

Minutes of the Health Overview and Scrutiny Committee

County Hall

Wednesday, 3 November 2021, 2.00 pm

Present:

Cllr Brandon Clayton (Chairman), Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Chris Rogers, Cllr Kit Taylor, Cllr Mike Chalk, Cllr Calne Edginton-White, Cllr Mike Johnson and Cllr John Gallagher

Also attended:

Cllr Karen May, Cabinet Member with Responsibility for Health and Well being
Cllr Tom Wells, Chairman of the Overview and Scrutiny Performance Board
Cllr Richard Morris, Vice Chairman of Overview and Scrutiny Performance Board

Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust
Chris Cashmore, NHS Herefordshire and Worcestershire Clinical Commissioning Group

Sharon Buckley, Herefordshire and Worcestershire Health and Care NHS Trust

Dr Kathryn Cobain, Director of Public Health
Steph Simcox, Deputy Chief Finance Officer
Samantha Morris, Scrutiny Co-ordinator
Emma James, Overview and Scrutiny Officer

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);

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

1035 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Cllrs Akbar, Baxter, Monk and Smith.

1036 Declarations of Interest and of any Party Whip

None.

1037 Public Participation

None.

1038 Confirmation of the Minutes of the Previous Meeting

This item was deferred until the next meeting.

1039 Winter Planning - Worcestershire

In attendance for this item were:

- Matthew Hopkins, Chief Executive at Worcestershire Acute Hospitals NHS Trust
- Chris Cashmore, Senior Programme Director, Urgent Care, NHS Herefordshire and Worcestershire Clinical Commissioning Group
- Sharon Buckley, Assistant Chief Operating Officer at Herefordshire and Worcestershire NHS Health and Care Trust

Chris Cashmore, representative for NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG) referred to the Winter Plan for 2021/22, which had been circulated to members of the Committee and highlighted the following main points:

- The context of planning for this winter were extremely challenging and unique in the careers of the representatives present due to the legacy of the Covid pandemic and very high activity levels.
- The most pressing challenge was the workforce.
- The Winter Plan had been developed across the system and been verified by national experts.
- There was particular focus around:
 - maximising alternatives to prevent patients going to the Emergency Department (ED) where appropriate
 - the 2-hour response teams which went out to people's homes, had been allocated over £2million investment and saved five admissions per day, however this was running at around 30% capacity due to problems in finding staff
 - delivering patients' discharge requirements, which had received £8million investment across health and social care, with numbers discharged each week rising from 17 to 30.
- A stress test would take place the following Monday, with a view to making any final amendments to the system before going live with the Plan.
- Circumstances were challenging for all of the organisations involved but everyone was working very hard – it was clarified that the number of Covid-19 positive inpatients being cared for by Worcestershire Acute Hospitals NHS Trust (WAHT) had increased to 62, from the figure of 41 at the time of the Agenda publication.

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

- When asked about the biggest challenges for the system this winter and the aims of the stress test, the representatives explained that the test would last 10 days and was designed to test the resilience and safety of plans and pinpoint how processes could be improved; for example a potential area may be around patient flow which was under further pressure from rising Covid cases and it would be important to work with partners to prevent delayed patient discharges. WAHT was aware that it needed to ensure 30% of patients were ready for discharge by lunchtime, and the current figure was 24%.
- A further challenge was the need to make plans against a virus which was affecting children, although fortunately so far this had not impacted in Worcestershire.
- Regarding capacity within individual wards and any flexibility, the WAHT Chief Executive (CE) confirmed that the greater need for flexibility this winter was due to the complicated mix of the pandemic as well as potential Norovirus sickness bugs. Throughout the pandemic WAHT had tried to ensure adequate capacity was available for a rise in Covid cases, by making the most effective use of acute and community hospital beds.
- A member asked whether the national mandate for continuation of elective surgery was reasonable in the current circumstances and the representatives acknowledged that whilst it was hoped the latest spike in Covid cases would trail off, if challenges persisted then there may be a need for reconsideration at a national level. The member urged the representatives to flag up this feedback, should this be the case.
- The impact of Covid on the winter plans meant that an increased number of beds were allocated for Covid patients (2 wards). Covid patient numbers had increased from 41 to 62. The next decision would be whether to ringfence another ward.
- It was important to note the impact on staff of stress, anxiety and isolation requirements.
- The WAHT Chief Executive highlighted the fact that whilst Covid-19 vaccination levels and services in Worcestershire had been very good, take-up of the booster was lower.
- When asked about staff shortages and why some staff chose to work for agencies (which cost more), the representatives explained that staff could choose their hours and areas of work and some specialisms had more attractive pay rates. It was acknowledged that in many cases different systems were competing for the same staff. Staffing had always been an issue but was now more severe, for example 68 staff needed to be recruited for the 2-hour response team, which was extremely challenging.
- The staff level for the 2-hour response team roles was around district nurse level, although this would be confirmed.
- In terms of what the general public could do to help and what messages councillors could communicate, the importance of getting Covid booster jabs was stressed, since hospitals were admitting more patients from the 50+ age group who were double vaccinated but with declining immunity. The CCG would be more than happy to work with public health colleagues in highlighting the importance of booster jabs. The WAHT Chief Executive stressed the importance of communicating with

