

**Notes of the**

**Informal Health Overview and Scrutiny Committee**

**Online only**

**Monday, 19 July 2021, 10.00 am**

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**Present:**

Cllr Brandon Clayton (Chairman), Cllr Frances Smith (Vice Chairman),  
Cllr Salman Akbar, Cllr Mike Chalk, Cllr David Chambers, Cllr Lynn Denham,  
Cllr Calne Edginton-White, Cllr John Gallagher, Cllr Mike Johnson,  
Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Jo Monk, Cllr Chris Rogers,  
Cllr Kit Taylor and Cllr Jo Till

**Also attended:**

Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing  
Cllr Tom Wells, Overview and Scrutiny Performance Board Chairman  
Cllr Richard Morris, Overview and Scrutiny Performance Board Vice Chairman  
Emily Godfrey, NHS Herefordshire and Worcestershire Clinical Commissioning  
Group  
Paul Brennan, Worcestershire Acute Hospitals NHS Trust  
Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust  
Simon Adams, Healthwatch Worcestershire

Dr Kathryn Cobain, Director of Public Health  
Samantha Morris, Scrutiny Co-ordinator  
Jo Weston, Overview and Scrutiny Officer

**Available Papers**

The Members had before them:

- A. The Agenda papers (previously circulated).

**1 Apologies and Welcome**

The Chairman welcomed everyone to the first HOSC following the local elections and outlined the arrangements for the informal meeting, which was being held remotely and livestreamed on YouTube so that members of the public could observe. The meeting was therefore not classed as a public meeting.

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

Cllr Lynn Denham and Cllr Mike Johnson declared an Interest as they were both in receipt of an NHS pension.

## **3       Update on Health Services and Temporary Service Changes during the COVID-19 Pandemic**

Attending for this Item were:

Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)  
Emily Godfrey, Associate Director of Programme Management

Worcestershire Acute Hospitals NHS Trust (WAHT)  
Paul Brennan, Deputy Chief Executive and Chief Operating Officer

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)  
Sue Harris, Executive Director of Strategy and Partnerships

Worcestershire County Council (the Council)  
Kathryn Cobain, Director of Public Health

### **Update on Health Services during the COVID-19 Pandemic**

The Associate Director of Programme Management took the HOSC through the Report, highlighting the following key points:

- The NHS had continued to provide urgent and non-urgent treatment throughout the COVID-19 pandemic, whilst taking steps to protect patients
- The pressure on staff, beds and equipment combined with enhanced infection protection and social distancing had resulted in patients waiting much longer for treatment
- The COVID-19 vaccination programme had been a success, meaning that the NHS was in a position to refocus its efforts on a recovery plan ensuring that priority was given to patients in most need of urgent treatment
- The national NHS Operational Planning guidance, released on 25 March 2021, had resulted in a single Herefordshire and Worcestershire reset and recovery plan taking into account the strategic goals of the NHS Long Term Plan
- The local Plan included areas such as agreeing key priority risk areas, financial and workforce challenges, embedding learning from the pandemic and communication strategies at all levels
- Senior Leaders from across the Herefordshire and Worcestershire health and social care economy were meeting weekly to oversee the delivery of the Reset and Recovery Plan as a system, mindful that COVID-19 would impact the programme for some time.

In the ensuing discussion, the following main points were raised:

- A Member asked about the GP provision for Tenbury in particular the difficulties in the GP practice wishing to expand into the Hospital due to an increase in population, yet the indicative costs being prohibitive. In response, it was reported that discussions were ongoing, but conversations, especially around finance, would become easier when the Integrated Care System (ICS) was in place
- When asked what assumptions were made when the Reset and Recovery Plan was written, Members heard that meetings were taking place daily to ensure plans could progress, however, at the time of writing, COVID-19 cases in Worcestershire were at around half of the England figure. At the time of the HOSC, the figure was much higher, with around 330 new community transmitted cases each week. Plans were in place for a third wave of COVID-19
- The number of COVID-19 patients being admitted to Hospital was small, although admissions had doubled in the previous 10 days. If NHS projections were accurate locally, the restoration of services may need to be paused. It was noted that all admitted patients had received at least one dose of the COVID-19 vaccine
- Length of stay was now also significantly reduced. In Wave 1, average length of stay was 12 days, in Wave 2 it had been 11 days and at the time of the HOSC it was around 4 days. As of 19 July 2021, the 2 Acute Hospitals had 16 COVID-19 positive patients, 2 of which were in Intensive Care, however, across the two sites, 34 beds had been designated COVID-19 beds
- When asked whether the situation was replicated across Primary Care and Community healthcare, the Executive Director stated that the picture was broadly the same across the whole system, with the number of Staff having to self-isolate increasing
- A Member raised a local issue in relation to a potential location for a pop-up vaccination centre. The Associate Director agreed to investigate and provide a response outside of the meeting
- Mental Health referrals were increasing slowly, however the HWHCT was not currently seeing a massive shift
- A Member was aware that some patients were paying for diagnostics privately resulting in quicker NHS treatment. The HOSC was told that waiting lists for treatment were reviewed weekly and the independent sector continued to be used significantly to increase capacity for scanning, endoscopy and elective surgery. Siting a mobile endoscopy unit at Kidderminster was also being investigated. In addition, a Community Diagnostics Hub was being developed, utilising community resources to a greater extent
- Throughout the pandemic, the Cancer 2 week wait pathway had been maintained, however, it was noted that during Wave 1 and Wave 2 fewer patients were referred. Recently, there had been a significant increase in Breast Cancer referrals
- Members were concerned about digital exclusion as not all patients had access to electronic devices, mobile phones or the internet. The NHS was mindful of this for both Consultant and GP remote consultations and a working group had been set up to ensure that every aspect of

