Worcestershire County Council

Agenda

Health Overview and Scrutiny Committee

Wednesday, 2 November 2022, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and 'other disclosable interests'

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
  You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR**
  relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Head of Legal and Democratic Services July 2012 WCC/SPM summary/f

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Health Overview and Scrutiny Committee
Wednesday, 2 November 2022, 10.00 am, County Hall

Membership

Worcestershire County Council	Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr David Chambers, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells
District Councils	Cllr Sue Baxter, Bromsgrove District Council Cllr Mike Chalk, Redditch District Council Cllr Calne Edginton-White, Wyre Forest District Council Cllr John Gallagher, Malvern Hills District Council Cllr Frances Smith, Wychavon District Council (Vice Chairman) Cllr Richard Udall, Worcester City Council

Agenda

Item No	Subject	Page No
1	**Apologies and Welcome**	
2	**Declarations of Interest and of any Party Whip**	
3	**Public Participation** Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case Tuesday 1 November 2022). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	**Integrated Care System Development and Development of the Draft Integrated Care Strategy** (Indicative timing 10:05 – 10:45am)	1 - 18
5	**The Role of Community Hospitals** (Indicative timing 10:45 – 11:30am)	19 - 24
6	**Work Programme** (Indicative timing 11:30 – 11:40am)	25 - 30

Agenda produced and published by the Democratic Governance and Scrutiny Manager, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965,email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's Website

Date of Issue: Tuesday, 25 October 2022

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NOTES

Webcasting

Members of the Committee are reminded that meetings of the Health Overview and Scrutiny Committee are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2 NOVEMBER 2022

INTEGRATED CARE SYSTEM DEVELOPMENT AND DEVELOPMENT OF THE DRAFT INTEGRATED CARE STRATEGY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the development of the Integrated Care System (ICS) and the process for developing the Integrated Care Strategy, which is due to be published in December 2022.

2. ICS development is part of the HOSC's Work Programme and the most recent update to the Committee was on 12 January 2022, details of which are available here: weblink to Agenda and Minutes

3. Representatives from Herefordshire and Worcestershire ICS have been invited to the meeting.

Background

4. The Health and Care Act 2022 was implemented on 1 July 2022, putting Integrated Care Systems on a statutory footing. Integrated Care Systems have been created with four key strategic aims in mind:

a) Improve outcomes in population health and healthcare
b) Tackle inequalities in outcomes, experience and access
c) Enhance productivity and value for money
d) Help the NHS to support broader social and economic development.

5. **Integrated Care Systems (ICS)** are constituted from four key elements:

a) **Integrated Care Board (ICB)** – A statutory NHS body that is accountable for the £1.5bn NHS financial allocation for Herefordshire and Worcestershire. The core purpose of the ICB is to oversee the strategic planning, resource allocation, commissioning of services and to oversee delivery of health services in the ICS area to ensure that good outcomes for the population are achieved.

b) **Integrated Care Partnership (ICP)** – A new statutory joint committee between the ICB and the local authorities responsible for providing social care and public health services in the ICS area. As well as the statutory members, the ICP brings together a much wider range of local partners from across statutory and Voluntary and Community Social Enterprise (VCSE) sectors. The core purpose of the ICP is to oversee production of the system's Integrated Care Strategy.

c) **Place-based partnerships** – Local partnerships based on upper tier local authority areas where general practice, community health services, social care, mental health services, acute hospital services, VCSE partners and wider local authority services such as housing, community and environment, come together to focus on delivery of locally important priorities.

d) **NHS provider collaboratives** – Strategic partnerships between NHS Trusts within and beyond the ICS geography to use the opportunity of scale to create more sustainable service models that improve performance and outcomes against core NHS standards.

