

Agenda

Health Overview and Scrutiny Committee

Wednesday, 30 September 2020, 2.00 pm

Due to the current COVID-19 pandemic, Worcestershire County Council will be holding this meeting in accordance with the relevant legislative arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Please note that this is a public meeting, conducted remotely by videoconferencing between invited participants and live streamed for general access via a link on the Council's website to the Council's [You Tube Channel](#)

The Agenda papers and background papers can be accessed electronically on the Council's website. Members of the public and press are permitted to report on the proceedings.

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 Democratic Services on telephone number 01905 844965 or by emailing democraticservices@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, 30 September 2020, 2.00 pm, Online only

Membership

Worcestershire County Council Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr C B Taylor

District Councils

Mr M Chalk, Redditch District Council
Ms C Edginton-White, Wyre Forest District Council
Dr J Gallagher, Malvern Hills District Council
Mr M Johnson, Worcester City Council
Mrs F Smith, Wychavon District Council
Mrs J Till, Bromsgrove District Council

Agenda

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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 Assistant Director for Legal and Governance 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 29 September 2020). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
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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 [websitehttp://www.worcestershire.gov.uk/info/20013/councillors_and_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 SEPTEMBER 2020

VICE CHAIRMAN

Summary

1. To consider the nomination of a Vice Chairman for the Health Overview and Scrutiny Committee (HOSC).

Background

2. Given that the statutory power of health scrutiny rests with the County Council, the Chairman of the HOSC is a County Councillor, Paul Tuthill. To reflect the partnership approach to health scrutiny in Worcestershire, the County Council's Constitution states that the Vice Chairmanship should be allocated to one of the District Council Members.

Next Steps

3. District Councillors are invited to nominate a Vice Chairman for the Health Overview and Scrutiny Committee. The nominee put forward by the District Council Members will need to be agreed by Worcestershire County Council.

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:

[Worcestershire County Council's Constitution](#)

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 30 SEPTEMBER 2020

END OF LIFE CARE AND ReSPECT

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed on End of Life Care and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).
2. The importance of end of life planning and better promotion of the ReSPECT¹ initiative was added to the HOSC work programme following its scrutiny of the performance of acute hospital services in Worcestershire, and a 'select style' meeting with representatives of health and social care organisations across Worcestershire in March this year.
3. Representatives have been invited from NHS Herefordshire and Worcestershire Clinical Commissioning Group and Worcestershire Health and Care NHS Trust.

Background

4. End of life care is support for people who are in the last months or years of their life. The NHS website states that '*End of life care should help you to live as well as possible until you die and to die with dignity. The people providing your care should ask you about your wishes and preferences, and take these into account as they work with you to plan your care. They should also support your family, carers or other people who are important to you.*'
5. In April 2019 an End of Life Care workstream was set up across the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) to ensure a focus on end of life care across the two counties. The Worcestershire End of Life Network was already well established which had a good level of engagement from a range of providers.
6. In October 2019, a STP workshop to set priorities in this area was held. The workshop was led by the West Midlands Quality Review Service and attended by representatives from the health, care and voluntary sector. The following outcomes were agreed as key areas of focus across the STP:
 - Increased and early identification of people who would benefit from end of life support and personalised care planning
 - High quality care for people at the end of life, their families and carers in every setting
 - Accessible, coordinated and digitally-enabled palliative and end of life services for all patient groups

¹ The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices

- A workforce with the appropriate skills to provide people at the end of their life with high quality care and support
- High quality bereavement care, support and information available to all
- An embedded ReSPECT process which supports compassionate, effective and timely Advanced Care Planning in all care settings.

7. An initial focus was therefore to increase the identification of patients in their last year of life. This included the following:

- Promoting the identification of those living with severe frailty to ensure they are offered personalised end of life care planning.
- Working with Neighbourhood Teams to ensure an appropriate focus on end of life care and increasing the identification of those thought to be in the last year of life particularly those patients living in care homes. This has led to increased frailty assessments being carried out and greater numbers of ReSPECT conversations taking place
- Holding a quality improvement workshop for GPs to identify and suggest possible areas for improvement in terms of increased identification and support to those who would benefit from a palliative approach
- Successful national funding application to support work with a Primary Care Network (PCN) to increase identification and personalised care planning by developing advanced communication skills.

8. Improving outcomes and evaluating the experiences of those at the End of Life and their carers is fundamental to ensuring high quality of care and the following approaches have been taken to improve quality of care and learn from these experiences:

- Including an End of Life component in the Promoting Clinical Excellence GP contract which goes over and above the usual Quality and Outcomes Framework (QOF) requirements for GP practices and ensures that all practices complete an audit to identify learning
- Mortality reviews of patients dying within 48 hrs of attending an Emergency Department
- A workshop to identify cross system learning in relation to End of Life Care support for patients out of hours.

9. This learning has shaped the current strategy for personalised End of Life Care, focussing on an integrated urgent response for patients at the end of their lives.

Covid-19 Response

10. During the response to the Covid-19 pandemic an STP-wide task and finish group was set up. This group was responsible for providing clinical advice and support relating to excess mortality and the management of end of life patients. This in turn enabled rapid system-wide policy implementation such as symptom control guidance and remote verification of expected death. The group met weekly to ensure close monitoring of the response and any capacity issues.

11. Worcestershire hospices are a key part of the Covid-19 response. Additional

funding allocations were made to support their ongoing sustainability and to ensure a continued focus on system priorities such as supporting end of life training for the care home workforce.

12. The ability to deliver a high-quality bereavement support service with increased capacity and the ability to manage increasingly complex referrals was recognised and a rapid service mapping exercise was carried out to understand provision across all sectors. A provider group was established to support best practice and to support rapid information sharing. An information leaflet was developed for relatives of deceased patients to outline changes due to the pandemic. Additional funding was sought to support hospices in delivering additional bereavement support capacity. A system wide group has now been established to support ongoing commissioning decisions and the sharing of best practice.

Personalised End of Life Care Strategy

13. The programme is now refocussing on the STP Personalised End of Life Care Strategy with the following priorities:

- 24/7 single point of access to timely support and advice
- Education and training focussing on communication and clinical skills to improve timely recognition of dying, promoting personalised care and advanced planning discussions
- Access to hospice at home and transitional services for children
- Shared access to electronic patient information
- Embedded ReSPECT process across all care providers

14. The development of a Single Point of Access for staff, relatives and carers needs to take into account the complexity of the end of life pathway and the number of organisations involved in supporting patients at this time, as well as generic existing and emergent urgent and out of hours support. It is anticipated that there will be an initial focus on out of hours support for people in their last few weeks of life. Work is also being undertaken to understand the benefits of the integrated model developed in Herefordshire with the potential to apply that learning.

ReSPECT

15. Worcestershire was an early adopter of the ReSPECT process led by Worcestershire Health and Care NHS Trust and supported by Macmillan funding for two years. Funding for a further year has been agreed by the CCG.

16. As part of the Covid-19 response the STP End of Life Group developed 'My Plan or Covid' as a way of proactively contacting the very frail about their general wellbeing. This was implemented in partnership with VCS organisations by social prescribers across all Primary Care Network areas. Patients who requested it were offered the opportunity for a follow up conversation with their GP. Initial data indicates that ReSPECT form completion rates have increased since April.

17. Current priorities for ReSPECT include the roll out of ReSPECT, promoting a quality process to ensure that - where appropriate - forms are co-produced, and a focus on care homes and hard to reach groups.

Purpose of the Meeting

18. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage

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:

- NHS website 'What end of life care involves' [NHS website](#)
- Agenda and Minutes from the Health Overview and Scrutiny Committee on 2 March, 18 June and 20 July 2020 – available on the website: [Health Overview and Scrutiny Committee Agendas and minutes](#)
- Agenda and Minutes from COVID-19 Report to Cabinet on 4 June and 25 June 2020 – available on the website: [Cabinet Agendas and minutes](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 30 SEPTEMBER 2020

UPDATE ON RESTORATION OF HEALTH SERVICES AND IMPROVEMENTS ARISING FROM NEW WAYS OF WORKING DURING COVID-19

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to have a further update on the restoration stage of health services following the initial COVID-19 response.
2. The HOSC received reports on 20 July and 18 June 2020 outlining the response of health and social care services to COVID-19 and early thoughts about how working practices were envisaged to change as a result of learning from new ways of working. The HOSC was also advised about services which had changed temporarily in response to the pandemic, either because it was not possible to keep the service safe, or because staff had to be redeployed to services considered of higher priority.
3. Representatives have been invited from NHS Herefordshire and Worcestershire Clinical Commissioning Group, Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care Trust and the County Council (Public Health).
4. It is envisaged that this update will contribute to further scrutiny as health services continue to recover, and HOSC members have requested regular updates on any temporary service changes made in response to COVID-19.
5. The update will also build on the HOSC's on-going scrutiny to review performance of acute hospital services in Worcestershire and the impact on, and roles of, commissioners and health and care providers.

Restoration of temporary service changes

6. The NHS Long Term Plan (LTP) remains the road map for service integration and transformation and the majority of temporary service changes that have been made align with the LTP.
7. Whilst the NHS remains in emergency response mode, it may be necessary to make rapid changes to services as the situation changes. The NHS will retain flexibility across the system to respond to the changing environment.
8. As the NHS works through the temporary service changes it will always prioritise the safety of service users, patients, staff and the public – for some services it is currently not possible to fully restore them and comply with social distancing guidelines.

9. The NHS is continuing to monitor the impact and any benefits of temporary service changes on all the users of our services, keeping quality and equality impact assessments up to date, monitoring health inequalities and digitally excluded users of services. All services are proactively reviewing patients who are waiting to be seen and prioritising those at highest risk.

