

Agenda

Health Overview and Scrutiny Committee

Wednesday, 10 March 2021, 10.00 am

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, conducting 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 Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

DISCLOSING INTERESTS

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

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

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

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

WHAT MUST I DO WITH A DPI?

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

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

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

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

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

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

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

Not normally. You must withdraw only if it:

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

DON'T FORGET

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

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

Membership

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

District Councils Mrs F Smith, Wychavon District Council (Vice Chairman)
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 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 9am on the working day before the meeting (in this case 9 March 2021). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Update on Health Services during the COVID-19 Pandemic	1 - 4
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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)

Date of Issue: Tuesday, 2 March 2021

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MARCH 2021

UPDATE ON HEALTH SERVICES DURING THE COVID-19 PANDEMIC

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 including the rollout of the COVID-19 Vaccination Programme.
2. The HOSC received reports on 27 January 2021, as well as on 18 June, 20 July, 30 September and 16 November 2020 outlining the response of health and social care services to the COVID-19 pandemic and early thoughts about how working practices were envisaged to change as a result of learning from new ways of working.
3. 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.
4. Representatives have been invited from Herefordshire and Worcestershire Clinical Commissioning Group, Worcestershire Acute Hospitals NHS Trust, Herefordshire and Worcestershire Health and Care NHS Trust and Public Health.
5. It is envisaged that this update will contribute to further scrutiny as health services continue to recover and the vaccine rollout continues. Additional information is provided at Appendix 1. 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.
6. The information provided for the Committee's most recent update on 27 January 2021 is available here: [web-link to agenda and minutes](#)

COVID-19 Vaccination Programme

7. The COVID-19 Vaccination Programme continues to make excellent progress with more than 40% of the local population having now had their first dose. This includes nearly everyone aged over 70 and already over 80% of people aged between 65 and 69. The latest figures are published on the [NHS England website](#).
8. The NHS has a very impressive network of other local facilities that are providing vaccination to help defeat COVID-19. Sites in the Herefordshire and Worcestershire COVID-19 vaccination network include:
 - Vaccination Centres – these are large scale venues which can vaccinate large numbers of people. There are three sites in Worcestershire: the

Artrix Theatre in Bromsgrove, St Peter's Baptist Church in Worcester and the Three Counties Showground in Malvern

- GP-led vaccination services – these are led by Primary Care Networks of local GP surgeries working together. There are 12 of these sites across Worcestershire
- GP-led teams working to protect care home residents vaccinating inside the homes, as well as visiting housebound patients
- Community pharmacies – one has now opened in Redditch.

9. The NHS is determined to ensure that nobody is left behind. A Vaccination Inequality Programme has been established to focus specifically on supporting population groups at risk of low COVID-19 vaccine uptake. In partnership with Worcestershire County Council, District Councils and other partners, the NHS is reviewing data on the uptake so far and checking whether those who have not taken up their invitation have done so due to barriers to access or other concerns that can be addressed.

Restoration of Temporary Service Changes

10. 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.

11. Whilst the NHS responds to the COVID-19 pandemic, 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.

12. 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.

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

14. 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

15. 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 – Presentation Slides on COVID-19 Vaccination and Service Restoration (to follow)

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 27 January 2021, and 2 March, 18 June, 20 July, 30 September and 16 November 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](#)

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2021

WORCESTERSHIRE ACUTE HOSPITALS – LONGER TERM VIEW

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be updated on the longer term view for Worcestershire Acute Hospitals NHS Trust (WAHT), including emerging thoughts on learning from working differently during the COVID-19 pandemic and the potential impact on services.
2. This report follows the regular updates the Committee has received from across the health and care system about the impact of the pandemic on services including service restoration, system pressures and temporary service changes, and early learning from having to work differently.
3. Senior representatives will be present from Worcestershire Acute Hospitals NHS Trust.

