

## Minutes of the Health Overview and Scrutiny Committee

### County Hall, Worcester

**Tuesday, 21 September 2021, 2.00 pm**

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#### **Present:**

Cllr Brandon Clayton (Chairman), Cllr Frances Smith (Vice Chairman),  
Cllr Salman Akbar, Cllr Sue Baxter, Cllr Mike Chalk, Cllr David Chambers,  
Cllr Lynn Denham, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Natalie McVey  
and Cllr Chris Rogers

#### **Also attended:**

Cllr Karen May  
Cllr Tom Wells  
Jenny Dalloway, NHS Herefordshire and Worcestershire Clinical  
Commissioning Group  
Dr Tim Lee, NHS Herefordshire and Worcestershire Clinical Commissioning  
Group  
Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust  
Emma Webber, Herefordshire and Worcestershire Health and Care NHS Trust  
Jayne Westwood, Herefordshire and Worcestershire Health and Care NHS  
Trust  
Paula Gardner, Worcestershire Acute Hospitals NHS Trust  
Justine Jeffery, Worcestershire Acute Hospitals NHS Trust  
Richard Haynes, Worcestershire Acute Hospitals NHS Trust  
Simon Adams, Healthwatch Worcestershire

Dr Kathryn Cobain, Director of Public Health  
Kerry McCrossan, Assistant Director for Adult Social Care  
Samantha Morris, Scrutiny Co-ordinator  
Jo Weston, Overview and Scrutiny Officer

#### **Available Papers**

The Members had before them:

- A. The Agenda papers (previously circulated)
- B. The Minutes of the Meeting held on 10 March 2021 (previously circulated).

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

## **1020 Apologies and Welcome**

The Chairman welcomed everyone to the meeting and introduced Cllr Sue Baxter as the new Bromsgrove District Council Member. Thanks were given to Cllr Jo Till for her contribution to HOSC over recent years.

Apologies had been received from Cllrs Calne Edginton-White, Mike Johnson, Jo Monk and Kit Taylor.

## **1021 Declarations of Interest and of any Party Whip**

None.

## **1022 Vice-Chairman**

The Scrutiny Co-ordinator advised the Committee that District Council Members had agreed to nominate Cllr Frances Smith (Wychavon District Council) as Vice Chairman. The nomination would be put to the next meeting of Worcestershire County Council for agreement.

## **1023 Public Participation**

None.

## **1024 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meeting held on 10 March 2021 were agreed as a correct record and signed by the Chairman.

## **1025 Mental Health Services**

Attending for this Item were:

Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)  
Jenny Dalloway, Lead for Mental Health, Learning Disabilities and Children  
Dr Tim Lee, Mental Health GP Lead

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)  
Sue Harris, Director of Strategy and Partnerships  
Emma Webber, Associate Director of Specialist Mental Health Services  
Jayne Westwood, Service Manager – Older Adult Mental Health

Worcestershire County Council (the Council)  
Dr Kathryn Cobain, Director of Public Health  
Kerry McCrossan, Assistant Director of Adult Social Care  
Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing

The Health Overview and Scrutiny Committee (HOSC) had received a Report and Presentation Slides as part of the Agenda. Members were guided through the detail by those present, with the following key points being made:

- Mental Health services was a broad provision, covering all ages and a range of providers, including GPs, specialist services and the voluntary and community sector
- Throughout the COVID-19 pandemic, mental health services continued to be provided, albeit with changes to provision to manage infection control
- Services had been generally place based, however, with the inception of Primary Care Networks, there had been a shift in delivery options available and work with schools and the Police was increasing
- Health economy partners were working to develop a new Mental Health Strategy, which was to be discussed at the Health and Wellbeing Board in late September and would be shared with the Committee in due course
- The voluntary sector had a key role to play in localities, especially with the increase in social prescribing
- Members learned of the range of services available for Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services and Older Adult Mental Health Services
- During the pandemic there had been pressure nationally on CAMHS Tier 4 beds, however, crisis support had been expanded to try and avoid admissions
- The NHS Long Term Plan focussed on providing crisis support 24 hours a day, 7 days a week for patients experiencing an acute mental health crisis. This had been achieved and additional funding had also been secured to expand A&E liaison
- Within Worcestershire, there were 41 Adult inpatient beds, including an Intensive Care Unit, however, some patients required out of County placements
- For Older Adults, there were 30 inpatient beds. Capacity was managed well to avoid any out of County placements
- The Mental Health Social Work Team had been run by the Council since April 2021 and continued to support the same number of people as previously. Recruitment of front line professionals had been successful and investment in this area would continue
- The Council promoted the 3 Conversation approach to social care
- In relation to Public Health, the full impact of the COVID-19 pandemic on mental health was unknown, however, early indications suggested that although there had been a decline in average mental health it was an improving picture. The impact of Long Covid was currently unknown. The Mental Health Needs Assessment, when available, would be shared with the Committee
- The Health and Wellbeing Board was committed to prioritising mental health
- Nationally, workforce was an issue across the sector, however, it was important for the NHS to continue to rise to the challenge and embrace the opportunities locally