10. Proposals to make any temporary service changes into permanent changes would be subject to appropriate engagement and consultation to ensure patients and stakeholders have the opportunity to be involved before any decisions are made.

Purpose of the Meeting

11. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage

Supporting Information

- Appendix 1 – Update on temporary service changes (presentation)

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 from the Health Overview and Scrutiny Committee on 2 March, 18 June and 20 July 2020 – available on the website: [Health Overview and Scrutiny Committee Agendas and minutes](#)
- Agenda and Minutes from COVID-19 Report to Cabinet on 4 June and 25 June 2020 – available on the website: [Cabinet Agendas and minutes](#)



Update on Temporary Services Changes

30th September 2020

Temporary service changes shared previously

- Most face-to-face outpatient appointments suspended
- Community hospital bed usage changed
- Older adult mental health ward (Athelon) decanted
- Child development centres moved to virtual
- Planned respite for adults and children suspended
- Elective surgery moved to independent sector or cancelled
- Kidderminster MIU closed overnight, Tenbury & Evesham MIUs temporarily closed
- Garden Suite (chemo) and Women's Health Unit both moved from the Alexandra Hospital to Kidderminster Treatment Centre
- Maternity (Women's Health Unit) moved to Princess of Wales Community Hospital
- Screening for breast, bowel and Aortic Aneurysms suspended
- GP Out of Hours restricted to two sites (WRH and Alex)



Guiding principles

As we review the Covid-related service changes we have made across the system, we will continue to:

- limit the risk of transmission of the virus to patients and staff, routinely using alternatives to face-to-face consultations where this is clinically possible and acceptable to the users of our services.
- enable clinicians to restore many of the services paused in response to phase 1 so that the amount of cancer surgery, planned care and specialist diagnostic activity is increased, especially to those patients who are most vulnerable,
- give confidence to our local population that our healthcare settings are safe places to receive care.

Worcester Acute Hospital Trust

Temporary Service Changes

- Most face-to-face outpatient appointments suspended
- Elective surgery moved to independent sector or cancelled
- Kidderminster MIU closed overnight,
- Garden Suite (chemo) and Women's Health Unit both moved from the Alexandra Hospital to Kidderminster Treatment Centre
- Maternity (Women's Health Unit) moved to Princess of Wales Community Hospital
- Screening for breast, bowel and Aortic Aneurysms suspended



Worcestershire Acute Hospital Trust - Update

- Some challenges in achieving 100% restoration of services
 - Staff and physical capacity will limit our ability to restore all outpatient clinics, diagnostics and inpatient services. Elective activity where the patient needs overnight stays is restricted by the available bed base.
 - Suspension of services during response has increased 52 week waiting list
 - Public confidence resulting in some members of the public deferring treatment
- Further work being undertaken looking at how we would respond to a second COVID surge
 - Early warning triggers (e.g swabbing, public health data, safety huddles, staff absence)
 - Detailed work to understand impact on activity

Worcestershire Health and Care Trust

Update on Temporary Service Changes

- Face-to-face outpatient appointments available where clinically necessary
- Community hospital bed usage changed
- Older adult mental health ward (Athelon) decanted
- Child development centres have opened for some clinics
- Planned respite for adults and children resumed
- Tenbury & Evesham MIUs temporarily closed but scheduled to reopen through a booking system (28th September)



Mental Health Services

- Strong confidence in achieving 100% restoration of services
- Further work being undertaken looking at how we would respond to a surge in mental health activity
 - 110%, 120%, 130% increase
 - Covid direct, indirect, exacerbation of existing mental health problems
 - Early warning triggers (e.g increase in CAMHS and paediatric referrals now schools have reopened, mental health need related to redundancies, social isolation etc)

Use of technology to support access to care

- The accelerated development of a shared care record solution over the next 6 months will underpin many of the longer term restoration activities,
- We are making use of technology to ensure swift transfer of and availability to patient information in all care settings;
- Our improved digital infrastructure will allow us to continue to ensure teams and front line professionals can collaborate remotely to deliver wrap around care;
- We are developing care portals to support patients to live well with Cancer and self-manage; shared care records will enable clinicians across care settings to support cancer patients especially those with co-morbidities.

Primary Care

We continue to have the ability to offer online and video consultations across all practices in the STP. All clinicians and key practice staff can access primary care systems remotely ensuring the sustainability of services. NHS 111 can make appointments and book into all GP practices.

National guidance on 14th September reiterated that primary care is required to ensure

- Clear information for patients about how they can access services, that encourages patients to consult where necessary, and that face to face care always remains available when clinically appropriate
- No practice suggests in their communication that the practice is closed or that the practice is not offering the option of face to face appointments.
- Adjustments are in place to ensure that those who find it difficult to engage in virtual consultation are able to access the appropriate care



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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 SEPTEMBER 2020

NHS 111 FIRST

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed on improvements being made to urgent and emergency care services across Worcestershire.
2. The NHS 111 phone service is locally commissioned to a national NHS standard. Different providers run the service in each area and in Worcestershire the service is provided by West Midlands Ambulance Service.
3. Representatives from NHS Herefordshire and Worcestershire Clinical Commissioning Group will be present at the meeting to provide an overview of the changes that are being introduced.

Background

4. 'NHS 111 First' is a national programme that aims to improve the way that patients access urgent care by ensuring that they receive the right care in the most appropriate setting first time, with the lowest level of risk of acquiring a hospital of health care related infection.
5. This need has always been present but has now been brought into focus during the coronavirus pandemic.
6. A number of 'first mover' areas across the country have already introduced the NHS 111 First principles, including Portsmouth and London. It is expected that all areas across the country will develop a similar model ahead of this coming winter.
7. Herefordshire and Worcestershire has been asked to be one of the first systems in the Midlands to introduce this model. Partner organisations across Herefordshire and Worcestershire have already begun to test the system, ready for a widespread public launch later in October.
8. The attached stakeholder briefing note (Appendix 1) was circulated to HOSC Members in July and a further stakeholder briefing note (Appendix 2) provides additional detail on the initiative.

Purpose of the Meeting

9. Members are invited to consider the information provided on the new national NHS 111 campaign and agree whether any further information is required at this time.

Supporting Information

- Appendix 1 – Stakeholder Briefing (July 2020)
- Appendix 2 – Stakeholder Briefing (September 2020)

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), there are no background papers relating to the subject matter of this report.

'Think 111'

National context

During the peak months of the coronavirus pandemic the number of people attending Emergency Departments or A&E reduced dramatically, particularly those seeking help for minor illnesses.

However, in recent weeks the number of people visiting Emergency Departments has risen, and in some places, risen sharply. At the same time, due to social distancing and infection precautions, the space in those departments is reduced by 30-50%.

We need to keep patients and NHS staff safe throughout our services. This includes being able to provide emergency care safely for the most vulnerable and shielded patients at a time when we want to ensure care is available for those who need it, while ensuring appropriate distancing in waiting rooms.

The NHS must now guide the public in making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place. This will also help to keep staff safe.

What is 'Think 111'?

'Think 111' is a national programme that aims to improve the way that patients access urgent care by ensuring that they receive the right care in the most appropriate setting first time, with the lowest level of risk of acquiring a hospital or health care related infection.

This need has always been present but has been brought into focus during the coronavirus pandemic, which now moving to the endemic phase is a catalyst for such change to now occur at pace.

Based on 'talk before you walk' principles, the programme will focus on using NHS 111 to reduce unnecessary attendances to Emergency Departments by supporting the public to access the right services in their area. The Programme will allow NHS 111 to book patients directly into a variety of services out of hospital - including primary care - and within assessment areas within acute hospitals.

NHS 111 will also be able to book patients into the Emergency Department when it is best for their needs.



What does this mean?

The public will be asked to contact NHS 111 before attending an Emergency Department.

In return, the public will benefit from being directed to the right service for them. This could be an appointment with their GP or dentist or a timeslot at an Emergency Department. This will provide a better experience and help to keep the public and NHS services safe.

However, nobody that attends an Emergency Department without having contacted NHS 111 beforehand will be turned away.

What's happening now?

A number of 'first mover' areas across the country are currently introducing the Think 111 principles, beginning with Portsmouth and London. It is expected that all areas across the country will develop a similar model ahead of this coming winter.

In Herefordshire and Worcestershire, we have been asked to be one of the systems in the Midlands to introduce this model. We have therefore begun discussions with local partners and clinicians about the design and delivery of an approach that will work for our local population.

We will keep stakeholders continually updated with developments and work with partners to develop a comprehensive communication plan for the programme.

- For any further information on 'Think 111' please contact hw.comms@nhs.net -



New system for access to urgent NHS care in Herefordshire and Worcestershire

This is a stakeholder briefing on improvements to urgent and emergency care services across Herefordshire and Worcestershire being introduced later this month.

Background

As part of making arrangements for Winter 2020/21, organisations across Herefordshire and Worcestershire STP have been working collectively to improve our urgent and emergency care system.

We wish to do everything we can to keep patients and staff safe while Covid-19 remains in circulation and have been selected to be an early implementer of a national programme called NHS 111 First, which is designed to:

- Reduce the risk of Covid-19 transmission
- Protect Emergency Departments for those who need urgent care
- Signpost and support the public to receive care from the right place at the right time

What are the changes?

Use NHS 111

The public will be strongly encouraged to contact NHS 111 if they have an urgent – but not serious or life-threatening – medical need that they think might require treatment at an Emergency Department. A public campaign will be launched in Autumn 2020 to support the public to use NHS 111 and NHS 111 online.

Booking for urgent care

NHS 111 is already able to refer and book people into a number of services, such as GP services. In the coming weeks, this will include Emergency Departments and Minor Injury Units. This will apply both to Herefordshire and Worcestershire residents and to anyone visiting the area.

Waiting areas

Introducing booking slots will help to manage the volume of people in waiting areas and minimise Covid-19 infection risks.

