healthcare professional
- In addition, residents needed clarity on the role of Community Hospitals, a resource which was very well respected by the public
 - It was noted that the appropriate access to health services was a national conversation, but the lack of consistency across sites would suggest that as Emergency Departments were always open, residents chose that route for certainty
 - Since West Midlands Ambulance Services had taken over the NHS 111 service in November 2019, the Trust commented that the number of inappropriate cases conveyed to A&E from 111 calls had decreased, from 13% prior to November 2019 to 10%, with the national average being 7-8%
 - Members learned that by using the previously reported Capital investment, patients were no longer being cared for in inappropriate places, such as the endoscopy unit, and that those places were being used as originally intended
 - The Trust believed that it was important to complete the Capital work programme as initially planned, not just the link bridge which had already been delivered. The proposals included updates to maternity services, paediatric services, general and acute bed capacity and car parking at the Worcestershire Royal Hospital. The Alexandra Hospital proposals included elective care, endoscopy, paediatric ambulatory care and theatres
 - There had been a 60% increase in care packages funded by Worcestershire County Council as part of work to enable patients to be discharged to home more quickly. The multi-disciplinary Onward Care Team was being launched in early February to support improvement in discharge rates
 - The Cabinet Member with Responsibility for Health and Well-being reported that County Council Officers had recently spent a huge amount of time and effort to ensure 10 beds were available ready for discharge, to be informed after 16 hours that only 3 were to be used. The Cabinet Member believed this was totally unacceptable, a point with which the Committee agreed. The Chief Executive acknowledged that it was an unfortunate and difficult situation but reiterated the improvement in overall performance highlighted by the CQC at its inspection in 2019 and the Trust's continued focus on improvement.

He also reported that timely discharge was not always in the gift of the Trust as family and patient views had to be considered. He gave as an example where discharge arrangements had been refused by families because of transport issues

- In response to a question about the current Care Quality Commission rating of the Trust, the Chief Executive clarified the situation, by reporting that following the inspections in May and June 2019, the CQC recognised the steps the Trust had taken and moved the Trust from Inadequate to Requires Improvement from the September 2019 published report
- In relation to removing special measures, the CQC had also recommended that the Trust work towards this, but only if a system wide improvement support package was signed off by all health economy partners
- The Chief Executive outlined the way in which the Trust was working with Clinicians and all Staff on engaging with them and moving forward in a strategic way. The Committee recognised the difficulty in doing so with over 42 separate clinical teams
- The current vacancy rate was less than 10%. Locum staff was an expensive option, but it was hoped that this rate would be reduced further. The Committee acknowledged that there was a national shortage in some clinical areas
- Finance pressures continued although the Trust was on target to deliver the planned deficit. A new Finance Director had been appointed but the Trust was seriously financially constrained. The Chief Executive reported for example that digital care improvements had to be funded from revenue rather than capital funding

The Chairman of Healthwatch Worcestershire was invited to contribute to the discussion and made the following comments:

- The Chief Executive and the Board were praised for their openness and clear understanding of the current situation, however, Healthwatch supported the Committee's view that positive action was required quickly
- There was a constant requirement to keep the public informed and engagement was vital. In addition, system partners needed to be supportive of the Trust in their efforts to improve
- The Government's upcoming Budget would be of interest to Worcestershire's leaders, who had a

960 Budget Scrutiny: In-Year Performance and Draft 2020/21 Budget and Medium Term Financial Plan Update 2020-22 for Public Health

role in lobbying decision makers

- Healthwatch had noted that there was no mention of Community Hospitals in the Clinical Strategy.

The HOSC Chairman thanked those present for the discussion and asked that Members be updated on progress with implementation of the Clinical Strategy, which had been approved by the Trust Board in October 2019.

Attending for this Item were:

John Smith, Cabinet Member with Responsibility for Health and Well-being
Kathryn Cobain, Interim Director for Public Health
Michael Hudson, Chief Financial Officer
Steph Simcox, Head of Finance

The Chief Financial Officer reported that since the Agenda Papers had been produced for HOSC, the 30 January 2020 Cabinet Agenda had been published, which included a revised draft budget to align with the new Directorate structure. From 1 January 2020, Public Health had transferred to the new People Directorate.

The presentation, which was circulated as part of the HOSC Agenda, outlined the Council's overall position and further detail on the 2020/21 draft budget relevant to Health.

During the discussion, the following key points were made:

- The Public Health Ring-Fenced Grant (PHFRG) funding for 2020/21 had not yet been confirmed, but assumptions had been made to allow for pay and contract inflation
- The Cabinet Member reminded the Committee that 75% of the PHFRG had to be spent on delivering the Council's public health duties as set out in the Health and Social Care Act
- There was an element of discretionary funding, amounting to £801,000, which supported public health activity across other Council services
- The Committee requested further detail on outcomes for the discretionary funding, such as that for Trading Standards and Adult Learning activity
- When asked whether any of the PHFRG priorities needed to be re-aligned, the Interim Director stated that they did not and the discretionary funding was allocated according to need.

Services such as smoking cessation were being reviewed across the area of the STP in accordance with national priorities in the NHS Long Term Plan.

In response to Public Health queries arising from the Worcestershire Acute Hospitals NHS Trust Clinical Services Strategy, the Interim Director of Public Health reminded the Committee of its performance, which was generally good and supported by Public Health England. Outcomes were generally good, but there were known pockets of health inequalities, such as levels of smoking in manual workers. It was suggested that some of the quoted figures in the Acute Trust's Clinical Services Strategy were inaccurate and the Chairman suggested resolving this matter outside of the meeting.

The Committee agreed to highlight the following points to the Overview and Scrutiny Performance Board for its meeting on 29 January:

- It supported the 2020/21 draft budget and noted the change from a standalone Public Health Directorate into a function of the newly formed People Directorate
- It noted that the Public Health Ring-Fenced Grant (PHRFG) had not yet been confirmed
- It sought further information on the discretionary part of the PHRFG (£801,000), especially in relation to outcomes expected against the investment made
- It looked forward to monitoring performance and progress throughout the year.

961 Health Overview and Scrutiny Round-up

There was nothing to note at this time.

962 Work Programme 2019/20

Members had nothing to add at this time.

The meeting ended at 12.35 pm

Chairman