Minutes of the Health Overview and Scrutiny Committee

County Hall

Wednesday, 12 January 2022, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Kit Taylor, Cllr Sue Baxter, Cllr Mike Chalk, Cllr Mike Johnson, Cllr John Gallagher and Cllr Frances Smith (Vice Chairman)

Also attended:

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care
Cllr Karen May, Cabinet Member with Responsibility for Health and Well-being
Cllr Tom Wells, Chairman of Overview and Scrutiny Performance Board
David Mehaffey, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Alison Roberts, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Simon Adams, Healthwatch Worcestershire

Samantha Morris, Scrutiny Co-ordinator
Emma James, Overview and Scrutiny Officer

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. The Minutes of the Meetings held on 18 October and 3 November 2021 (previously circulated).

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

1042 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Cllrs Edginton-White, Kriss, McVey and Rogers.

1043 Declarations of Interest and of any Party Whip

None.

1044 Public Participation

None.

1045 Confirmation of the Minutes of the Previous Meeting

The minutes of the meetings on 18 October and 3 November 2021 were agreed as a correct record and were signed by the Chairman.

1046 Development of the Integrated Care System

In attendance for this item were:

Herefordshire and Worcestershire Clinical Commissioning Group
David Mehaffey, Director of Integrated Care System Development
Alison Roberts, Associate Director for Integrated Care System Development

Worcestershire County Council
Cllr Karen May, Cabinet Member with Responsibility for Health and Well-being
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

The Associate Director for Integrated Care System (ICS) Development provided a summary of the agenda report on the development of the ICS for Herefordshire and Worcestershire (H&W), which was one of 42 across England.

Integrated Care Systems were about health and social care working more closely together by removing traditional boundaries between organisations thereby giving people the joined-up support they needed. With a population of around 800,000, the ICS for H&W was one of the smallest in the country.

The Health and Care Bill 2021 was currently going through Parliament, and at this point in time, the legislation was due to be in place for July 2022.

To support the cultural change, structural changes were being made and the report provided further detail on the four main structural changes; the Integrated Care Board (ICB), Integrated Care Partnership (ICP), provider collaboratives and Place-Based Partnerships.

The next steps were to work on the governance structure and recruiting to the ICB, which would be set up initially as a shadow organisation.

During the discussion which took place, the following main points were made:

- A HOSC member asked about the rationale of the Place Based Partnership, how it would work for residents, bearing in mind the diverse nature of the county and whether this would be reviewed? The Director of ICS Development (the Director) explained that partnerships would

link with primary care networks (of which there were 10 in Worcestershire and 5 in Herefordshire) and would align with neighbourhoods and districts, therefore he believed there was provision to work at local level – he took on board a request for this to be mapped out.

- The Cabinet Member with Responsibility (CMR) for Health and Well-being pointed out that the Health and Well-being Board was considering the membership of Place board since the role of district councils was crucial for the collaborative approach.
- In response to concerns that the smaller size of the H&W ICS would mean less funding, it was explained that the population and rural nature of the area was factored into its funding. The introduction of ICSs meant NHS funding was being reset and the representatives present looked forward to receiving H&W's allocation.
- The funding allocations for 202/23 and 2023/34 were known and the representatives were pleased with the funding formula.
- In terms of buy-in from staff for the removal of organisational barriers and contracting regimes as part of the integrated approach, HOSC members were advised that the Covid pandemic had meant staff had already needed to collaborate to a greater extent. Nonetheless a change of hearts and minds would be required to move from a culture where money had followed activity levels.
- The fact that both counties had good relationships between health and social care meant that everything was geared up to work as collaboratively as possible, which was not the same in other areas.
- In terms of finances, there would be a period of transition from the CCG to the ICS. Funding received for Herefordshire and Worcestershire would be allocated to the Place Based Partnerships. However, it was acknowledged that evidence of substantial change was not envisaged until 2024/25.
- Funding for social care was not yet unified, although the Better Care Fund was an integrated fund.
- It was confirmed that the ICB would still be responsible for conducting needs assessments (which were previously carried out by the CCG) and setting strategic plans.
- It was envisaged that the new legislation would remove the barriers that prevent local NHS, Public Health and Social Care from being truly integrated and provide the opportunity to plan and deliver services wrapped around the needs of individuals. This was in contrast to the current situation where organisational boundaries and contracting could result in competition rather than collaboration.
- There were no particular plans for public communications on development of the ICS itself, which was unlikely to be of great interest to the public. There would however be a focus on what would improve through removal of organisational barriers and better service planning.
- A HOSC member suggested that some members of the public may need reassurances that the ICS was not a route to privatisation of health services, however the representatives stressed that it was in fact the opposite, since competition was being removed between NHS organisations.