Advice on getting the right treatment at the right place

In the future, people arriving at Emergency Departments without an allocated time slot may experience longer waits, unless they need immediate treatment. Care Navigators will be in Emergency Departments to help people use NHS 111 while they wait. As a result, people may be directed elsewhere where they could be treated sooner.

Arrangements will not change for people with serious or life-threatening illnesses or injuries. People will be advised to continue to dial 999 as before.



What does this mean?

In the future the public will be asked to contact NHS 111 before attending an Emergency Department. In return, the public will benefit from being directed to the right service for them. For example this could be an appointment with their GP or dentist, or a timeslot at an Emergency Department. This will provide a better experience and help to keep the public and NHS services safe.

However, nobody that attends an Emergency Department without having contacted NHS 111 beforehand will be turned away.

What will be the benefits for patients?



Patients will get to speak with a senior clinician earlier; in some cases this can also be a video consultation so patients can see who is advising them on their care.



If a patient does need an urgent face-to-face appointment, this can be arranged there and then, without any further delay. They will know exactly where to go, and when. This will help reduce waiting times for all patients.



By advising people where and when to go, **we can control crowding and significantly reduce the risk of Covid-19 transmission.**

What will happen next?

These changes will eventually be introduced at Hereford County Hospital Emergency Department, Worcestershire Royal Hospital Emergency Department, the Alexandra Hospital Emergency Department and Minor Injury Units in Worcestershire. Starting next week partner organisations across Herefordshire and Worcestershire will begin to test the system, ready for a widespread public launch later in October.

We will keep stakeholders continually updated with developments.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE OVERVIEW AND SCRUTINY PANEL 30 SEPTEMBER 2020

PERFORMANCE AND IN-YEAR BUDGET MONITORING

Summary

1. The Health Overview and Scrutiny Committee (HOSC) will be updated on performance and financial information for services relating to Public Health.
2. Performance and financial information provides a further tool for the HOSC and the Scrutiny Panels in maintaining Members' understanding of services provided to the public, the effectiveness of current policies and early knowledge of any issues or areas for further scrutiny.
3. The performance information provided relates to Quarter 1 (April to June 2020) and financial information for period 3.
4. It is the intention for the HOSC to consider this information on a quarterly basis and then report by exception to the Overview and Scrutiny Performance Board any suggestions for further areas of concern.
5. The Cabinet Member with Responsibility for Health and Wellbeing, the Director for Public Health and the Head of Finance have been invited to attend the meeting to respond to any queries HOSC Members may have.

Performance Information

6. The Corporate Balanced Scorecard is the means of understanding progress against the Council's Corporate Plan. The Scorecard contains a range of indicators linked to key priorities and themes. Many measures are long-term and may be affected by a wide range of factors, some of which are outside the direct control of the Council.
7. Attached at Appendix 1 is a dashboard of performance information which covers the indicators from the Directorate level scorecard and those from the corporate scorecard and other management information (as appropriate) which relate to services relevant to this Committee's remit.
8. The Corporate Balanced Scorecard for each Directorate is reported to Cabinet and is also available on the Council's website [here](#)

Financial Information

9. In relation to Quarter 1 of 2020/21, detail has been provided in the form of presentation slides, which can be found at Appendix 2.

Purpose of the Meeting

10. HOSC Members are invited to consider and comment on the information provided and agree:

- any comments to highlight to the Cabinet Member at the meeting and/or to the Overview and Scrutiny Performance Board
- whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Public Health Dashboard

Appendix 2 – Finance Information for Quarter 1 of 2020/21

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 20 July and 27 January 2020 and 25 November 2019
- Agenda and Minutes of the Overview and Scrutiny Performance Board on 28 November 2019 – available on the website:
<https://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=134>

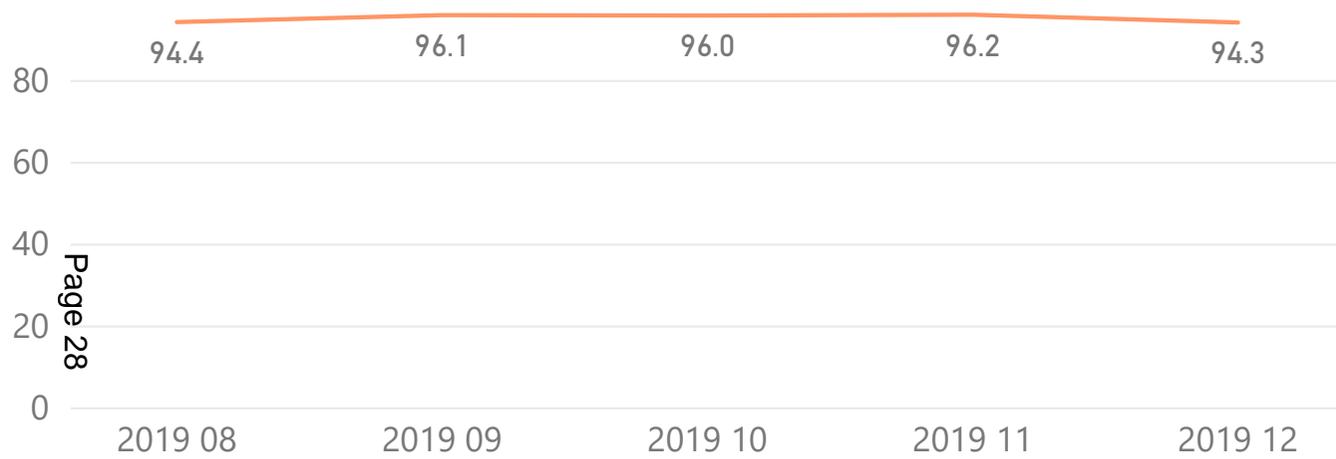
Public Health performance update

Health overview and scrutiny

Health visitors

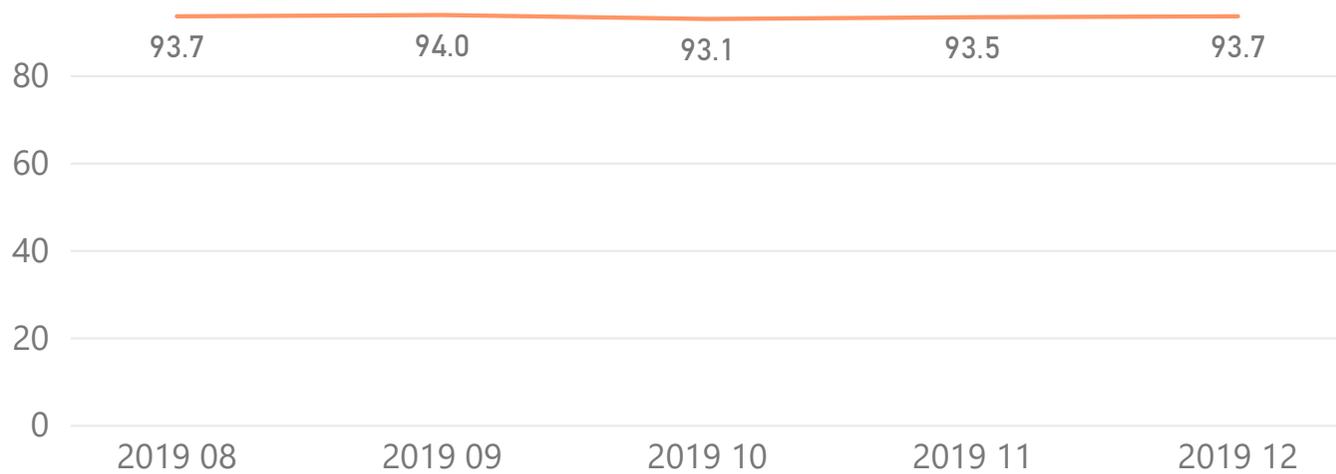
Higher = better

Indicator ● % births that receive a face to face NBV within 14 days by a Health Visitor



