worcestershire
countycouncil

Health Overview and Scrutiny Committee
Wednesday, 10 March 2021, Online - 10.00 am

Minutes

Present:

Mrs F Smith (Vice Chairman), Ms P Agar, Mr G R Brookes, Prof J W Raine, Mr C Rogers, Mr A Stafford, Mr C B Taylor, Mr M Chalk, Ms C Edginton-White, Mr M Johnson and Mrs J Till

Also attended:

Mr A I Hardman, Deputy Leader and Cabinet Member for Adult Social Care
Simon Trickett, NHS Herefordshire and Worcestershire Clinical Commissioning Group
David Mehaffey, Herefordshire and Worcestershire Clinical Commissioning Group
Paul Brennan, Worcestershire Acute Hospitals NHS Trust
Richard Haynes, Worcestershire Acute Hospitals NHS Trust
Vicky Morris, Worcestershire Acute Hospitals NHS Trust
Simon Adams, Healthwatch Worcestershire

Dr Kathryn Cobain (Director of Public Health), Paula Furnival (Strategic Director for People), Samantha Morris (Scrutiny Co-ordinator) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. The Minutes of the Meeting held on 27 January 2021 (previously circulated).

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

1010 Apologies and Welcome

Cllr Frances Smith, Vice-Chairman welcomed everyone to the meeting and explained that she would be chairing the meeting as the Chairman was unable to attend. Cllr Smith further explained that her husband, Cllr John Smith, Cabinet Member with Responsibility for Public Health, had decided on advice given by Democratic Services Officers that due to a conflict of interest, he would not be attending the meeting as she was chairing.

Apologies had been received from the Chairman, Cllr Paul Tuthill.

1011 Declarations of

None.

	Interest and of any Party Whip	
1012	**Public Participation**	None.
1013	**Confirmation of the Minutes of the Previous Meeting**	The Minutes of the Meeting held on 27 January 2021 were agreed as a correct record and would be signed by the Chairman.
1014	**Update on Health Services during the COVID-19 Pandemic**	In attendance for this item were: NHS Herefordshire and Worcestershire Clinical Commissioning Group – Simon Trickett, Chief Executive Worcestershire Acute Hospitals NHS Trust - Paul Brennan, Chief Operating Officer and Deputy Chief Executive Worcestershire County Council – Dr Kathryn Cobain, Director of Public Health Simon Trickett, Chief Executive of NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG) referred to the presentation slides included in the Agenda which provided a high-level overview of the Covid-19 vaccination programme and next steps in restoring services. The vaccination programme in Worcestershire had been very successful, and consistently one of the best performing in the country, and he paid tribute to everyone involved especially the primary care networks and GPs. Everyone was aware that immunisation was key to emerging from the pandemic and the programme was therefore likely to be the most important task in colleagues' careers. Vaccines were being provided at three large scale vaccination centres, 12 GP-led sites and community pharmacies, a network which had worked well and was therefore likely to continue for the foreseeable future. Updated vaccination figures were provided, and as of the end of 7 March, 338,000 first doses had been administered across Herefordshire and Worcestershire, equating to 51% of the adult population, and more than 75% of those over 50, which were really important figures. Cohort six was now being vaccinated, which included any adult with a long-term health condition who was eligible for a flu vaccine. Vaccine supply could be

adapted, for example, since vaccination figures were slightly lower for Redditch, more vaccines would be allocated.

There had been some problems with vaccine supply in January/February, when weekly vaccinations administered totalled 25,000 to 35,000, but a significant increase in supply was now anticipated, therefore the schedule moving forward would be 55,000 to 65,000 doses per week across Herefordshire and Worcestershire, which was really positive. In general, vaccine take-up was very high, almost 100% in many cohorts, and the CCG would continue work with Public Health and district councils to address the hard to reach groups such as black and ethnic minorities and homeless people, where an adapted approach was being taken.

The new phase of administering second doses was progressing well and it was hoped that by the end of March all of those aged over 50 would have received their first dose, ahead of the national target, with all adults having access to a second dose by the Summer. Nationally, it was anticipated that Covid vaccines were here to stay and that further vaccines would be needed in the Autumn.

As the local situation continued to improve and the really challenging level of demand for intensive care started to reduce, there was increased focus on the NHS recovery programme and health partners were working together to align capacity. Priority areas included urgent and cancer care, clinical assessment and diagnostics for patients on waiting lists, addressing health inequalities in recovery and ensuring Long Covid symptom support.