During the discussion, the following main points were raised:

- A Member was interested to know what support was available for Armed Forces veterans and learned that organisations were mindful of specialised need. Provision was in place for veteran specific requirements and good practice from Herefordshire had been shared with Worcestershire colleagues
- The Mental Health in Schools programme was a new initiative with new Staff. The team would be working with a number of schools, with specific details provided to Members when known. It was hoped in time that all schools would benefit from the provision, however, nationally funding was the constraint. The selection was not geographically based and no area was disadvantaged. For clarity, the Education Psychiatrist Team was unaffected by the new programme
- When asked whether the use of social media or the internet was of concern to mental health professionals, Members were told that it was an issue and of concern nationally. There was good awareness amongst professionals, especially those working with young people and if criminal activity was known, it was reported to the Police, for example, instances of online grooming
- The different methods of delivering sessions, such as face to face, telephone or video all had a place, likewise with individual or group sessions. Members were interested to know the breakdown of appointment type and acknowledged that all methods were relevant and of value
- Continuity of care from children to adult services was important to achieve good outcomes for the individual. Discussions were taking place as to whether transition should be raised from 18 to 25 to ensure a smoother pathway
- Although different organisations had their own structure, mental health was delivered through a partnership approach and would be more seamless when the Integrated Care System was fully in place. There was much more collaboration now across the health and social care system
- There was dedicated support for children looked after by the local authority, with a growing understanding of the effect of adverse childhood experiences on mental health
- Waiting Times for services were collected and would be shared with Members in order to understand the different requirements of residents
- It was suggested that Dementia was an upcoming concern for public health. If a patient had mental capacity and did not agree to receive help, the patient may well hit crisis point before support was initiated
- The HOSC heard that the voluntary sector was invaluable to the support available for mental health
- In response to a question as to whether some people of a working age used mental health as an excuse to be signed off from work, the Committee was advised that the wider question was the attitude to mental health as a nation. The stigma attached to mental health needed to change, with acceptance that some low mood days were part of normal life events and strategies were available to make life easier

- Feedback from patients was mainly positive across the range of services provided.

The Managing Director of Healthwatch referred HOSC to two reports which they had published early in 2021 covering the topics discussed.

The HOSC Chairman thanked everyone present and asked for areas of future HOSC focus. It was agreed to include Dementia, preventative measures, including perinatal, and children and young people on the Work Programme.

## **1026 Hospital at Home - Proposed Consultation**

Attending for this Item were:

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)

Sue Harris, Director of Strategy and Partnerships

Jayne Westwood, Service Manager – Older Adult Mental Health

Emma Webber, Associate Director of Specialist Mental Health Services

Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)

Jenny Dalloway, Lead for Mental Health, Learning Disabilities and Children

Dr Tim Lee, Mental Health GP Lead

Members were reminded that during the COVID-19 pandemic, a number of temporary service changes were made across the NHS to enable health services to be restored. One such change related to a ward for older adult mental health. The Athelon Ward at Newtown Hospital, Worcester was temporarily closed when efforts were made to keep older people out of hospital as much as possible and the ward budget was used to introduce a Hospital at Home service as a pilot scheme.

The HWHCT now wished to consult on the proposal to retain the Hospital at Home service provision and permanently close the 14 bed Athelon Ward. Ward provision for older adult mental health would continue at the established New Haven Unit at the Princess of Wales Community Hospital, Bromsgrove.

During the introduction, main points included:

- Recruitment to the Hospital at Home service had been very successful and it was fully staffed within 3 months of starting
- Although the 14 bed Athelon Ward had closed, all Staff were reassigned
- As a result of the changes made, weekend crisis support was now available and there were dedicated carers workers
- Continuous feedback had been sought since the introduction of the Hospital at Home service, with patients and relatives appreciating the provision
- HWHCT was pleased with the very positive results, with more patients being seen and length of stay reduced

- The reduction of 14 beds from the system had not resulted in any patient being in need of an out of County placement and at the time of the HOSC, 5 beds were empty
- Members heard that the proposal enhanced patient choice
- HWHCT had engaged with patients and carers throughout the initiative and had continuously evaluated the feedback. It was noted that the Equality Impact Assessment would be reviewed
- Due to the ongoing COVID-19 pandemic, the Trust had no plan to hold a large scale engagement event during the consultation, something which they would have done in the past
- A Report would be taken to the HWHCT Board and HWCCG in January 2022 for approval
- The HWCCG was supportive of the proposal which had been considered some years previously, however, it was keen to see further formal consultation before any decision was made
- Dr Tim Lee reported that the model of care proposed was in place across the world.