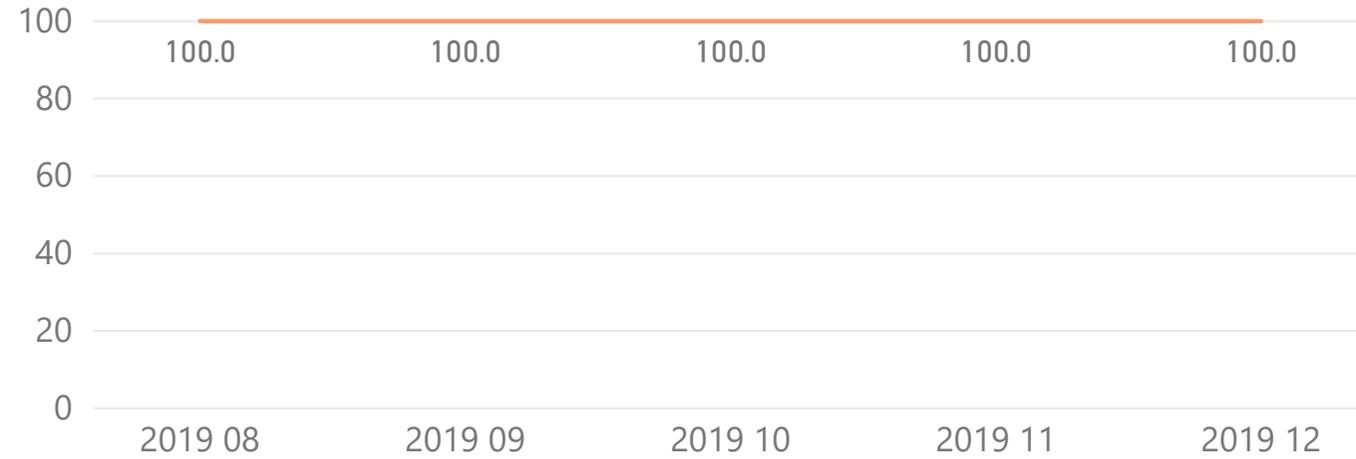
Higher = better

Indicator ● % received a 2-2.5 year review



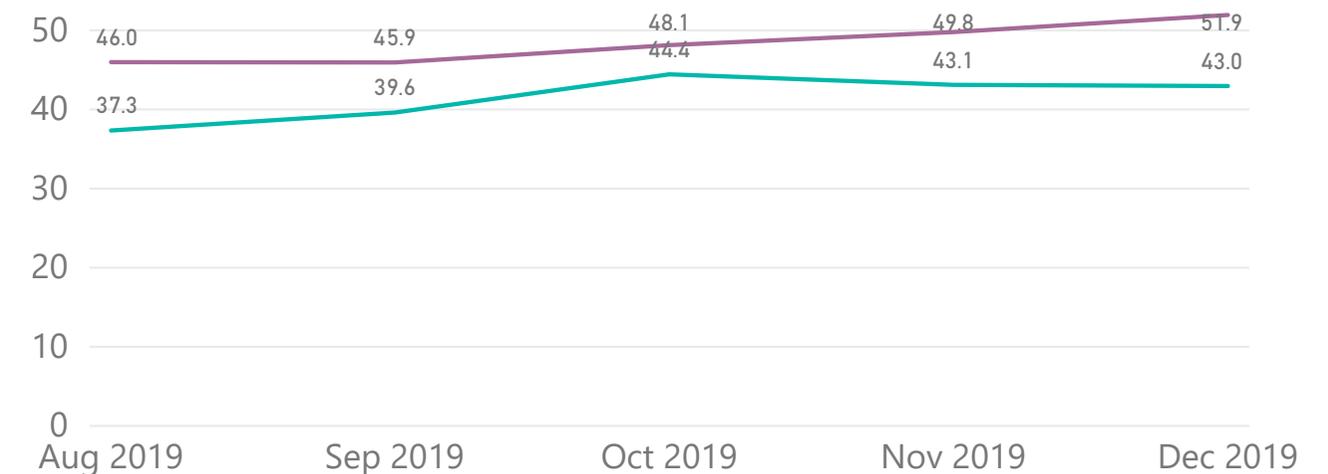
Higher = better

Indicator ● % Infants who received a 6-8 weeks review



Higher = better

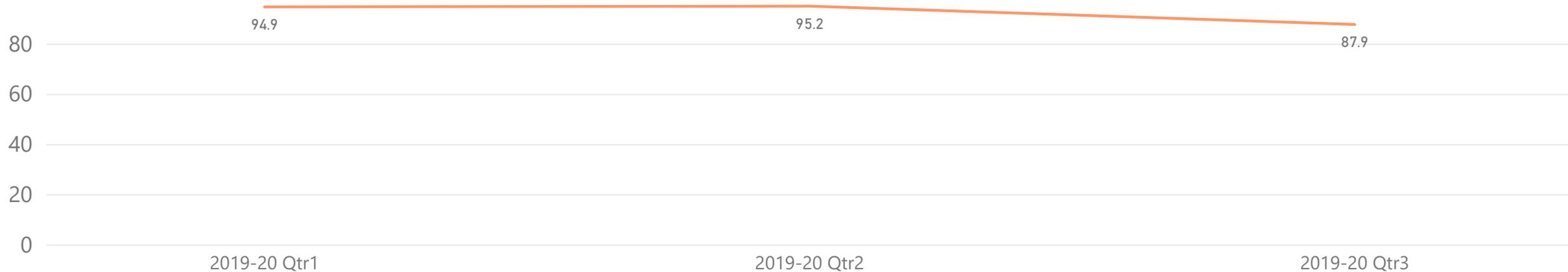
Indicator ● % Breastfeeding at 6-8 weeks ● % Breastfeeding at 6-8 weeks IMD 1&2



⏪ School nurses & national child measurement programme

Higher = better

Indicator ● % LAC Health Assessments aged 5-16 years



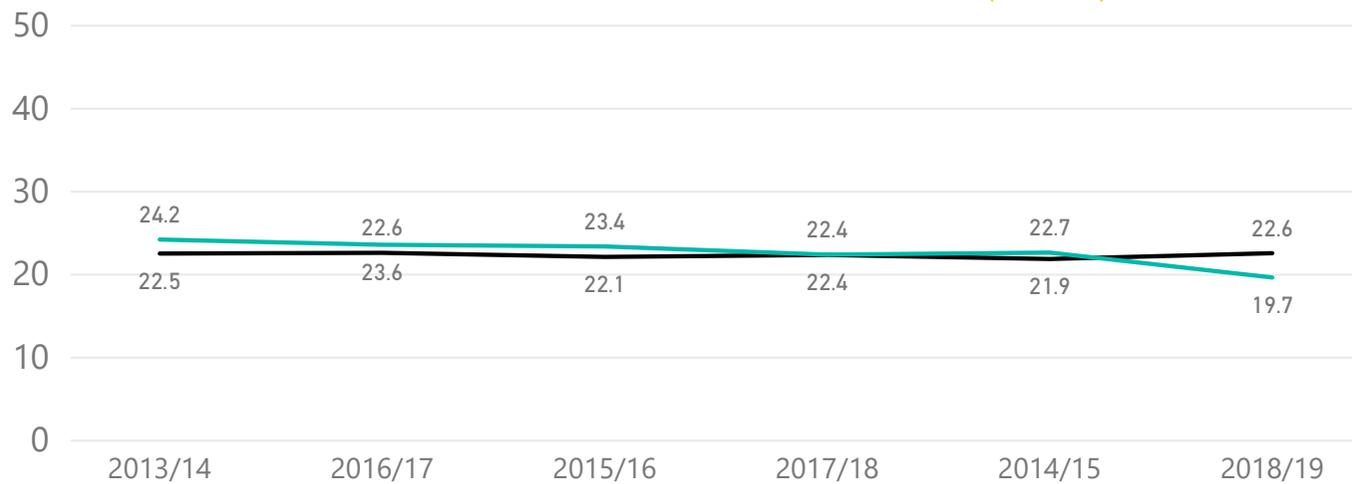
Page 29

% excess weight 4-5 year olds

Area Name ● England ● Worcestershire

Compared to England:

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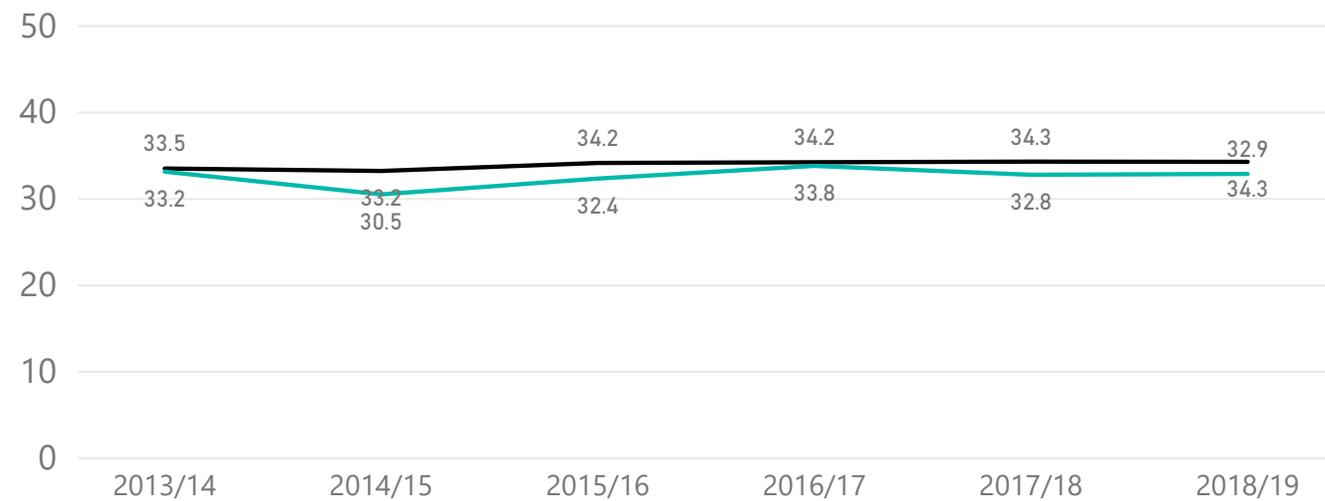


% excess weight 10-11 year olds

Area Name ● England ● Worcestershire

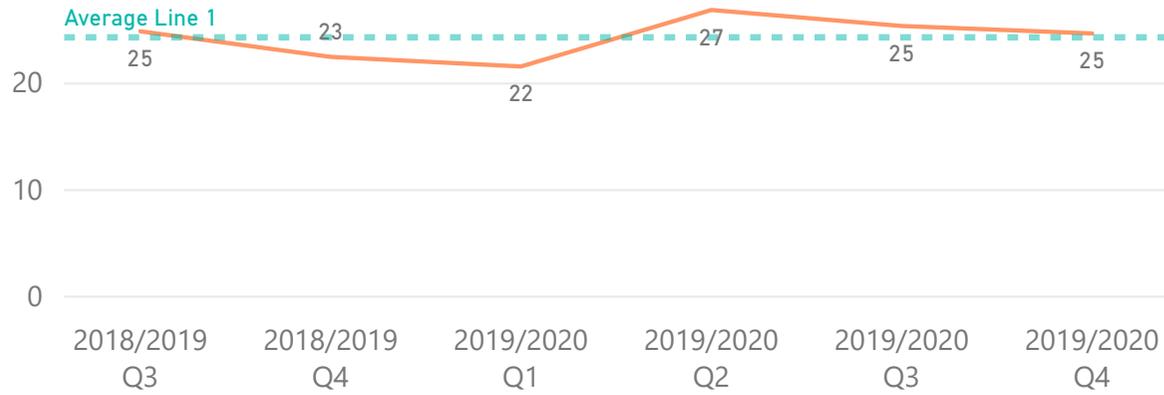
Compared to England:

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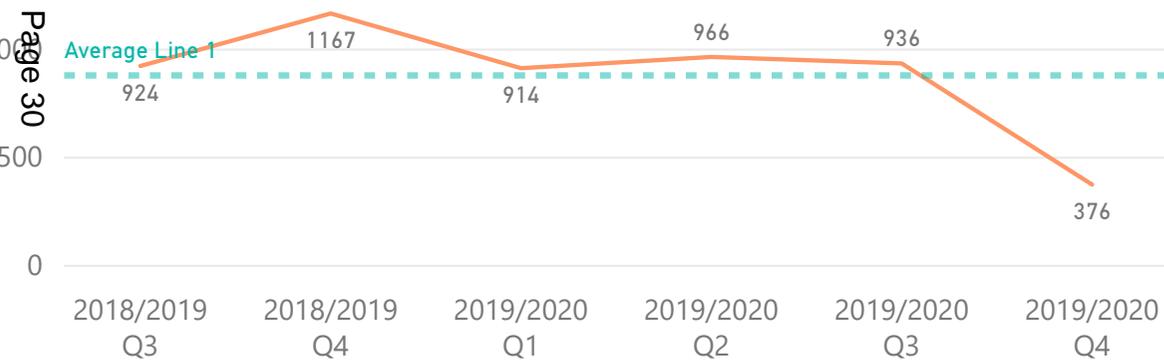


Sexual health

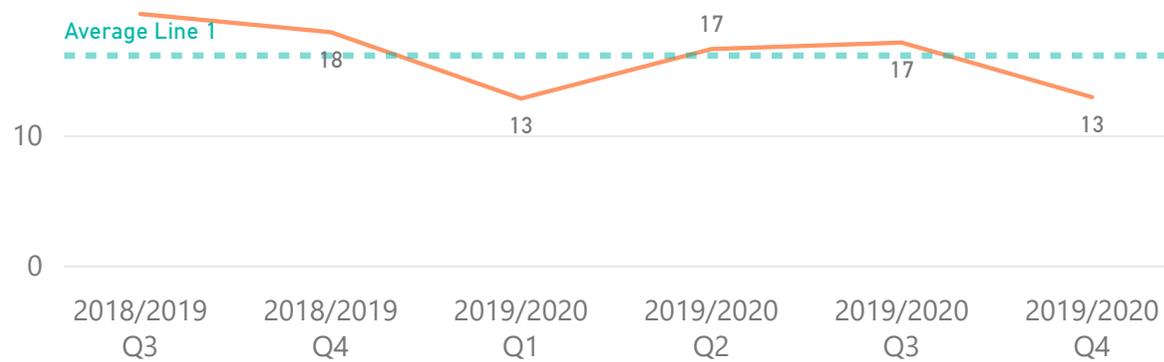
% with STIs diagnosed at 1st appointment



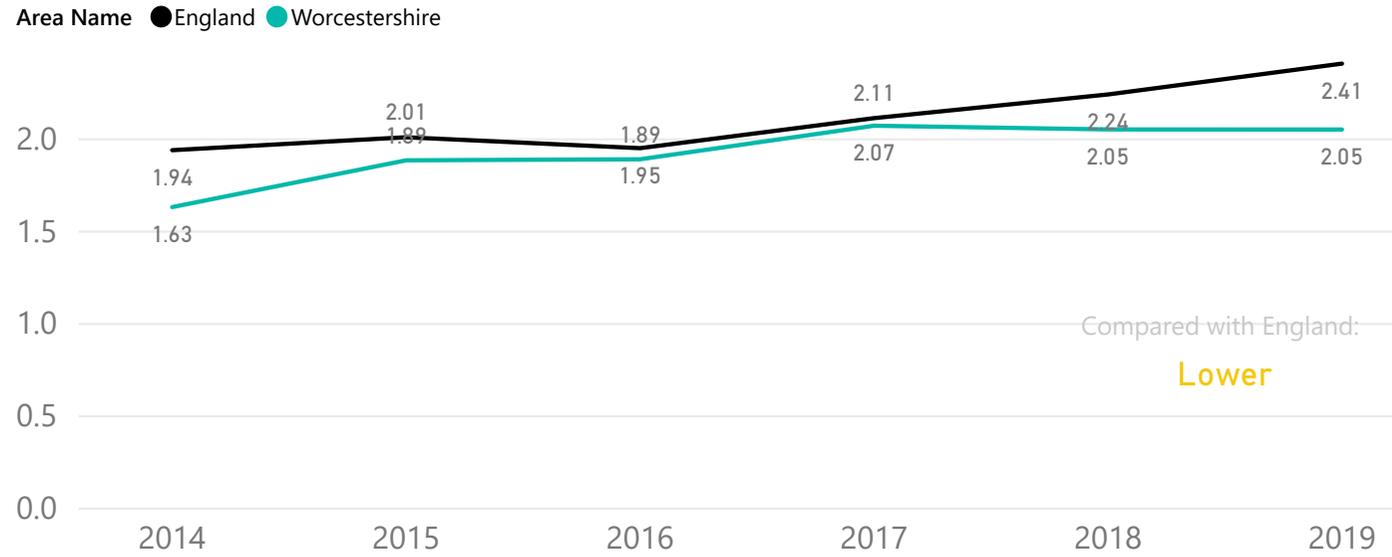
Number of rebooks into GUM clinic



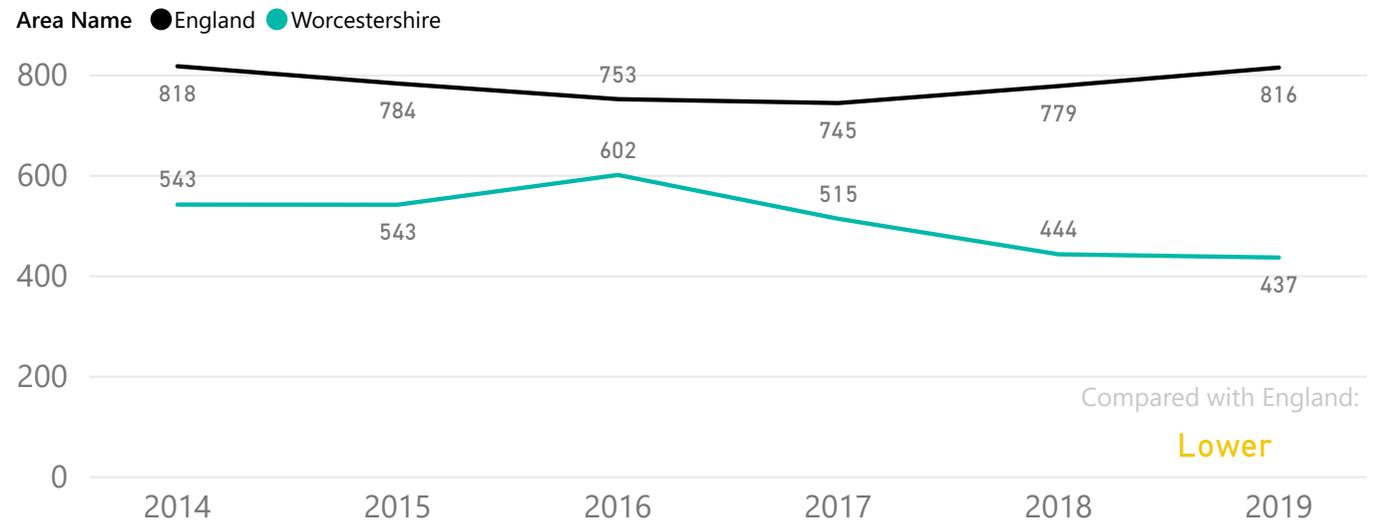
% with STIs diagnosed at rebook



STI testing positivity rate (%)