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

- HOSC members paid tribute to the excellent vaccination programme which, had been very well received by residents.
- It was confirmed that vaccination take up amongst health and care staff was very good (over 90%), with some younger staff less inclined since they felt less at risk - there was a concerted effort to address this and national requirements for individual discussions with relevant staff and review of their role.
- In response to a query about long-term plans for ensuring patient access to vaccines arising from concerns from Wyre Forest residents about being directed to Dudley and querying why the Bewdley

surgery was not being used, the CCG representative agreed that accessibility was important and while initial modelling had been based on the national requirement for everyone to have access within a 45 minute journey, most people were much closer. It had been necessary to consider overall resources for example to facilitate telephone and face to face GP appointments. Most vaccination sites would stay open for the next phase of vaccination, however he suspected there would be a move to more reliance on mass vaccination sites closer to the Summer, especially as younger age group cohorts were more able to travel. Local access would continue to be reviewed and community transport had been a helpful facility in Wyre Forest.

- Regarding the move to clinical assessment and diagnostics of patients on waiting lists, a member asked for views about the potential for unmet demand and how this would be handled? He was advised that in general GP referrals had been much lower in the past 12 months, which was an expected consequence of patients not approaching their GP. The demand position should soon become clearer and the focus would be on reviewing assessed needs of those who had been on waiting lists for example for a year, and while some referrals may no longer be needed, a clear concern was for those conditions which had deteriorated.
- Waiting times for treatment following diagnosis depended on the condition concerned and this would be a focus for the coming weeks - the system prioritised urgent appointments or treatment and use of the independent sector had been helpful.
- The CCG representative agreed the importance of early diagnosis to avoid storing up problems for the future and encouraged all councillors to encourage people to come forward.
- Regarding out of area people's access to vaccines, it was explained that where contact was through GPs this was within the CCG control, however a lot of people from outside Worcestershire were using the national booking system, which ran in parallel. This caused some issues for example people being contacted by their GP as well as receiving a letter for the mass centres. Worcestershire's large vaccination site (Three Counties Showground) was a great site and with the increased supply of vaccines, would

have capacity for approximately 9000 doses a week.

- Any vaccine supply issues were down to national supply and factors such as manufacture and transport but after a stuttering start, there was confidence in local delivery capacity moving forward.
- Comment was invited from Simon Adams, the Healthwatch Worcestershire representative present, who praised the vaccine rollout, but also cautioned against the distance to access vaccinations becoming a health inequality issue, a point which was acknowledged by the CCG representative as something which would be kept under review – he also explained that while a journey of within 45 minutes was the national guide, he would be surprised if most people needed to do half this distance.
- The work and take-up of events by Wyre Forest Health Partnership was praised.
- It was noted that if someone did not take up the offer of a Covid vaccine, the offer remained open to them.
- The Council's Director of Public Heath welcomed the positive feedback about the vaccine rollout and echoed the CCG comments about its huge importance in moving forward. She stressed the importance of people taking up their vaccine offer, which was so effective and reduced transmission of Covid.
- Paul Brennan, the Worcestershire NHS Acute Hospitals Trust representative provided an update on numbers of Covid patients in Worcestershire hospitals, which had moved from 141 during the first peak (April 2020) to significantly higher numbers of 269 during the second (January 2021) peak. At one point, of the Trust's 761 general acute beds (excluding critical care, maternity and paediatrics), just under 400 were being used for Covid patients or those being cohorted. There had been a gradual reduction in cases, linked to the impact of the vaccine and increased adherence to lockdown. There were now 76 Covid patients in hospitals, plus five cohorting and just over 130 of the 761 beds were allocated on the Covid pathway, which was a much improved position. Critical care had been the biggest challenge, with six critical care units being required instead of the usual two, and this had now reduced to four. The previous day, the Trust's alert level had been reduced from five to four, however Covid would be

an ongoing challenge for the health and care system and he suspected the need to maintain designated inpatient areas through the Summer if not through to the Winter.

1015 Worcestershire Acute Hospitals - Longer Term View

In attendance for this item were:

Worcestershire Acute Hospitals NHS Trust – Paul Brennan, Chief Operating Officer and Deputy Chief Executive and Richard Haynes, Director of Communications and Engagement

NHS Herefordshire and Worcestershire Clinical Commissioning Group – Simon Trickett, Chief Executive

Richard Haynes, Director of Communications and Engagement explained that the Committee had already been updated on the impact of Covid at Worcestershire Acute Hospitals NHS Trust (the Trust) as part of the previous Agenda item. The aim of this report was to start discussions with members before the forthcoming County Council elections, about work to restore services and how future services might be configurated and to discuss the issues involved. There were significant challenges ahead including the ongoing need to protect patients from Covid.