each Plan addressed digital inequality. The Associate Director reported that digital consultations should add value to the process, not add another step for the patient. It was agreed that a Report on digital exclusion would be brought back to the HOSC in due course

- Some Members gave examples of differing experiences of gaining access to Primary Care, concluding that the service should not be so varied. As an area of concern, it was agreed to add GP Access to the Work Programme
- In response to a query about future capacity, for example the resources needed to manage long-covid patients or support babies born during the pandemic, the HOSC noted that there was already a clinic for long-covid patients with a Plan in development which could be shared with Members when finalised. In addition, Maternity recovery plans was a particular area of focus
- A Member asked how the NHS would measure the success of the national programme of 'Getting it Right First Time (GIRFT)' designed to improve productivity. The concept, which was led by clinicians, had been in place for a number of years, however, calculations were made to determine the optimum number of operations in a typical day and data could be compared to benchmark Worcestershire against other areas
- When asked how long it would take to clear the backlog, Members heard there was a significant number of patients waiting for diagnosis and treatment. WAHT's view was that it would take 3 years to return to pre-pandemic levels. When asked what the HOSC could do to assist, it was stated that advocating infection control, the use of masks and maintaining social distance would help keep hospital beds and staff available for longer
- There was scope to outsource procedures to other areas, however, the national picture was similar. In relation to Cancer services, depending on the nature of treatment, for safety a patient may be referred to Birmingham, Coventry or Gloucester for example. Furthermore, a patient may choose an out of County Hospital for a GP cancer referral.

### **Temporary Service Changes**

It was reported that the majority of services had now been reinstated, although not always delivered in the same way as pre-pandemic. A small number of temporary service changes remained.

- Athelon Ward, Newtown Hospital, Worcester – in response to COVID-19, patients on the Ward, for older adults with functional mental health illness, went home with a bespoke 'Hospital at Home' service. Continuous monitoring and evaluation of patient and carer experience had taken place, with positive results. If results continued to be positive, HWHCT had a view that a formal consultation process may commence later in 2021
- Garden Suite Ambulatory Chemotherapy Unit – the Garden Suite was relocated from the Alexandra Hospital in Redditch to Kidderminster to ensure that WAHT could continue to provide chemotherapy whilst doing everything possible to protect patients from the risk of COVID-19

infection. Capital funding was made available to refurbish a disused area at Kidderminster for the Garden Suite from its temporary base in a theatre recovery area. The Hospital was now operating at maximum theatre capacity to keep elective surgery running. The status of the move continued to be temporary and no permanent decision would be made without formal consultation with patients, the public and the HOSC

- Kidderminster Minor Injuries Unit (MIU) Opening Hours – WAHT kept the MIU open throughout the pandemic, but not at the usual 24/7 hours of operation. From March 2020 it was 8am to 8pm daily and from July 2021 8am to 10pm each day. No permanent decision on future opening hours would be made without appropriate patient and public participation, however, it was anticipated that a view would be formed later in 2021 as the WAHT believed that the current opening hours probably met the need of residents.

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

- Some Members were extremely concerned about the potential permanent move of the Garden Suite suggesting that WAHT had already made the decision. The Deputy Chief Executive gave assurance that the relocation was still temporary and no decision had been made
- In response to a question that chemotherapy should always be offered close to home, it was noted that if the temporary move had not taken place, the service would have stopped. A Member asked whether there was a case for a Suite in both locations, however, this was not a realistic option due to workforce challenges
- A number of factors would need to be taken into account, including transport links, before WAHT came to a view about the future location of the Garden Suite. Furthermore, if the view was to make the temporary move permanent, a formal consultation process would need to take place, which would include attending HOSC. The Deputy Chief Executive suggested that a view may be formed by the end of 2021
- The Cabinet Member with Responsibility for Health and Wellbeing commented on the 31% increase in A&E attendance. MIU attendance had dropped by around 37%, with Members suggesting that residents were confused about what services were available where and when as MIU operating hours and services varied across the County. Local MIU communications had recently been published and it was agreed that these should be shared with the HOSC for distribution to all County and District Councillors
- A Member asked whether there was scope to standardise MIU opening hours and services, to be advised that there had previously been a trial of 8am to 8pm, however, there had also been challenges over staffing levels
- Attendance at Kidderminster MIU for the period April to June 2021, was similar to the same period in 2019, with 2,000 patients seen in June 2021, compared to 1,500 in April 2021
- A Member was concerned about staffing levels at Kidderminster MIU and A&E at the Alexandra Hospital in Redditch knowing that a large

event was taking place locally in the following days, the first weekend following COVID-19 relaxation of rules.