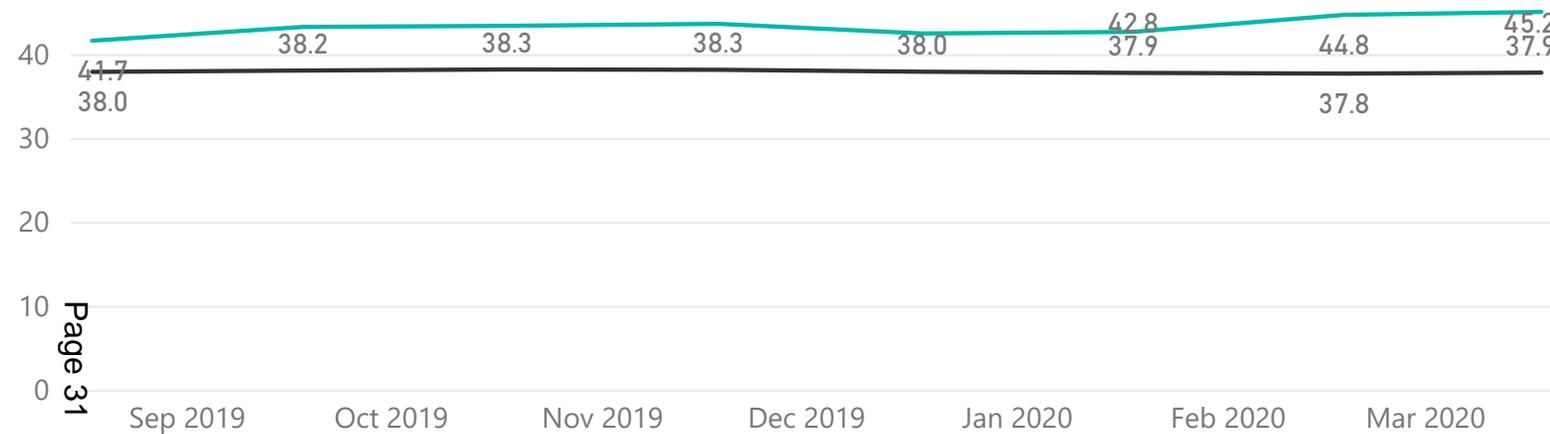
All new STI rate / 100,000



Drugs and alcohol

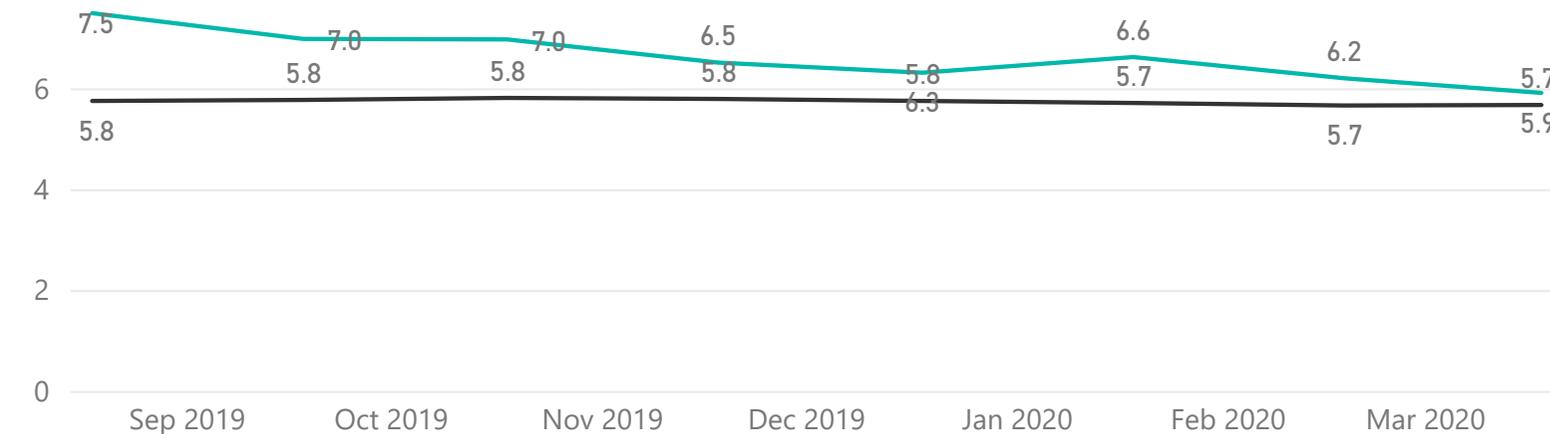
% of all clients completing and not re-presenting (alcohol)

Region ● England ● Worcestershire



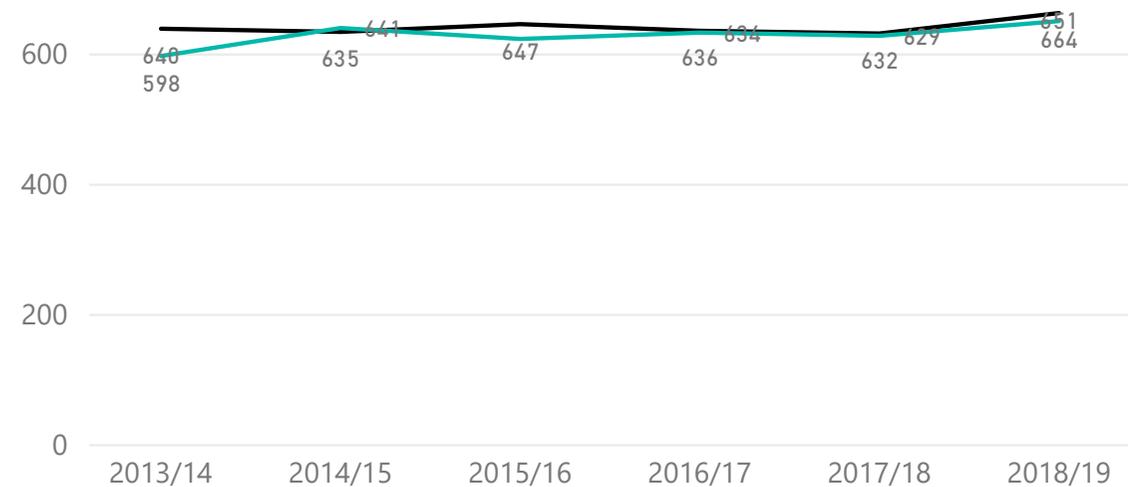
% of all clients completing and not representing (opiate)

Region ● England ● Worcestershire



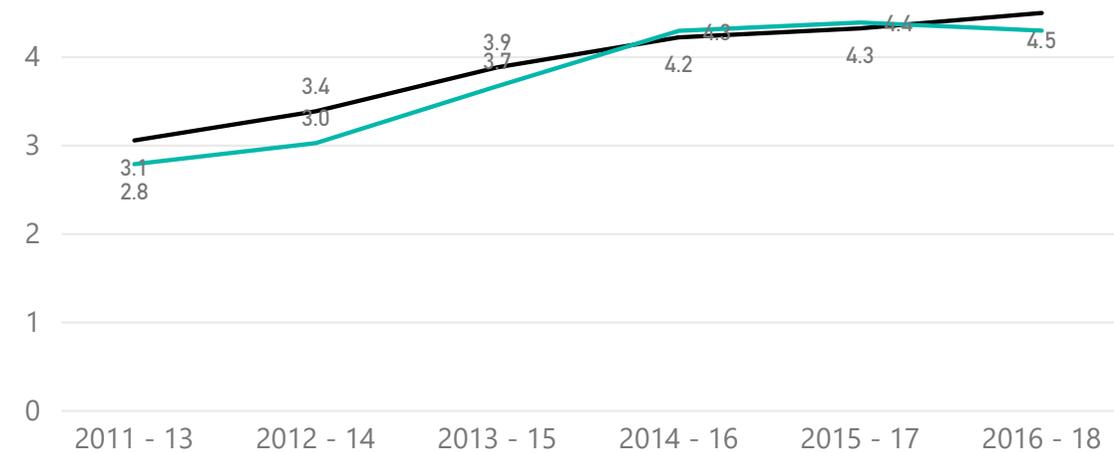
Admission episodes for alcohol related conditions (narrow) per 100,000...

Area Name ● England ● Worcestershire



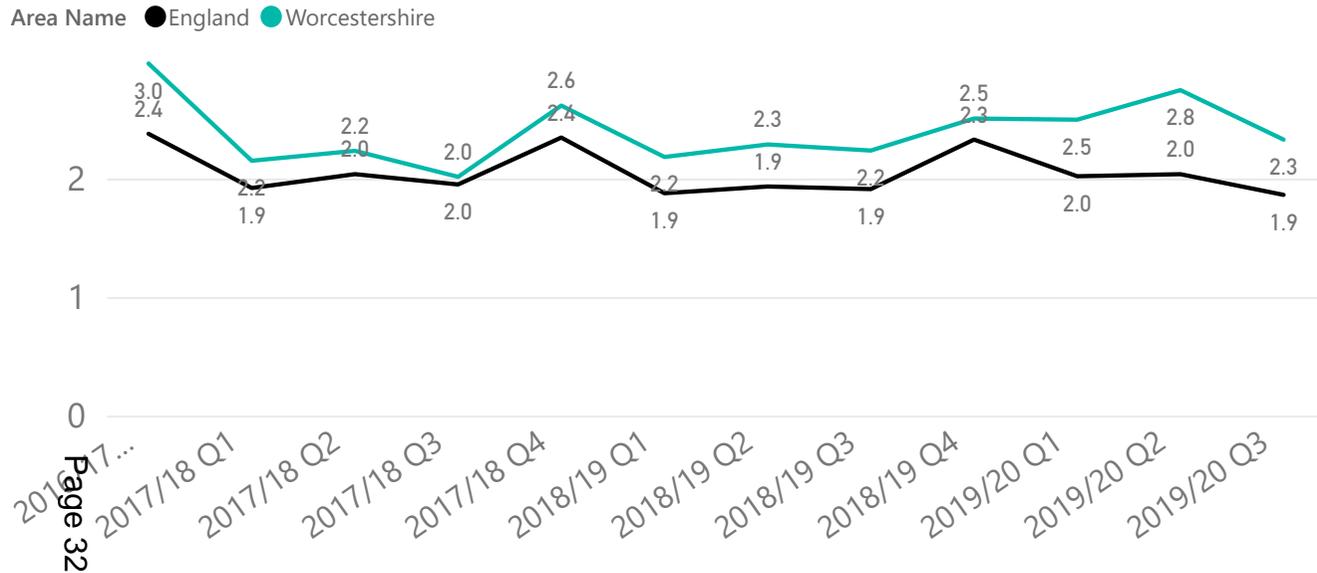
Deaths from drug misuse per 100,000 population