Introduction

4. This report summarises some of the issues which will need to be addressed by the Trust, with partners in the local health and care system, in the next phase of the response to the COVID-19 pandemic.
5. Further discussions will be needed with the HOSC and other stakeholders, including system partners, patients and the public, over the coming months about many of these issues as the priorities and plans set out in our [Clinical Services Strategy](#) are reviewed to ensure that they are still appropriate and deliverable in the post-COVID era.
6. Key areas of focus include:
 - Ensuring that patients and staff can continue to be protected against the ongoing risk of COVID-19 infection and that there is capacity and capability to react to any future surges in infection rates
 - Developing a robust plan to bring down waiting times for patients whose care has been delayed by the pandemic
 - Working with partners in the health and care system to continue the development of an Integrated Care System (ICS) for Worcestershire, to make sure services are as joined up and working as seamlessly as possible across organisations
 - Making sure that every effort is made to support the physical and mental health and wellbeing of all staff.

7. In the interests of patients, staff and system partners, it is essential that the best use is made of all Trust facilities. That includes reviewing and evaluating the short term measures taken in response to the pandemic, some immediate next steps and a more considered view of what additional longer term actions may be required.

8. The WAHT is keen to engage stakeholders, partners, patients and the public in meaningful discussions about these issues. It is also important for patients that the Trust is able to respond in the most agile way possible to balance the ongoing COVID-19 response with the efforts to reduce elective waiting times and still manage the daily demands of the urgent and emergency care service.

Current Situation

9. At the time of writing this report, the NHS in Worcestershire is still at the highest COVID-19 alert level and the joint focus is on responding to the continuing demands that the pandemic is placing on health and care services.

10. For the WAHT, although the number of COVID-19 positive patients in acute hospitals has come down from the second wave peak seen in January (269 Covid-positive inpatients), they are still caring for more than 100 Covid-positive patients across the sites with additional intensive care units open at both the Alexandra and Worcestershire Royal Hospitals.

Review of Service Changes made during the Pandemic

11. A number of temporary service changes have been made as part of the pandemic response, to protect patient safety and allow the most effective deployment of staff.

12. These decisions will be reviewed during the next phase of our pandemic response. They include:

The relocation of the Garden Suite Ambulatory Chemotherapy Unit from the Alexandra to the Kidderminster Hospital

13. The Garden Suite Ambulatory Chemotherapy Unit was relocated to Kidderminster Hospital to ensure that chemotherapy could continue to be provided for cancer patients, many of whom are immune-suppressed and clinically vulnerable, while also doing everything possible to protect them from the risk of COVID-19 infection.

14. The Garden Suite was initially relocated to the theatre recovery area at Kidderminster. This was a less than ideal base for an ambulatory chemotherapy service and it also prevented the use of the full theatre capacity to help keep elective surgical services running for patients from across the County.

15. Fortunately, some Covid-related capital funding was used to refurbish the ground floor of the disused A Block at Kidderminster, creating a greatly improved environment for the patients to receive their chemotherapy and a much better working environment for staff.

16. Feedback from staff and patients has so far been overwhelmingly positive and the Trust will continue to actively seek the views of colleagues and service users before any final decisions are made.

Opening hours of the Minor Injuries Unit at Kidderminster

17. The Minor Injuries Unit (MIU) at Kidderminster has remained open throughout the pandemic, but with hours reduced from its previous 24/7 opening – initially from 8am to 8pm from March 2020, increasing to 8am to 10pm since July 2020.

Immediate Next Steps to Restore and Restart Services (March/April 2021)

18. The use of Kidderminster for elective day case and short stay activity is continuing and as part of the Trust's restoration plan, it is the aim to have all four operating theatres at Kidderminster running by the end of March.

19. Some independent hospital capacity has been used during the pandemic but the ability to use either the Alexandra or Worcestershire Royal for anything other than the most urgent procedures currently remains extremely limited.

20. A number of steps have been identified which could be taken to further increase the ability to restart services and restore available capacity to something much closer to pre-Covid capacity, including:

- Increasing elective capacity at the Alexandra Hospital for confirmed non-Covid patients, including capacity for day case medical and surgical procedures
- Increasing capacity for more complex elective work for confirmed non-Covid patients at the Alexandra with high care provision in designated Covid-secure wards. This would allow a continued focus on elective orthopaedic and urology services as well as the transfer of more planned elective and cancer surgery from Worcestershire Royal to the Alexandra
- Transferring of activity from Worcestershire Royal to the Alexandra which would be balanced by moving some urgent surgery back to Worcestershire Royal. For those non-Covid patients requiring urgent or complex surgery which can only be provided on the Worcester site, one ward has already been designated (Aconbury 1) as a Covid-secure ward.