Members were invited to ask questions and the main points made included:

- It was clarified that the loss of 14 beds was for functional mental health in older adults and that no Dementia beds would be lost as a result of the proposal
- As national COVID-19 rules were relaxed, Clinicians had concerns about carer work/life balance. Evaluation was undertaken and no concerns were raised
- There was an opportunity to expand the Hospital at Home service, with up to 4 times daily visits
- At any one time, the Hospital at Home service could support up to 18 patients and on any one shift, at least 4 staff were available, with at least 3 qualified carers
- The majority of Staff employed on the Athelon Ward were moved on to other Wards as part of the COVID-19 redeployment programme
- Recruitment had been successful, partly due to the service being unique within the region. Up to 6 external candidates had been employed
- Engagement with carers was undertaken at all levels, whether a relative, young carer, neighbour etc
- A Member asked whether the Consultation should include the Police, with the Trust agreeing to add West Mercia Police.

The Managing Director of Healthwatch Worcestershire was invited to comment and in doing so acknowledged that service delivery had changed over recent years.

The HOSC Chairman thanked everyone for a useful discussion and gave HOSC support to HWHCT to consult on the Hospital at Home proposal presented.

## 1027 Update on Maternity Services

Attending for this Item were:

Worcestershire Acute Hospitals NHS Trust (the Trust)

Paula Gardner, Chief Nursing Officer

Justine Jeffery, Divisional Director of Midwifery

Richard Haynes, Director of Communication and Engagement

Members were reminded that as a result of an inspection by the Care Quality Commission (CQC) on 9 December 2020, the overall rating for the Maternity Service was lowered to Requires Improvement. An Action Plan was produced and Senior Representatives attended HOSC on 10 March 2021.

The Chief Nursing Officer had joined the Trust in March 2021 and alongside senior leaders developed a Maternity Service Improvement Plan, which would be used to deliver the requirements of the national maternity transformation plan. Alongside this, the Action Plan, first developed after the CQC inspection, had 138 actions. At the time of the meeting, 102 actions were complete, 17 on track for completion and 19 had been delayed.

A non-executive Director had been appointed for safety and his presence and regular walkabouts were received positively.

Regular reporting to the Trust Board, the national programme team and the CQC was ongoing, with CQC meetings held monthly although currently remotely.

At its last meeting the HOSC was concerned that the CQC may not reinspect the service for some time. It was reported that there was no indication when an inspection may take place but could be up to two years.

Staff Communication and Engagement had improved greatly. Social Media groups had been set up, monthly briefings were taking place and senior leaders were visible at all times of day and night. Staff appreciated the efforts made.

Recruitment had been successful, despite a national shortage of nurses, in part due to Worcestershire being an attractive place to live and work. Students and experienced Staff had joined the Trust, with all new recruits due to be in place by the end of September.

Some Members were concerned about the lack of maternity service at the Alexandra Hospital in Redditch. It was clarified that consultant led maternity provision was centralised at the Worcester site on safety grounds, however, antenatal and postnatal support was always available in the local community.

There were challenges in the national programme's Continuity of Care model, especially as no additional funding was available and staff were being asked to work differently. This was a national picture and guidance was awaited from the national team. Currently, around 28% of mothers had a named Midwife

In relation to the actions which had not been completed, it was reported that some deadlines had been extended and most were now back on track to being completed.

Home Birth numbers had risen slightly in early COVID-19, however had settled at around 2% of all births.

The Improvement Plan had been developed with the Maternity Voice Partnership, providing a patient voice and regular monthly meetings were held to review.

The HOSC thanked everyone for the update and given the ongoing improvement, agreed to schedule an update in six months.

## **1028 Work Programme 2020/21**

The HOSC agreed to add the following to the Work Programme:

### Mental Health

- The impact of COVID-19 on Children and Young People
- Dementia Services
- Preventative measures, for example peri-natal mental health
- Mental Health Needs Assessment

### Maternity Services

- Schedule an update on the Action Plan in six months.

The meeting ended at 5.00 pm

Chairman .....