Since publication of the Agenda, the Trust had been able to publicise the proposed development of Worcestershire Royal Hospital's (WRH) Urgent Care and Emergency Department (ED) following a national review of the size and attendance at emergency departments which identified WRH as one of three trusts with an ED of disproportionate size. The Trust had been allocated £15m to improve the size and flow of the ED, and following evaluation of the site, the preferred option was to use the two unoccupied floors of the Aconbury building, with an additional ground floor extension. Plans also included a separate children's ED, new helipad funded by the Air Ambulance, and a same day emergency care assessment facility. This development would release the existing ED building, and options for its use were being considered.

The Chief Operating Officer (COO) set out the set out immediate next steps to restore and restart services as part of work to address increased waiting lists, through looking at ways to safely increase capacity of surgery and ambulatory care – proposals were being worked through and would start at different stages from 15 March and over the next few months, including:

- use of Kidderminster for elective day case and short stay activity
- increased elective capacity for confirmed non-Covid patients at the Alexandra Hospital (the Alex)
- increased capacity for more complex elective care for confirmed non-Covid patients at the Alex with high care provision in designated Covid-secure wards – this would allow continued focus on elective orthopaedic and urology services as well as transfer of more planned elective and cancer surgery from WRH to the Alex
- transfer of activity from WRH to the Alex which would be balanced by moving some urgent surgery back to WRH. For non-Covid patients requiring urgent or complex surgery which could only be provided at WRH, one ward had already been designated as a Covid-secure ward.

Longer term plans also included further expansion of elective capacity at the Alex through development of a business case to improve the operating theatre on that site. It was emphasised that there was no debate about the ED at the Alex, which was a key asset and would definitely remain. The operating theatre at the Alex would be important in increasing capacity, since virtually no routine elective surgery had been carried out during the pandemic and the COO's view was that it could take 2-3 years to tackle waiting lists.

Some temporary service changes had been necessary during the pandemic, and further conversations would be needed with HOSC members about those which may be proposed as permanent, a particular example being the relocation of the Ambulatory Chemotherapy Care Unit from the Alex to Kidderminster Hospital to ensure continuation of services for cancer patients whilst protecting them from the risk of Covid-19 infection.

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

- HOSC members welcomed the exciting new plans.
- regarding the revenue consequences of the ambitious plans, for example running costs, the Trust's COO explained that some changes had been relatively cost neutral, for example refurbishment of the chemotherapy unit at Kidderminster due to funding from the STP and Covid allocation. However, in order to get the Alex fully functional for more complex elective care, he envisaged some additional costs in extra

consultants and nursing, which the Trust would look to minimise. It would be important to maximise and reprioritise existing resources because of national budget constraints.

- This year, because of nationally determined finances, all systems would be in a break-even position. Nonetheless for the year prior to the pandemic, the hospital had a deficit of £79m. Current arrangements during the pandemic would be replicated for quarter one and possibly quarter two but there remained uncertainty on the financial arrangements for 2021/22 and the deficit issued pre-pandemic of £79m.
- When asked when opening hours of Minor Injuries Units (MIUs) be restored for example to 24 hour/seven days a week at Kidderminster, it was explained that this was under review, however given the reduced demand for the service for the full 24 hour period (before the pandemic), the longer term view may be that current hours were more appropriate, however consideration of any permanent changes would be consulted on.
- It was explained that staff from MIUs had been redeployed to the community teams during Covid to facilitate people being able to leave acute hospitals, however with services now being restored, it was envisaged that MIUs would reopen by the end of the month providing staffing was available.
- In terms of timescale and coping with demand in the meantime, it was hoped to start work in April, to open the first part of the development in February 2022, and the main ED in around August 2022. Temporary additional capacity had been created in cubicles adjacent to Worcester A&E, along with reopening of the same day emergency facility.
- A HOSC member pointed out that the Committee may be able to influence the Trust's access to additional funding and asked what would be helpful, and the COO explained that further capacity (alongside the existing facilities at Evesham) for endoscopies would be a very helpful investment, which could be available through converting the old maternity unit at Kidderminster Hospital.
- The Trust representatives were asked their views on the impact of growing waiting lists and explained that prior to the pandemic the Trust had been able to drive down long waits, however following the pandemic, at the end of January over

9000 had been waiting over 40 weeks. The Trust was now able to start addressing this, and initial modelling suggested it would take around 3 years to tackle, however more work was being done which could be shared with the Committee in future.