- A HOSC member asked about one of the new ICS duties set out in the report to arrange for provision of services and let contracts to entities to deliver services – what was the definition of 'entities'? It was explained that while currently, the CCG commissioned services to individual organisations, the ICS would allocate to a collaboration.
- Clarity was sought on what would actually change under the new outcome based, collaborative approach? The example given was Orthopedics, where the CCG currently commissioned a number of services for example physiotherapy- by allocating collaboratively, decisions about how much to dedicate to separate parts of the service would be much closer to the service itself.
- The HOSC was advised that there would be a performance framework which would be based on how better collaboration improved outcomes. There would also be practical measures to verify that outcomes were improved.
- The shift to an outcomes focus would mean that commissioning would also be based around this, when historically it had been based around activity.
- Performance of services within the H&W ICS compared to elsewhere varied depending on the service – the Director undertook to provide further information, however examples included high performance on vaccinations and primary care, with very low performance for ambulance handover delays.
- In spite of the delayed national legislation, the H&W ICS was pressing ahead and appointments were being made with lots of applications being received. The Board would first operate in shadow form and staff would be in designate roles. Some areas needed to await the legislative change, for example the mental health collaborative.
- In terms of the leadership structure of the ICS, there would be a similar number of lay members; the main difference would be that NHS Trust and the Local Authority would have a voting role on the ICB therefore governance was broader.
- The ICS Development Director confirmed that the HOSC would continue to have the same role in scrutinising services.
- When asked whether Worcestershire would retain resilience as part of the approach to sub-divide the ICS into two 'Places' – Herefordshire and Worcestershire, the ICS Development Director explained that H&W was the sixth smallest ICS and that the two Hospital Trusts would work together to provide resilience. There was a benefit to working at scale but the two areas may need to organise themselves slightly differently.
- The CMR for Adult Social Care did not feel there would be a great change in view of existing close working with health but believed the shift in the commissioner/provider approach would be helpful. Evolvement of the ICS would be interesting as there were differences between the two counties and he viewed the ICS as a considerable step forward.
- Development of the ICS should have a positive impact on equality and diversity and the representatives advised that much learning had taken place during Covid, which would be embedded; a non-executive Director would also be recruited with this specific aim.

- Comment was invited from the Healthwatch Worcestershire representative present, (Simon Adams, Managing Director) who asked whether the ICS would mean less funds being available to Worcestershire because of different costs in Herefordshire, and reminded the Committee that when the CCG's had merged, assurances had been given that budgets would be kept separate. The Director acknowledged that equitable finances would always be a challenge however he cautioned against too much focus on funding because the ICS would be a financial reset with historical debt removed. The Healthwatch Worcestershire representative suggested that finances and any dips in performance were areas for the HOSC to keep an eye on.

The Chairman thanked everyone for their attendance and requested a further update for the HOSC be scheduled.

1047 Cancer Diagnostics and Treatment Times

In attendance for this item were:

Herefordshire and Worcestershire Clinical Commissioning Group:
Mari Gay, Managing Director and Lead Executive for Quality and Performance

The HOSC had requested a report on cancer diagnosis and treatment wait times in Worcestershire. The Managing Director and Lead Executive for Quality and Performance at Herefordshire and Worcestershire Clinical Commissioning Group (CCG) provided a summary of performance and what was being done.

Cancer had remained a system priority during the pandemic, although this was not to say that other services were not important. The report set out the current performance in Worcestershire against key cancer standards, including a new standard on 28-Day Faster Diagnosis Performance. During the pandemic, referrals had reflected the national picture, so that during the first wave, the public lacked confidence in coming forward with concerns, which had then changed to near pre-pandemic levels and then high levels since March 2021, presenting particular challenges in the specialities of Breast, Colorectal, Skin and Urology.

Performance against the 2-week wait (2ww) referrals and the 62-Day performance was some way behind where it needed to be, and was challenging, due to access to diagnostics, staff sickness and numbers of referrals. In general referral numbers across the different cancer specialisms reflected the national picture.

The report set out what was being done within the specialisms of Breast, Colorectal, Skin and Urology, to address the challenges faced. These included insourcing of breast imaging to support additional weekend clinics (until March), putting in additional capacity for colorectal cancer care and enabling GPs to photograph patients' skin concerns for earlier assessment of skin cancer.

Teams were continuing to work through backlogs and fortunately at the moment, monitoring of cancer outcomes across the Covid recovery period was not indicating increased harm to patients.

A new non-specific symptom pathway was being introduced and Worcestershire for patients with symptoms suggestive of cancer but which do not meet the criteria for a site specific 2-week wait referral. It was expected to go live on 13 January 2022.

The Trust was also participating in the GRAIL/Galleri Study, through the West Midlands Cancer Alliance, which one of 8 Alliances taking part in a pilot to invite participants aged 50-77 to receive blood tests that could detect early stage cancers.