The HOSC Chairman invited the Managing Director of Healthwatch Worcestershire to comment on the discussion and the following main points were made:

- In relation to concerns about digital exclusion, there had been huge success with the pop-up vaccination centres around the County
- In relation to concerns about GP access, the GP Annual Survey had recently been published, with Worcestershire satisfaction increasing. Healthwatch had received a lot of patient feedback in recent months and had published a Report for Quarter 1 activity, which would be shared with Members
- In relation to Cancer Services, patients always had a choice on where to receive treatment and some patients chose out of County hospitals as robotic equipment was available. In response, the WAHT Deputy Chief Executive reported that the Trust was looking at options to acquire a robot.

The Chairman thanked those present for an informative discussion and the Committee's appreciation for the hard work, dedication and commitment of NHS staff in such challenging circumstances was noted.

The HOSC agreed that:

- A report on Access to GP Services would be added to the Work Programme
- A report on Digital Exclusion and Inequalities would be added to the Work Programme
- A response to a local query about the potential location of a pop-up vaccination centre would be provided
- The developing Plan for long-covid patients would be shared with HOSC when available
- A report on Healthwatch Quarter 1 activity would be shared
- Publicity material for MIU opening hours and services would be shared with HOSC so that Councillors could promote in their own areas, including with District Councillors.

## **4 Year End Budget Monitoring / Outturn**

The Head of Finance outlined the Year End 2020/21 financial position in relation to the Public Health Ring Fenced Grant (PHRFG) by stating that although the Council had expected to use PHRFG Reserves during the year, there had been no requirement to do so. 100% of the PHRFG had been used in year, with the PHRFG Reserve maintained at £6.4m. In addition, all external grants had been fully utilised, and the year had been financially positive with a £30,078m spend, which included support for the Worcestershire response to the COVID-19 pandemic.

The Chairman asked Officers how often they would suggest reporting the PHRFG to the HOSC, with the Director of Public Health suggesting that twice yearly would be more appropriate than quarterly given the limited scope of the PHRFG.

The Cabinet Member with Responsibility for Health and Wellbeing advised Members that the Health and Wellbeing Board was currently undergoing a review of governance and that she was looking forward to working with the HOSC for the benefit of Worcestershire residents.

A Member asked whether the PHRFG was adequate and how the County's allocation compared to other local authorities. In response, it was reported that the PHRFG had seen a national 1% increase this year. The Director added that when comparing public health outcomes, Worcestershire performed really well, although there was always more that could be done. It was agreed that an Item on Public Health Outcomes would be added to the Work Programme.

For clarity, a PHRFG contribution towards the Dawns Project mentioned under Children's Prevention services, was the DAWN (Domestic Abuse Working Network) Project. The Director stated that there was an ongoing piece of work around domestic abuse with all statutory partners, however, it was a complex area and would need further discussion to bring all the pieces together.

A Member asked whether Officers linked in with the National Institute for Health Research, to be informed that Public Health Officers benefited from its research every day. The Director would not rule out putting in a research bid to the Institute, however, the application stage was very detailed and the chance of success low.

The HOSC agreed:

- that a Report on the PHRFG would be provided twice a year
- that a Report on comparative data (spend and outcome) from previous years and other local authorities would be added to the Work Programme.

## **5 Review of the Work Programme**

The HOSC had been asked to review the 2021/22 Work Programme. Several additions were made:

- Health Inequalities
- Physiotherapy Services
- X Ray Service
- Dental Services
- Primary Care (GP) Access
- Screening and Immunisation
- Mental Health (initial overview, with the challenges to be highlighted, i.e. Dementia diagnosis rates)
- Public Health Outcomes, including promoting active lifestyles, targeting rising obesity levels, prevalence of alcohol use during pregnancy etc

Furthermore:

- The Item on the Impact on A&E Services to changes in access to GPs/NHS111/MIU should include the Ambulance Service
- A query around non-emergency transport not carrying a defibrillator would be followed up by Scrutiny Officers.

The revised Work Programme would be discussed at OSPB on 21 July and agreed by Council in due course.

The meeting ended at 12.45 pm

Chairman .....