Area Name ● England ● Worcestershire



NHS Healthchecks

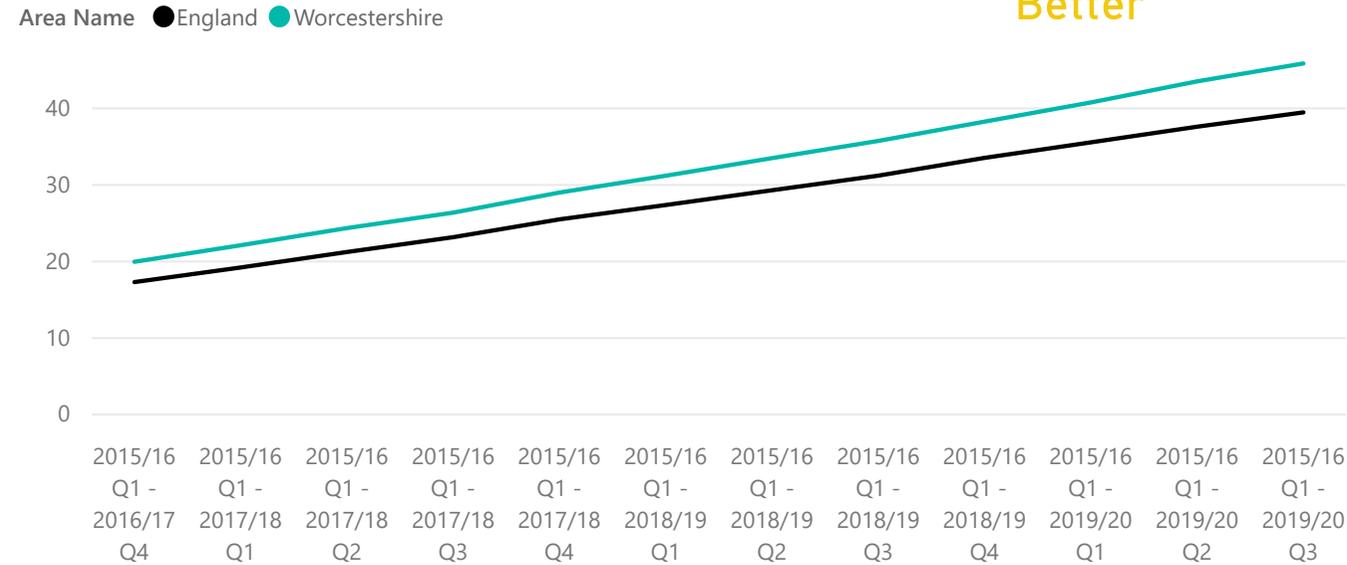
% NHS Healthchecks received by the total eligible population in the quarter



% receiving an NHS healthcheck

Compared with England:

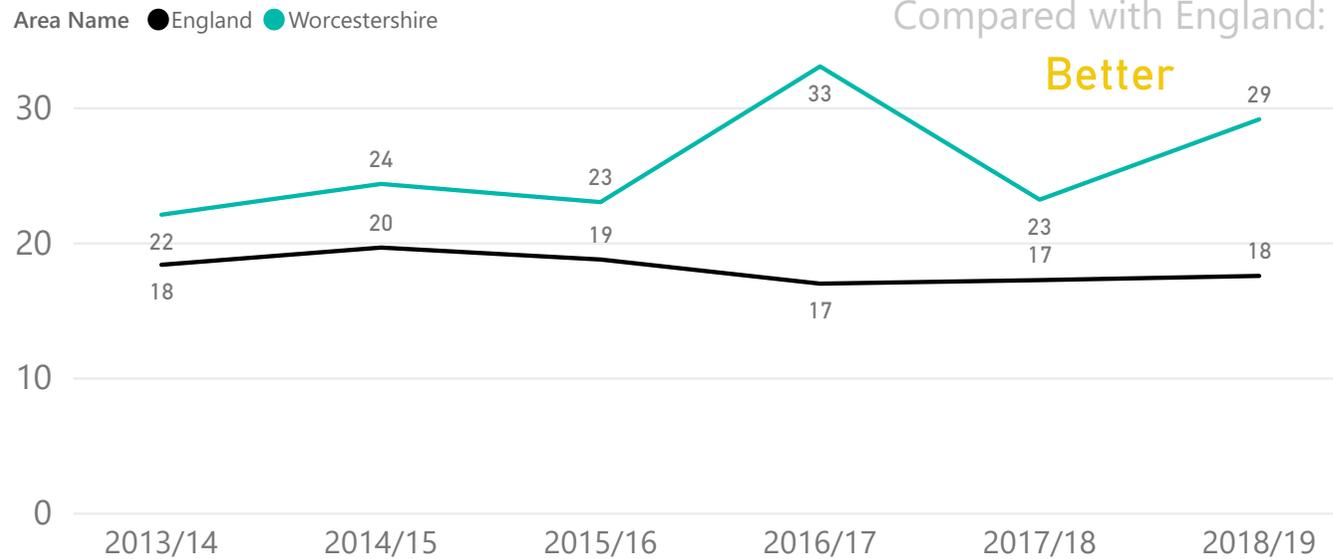
Better



% people offered NHS Healthcheck invite /year

Compared with England:

Better

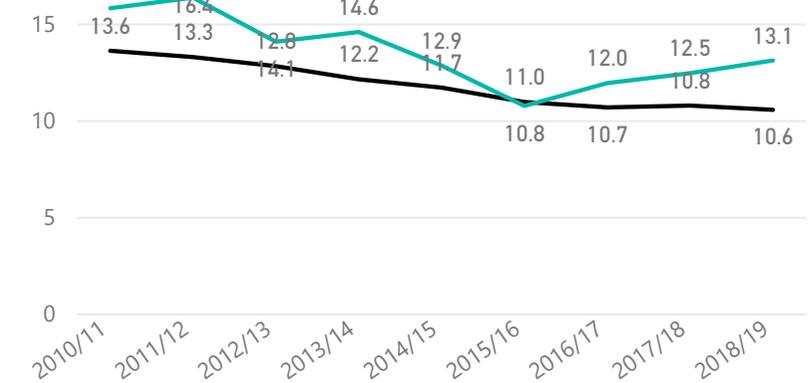


% smoking at time of delivery

Compared with Engl...

Area Name ● England ● Worcestershire

Worse

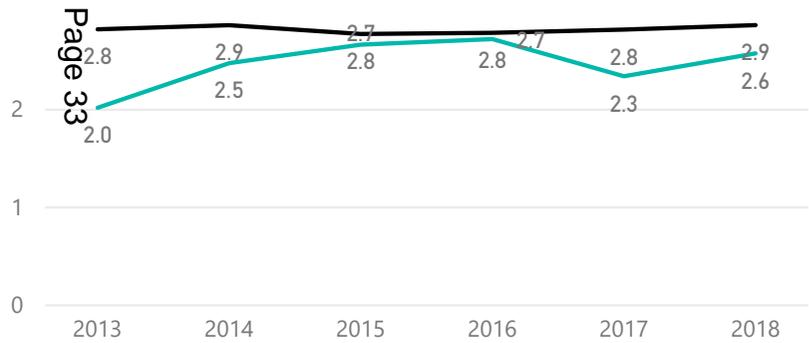


% low birth weight of term babies

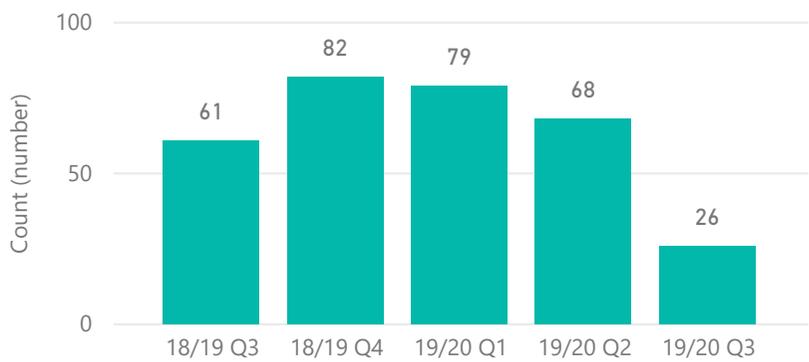
Compared with England:

Area Name ● England ● Worcestershire

Similar



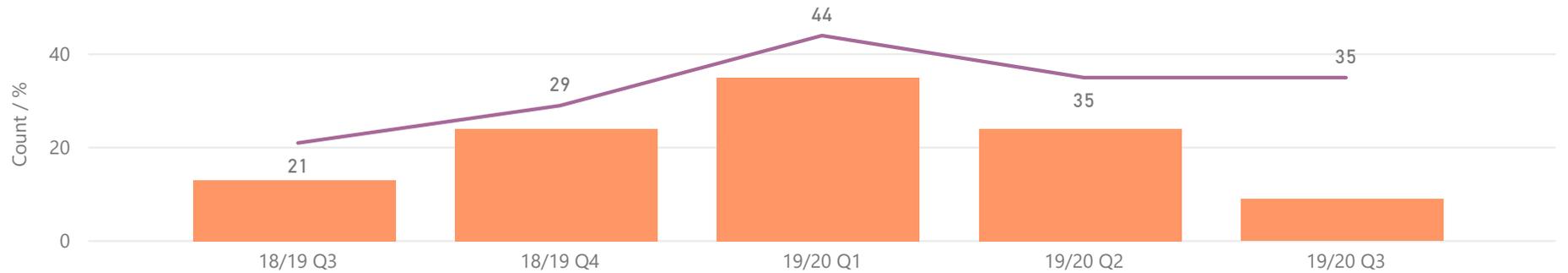
Indicator ● Set a quit date (SAQD) ● Values (%)



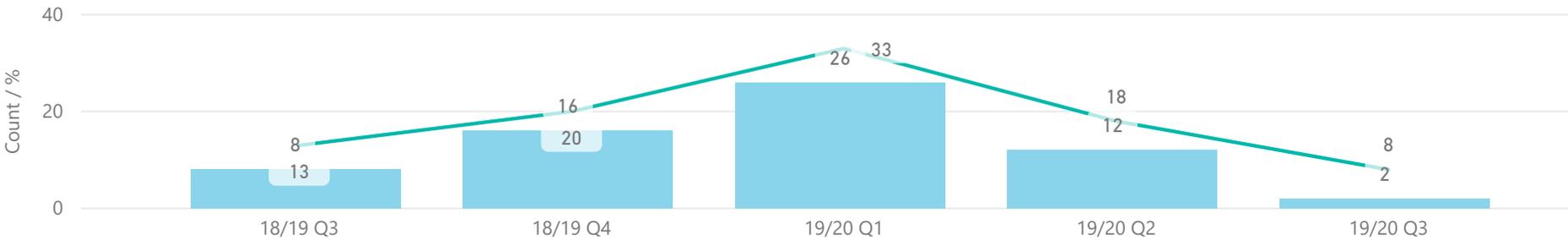
Smoking in pregnancy

4 week quit (% and count)