6. Through these new structures, partners across the ICS will be able to achieve the four headline ambitions by:

a) **Working together** to focus on improving whole population health, not just on the treatment of specific illness or conditions and working to invest more in prevention and collectively addressing the wider determinants of health.

b) **Allocating resources to support collaboration** between partners, rather than competition between providers. For example, through the removal of Competition and Market Authority regulation requiring routine use of competition in the procurement of some NHS services and the removal of the NHS internal market.

c) **Achieving benefits of scale** through system working where there are benefits from working on a larger footprint (such as ambulance services, out of hours primary care, NHS 111 etc), alongside the benefits of localism through Place-based and Primary Care Network (PCN) working with district councils and VCSE partners.

d) **Collecting and sharing clinical and care information** more effectively so people only need to provide their information once in a way that can be shared appropriately, improving efficiency of care and reducing risk. For example, this will be enhanced through the deployment of the Shared Care Record, which will contain accessible information that is critical to the provision of front-line care services across NHS and social care organisations.

e) **Joining up data, intelligence and insight** more effectively to identify and tackle issues and enable a more proactive approach to implementing preventative action. For example, this will be achieved through better use of Population Health Management (PHM) approaches to focus on intelligence-led, data-driven interventions to support prevention and personalised care provision.

7. The core infrastructure for the ICS has now been established. Partners are now working together to produce an overarching strategy (**The Integrated Care Strategy**) and a detailed delivery plan to outline which priorities will be selected for improvement and how these ambitions will be achieved.

Issues for the HOSC to Consider

8. This report focuses on the formation of the **Integrated Care Board**, the creation of the **Integrated Care Partnership** and the development of the **Integrated Care Strategy**. HOSC members may be interested in exploring the issues around Place-based Partnership and Provider Collaborative delivery models in a future session.

The Integrated Care Board

9. All members of the ICB have been appointed and are now in post:

Non-Executive Members

Crishni Waring	Chair
Dr Sarah Raistrick	Engagement and Health Inequalities
David Wightman	People and Workforce
Graham Hotchen	Audit
Vicky Morris	Quality

Executive Members

Simon Trickett	Chief Executive
Dr Will Taylor	Chief Medical Officer
Dr Kath Cobain	Chief Nursing Officer
Mark Dutton	Chief Finance Officer

Partner Members

Jane Ives	Managing Director – Wye Valley NHS Trust
Sarah Dugan	CEO - Herefordshire and Worcestershire Health and Care NHS Trust
Matthew Hopkins	CEO - Worcestershire Acute Hospitals NHS Trust
Paul Walker	CEO - Herefordshire Council
Paul Robinson	CEO - Worcestershire County Council
Dr Nigel Fraser	Chair - Taurus (Herefordshire's General Practice Federation)
Dr Nikki Burger	Clinical Director - Worcester City Primary Care Network

10. Pen portraits of all the ICB Board Members can be found on this weblink: Board Members: Herefordshire and Worcestershire ICB (icb.nhs.uk)

The Integrated Care Partnership

11. The ICP has met twice (21 July and 7 October 2022). In the first meeting the core members of the statutory partnership agreed the core operating model, terms of reference and membership model. Details of these can be found at Appendix 1.

12. It was agreed that the ICP will work on a Place-Based principle, where key projects to improve health outcomes will be driven by the two Health and Wellbeing Boards through existing structures such as sub-committees, District Collaboratives,

PCNs, the Being Well Strategic Group and the Worcestershire Executive Committee (the Place-Based Partnership for Worcestershire).

13. To ensure the strong focus is maintained on Place-based working, it was agreed that the ICP will be co-chaired by the two Health and Wellbeing Chairs, with the ICB Chair in a vice-chair role. The ICB will own system wide projects that are focused on core delivery of health services which are commissioned with NHS funding.

14. At the second meeting of the ICP, the full membership of more than 50 partners came together to begin the process of developing the Integrated Care Strategy. The meeting focused on being a platform for engagement and information sharing on Integrated Care initiatives.

15. The agenda for the meeting included the following sessions:

Topic Area	**Delivered By**
Introduction and background on Integrated Care	**David Mehaffey** Executive Director for Strategy and Integration, Herefordshire and Worcestershire ICB
Partner perspectives on the development of ICSs: • The landscape for Health and Social Care Integration • A perspective from a VCSE provider organisation • The role for Community Partnerships in Integrated Care Systems	**Mark Fitton** - Strategic Director for People, Worcestershire County Council **Julia Neal** – CEO of Age UK, Herefordshire and Worcestershire **Christine Price**, Chief Officer Herefordshire Healthwatch and coordinator of the Herefordshire Community Partnership
A summary of Population Needs, key messages from the Joint Strategic Needs Assessments (JSNAs) in both counties	Public Health Teams and Place CEO Leads. • **Matt Fung**, Worcestershire Public Health • **Sarah Dugan**, Chief Executive of Herefordshire and Worcestershire Health and Care NHS Trust • **Matt Pearce,** Director of Public Health, Herefordshire Council • **Jane Ives**, Managing Director, Wye Valley NHS Trust

16. The next meeting of the ICP is scheduled for 14 December 2022, where the focus of the meeting will be on approving the first draft of the Integrated Care Strategy for publication later in the month.

