

Minutes of the Health Overview and Scrutiny Committee

County Hall

Wednesday, 9 March 2022, 10.00 am

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 Mike Johnson, Cllr Natalie McVey,
Cllr Chris Rogers and Cllr Kit Taylor

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
Vivek Khashu, West Midlands Ambulance Service University NHS Foundation
trust

Robin Snead, Worcestershire Acute Hospitals NHS Trust

Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning
Group

Rob Cunningham, Herefordshire and Worcestershire Health and Care NHS
Trust

Terry Chikurunhe, NHS England and NHS Improvement

Anna Lee Hunt, NHS England and NHS Improvement

Paula Furnival, Strategic Director of People

Rebecca Wassell, Assistant Director - Commissioning

Steph Simcox, Deputy Chief Finance Officer

Dr Kathryn Cobain, Director of Public Health

Elizabeth Griffiths, Public Health Consultant

Samantha Morris, Overview and Scrutiny Manager

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 12 January 2022 (previously circulated).

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

1049 Apologies and Welcome

Apologies had been received from Councillors Calne Edginton-White, Adrian Kriss and Jo Monk.

1050 Declarations of Interest and of any Party Whip

None.

1051 Public Participation

None.

1052 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 12 January 2022 were agreed as a correct record and signed by the Chairman.

1053 Scrutiny Task Group Report on Ambulance Hospital Handover Delays

Attending for this Item were:

West Midlands Ambulance Service University NHS Foundation Trust (WMAS)
Vivek Khashu, Strategy and Engagement Director

Worcestershire Acute Hospitals NHS Trust (WAHT)
Robin Snead, Deputy Chief Operating Officer

NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)
Mari Gay, Managing Director and Lead Executive for Quality and Performance

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)
Rob Cunningham, Associate Director Integrated Community Services

Worcestershire County Council (the Council)
Paula Furnival, Strategic Director of People
Rebecca Wassell, Assistant Director of Commissioning
Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

The HOSC Chairman introduced the Item by reminding Members that in October 2021, the HOSC was alerted by WMAS to significant ambulance hospital handover delays at both WAHT sites. The HOSC agreed to investigate and evidence was gathered at a single session in November 2021 from all the system partners present.

The resulting Scrutiny Task Group Report had been checked by contributors for factual accuracy and the feedback received indicated that the Report was a true reflection of the discussion.

The Chairman outlined that the purpose of the meeting was not to re-open the scrutiny, rather consider the recommendations and discuss any progress made.

Representatives were invited to make any opening remarks, which included:

- Organisations had welcomed the focussed Scrutiny Task Group discussion and Report
- Benefits were being seen from enhanced Discharge planning across both acute hospital sites, with the Alexandra Hospital (the Alexandra) now achieving 30% of discharges before 12 noon. Worcestershire Royal Hospital (the Royal) was below 30%
- The Alexandra had best practice in relation to patient flow and good performance in 7 day and 21 day length of stay
- System partners had put extra physical capacity into the Royal with the aim to improve performance
- WMAS reported that significant issues remained, despite conveying fewer patients to the acute hospitals. Exceptional delays were too regular and every month over 800 handovers were in excess of one hour across both sites. It was noted however, that the Alexandra handover time was strong, being one of the best in the region. Issues remained at the Royal with ambulances largely waiting outside with patients on board.

Members were invited to ask questions on progress made against the Scrutiny Report recommendations. During the discussion, the following points were made:

- When asked whether the target of 30% of discharges before 12 noon was good enough, it was clarified that the figure was a national target and the Alexandra was achieving it
- Same day emergency care was performing fairly well, especially at the Alexandra, although both emergency departments (EDs) were congested
- Conversion rate from ED to admittance was broadly in line with national figures, around 29%
- WMAS performance in the number of patients conveyed to hospital was the best in the Country with less than half the calls received requiring an ED attendance. This was attributed to all ambulances having a Paramedic on board, something which other Trusts may not offer
- A Patient Tracker system had been introduced, which had benefited the whole system as all partners were able to see the potential next steps of a patient journey, with organisations being able to better plan onward pathways
- Around 110 patients were discharged each day, of which approximately 15% were complex and 85% simple discharges. The biggest delay was the time between a Doctor reporting a patient was medically fit for discharge and the patient leaving the hospital. Work was continuing to improve this