the public at a personal level, for example that if they required hospital admittance for Covid (through not having had the booster) in effect they may take up bed space of an elderly relative who was scheduled for an operation.

- In terms of patients whose discharge had been delayed beyond national targets (stranded and super stranded), performance in Worcestershire was near the top nationally, as a result of investment, although numbers were increasing.
- Whilst acknowledging the challenges, HOSC members sought assurances about when the Winter Plan would be fully functional and whether this would then reduce ambulance handovers to more acceptable levels. The representatives advised that the level of proactive management of plans for winter was something they had not seen before, although it would be important for all of the organisations to take on the new ways of working, including the Ambulance Service, so that people were not taken to hospital unnecessarily. The Herefordshire and Worcestershire Health and Care Trust (HWHCT) representative referred to the three discharge pathways, which were challenging but it was hoped that a number of new workstreams would come together to get more people home directly from hospital.
- When asked whether discharge from hospital was the main pinchpoint between the ED and discharge, it was clarified that the real challenge was numbers of people presenting at the ED, followed by the impact this had on internal processes for moving patients through to the next stage, workforce, and then discharge.
- The WAHT Chief Executive pointed out that the importance of processes being as efficient as possible because the ED at WRH was essentially too small, having been designed for half the number of patients being dealt with. Expansion was underway following significant investment, which should be complete by this time next year.
- When asked, the representatives advised there was no evidence that the reduction in face to face GP appointments during Covid was leading to more patients arriving at the ED.
- When asked about the role of community hospitals in reducing pressure on beds at WRH, the WAHT Chief Executive clarified that beds were being used for reablement and were not being 'held' by acute hospitals. The different types of wards within community hospitals were explained and the way in which Covid had changed support systems, for example outcomes were often improved if a patient's ongoing care needs were assessed within their home environment rather than in hospital.
- A member asked how the national problem of delayed discharges could be improved and the CCG representative advised that record amounts of money were being invested, however it must be remembered that workforces were shattered and needed to be built back up.
- The benchmarking of performance measures and modelling used to develop the Winter Plan looked at metrics at similar hospitals, local and national numbers and projected growth activity and what that meant for admissions and patient flow.
- A member was pleased to hear the recognised need for a larger A&E but sought further detail about the number of beds in the original PFI plan, how many were short and why – the CCG representative would

forward this detail. The WAHT representative explained that assumptions around demand and growth were crucial and a prudent and pragmatic approach had been taken for the expansion plans. As part of the Trust's Clinical Strategy being implemented over three years, emergency care would be at WRH, elective surgery at The Alexandra and diagnostic and day care at Kidderminster Hospital.

- The fragility of the domiciliary care market key risk referred to in Appendix 1 related to the impact on the system if a care home closed.
- Regarding communication with patients in hospital and their families that they were ready to be discharged, it was explained that plans for discharge had been made a formal part of care, which was a lesson from earlier focused work which had reduced incidences where families were not ready to put plans in place. There was a specific team whose role was to support discharge plans.
- The Chairman asked how the system would fare if the key risks did not materialise, and was advised that in that case, the system should be able to deliver really good services to patients, and not have queuing ambulances, however planning against the risks was essential.

The Chairman expressed his appreciation to the representatives present for the work of their organisations in planning for winter and requested a further progress update for the Committee.

The following actions were agreed:

- HOSC members asked to see the Winter Plan when it had been signed off
- update on plans was requested
- the CCG undertook to provide information about the original PFI for WAHT– how many beds were originally planned, how many were short and why?
- The CCG and HWHCT would provide details of the roles being recruited to for the 2-hour community response service for councillors to promote.