The Integrated Care Strategy

17. The Health and Wellbeing Strategies in each county will be used as the foundation for the Integrated Care Strategy, with additional content being added to

address system-wide opportunities and any gaps required by national guidance that are not already covered in the HWBB strategies.

18. The Integrated Care Strategy will also build upon existing partnership work that is already focused on achieving improvements in population health outcomes and reducing health inequalities. For example, this will include work that partners already doing in areas such as work to combat drugs or improve housing. The Integrated Care Strategy will not repeat or replicate this work, instead it will signpost to it and join it up to ensure that all partners and stakeholders can be part of the coordinated and coherent approach to achieving the desired outcomes.

19. National guidance has been produced jointly by the NHS and Local Government Association, and this has been published by the Department for Health and Social Care. The key requirements to include in the Integrated Care Strategy are:

Shared outcomes	Those areas that are agreed following review of Joint Strategic Needs Assessments (JSNAs) and wider intelligence gathered during the preparation phase. It is anticipated that the outcomes will also address areas under consideration in the Integration White Paper.
Quality improvement	Requirements of the National Quality Board as set out in the national guidance produced for Integrated Care Systems.
Section 75 and joint working	Opportunities to pool health and social care funding (new guidance is expected in Spring ’23), as well as other broader opportunities for joint working such as joined up data, co-located services, integrated teams, joined up strategies and plans.
Personalised care	A broad approach to looking at how people who rely on health and social care services have their needs met in a way that is specific to them, as well as specific initiatives such as personalised advice, self-directed support and new technology.
Disparities	Inequalities in health outcomes, access and experience; and should consider specific groups such as those outlined in the definition inclusion health.
Population health and prevention	How the system will industrialise proactive, evidence-based and data-driven interventions that focus on predictive prevention. This should cover primary, secondary and tertiary activities aimed at current and future needs, with focus on reducing loss of independence and reducing premature mortality.
Wider determinants of health	How services (such as housing, employment, economy, benefits, leisure, community and environment etc) that have a substantive role in influencing health outcomes of the population are integrated and involved at the heart of the integrated care system.
Health protection	How health protection issues such as infection prevention and control, antimicrobial resistance, vaccinations and immunisations, health protection hazards, EPRR and other health threats are identified, mitigated or managed across the ICS.

Role of anchor institutions	The role that all large organisations (not just those in the public sector) that are anchored in a community can play in supporting better health outcomes in the communities that they operate in.
Workforce	How the system will build the right-sized workforce with future-proofed roles and create a One Workforce culture covering recruitment, retention and staff development activities that enable more effective integration of services on the ground.
Data and information sharing	How the right digital infrastructure and platforms, with better analytics capability and joined up data will be used to identify opportunities for joining up of service delivery, improved productivity and efficiency. This should also include how the system will build public trust to enable better data sharing.
Research and innovation	How the system will identify, evaluate, implement and adopt at scale proven innovations to improve population health and reduce disparities.
All age focus	How the system will address around the needs of children, young people, their families and support healthy ageing – recognising that services provided to adults can affect their children and vice versa. This should include child safeguarding, including addressing cultural and technological barriers that prevent effective sharing of information.