- Delays with Pharmacy were a particular issue at weekends when the number of Pharmacists reduced and cover was generally less available. Several alternative arrangements were in place, including stock on Wards, access to Community Pharmacists and out of hours services
- Lack of suitable Transport was not affecting discharge delays and the Provider was working well
- WMAS provided the NHS111 service and performance had dramatically improved. Around 90 to 95% of calls were answered within 60 seconds, compared to 10 to 15% in November 2021 and only 5% of calls were abandoned. A Member suggested that the algorithm for the NHS111 system was risk-averse, to be informed that it was not for WMAS to determine or change national NHS Pathways. NHS111 and 999 calls were fully integrated with WMAS call handlers able to answer either type of call
- In July 2021, WMAS had introduced a Clinical Validation Team, working 24 hours a day 7 days a week, to monitor and respond to incoming calls. Activity in 'Hear and Treat', where an ambulance was not despatched, had increased with 18 to 20% of calls now being closed at this point. An additional 90 clinicians had been recruited, however, there were particular issues with GP recruitment
- Both EDs in Worcestershire had a GP and Advanced Nurse Practitioner to assist with walk-in patients and they were engaged with daily system calls to ensure consistent messages
- It was agreed that the System Service Improvement Plan could be shared with the HOSC and updates provided on a monthly basis
- The Council had introduced an Intermediate Care Team in September 2021 on a trial basis, however, it had been agreed to make the Team permanent and there was a contractual agreement in place. Furthermore, the Reablement Service had been expanded. The HOSC learned that greater levels of collaboration had been in place since September
- Workforce continued to be of concern across the health and social care sector and access to Staff at all levels was of national concern. In Worcestershire, a particular concern was recruitment and retention in Primary Care
- Health and Social Care rates of pay was a major factor related to staffing retention issues, especially as other sectors were able to uplift salary. COVID-19 grants received were utilised well, however it only masked the staffing issue
- A pilot project to provide 24 hour care after a hospital discharge was due to commence and Domiciliary Care was to be commissioned by the Council on a new basis, covering 10 zones across the County. With 'Home First' advocated, more care out of hospital would have to be considered. It was hoped that moving to an Integrated Care System would help with overall demand and capacity planning
- In relation to COVID-19 activity within the acute hospitals, it was reported that at the time of the meeting, there were 100 COVID-19 positive inpatients, with numbers stable and at similar levels over recent months. A system of Virtual Wards was in place to monitor patients at home to reduce inpatient numbers, however, further beds were also ringfenced

- Staff absence due to COVID-19 had reached 50% in January 2022 and cases within the community remained high thus affecting services. Partners were pleased that the decision for mandated COVID-19 vaccination for NHS and Social Care Staff had been reversed
- There was an ongoing campaign to signpost residents to alternative services other than ED, however, a recent Healthwatch Report reported that residents found it convenient to know that ED was open around the clock. The number of walk-in patients was around two-thirds and growing both in number and complexity, compared to one third of ambulance attendances. Clinicians would always see patients in clinical priority regardless of method of arrival
- It was clarified that an Ambulance crew would determine where a patient was conveyed and the decision was a clinical one rather than patient choice
- Discharge plans were commenced as quickly as an Ambulance crew had carried out their assessment. This would then be shared and Onward Care Teams would be able to determine the level of assessment required in order to successfully discharge a patient
- A 30 bed Clinical Assessment Unit at the Royal was open and the physical layout of the hospital had changed to accommodate this
- A Member referred to the Fire Authority offer of assistance to help with moving patients during the Winter, to be informed that discussion had taken place, but no agreement had been made. It was understood that the offer had subsequently been withdrawn, a point which would be clarified outside of the meeting
- Members heard that there was a population expectation for instant access to information and support. It was reported that national messages on what the NHS could offer was required
- In relation to the night-time economy, the HOSC was informed that it was a Public Health priority to reduce alcohol consumption. Clinicians had noticed an increase in home drinking, resulting in ED attendance and there was also an increase in hostility levels. In cases of substance misuse or mental health, a patient may require closer monitoring before an assessment could be undertaken, therefore taking up more staff time. In addition, WMAS crews were now wearing stab vests and had body worn cameras to protect themselves. Crews had seen a rise in drug, alcohol and mental health attendances, resulting in an increase in Control Room capacity for mental health.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion, remarking that a recent survey suggested that although the acute hospitals were rapidly discharging patients to home, patients were still very poorly. The survey also highlighted that the number of walk-in patients was higher, but patients were waiting longer to attend ED and therefore they were presenting with more complex issues. There was no evidence to suggest that GP access was an issue, however, the variation in service across the Minor Injury Units was of concern.