- The Trust COO acknowledged that the issue of waiting lists may need to be addressed in public health messages, but he also explained that the clinical triage and guidance put in place demonstrated that some health concerns could be dealt with in non-acute environments.
- HOSC members from the Redditch and Bromsgrove areas referred to extensive housing development plans for north Worcestershire and made a case for more services being delivered from The Alex, such as maternity. The Trust representatives advised they were committed to enhanced facilities at the Alex, however this was part of the wider hospital trust and county-wide service and it was also important to look at the roles of primary care and community based services. When asked whether developers were being asked to contribute to hospital services, it was acknowledged that demand would increase with population growth although from experience housing development had not led to significant increases since often the population moved within the area – a key issue remained provision of services in community rather than acute settings and the Trust intended to ensure services could meet demand but in the right place.

1016 Maternity Services

In attendance for this item were:

Worcestershire Acute Hospitals NHS Trust – Vicky Morris, Chief Nursing Officer and Richard Haynes, Director of Communications and Engagement

The Chief Nursing Officer referred to the presentation slides included in the Agenda. Addressing the Care Quality Commission (CQC) Report on Maternity following its unannounced inspection in December 2020, it was important to consider the context of Covid, which had been very challenging. The inspection came following whistle-blower concerns to the CQC over staff shortages. Maintaining staff levels was key and this had been particularly hard during September when staff had rightly been concerned. No safety concerns had been raised during the inspection and other positive feedback included excellent multi-professional team working,

recognition of work already undertaken and staff being highly motivated to provide good care. Therefore, it was important to reassure Mums and families and also staff who were working really hard.

Concerns raised were staffing in particular reliance on bank staffing, documentation of escalation, incident reporting, mandatory training, poor completion of maternal early warning score and risk assessments and incomplete Birmingham Symptom Specific Obstetric Triage System.

The Chief Nursing Officer believed that there were established systems in place around staffing but they had not always been recorded. For example, routine 'huddles' took place to see whether staff needed to be moved around to fill any gaps, however actions taken to do this were not always documented, and this needed to improve. The concerns raised around accident reporting and mandatory training had sometimes been due to needing 'all hands to the pump'.

However, the CQC had recognised the Trust as being well led for its leadership capacity, vision and strategy, culture, clear roles and responsibilities, managing risk issues and performance, use of data to support quality, public engagement, learning and training.

Actions which the Trust had put in place already included sustained focus on safety huddles and Chief Nursing Officer safety walkabouts, increased recruitment, training and governance to strengthen processes.

Recruitment of 17 fulltime midwives and two team matrons was very positive. Staff engagement now also involved the Director of Midwifery and the leadership team was involved in six open meetings with all staff groups to formulate an action plan, discussion of the plan with staff at monthly briefings, and ongoing engagement events.

The collective response to the CQC report meant the Trust would continue to work closely with Maternity Voices Partnership (MVP) on co-production of a revised Induction of Labour pathway and MVP monthly Q&A sessions with the Director of Midwifery throughout the pandemic to support sharing of information and views. Another positive step was that partners were once again able to accompany mums to scans.
The Chairman invited discussion and the following main points were raised:

- The Chairman acknowledged that pressures from Covid-19 must have made staffing particularly challenging.
- It was encouraging to see the steps already taken by the Trust to address the concerns raised and HOSC members sought clarity on the timescale for this being reflected by the CQC rating. The Chief Nursing Officer explained that the Trust was required to submit an action plan to the CQC by 19 March, which would be submitted today, ahead of schedule. Monthly updates took place with the CQC, however the normal process to review a rating involved a follow up inspection, which she envisaged would take place as part of a wider visit to the Trust, when it was safe to do so.
- A member expressed disappointment that a review of the rating required a follow up visit which may take two years, which the Trust representative acknowledged however, there were robust systems to follow up actions which would continue to be communicated to staff and families.
- A member asked whether the Trust had acknowledged a perceived leadership failure and also expressed concern about the issue of documentation, and staff concerns, and the implications for women at a vulnerable point in their lives; what reassurances could be given to expectant mums? The Trust representative agreed it was absolutely important to accept where aspects of services had fallen short, and it had been recognised that although systems were in place to ensure safe staffing levels were met, this had not been properly communicated to staff, who were understandably anxious to provide the best level of care – this was being addressed by the action plan. Additionally, a new IT system was now being used, accessible by mums through an app, which avoided delays of a paper-based system.
- When asked whether those leading a service which had been asked to improve were best placed to make the changes, the Chief Nursing Officer pointed out that the Trust accepted the areas where changes and improvements needed to be made, and had continued to ensure services were safe, as reported by the CQC. She agreed it was important to feed back to staff about any concerns raised.
- It was confirmed that the Trust had a Whistle Blowing Policy, and it was disappointing that staff concerns had not been raised within the

organisation, and this was something leaders needed to ensure staff felt able to do, and to continue to facilitate, for example to build on practices such as the Chief Nursing Officer's walkabouts and staff forums.