20. A working group has been convened to oversee the joint work to produce the strategy. This group consists of representatives of the three statutory partners:

Person	**Role**
Liz Altay	Interim Director of Public Health **Worcestershire County Council**
Sam Collison	Public Health Service Manager **Worcestershire County Council**
Faye Pemberton	Assistant Director for Integration and Service Development, People Directorate, **Worcestershire County Council**
Matthew Pearce	Director of Public Health **Herefordshire Council**
Emma Evans	Partnerships and Change Manager, Community Wellbeing Directorate, **Herefordshire Council**
Alison Roberts	Associate Director, Strategy and System Development **NHS Herefordshire and Worcestershire ICB**
David Mehaffey	Executive Director, Strategy and Integration, **NHS Herefordshire and Worcestershire ICB**

21. The timeline for production of the strategy can be summarised as:

Development Task	**Date**
Engagement: Phase 1 (see details below)	October 2022
Assessment of JSNA key findings	October and November
Development of headline vision, mission and initial list of proposed priorities	November
Engagement: Phase 2 (see details below)	November
Development of initial draft	November / December

Share initial draft with ICP Partners	Early December
ICP meeting to agree initial draft for publication	**14 December**
Engagement Phase 3 (see details below)	January – March 2023
Amendment, changes and updates	March
Share revised draft with ICP Partners	Early March
ICP meeting to agree changes for publication	**End of March (Date TBC)**
Publish revised final strategy	April 2023

22. As indicated, engagement during the development of the strategy will take place through 3 main phases:

- **Phase 1 (during October and early November)** will involve aggregating together all the known information and intelligence that exists across partners on population health access, outcomes and experience and health inequalities.
- **Phase 2** (**during November and December)** will involve ICP organisational and sector representatives actively engaging their organisations and sectors in discussion around the issues that the strategy is seeking to address.
- **Phase 3 (during early 2023)** will involve wider engagement with people who live and work in the ICS area and rely on services that ICS partners provide. This is a key requirement of the national guidance and this timeline allows for this task to be done properly.

23. It is important to note that the national guidance recognises that the time between ICS's being formally established in July 2022 and publishing the first Integrated Care Strategy in December 2022 does not allow sufficient time to properly develop a strategy that incorporates an appropriate level public engagement.

24. As such the local plan is to publish an **initial strategy** in December 2022 and use the first part of 2023 to refine the document prior to publishing a **revised strategy in April 2023**. It is also anticipated the first year of the strategy will incorporate time for developing clear baselines and measurable ambitions for agreed priorities that the partnership agrees in the coming months.

25. Throughout this process there will be ongoing engagement with the Health and Wellbeing Board through public meetings and development sessions to ensure that strategy.

Purpose of the Meeting

26. The HOSC is asked to:

- Consider the approach to developing the Integrated Care Partnership and the Integrated Care Strategy and make recommendations on areas for improvement
- Review the requirements outlined in the statutory guidance and consider whether the proposed approach to developing the strategy will address these effectively
- Determine whether any further information or scrutiny is required at this time.

Supporting Papers

Appendix 1 – Integrated Care Partnership Terms of Reference (July 2022)

Contact Points

Emma James/Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964/844965
Email: scrutiny@worcestershire.gov.uk

David Mehaffey, Executive Director for Strategy and Integration, NHS Herefordshire and Worcestershire ICB, david.mehaffey@nhs.net

Background Papers

In the opinion of the proper officer (in this case, the Democratic Governance and Scrutiny Manager) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 12 January 2022 and 10 March 2021 weblink to Agenda and Minutes
- Agenda and Minutes of the Health and Wellbeing Board on 15 February and 24 May 2022 weblink to Agenda and Minutes

H&W Integrated Care Partnership (ICP) and Integrated Care Partnership Assembly (ICPA)

Agreed Terms of Reference (July 2022)

Last reviewed: 28.07.2022
Next Review:

Co-Chairs	Chair, Herefordshire Health & Wellbeing Board Chair, Worcestershire Health & Wellbeing Board
Vice Chair	Chair, NHS Herefordshire and Worcestershire
Joint Responsible Executives	Executive Director of Strategy and Integration, NHS Herefordshire & Worcestershire Director of Public Health, Herefordshire Council Director of Public Health, Worcestershire County Council
Administrator	Senior Business Support Officer, NHS Herefordshire & Worcestershire
Frequency of Meetings	At least twice a year
Core Purpose of the ICPA	To oversee development and delivery of the System Integrated Care Strategy and its deployment across partner organisations.
Reporting and Relationships	There is a direct relationship with the Herefordshire Health and Well-being board and the Worcestershire Health and Well-being board.