The Chairman thanked everyone for a very useful discussion and feedback. It was agreed to invite representatives to the May 2022 HOSC to receive a further update on progress made against recommendations. The Chairman

also stated that the Task Group Report would be discussed by the Overview and Scrutiny Performance Board before being considered by Cabinet.

1054 Update on the Public Health Ring Fenced Grant 2022/23

The Head of Finance reported that the Public Health Ring Fenced Grant (PHRFG) allocation for Worcestershire for 2022/23 had been confirmed at £31,217,923, which was an increase of £853,016 from the previous year. Nationally, the PHRFG to local authorities was £3.417 billion, an increase of c2.8% from the previous year and was ringfenced for use on public health functions, which could include public health challenges arising from the COVID-19 pandemic. In Worcestershire, it was proposed to use £3.2m of Reserves during 2022/23. A breakdown of the funding, detailed in the Agenda Report, covered strategic functions, universal and prevention services for both adults and children. The HOSC noted that the PHRFG was able to be carried forward to the following financial year.

During discussion and in response to Member questions, the Head of Finance and the Director of Public Health made the following key points:

- It was clarified that the PHRFG was only available to be used for specific prescribed and non-prescribed functions as detailed in the Agenda Report
- Through the Joint Strategic Needs Assessment process, the Public Health Team held a lot of detailed information and had an investment in well being
- The budget for the Substance Misuse Contract was around the same as the previous year however additional funding would be received to maintain current provision
- Public Health Reserves were approximately £8m and it was proposed to use £3.2m in 2022/23 to undertake the scheduled activity, including COVID-19 recovery, which was a key factor for the upcoming year
- A Member referred to a recent national report stating the value of the PHRFG had decreased in value by 24%. The Head of Finance reported that this was not the case and Worcestershire's allocation had increased year on year, however, it was noted that increases were not in line with inflation
- For clarity, the Sexual Health Contract was awarded to Herefordshire and Worcestershire Health and Care NHS Trust under a Section 75 agreement
- When asked about support for Domestic Abuse victims, it was hoped that partners would work together to find a sustainable model for the future, as it was not a statutory duty
- Funding for Warmer Worcestershire was being monitored given increasing energy prices and concern over fuel poverty
- The HOSC noted that NHS inflation was about 5% with all goods and services costing more than previously.

1055 Dental Services Access and Oral Health Promotion

Attending for this Item were:

NHS England and NHS Improvement – Midlands Region (NHSE&I)

Terry Chikurunhe, Senior Commissioning Manager
Anna Lee Hunt, Consultant in Dental Public Health

Worcestershire County Council (the Council)

Kathryn Cobain, Director of Public Health
Elizabeth Griffiths, Public Health Consultant
Karen May, Cabinet Member with Responsibility for Health and Well Being

The Chairman introduced the Item by thanking those present for the very comprehensive Agenda Report. The NHSE&I Senior Commissioning Manager highlighted some of the key points within, including:

- Unlike a GP Practice, there was no system of registration with a Dental Practice. Patients with open courses of treatment were Practice patients for the duration of their treatment, however, once complete, apart from repairs, the Practice had no ongoing responsibility. However, it was not uncommon for Practices to recall patients for a regular check-up
- Dentistry had been severely impacted by the COVID-19 pandemic due to infection control measures and priority was given to urgent care, children and vulnerable patients
- It continued to operate at a reduced capacity, although levels of activity were slowly increasing. In 2021, Dental Practices had been operating at 65% of normal capacity and as of January 2022, that had risen to 85%
- As a consequence of the pandemic, Dentists were reporting that patients were presenting with more complex cases which in turn meant less time for routine check-ups
- There were 63 general Dental Practices in Worcestershire with a NHS Contract
- Historically, Worcestershire had particular challenges around workforce, across Dentists, Dental Nurses and Receptionists, especially in the rural parts of the County
- NHSE&I was aware of access issues and was working collaboratively with the Council to strengthen oral health promotion and prevention activities. In addition, there was a campaign to ensure patients at risk of oral cancer were referred in a timely manner.

During the opportunity for discussion, the following points were raised:

- A Member noted that although the Report provided a lot of detail, it would have been useful to have some data
- A request was made for further information on Urgent Dental Care triage categories. In response, NHSE&I was to undertake an Out of Hours needs assessment, which would incorporate NHS111 data and could be shared with the HOSC when available

- A number of HOSC Members were concerned about Dental Practices ceasing to provide NHS dentistry and the way in which 'going private' was communicated to residents. A Member highlighted a case whereby a resident was unable to schedule an NHS appointment but was informed they could be seen privately
- NHSE&I accepted that there was a significant problem and was currently mapping dental need across the region. It was clarified that NHS Dental Practices had an obligation to adhere to NHS standards and residents should not be funnelled into becoming a private patient, unless the NHS contract was ending or had ended
- In response to a Member suggestion that private patients were subsidising NHS dentistry, the HOSC learned that when NHS contracts began in 2006, the rates were set nationally on 'units of dental activity' with no provision of uplift. The rate set was an issue of national concern and Contract reform was being considered by central Government, although the pandemic had stalled discussions
- NHSE&I had done everything to try and deliver equitable access across the Midlands Region within the constraints of the NHS Contract
- The Cabinet Member with Responsibility highlighted an upcoming Oral Health Steering Group meeting, reporting it would be keeping a watching brief of the unfolding data
- Nationally, the Department of Health and Social Care was responsible for NHS Contracts, however, from April 2023, NHS Dentistry would move from NHSE&I to Integrated Care Systems
- When asked why there was no patient registration process, it was reported that the way in which Dental Practices operated was their own decision, however in general, a Practice would know how many people they could manage during a year weighing up the NHS Contract awarded. Dental Practices which reported that they were full, or had a waiting list, was an internal decision
- NHSE&I hoped that from April, levels of activity could increase, however, acknowledged that this would unlikely be across all Practices
- The Director of Public Health highlighted that preventative work was so important, for example as early as infant feeding. Social Media was a tool for sharing key messages and raising awareness and Councillors were content to share information through their own networks
- In relation to the cost of dental care and health inequalities, it was clarified that the payment exemption list was limited but would be shared with HOSC Members.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and made the following observations:

- Healthwatch usually received around one complaint each week on Dental Services, which could be shared with NHSE&I
- There was general concern about the impact on dental health inequalities
- Awareness raising about Oral Cancers had appeared to have stalled
- Positive feedback had been received about emergency dentistry.

The Chairman thanked everyone for their contribution and it was agreed to schedule a further Report at an appropriate time in the future.

1056 Work Programme

Members considered the latest Work Programme and agreed the following:

- A Report on the progress made against the recommendations from the Ambulance Hospital Handover Delays Scrutiny Task Group Report would be added to the 9 May 2022 agenda and a separate report on Patient Flow would also be provided
- A further Update on Dental Services Access would be added at an appropriate time
- Under Workforce Pressures (scheduled November 2022) the scope would be expanded to include Occupational Therapists
- Under Health Inequalities resulting from the COVID-19 Pandemic (scheduled July 2022), the scope would be expanded to include Long Covid
- Under Public Health Outcomes (date of report TBC) the scope would be expanded to include alcohol services and sexual health services
- The Chairman agreed to discuss the scope of Primary Care Access outside of the meeting before determining whether to add it to the Work Programme.

The meeting ended at 1.25 pm

Chairman