1040 In-Year Budget Monitoring

In attendance for this item were:

- Karen May, Cabinet Member with Responsibility for Health and Wellbeing
- Kathryn Cobain, Director of Public Health
- Steph Simcox, Head of Finance

The Head of Finance provided a summary of the Council's Public Health function, which, nationally, had transferred to local authorities in 2013. The Council received an annual Public Health Ring-fenced Grant (PHRFG) of approximately £30m, with a typical increase of 1% over recent years. Attached to the Grant were some very strict criteria and specific mandatory requirements of a preventative nature, including:

- open access sexual health services
- NHS health checks 5 yearly for those aged 40-74
- weighing and measuring of children

- Healthy Child Programme
- public health advice service
- protecting the health of the local population

The budget announcement for 2022/23 was awaited, and the annual increase totalled around £30,000, although this was not sufficient to cover pay increases and inflationary uplift in contracts. The budget of approximately £30m was allocated at the start of the year against strategic functions, which included preventative work in Adult Services, Children's Services and some in Community Services, with examples including support to trading standards in preventing disease and the role of libraries in helping people to interact. Additional funding received for Covid-related activities had enabled a more rounded support to be provided.

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

- A 1% increase in the PHRFG had been typical of recent years although increases in other financial years had been 2-5%.
- When asked how the typical increase of 1% was managed since it did not match inflation, the Officers explained that an overall view was taken of planned activity and priorities, and that some contracts had zero inflation.
- Regarding the impact of the Covid pandemic on Public Health, the Director explained how in the early days responding to the pandemic had been the overriding need, and the staff from Public Health had been mobilised to boost workforce capacity. Over the past six to nine months, there had been a return to business as usual. Staff had been very stressed but had absolutely risen to the challenge and the additional funding had really helped.
- The Cabinet Member with Responsibility (CMR) for Health and Wellbeing praised the Council's phenomenal response to the pandemic, of which she was very proud, and whilst no one would want to go through the experience, there had been important learning points to take forward.
- In terms of which services were of most concern, the Director explained that obesity was an area of concern and needed more focus and that a whole system approach was important. It was noted that consultation was due to start on the new Health and Wellbeing Strategy.
- The HOSC requested the opportunity to review the new Health and Well-being Strategy at a future meeting.
- There had been no specific prevention services which had seen funding decreases but some had been increased.
- It was explained that the Supporting People grant had been phased out some time ago, which had been planned in liaison with district councils.
- Regarding the predicted underspend for 2021/22 and whether money could be allocated to relieve predictable pressure points, for example to tackle fuel poverty, it was explained that a three-year plan for reserves was being developed.
- Public health needs assessments for Worcestershire included working with the public to ensure there was a good evidence base.
- When asked whether work could be done around food poverty and wider inequalities, the Director and advised this was likely to be part of

looking at the broader system. The Government Spending Review gave more focus to family hubs and another source of funds could be those provided to elected members to spend in their communities.

- It was confirmed that Youth Support was the same as Positive Activities and the Director advised that support for this age group was being reviewed.
- There was a proposal in place to pump up funds for One Worcestershire.
- The Chairman highlighted a concern raised by Worcestershire Acute Hospitals Trust, that take-up for Covid-19 booster jabs in Worcestershire was lower than it had been for the previous vaccinations, and the Director confirmed the Council's commitment to work with the Clinical Commissioning Group so that booster delivery was as effective as possible ahead of winter.
- The CMR stressed the importance of people getting flu jabs this season.
- A member praised the work carried out to vaccinate rough sleepers against Covid
- Everyone acknowledged the tremendous amount of work undertaken by both Public Health and NHS colleagues, and the importance of using assets in the best way.

The following actions were agreed:

- HOSC asked the Director of Public Health to work with Health colleagues to promote the Covid-19 booster
- Health & Well-being Strategy to be brought to a future meeting.

1041 Work Programme 2021/22

The Committee discussed the current Work Programme and the following were noted:

- an additional Task Group style meeting had been arranged to look at ambulance hospital handover delays, on 18 November
- the current item on Staff Turnover would be broadened to include workforce and training
- information on a patient's pathway of admittance via the Emergency Department would be added to the data already requested for the Task Group meeting on ambulance handover delays on 18 November
- school readiness was suggested – Cllr Nathalie McVey to suggest to Children & Families Overview and Scrutiny Panel.

The meeting ended at 4.20 pm

Chairman