1. INTRODUCTION

a) The Integrated Care Partnership **("The ICP")** is a statutory committee jointly established between NHS Herefordshire and Worcestershire, Herefordshire Council and Worcestershire county council **("The statutory organisations")** and is established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

b) When the statutory committee meets, it will do so in public and will invite a wide range of local partners and stakeholders to participate in the discussions. For the purposes of clarity, this wider group will be called The Integrated Care Partnership Assembly **("The ICPA").**

c) The work of the ICPA does not duplicate the work of the Herefordshire and Worcestershire Health and Well-being Boards.

d) These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the joint committee.

2. PURPOSE

The ICPA is established to:

a) Bring a broad alliance of partners together to develop an integrated care strategy that describes how the assessed health, care and wellbeing of the population of Herefordshire and Worcestershire will be met. Addressing integration of health, social care and health related services.

3. OBJECTIVES

The objectives for the ICPA are to:

a) Develop strong relationships and a collaborative culture across all partners, driving the strategic direction of the system, through setting the overarching strategy for integration at system and place.

b) Create a system level forum to support and enhance the work programmes to improve population health outcomes and reduce health inequalities at Place by addressing complex, long term issues that require a system level integrated approach across stakeholders.

c) Enable the engagement of people and communities in the development of the integrated care strategy and associated work programmes as well as drawing on insights from the existing work such as that undertaken to develop the Health and Wellbeing strategies.

d) Identify areas where work undertaken by individual Health and Wellbeing Boards can be shared in the spirit of collective learning, economies of scale and to the benefit of the local people.

e) Ensure that best available evidence and data is used to inform the development of the integrated care strategy through drawing upon the joint strategic needs assessments and other sources of rich data, insight and intelligence, with support of public health teams to ensure robust application of evidence to work programme design.

f) Enable, encourage and support partners, places and collaboratives to improve and innovate, including advocating for new approaches and transformational ways of working.

4. MEMBERSHIP AND ATTENDANCE

4.1 – Core Members of the statutory committee

a) The proposed core membership of the statutory committee is:

Organisation	Role
Chair	HWBB Chairs as Co-Chairs ICB Chair as Vice-Chair
Herefordshire Council (5 committee members)	Health and Wellbeing Board Chair
	Leader
	Corporate Director for Community Wellbeing
	Corporate Director for Children and Young People
	Director of Public Health
Worcestershire County Council (5 committee members)	Health and Wellbeing Board Chair
	Cabinet member for Adult Social Care
	Strategic Director for People
	Chief Executive WCF & Director of Children's Services
	Director of Public Health
NHS Herefordshire and Worcestershire ICB (5 committee members)	Chair (Vice-chair of the ICPA)
	Non-Executive Member
	Chief Executive
	Executive Director of Strategy and Integration
	Director of Partnerships, Prevention and Health Inequalities

b) The Core Members are accountable and responsible for decisions made by the ICP. In reaching these decisions they will listen to and have due regard to the advice and input of the wider assembly membership.

4.2 – Additional members

a) To enable the opportunity to have open wide-ranging stakeholder input to the partnership, the following places on the Assembly will be created:

Additional Members	Places
Healthwatch Herefordshire and Healthwatch Worcestershire	2
Chief Executive Leads for the two Place-based Partnerships	2
West Midlands Ambulance service	1
Worcestershire District Councils*	6
Hereford and Worcester Fire and Rescue Service	1
Office of the Police and Crime Commissioner	1
West Mercia Police	1

Worcester University – 3 Counties medical school	1
Representative Members	
Local Medical, Dental and Optometry Committees	3
Other providers in areas such as Audiology, Pharmacy, Drug Services, Sexual Health	5**
VCSE Sector across both counties	4
Domiciliary Care Providers	2
Care Home Providers representatives	2
Housing Provider / RSL representatives	2
Education Providers representatives	2
Carer's Representatives	2
Additional and Representative Members	37
Core Committee Members	15
Total Membership	**52**

**Local Government Structures are different in the two counties – see Appendix 1 for more information*
***Estimate, dependent on engagement and feedback from sectors.*

b) Representative Members will be asked to make connections between the ICPA and the sector in which they are representing. The core focus of this role is not to champion the interests of any single organisation.

4.3 – Attendance

a) It is expected that Core Members will make themselves available, where this is not possible, by exception, a deputy of sufficient authority may attend.

b) Additional and Representative Members are welcome to nominate a substitute for the Assembly Meetings if these leaves the sector un-represented.