Longer Term

21. Longer term plans include the further expansion of elective capacity at the Alexandra through the development of a business case to improve the operating theatre capacity on that site. That would give an expanded facility that takes into account the additional infection prevention and control protection required for surgical and other procedures post-Covid.

22. Plans are also being worked up to redevelop urgent and emergency care services on the Worcestershire Royal site.

23. More details of both these, and other, longer term plans will be shared with HOSC as they take shape.

Purpose of the Meeting

24. 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

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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 27 January 2021 and 18 June, 20 July, 30 September and 16 November 2020 – available on the website: [Health Overview and Scrutiny Committee Agendas and Minutes](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MARCH 2021

MATERNITY SERVICES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the action being taken by Worcestershire Acute Hospitals NHS Trust (WAHT) on Maternity Services, following a recent inspection by the Care Quality Commission (CQC).
2. As a result of the CQC inspection of Maternity Services on 9 December 2020, the overall rating for the Service went down from Good to Requires Improvement. It was rated Requires Improvement for being safe and well-led, and Good for being effective. Inspectors did not assess the service for whether it was caring or responsive at this inspection.
3. A senior representative will be present from Worcestershire Acute Hospitals NHS Trust.

CQC Inspection of Maternity Services

4. A stakeholder press release from the CQC on 23 February indicated that a focused inspection was carried out on 9 December 2020 in response to whistleblowing concerns and information received about the safety of the maternity department, particularly around midwifery staffing levels, risk and incident reporting and governance. The inspection report is available at Appendix 1.
5. Inspectors found that staffing levels were often lower than planned, with midwives reporting that this led to them being frequently moved within the department. Midwives also said morale was low due to longstanding staffing issues, and that they felt their concerns and views were not being considered by management.
6. The CQC has told Worcestershire Acute Hospitals NHS Trust to make improvements to its Maternity Service at Worcestershire Royal Hospital. The HOSC has therefore requested this update in order to consider how the Trust plans to improve Maternity Services. Further detail is provided in the presentation at Appendix 2.

Supporting Information

Appendix 1 – Care Quality Commission Inspection Report on 9 December 2020 – available on the CQC website: [weblink to CQC inspection report](#)

Appendix 2 – Presentation slides (to follow)

Purpose of the Meeting

7. 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

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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:

- CQC press release – available on the CQC website: [weblink to press release](#)
- Agenda and Minutes from the Health Overview and Scrutiny Committee on 20 July 2018 – available on the Council’s website: [weblink to agenda and minutes](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MARCH 2021

INTEGRATED CARE SYSTEMS

Summary

1. The Health Overview and Scrutiny Committee is to receive an update on the development of the Integrated Care System (ICS) for Herefordshire and Worcestershire, with an emphasis on how it will affect the planning and delivery of services in Worcestershire.
2. The Clinical Commissioning Group Chief Executive, who is also the nominated ICS Lead Chief Executive, and the Director of ICS Development will attend the meeting alongside the County Council's Strategic Director for People to describe how the Integrated Care System development is progressing locally. The Cabinet Members with Responsibility for Adult Social Care and Health and Wellbeing have also been invited.

Background

3. The NHS defines integrated care as being 'about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care'.
4. The White Paper: *Integration and Innovation: working together to improve health and social care for all* was published on 11 February 2021 and sets out the direction for implementing new arrangements from 1 April 2022. These changes will affect both local NHS funded, Public Health and Social Care services.
5. The purpose of the legislation is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals, rather than the situation we have now, where organisational boundaries and contracting regimes can result in competition rather than collaboration.
6. There is significant evidence underpinning the case for delivering improved patient care. Not only are outcomes improved, but it has also been shown to be a more cost-effective delivery model. Care will be improved because partners in the ICS will be focused on improving the health of the whole population, not just those in need of bespoke health or social care. By focusing on the wider determinants of health such as good housing, employment, education, healthy lifestyles and good community facilities, local health and care partners will be far better equipped to help the population achieve better health outcomes.

7. The new approach will enable us to deliver integration **“because the system enables it”**, not **“despite the system”**, which has often been quoted as a barrier to improvement in the past.