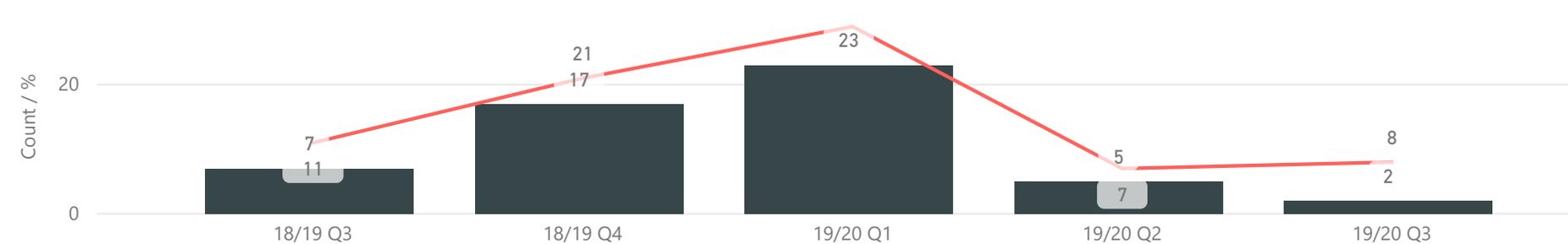
Indicator ● 4 week quit ● Values (%)



Indicator ● 12 week quit ● Values (%)



Indicator ● Time of delivery (TOD) quits ● Values (%)



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Health Overview and Scrutiny Committee

30 September 2020

**Q1 2020/21
Financial Update**

Q1 Financial Position – Public Health Ring Fenced Grant

BUDGET HEADING	BUDGET 20/21	Spend YTD	FORECAST 20/21	VARIANCE
1.a PH Strategic Functions	2,541,287	652,118	2,370,560	-170,727
1.b Adults Prevention Services	13,425,350	2,986,321	13,425,350	0
1.c Childrens Prevention Services	11,264,833	2,427,386	11,264,941	108
1.d Wider Determinants	1,911,000	0	1,911,000	0
1.e Reserves	935,319	0	1,105,938	170,619
Total Expenditure	30,077,789	6,065,825	30,077,789	0
PH Grant	-30,077,789	-7,519,447	-30,077,789	0
Total Income	-30,077,789	-7,519,447	-30,077,789	0
TOTAL PHRFG	0	-1,453,622	0	0

Key Headlines – Public Health Ring Fenced Grant

- Strategic Functions are showing an underspend on staffing
- All other services are showing a broadly break even position
- Any in-year underspend is expected to be transferred to reserves
- As at P3 the value of uncommitted grant stood at £1.1m
- The DPH is working on a plan for utilisation of the uncommitted grant which will be reported in the Q2 report to HOSC, but is likely to include
 - Agenda for Change staffing inflation
 - Additional Support to the alcohol care team
 - Smoking Cessation
 - Additional support for Substance Misuse
 - Quality assurance and compliance

Q1 Detailed Initial Budget Allocation – 1

BUDGET HEADING	BUDGET 20/21
Public Health Team	1,822,253
Medicines Management	31,700
PH Recharges	211,000
Emergency Planning	141,134
PH ICU/Finance Staff	335,200
TOTAL STRATEGIC FUNCTIONS	2,541,287

BUDGET HEADING	BUDGET 20/21
Children's Targeted Family Support	850,000
Positive Activities	530,000
Children's Development Centres	442,000
CDOP	15,000
Young Adult Carers	35,000
0-19 Health Servs (WHCT)	9,302,000
Social Mobility Project	90,833
TOTAL CHILDRENS SERVICES	11,264,833

BUDGET HEADING	BUDGET 20/21
Libraries Service	300,000
Occupational Health	160,000
Adult Learning	211,000
Coroners & Registrars	130,000
Countryside Service	100,000
Trading Standards	649,000
3 Conversation Model	291,000
Planning Service	70,000
TOTAL WIDER DETERMINANTS	1,911,000

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Q1 Detailed Initial Budget Allocation – 2

BUDGET HEADING	BUDGET 20/21
Lifestyle Services	350,000
Community Lifestyle	80,000
Smoking in Pregnancy	164,000
Health Checks	1,000,000
Walking for Health	25,000
Worcestershire Works Well	35,000
Obesity, Diet, Exercise	20,000
Carers Support	617,000
Stroke Contract	92,000
Info & Advice Contracts	250,000
Connect Services	312,000
Fluoridation	200,000
Healthwatch	274,550
LRCV Grant	-224,400
Digital Inclusion	10,000
Prevention Initiatives	40,000
MECC (Health Chats)	2,000
Time to Change	25,000
Substance Misuse Contract	3,942,000
DIP Grant	-106,000
Domestic Abuse Contract	417,000
Social Prescribing	100,000
Loneliness Service	150,000
Strength and Balance	90,000
Warmer Worcestershire	19,200
Oral Health	50,000
Adults Housing Support	100,000
LD Reablement	60,000
Promoting Independent Living Service	273,000
Support at Home	49,000
Extra Care Housing	759,000
Sexual Health (WHCT)	3,950,000
Sex.Health - GUM OoA	300,000
TOTAL ADULTS SERVICES	13,425,350

Impact of COVID-19

The forecast position shown in this document excludes the impact of COVID-19, as it is assumed to be funded from the following external funding sources

- COVID-19 grant - £29m
- Test and Trace - £2.75m
- Infection Control - £7.45m
- Transport - £1.3m
- Community Hardship - £0.6m
- Support for loss in sales, fees and charges
- Use of PHRG Reserve - £0.4m
- CCG grant relating to hospital discharges and avoiding admission to hospital

Areas where COVID related spend has occurred relevant to this panel include

- Additional costs of PPE
- Test and Trace activity
- Support for the community including food parcels and advice
- Additional payments to providers

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 SEPTEMBER 2020

HEALTH OVERVIEW AND SCRUTINY ROUND-UP

Summary

1. To receive a round-up of information on:
 - County Council activities in relation to health
 - District Council activities in relation to health
 - NHS Board meetings
 - Consultations in Worcestershire
 - Urgent health issues in Worcestershire; and
 - Items for future meetings of the Health Overview and Scrutiny Committee

Background

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each HOSC.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

NHS Board Meetings

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each HOSC.

Consultations in Worcestershire

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

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 this report:

- Worcestershire County Council Procedural Standing Orders, May 2017 [which can be accessed here](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
30 SEPTEMBER 2020**WORK PROGRAMME 2020-21**

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 suggested 2020/21 Work Programme has been developed by taking into account issues still to be completed from 2019/20, the views of HOSC Members 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 Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health)
5. The overall scrutiny work programme was discussed by OSPB on 22 July and agreed by Council on 10 September 2020.

Dates of Future Meetings

- 16 November 2020 at 1.30pm

Purpose of the Meeting

6. The HOSC is asked to consider the 2020/21 Work Programme and agree whether it would like to make any amendments. 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.

Supporting Information

- Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2020/21

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 Council on 10 September 2020](#)
- [Agenda and Minutes of OSPB on 22 July 2020](#)

2020/21 SCRUTINY WORK PROGRAMME: Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
30 September 2020	End of Life Care and ReSPECT		
	Update on Restoration of Health Services and Improvements Arising from New Ways of Working During COVID-19	18 June and 20 July 2020	
	NHS 111 First		
	Performance (Q1 April – June 2020) and In-Year Budget Monitoring - Public Health	20 July 2020	
16 November 2020	Effectiveness of vaccination schemes		
	Performance (Q2 July – Sept 2020) and Finance Monitoring (Public Health Services)		

Possible future items

TBC	Mental Health Services (all ages) including Post-Traumatic Stress Disorder resulting from COVID-19		Requested at 18 June 2020 meeting
Ongoing	Learning and new ways of working from COVID-19		Requested at 18 June 2020 meeting
Ongoing	Monitoring temporary service changes made as a result of COVID-19 response – including demand and capacity planning for unmet needs and preparedness for winter pressures in light of COVID-19		Requested at 18 June 2020 meeting
Before April 2021	Health and Wellbeing Strategy (effective April 2021) including how the Strategy tackles health inequalities identified in the Joint Strategic Needs Assessment (JSNA)		Requested at 18 June 2020 meeting
TBC	Midlands Renal Review		

TBC	Onward Care Team – follow up on progress made		Suggested at 2 March 2020 meeting
TBC	Developments in admission avoidance measures		Suggested at 2 March 2020 meeting
TBC	Recruitment and development of staff in the health sector		
Ongoing	STP - ongoing workstreams (including updates on Neighbourhood Teams and Maternity Systems) / communication strategies / structure and governance (balance between the 2 Counties) / role of community hospitals / capital programme / capacity	November 2018 (member briefing) 29 January 2018	
Standing Items	Substantial NHS Service Changes requiring consultation with HOSC Performance Monitoring (Public Health) and In-Year Budget (Public Health Ring Fenced Grant) Monitoring Budget Scrutiny HOSC Round Up NHS Quality Accounts Quality and Performance of the Acute Hospitals (including capacity and preparations for winter pressures) West Midlands Ambulance Service Annual Update	Jan/March/July/Sept/Nov	