4.4 – Quorum

a) The quorum is set at two thirds of the Core Membership, with at least 2 members from each statutory partner. If a quorum has not been reached, then the meeting may proceed, but no decisions may be taken.

b) There is no Quorum requirement governing the wider Assembly Membership.

5. DECLARATIONS OF CONFLICTS OF INTEREST

a) All members of the ICPA will be asked to declare conflicts of interest. Any substitutes nominated to attend on behalf of core members or wider assembly members must provide declarations of interest in relation to agenda items in advance of the meeting.

b) The Chair will have an extract of members conflicts of interest declarations available for reference. Where a member/attendee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

c) Members of the ICPA will adopt the following approaches to managing and mitigating conflicts or potential conflicts of interest:

   i. To operate in line with their own sovereign organisational governance frameworks and sector specific guidance for probity and decision making and managing conflicts.
   ii. To work in line with the ICS behaviours, values and priorities (which are currently under development)
   iii. To abide by the Nolan Principles (appendix 2)

d) Conflicts of interest will be included as a standing agenda item at the beginning of each meeting, where the chair will invite any members to declare any interests in connection to the business of the meeting.

e) The Chair will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the meeting, and the Vice Chair will act as Chair for the relevant part of the meeting

f) Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting will be recorded in the minutes. This will be subsequently recorded within the “Conflicts of Interest Declared During a Meeting” register.

g) Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the meeting

6. MEETINGS AND VOTING

a) The Chair will always actively seek to facilitate discussions that reach consensus amongst the core members. Decisions are expected to relate, in the main to the approval and oversight of the Integrated Care Strategy (which is to be developed between August and December 2022 and reviewed annually following initial approval).

b) In the event of needing to vote on a decision, the following approach will be taken:

   a. One vote per core member who is in attendance at the meeting.
   b. Core member deputies are able to vote.

c) Voting requirements do not apply to wider assembly members.

d) If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the joint committee may choose to convene a special meeting to conduct its business.

7. SECRETARIAT AND ADMINISTRATION

a) The Committee will be supported by an officer from NHS Herefordshire and Worcestershire, who will work closely with the joint responsible executives supporting the Health and Wellbeing Boards. The overarching aim of ensuring that the joint committee receives relevant and timely information and that key documents such as the agendas, reports, minutes, the forward plan and action log are effectively maintained and circulated in a timely manner. This will include ensuring that:

   i. Papers will be circulated at least 5 working days prior to meetings
   ii. Additional agenda items will be by exception and agreed by the Chair in advance
   iii. Draft minutes will be circulated within 5 working days of the meeting being held and will be ratified at the following meeting
   iv. Ratified minutes will be published on the ICS website

8. FREQUENCY

a) In normal years ICPA meetings shall take place bi-annually in September/October and May/June.

b) In the first year of formation ICPA meetings will take place in July (inaugural meeting to form the Joint Committee), September (to review progress on the creation of the Draft Integrated Care Strategy and December (to approve the Draft Integrated Care Strategy for publication).

c) A minimum of 7 day's notice for calling a special meeting shall be given unless the meeting is being called due to urgent circumstances. If a discussion in needed which cannot wait for the next scheduled meeting, the Chair may choose to convene an ad hoc virtual meeting to conduct the discussion.

d) During the year the two Health and Well-being boards will undertake the remit for overseeing the delivery of integration at place through their normal meeting cycle.

9. AUTHORITY

The ICP is a Statutory Joint Committee, convened under the 2022 Health & Care Act. It operates on a partnership and collaborative basis. Each of the constituent statutory partner members organisations remains responsible for discharging their sovereign statutory duties.

a) The meetings will be Co-Chaired by the two Health and Wellbeing Board chairs on a rotating basis, with the specific arrangements to be agreed as part of the agenda setting process for each meeting. Where one HWBB chair is not available, the meeting will be chaired by the other. Where both HWBB chairs are not available, the meeting will be chaired by the ICB Chair.

10. REPORTING

a) Outputs from the ICPA (in particular the Integrated Care Strategy) will be reported to:
   a. Herefordshire Health and Wellbeing Board
   b. Worcestershire Health and Wellbeing Board
   c. NHS Herefordshire and Worcestershire Integrated Care Board

11. CONDUCT OF THE MEETING

a) The joint committee shall conduct its business in accordance with any national guidance. The seven Nolan principles of public life shall underpin the committee and its members.