Workforce was the biggest concern and the Integrated Care System was liaising with the Council's Strategic Director of People in order to focus efforts.

During the discussion which took place the following main points were made:

- The CCG Managing Director (the Director) believed the variance in 2ww referrals was due to a lack of confidence in the public coming forward during the first wave of the pandemic, which was also the feedback from the focus group; people did not know what to do during Covid or did not want to bother health staff – however, importantly an increase in cancers was not emerging as a result. Some variances could not be explained however, for example very high referrals in skin cancer.
- HOSC members were reassured to a certain extent by the information provided about cancer treatment and wait times and were very appreciative of all the work being done.
- When compared regionally and nationally, Worcestershire was performing well for access to GP (best in the region), was in the mid range for 2ww referrals (an area of struggle nationally). The current Covid wave was concerning, including how it would affect the workforce.
- The report stated that whilst referrals to the Acute Trust were high, the resulting activity was amongst the highest in the region, therefore a HOSC member asked whether this meant performance in Worcestershire was better than other Trusts? The Director explained that this was the case for some specialisms but not for others. The CCG was liaising with neighbouring hospital trusts about spare capacity but this looked doubtful, however if the Alexandra Hospital (the Alex) could be kept Covid free, there was a really good chance to improve all specialisms.
- Very few cancer patients opted to have treatment outside of Worcestershire, however this was monitored by the CCG, which had access to the full statistics.
- It was evident that during the first wave of the pandemic, people were reluctant to go to hospital for cancer treatment, however the subsequent swell in referrals was a good indicator that they were now happier to come forward.
- As part of the reset and redesign of services (from the pandemic), services were being redesigned with a view to becoming more

sustainable in high referral areas, which would also respond to population increases in Worcestershire. An example was 7-day access for breast cancer, something the Director believed was needed, and which could be sustainable based on the assumption that women were likely to be prepared to travel for treatment of this nature.

- It was explained that in Worcestershire fortunately it had been possible to keep cancer surgery going during the pandemic. The Alex Hospital was being used for general surgery and Kidderminster Hospital for day case surgery.
- When asked how cancer follow ups were balanced against the need for new patient treatments, the CCG Director explained it was a balance of risk and that the priority of diagnostics was urgent, with the fragile workforce being an additional strain.
- During the pandemic, 80% of referrals had been carried out by the independent sector, as part of a national contract which ended in March 2021, which had worked really well in Worcestershire. The split between private and NHS sector was now 50/60% and the independent sector was now understandably keen to regain its private patients.
- The aforementioned use of technology to enable GPs to photograph patients' skin concerns was a very efficient way of managing resources although it would be important to have clinicians on board.
- In response to a question about why there was to be a new building for Breast cancer at Kidderminster Hospital, it was explained that following a detailed options appraisal, it was hoped to get three Hubs based on based on local demography and deprivation. There would be Hubs at Kidderminster, Hereford and the third Hub was to be decided.
- The Cabinet Member with Responsibility (CMR) for Health and Well-being understood the need to centralise some services and asked what was being done to tackle the clear concerns about capacity? The CCG Director highlighted the need to train more staff such as GPs, scanners, nurses and to make opportunities as attractive as possible. She acknowledged the CMR's follow up question about how to overcome any negative perceptions about working at WRH and explained the importance of celebrating Worcestershire's successes – for example Stroke Services and the Children's Unit, which were highly regarded.
- Comment was invited from the Healthwatch Worcestershire representative present (Simon Adams, Managing Director), who praised how Cancer Services in Worcestershire had been maintained during the pandemic, in contrast to many areas. Moving forward he encouraged an ambitious approach for both commissioners and clinicians but acknowledged the challenge of recruiting and retaining consultants.
- The Healthwatch Worcestershire representative asked about data on people not coming forward with cancer concerns who had then presented at A&E and was advised that although there had been increases in two specialisms, this was not the case otherwise.
- In response to a concern about the transfer of the Garden Suite Chemotherapy Treatment Unit from The Alex to Kidderminster Hospital, the Director reminded HOSC members that this was a temporary change in response to the pandemic and that everyone would be kept informed.

- HOSC members acknowledged that as part of redesign, more services may move from the WRH site and the Director acknowledged that although changes may be tricky for patients, there was very little space at WRH.

The Chairman praised the work taking place and thanked the Director for her attendance.

1048 Work Programme

The following topics were suggested, which would be considered and prioritised alongside the existing work programme by the Chairman and Vice-Chairman as part of agenda planning:

- Stroke Care
- Update on Covid Vaccination Programme
- Dentistry
- Communication between Primary and Secondary Care

As a general point, a HOSC member suggested that the Committee should consider whether any joint health scrutiny meetings were needed between Herefordshire and Worcestershire.

The meeting ended at 12.05 pm

Chairman …….