- In terms of monitoring progress against the action plan, continual updates would be provided to the CQC and once there was evidence of full compliance, the Trust would ask for the rating to be reviewed.
- The Trust's Communications and Engagement Director reiterated his colleague's comments and as part of senior leadership, he was in no doubt of the level of severity being taken in moving forward.

1017 Integrated Care Systems

In attendance for this item were:

<u>NHS Herefordshire and Worcestershire Clinical Commissioning Group</u>:
Simon Trickett, Chief Executive and David Mehaffey, Director of Integrated Care System Development

<u>Worcestershire County Council</u>:
Paula Furnival, Strategic Director for People, Dr Kathryn Cobain, Director of Public Health and Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

David Mehaffey, Director of Integrated Care System Development referred to the Agenda report and provided a brief summary of Integrated Care Systems (ICS) and progress in Herefordshire and Worcestershire. The NHS defined integrated care as being about giving people the support they needed, joined up across local councils, the NHS and other partners, and removing the traditional divisions between hospitals and family doctors, physical and mental health, the NHS and council services.

This was an early update, following publication of the White Paper 'Integration and Innovation: working together to improve health and social care for all' on 11 February; a lot of information was emerging, and further updates would be provided. The new legislation built on changes in 2012 which created clinical commissioning groups and moved public health function to councils.

The Paper proposed creation of two new bodies, an ICS Group which would be a new body of core NHS organisations and local councils that would subsume the Clinical Commissioning Group (CCG) and an ICS Health

and Care Partnership which would bring together wider partners and stakeholders. Together these formed the ICS, which would replace the Sustainability and Transformation Partnership (STP).

The changes would not affect Health and Wellbeing Boards although it would be important to align the new Partnership's responsibilities as closely as possible. The biggest impact would be for the CCG, which would be worked through over the next few months. A new Unitary Board, to govern the NHS ICS Body would be constituted by a full range of NHS providers, General Practice and Local Authority representatives.

Importantly, a change to competition legislation would reduce the amount of unnecessary procurement when there was an obvious choice of provider for services. Another key difference would be a single system financial target, meaning more collaboration

The new arrangements were due to be implemented from 1 April 2022 and national guidance was awaited, however Worcestershire had a strong base to build on, having already demonstrated its ability to work in partnership. The public may not notice a great deal of change but would see better integrated and digitalised health and social care and a single clinical record system.

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

- The ICS changes could be viewed as yet another change, however the different approach was welcomed by the Committee
- The CCGs representatives acknowledged debate over recent years about competition within the operating model giving potential for providers including those from abroad to pitch for services with greater potential profit, however ICS legislation was a shift away from this culture, whilst still maintaining flexibility for example to procure help from the independent sector
- The legislation was very clear to emphasise that all existing provider organisations would remain with the exception of CCGs
- regarding the fact that areas of deprivation had been hit hard by Covid, the Director of Public Health explained that as part of the ICS development, public health were discussing with the NHS about how to tackle such areas and what

was needed

- From the Council's perspective, the Strategic Director for People believed the difference brought by the ICS would depend on how it was handled locally; it felt exciting in terms of the whole statutory system owning and being accountable for the health of Worcestershire's population including children's health
- A member pointed out the importance of recognising the contribution made by the independent sector, which would always be needed.
- The Cabinet Member with Responsibility for Adult Social Care saw the ICS as a tidying up exercise and reflected what was happening on the ground
- The Director of ICS Development added that Worcestershire was well placed having already moved to one CCG, with established primary care networks and was already working with Herefordshire.

1018 Health Overview and Scrutiny Round-up

No updates provided.

1019 Work Programme 2020-21

It was agreed that an update on Maternity Services would be added to the work programme, to monitor progress by the Acute Trust's action plan for improvement.

In closing the meeting, Cllr Frances Smith pointed out that this was the last HOSC before the County Council elections, and she thanked the Scrutiny Team for their work. Cllr Paul Tuthill, Chairman was not seeking reselection and on behalf of the Committee, she wished him well for the future, as well as the Cabinet Member for Public Health, Cllr John Smith who would also not be standing for election.

The meeting ended at 12.30 pm

Chairman …….