12. REVIEW OF TERMS OF REFERENCE

a) Under normal circumstances the joint committee shall review its terms of reference annually. In the first year these will be reviewed after 6 months.

APPENDIX 1 – Public Sector Landscape in Herefordshire and Worcestershire

<table>
<tr><th></th><th>Herefordshire</th><th>Worcestershire</th></tr>
<tr><td>Upper Tier
Local Authority Services</td><td rowspan="3">Herefordshire Council</td><td>Worcestershire County Council</td></tr>
<tr><td>Children’s Services</td><td>Worcestershire Children’s First</td></tr>
<tr><td>Lower tier Local
Authority Services</td><td>Six District Councils</td></tr>
<tr><td>NHS Acute Services</td><td rowspan="2">Wye Valley NHS Trust</td><td>Worcestershire Acute Hospitals NHS Trust</td></tr>
<tr><td>NHS Community Services</td><td rowspan="2"></td></tr>
<tr><td>NHS Mental Health Services</td><td colspan="2">Herefordshire and Worcestershire
Health and Care Trust</td></tr>
<tr><td>NHS Ambulance Services</td><td colspan="2">West Midlands Ambulance Service</td></tr>
<tr><td>NHS 111 Services</td><td colspan="2">West Midlands Ambulance Service (until Oct ’22)
DHU Healthcare (after Oct ’22)</td></tr>
<tr><td>GP Services</td><td>19 Practices in 5 PCNs</td><td>60 Practices in 10 PCNs</td></tr>
<tr><td>Police</td><td colspan="2">West Mercia Police</td></tr>
<tr><td>Fire and Rescue</td><td colspan="2">Herefordshire and Worcestershire Fire and Rescue Service</td></tr>
</table>

Worcestershire’s Six District Councils

APPENDIX 2 – THE NOLAN PRINCIPLES

1 Selflessness

Holders of public office should act solely in terms of the public interest.

2 Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3 Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4 Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5 Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6 Honesty

Holders of public office should be truthful.

7 Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2 NOVEMBER 2022

THE ROLE OF COMMUNITY HOSPITALS

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the configuration of services across the 7 Community Hospitals in Worcestershire. This includes an overview of performance headlines, challenges and future opportunities.

2. Senior representatives from Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) will be in attendance to respond to any queries HOSC Members may have.

Background

3. Herefordshire and Worcestershire Health and Care NHS Trust manage community hospitals across Worcestershire. Community hospitals host 3 distinct clinical service areas (inpatients, outpatients and Minor Injury Units), but in addition, they house many other community services who provide their clinical service within the patient's own home. There are 12 distinct wards across the county, within 7 buildings, which offers circa 233 inpatient beds. Each of those buildings has its own challenges and opportunities.

4. The clinical services running from each community hospital are detailed in Appendix 1.

5. Outpatient services run across 4 sites, with the variety of clinics described in Appendix 1. The activity in each area is complex and different organisations are accountable for activity across a range of contracting models. HWHCT has been working closely with Worcestershire Acute Hospitals NHS Trust (WAHT) counterparts to simplify these operating models to ensure good governance around activity and outcomes.

6. Minor Injury Units (MIU) are technically a subcontract of A&E delivery and are delivered by HWHCT on 4 sites. Throughout the Covid pandemic the delivery model has changed significantly and it is now possible to book an allocated appointment in a MIU via the NHS 111 system, alongside the more routine offer of walk-in availability. Activity throughout the MIUs across the county varies and is variable across the seasons of the year. MIUs are very much dependant on the availability of X-Ray services, which are provided by WAHT.

7. The baseline bed numbers across all 7 sites is 233 beds. Of these, 75 are commissioned specifically for Clinical Pathways:

    - Palliative Care x 6 (Primrose Unit, Bromsgrove)
    - Fractured Neck of Femur rehabilitation x 16 (Pershore)

- Stroke Rehabilitation x 32 (Evesham)
- Intensive Assessment and Reablement x 21 (Worcester City).

8. The Clinical Model throughout the hospitals has changed significantly in recent years, away from a Primary Care Supported model to one of Advanced Care Practitioners (highly qualified Nurses or Therapists with advanced skills) supported by directly employed Doctors or local GP's. This project has been fully evaluated and demonstrates a safe model that has improved quality outcomes for patients and staff.