8. The Integrated Care System will replace the Sustainability and Transformation Partnership (STP).

Headline Changes:

9. The national policy guidance underpinning the response to the White Paper is in development and likely to become clearer over the coming weeks and months. The main changes to highlight now, which will have a visible impact on local services are:

- Creation of a new **NHS ICS Body** that subsumes all of the Clinical Commissioning Group (CCG) statutory functions and staff, and which will also receive new delegations from NHSE to commission additional services previously commissioned by the regional team (such as primary care, dental care, specialised services and others)
- Establishment of a **Unitary Board** to govern the NHS ICS Body, that is constituted of NHS Providers, General Practice and Local Authority representatives. This will replace the CCG Governing Body and membership model
- Creation of a new **ICS Health and Care Partnership** to interact with the NHS ICS Body on system wide planning issues. This partnership is expected to include wider representation such as Healthwatch, VCS groups, social and housing care providers etc. It will be important to align this partnership's responsibilities as closely as possible to the Health and Wellbeing Board
- More opportunities to **form joint committees** and other joint working arrangements to support the delivery of integrated care
- A **change to competition legislation** to reduce the amount of unnecessary procurement when there is an obvious choice of provider for health care services, whilst not dampening the importance of **patient choice**
- Specific targets for **system wide financial performance** and an obligation on all NHS bodies to have regard to that target in delivering their own organisation's finance plans
- A **duty to collaborate** on health and care bodies operating in the ICS to support integrated care
- **New powers for the Secretary of State** to directly intervene in the running of local health and care services where there is a perceived need
- A new approach to **social care assurance**, involving the Care Quality Commission, and other changes to the hospital/social care interface when managing discharges of people with ongoing support needs

- New requirements on organisations **to collect and share data** against specified standards more proactively to support integrated care
- Direct action on addressing a number of **key health and well-being risks**, such as by addressing pre-watershed food advertising issues, improving food labelling standards, mandating calorie-labelling on alcohol and the strengthening the approach to water fluoridation.

10. There are many other changes which will be less visible to front line services and the experience of the population, but these can be outlined on the day if HOSC Members wish for further details.

Legal, Financial, and HR Implications

11. There will be implications associated with this development, resulting from the cessation of old, and establishment of new, NHS bodies. These can be reported in due course when the nature of the implications are more clearly defined.

Equality and Diversity Implications

12. A key strategic aim of the Integrated Care System will be to take stronger action to address unequal access to health services and unequal health outcomes – regardless of the cause of those inequalities.

13. The COVID-19 pandemic has magnified the issue of health inequalities, both in terms of mortality rates associated with the illness and in take-up of vaccine amongst different communities. Learning from this situation will form the backbone of our ongoing work in the ICS to reduce those inequalities.

14. Therefore, development of the ICS should have a positive impact on Equality and Diversity in the provision of services.

Purpose of the Meeting

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

- whether any further information is required at this time
- the frequency of further updates required as this review progresses
- whether there are any comments to highlight to the relevant Cabinet Member

Contact Points

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MARCH 2021

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

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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 10 MARCH 2021

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. HOSC 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 2021 Meetings

- 7 July at 2pm
- 23 September at 10am
- 3 November at 2pm

Purpose of the Meeting

6. The HOSC is asked to:
 - Consider the 2020/21 Work Programme (attached at Appendix 1) and agree whether it would like to make any amendments, so that the topics listed will be as relevant as possible to the new Panel membership following the County Council elections.
 - Forward the agreed Work Programme to the OSPB on 17 March 2021.
7. 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
10 March 2021	Update on Health Services during the COVID-19 Pandemic	27 January 2021	
	Worcestershire Acute Hospitals – Longer Term View		
	Maternity Services	20 July 2018	
	Integrated Care Systems (ICS)		

Possible future items

Ongoing	Integrated Care Systems (ICS) Development (previous discussions based on Sustainability and Transformation Partnership (STP))	10 March 2021	
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		Requested at 18 June 2020 meeting
TBC	Development of Worcestershire's New Health and Wellbeing Strategy		Requested at 18 June 2020 meeting
TBC	Update on End of Life Care and ReSPECT	30 September 2020	
TBC	Onward Care Team – follow up on progress made		Suggested at 2 March 2020 meeting

Standing Items	Substantial NHS Service Changes requiring consultation with HOSC Performance (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 West Midlands Ambulance Service Annual Update	Jan/March/July/Sept/Nov	
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