Challenges and Future Opportunities

9. The information below outlines current challenges and actions being taken around workforce as well as performance and opportunities for further developing the configuration of services on each site.

10. Throughout the Covid pandemic, in order to support the most efficient access and discharges, referral criteria was relaxed and patients have been admitted to the next bed available rather than within their locality. Whilst it is preferable for beds to be available to local people, this remains a daily challenge.

11. Patient Flow across the whole system, including ambulance handover delays and system escalations impact on every aspect of the inpatient areas, with a higher occupancy level than historically, a higher turnover, and significant pressure to increase total numbers of community beds.

12. The most recent Performance Information is shown in the table below.

Urgent Care Dashboard - 2022/2023

Biro was last updated at :

Community Hospitals Total	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Total
Total Admissions and Internal Transfers In	254	257	252	256	19	0	0	**1038**
Admitted directly from ALEX	86	77	66	62	3	**294**		
Admitted directly from WRH	128	131	122	135	14	**530**		
Admitted directly via ECT	5	7	9	6		**27**		
Admitted directly via GP	13	14	14	16	1	**58**		
Other direct admissions	15	20	24	25	1	**85**		
Total Direct Admissions	247	249	235	244	19	**994**		
Total Internal Transfers In	34	26	35	26	1	0	0	**122**
Total Discharges (including deaths) and Internal Transfers Out	243	270	258	250	24	0	0	**1045**
Total Deaths	9	6	14	22	1	0	0	**52**
ALOS - Discharged/Transferred	23.5	24.8	26.4	24.5	31.4		**25.0**	
ALOS - Current Inpatients	21.4	23.2	23.0	24.4	52.5	82.5		

13. The most significant challenge for the community hospitals remains staffing. The HWHCT funded staff establishment to provide the clinical and support teams for all the clinical services across the community hospitals is 498 full time equivalent staff. These staff are supported by more than 200 other personnel, for example,

catering departments, porters, cleaning etc. Of the 498, there is an average vacancy rate of circa 16%, which equates to approximately 80 staff. Compounded by absences related to Covid-19, alongside other expected absences, this leads to high use of temporary staff in all areas, which leads to added complexity for leaders working within the system.

14. There are many initiatives to attract and retain staff in HWHCT, including a recent programme to support international Nurses. Although this has been a challenging process, the Trust is beginning to see the long-term benefits and plans to build on the successes of this particular programme.

15. A further challenge for the system, which impacts on the availability of community hospitals, is the significant relationships with partner organisations, for example Primary Care and Social Care. Similar challenges to capacity in these organisations lead to long delays in transfers of care, which ultimately can have a detrimental impact on the patient.

16. In conclusion, Community Hospitals remain a key element in the configuration of health provision within Worcestershire and HWHCT has a deep commitment to the continuity of the community hospitals to provide good quality care and rehabilitation to patients within the county. However, the complexities of providing that care within a significantly challenged health and social care system overall cannot be underestimated, with the most pressing challenge of workforce being one of national concern.

Purpose of the Meeting

17. The HOSC is asked to:
    - consider and comment on the information provided on the role and contribution to health of Community Hospitals; and
    - determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 - Overview of Clinical Services by Community Hospital

Contact Points

Sue Harris, Director of Strategy and Partnerships, HWHCT
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Jan Austin, Associate Director, Countywide Community Services, HWHCT
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Specific Contact Points for this Report
Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager) there are no background papers relating to the subject matter of this report.

Herefordshire and Worcestershire Health and Care NHS Trust

Overview of Clinical Services by Community Hospital

Community Hospital	Beds (at 10/02/2022)	Other Services
Evesham Willows Ward Izod Ward Abbott Ward	 18 (+2 additional) = 20 16 13 *Evesham is commissioned for 32 Stroke and 4 Neuro beds*	• MIU • Outpatient Clinics; Physiotherapy, Ear Nose & Throat (ENT), Trauma & Orthopaedic, Vascular, Gynaecology, Intravenous (IV) Therapy, Urology, Renal, Diabetes, Surgical Day Cases, Rheumatology, Pain clinics, Haematology, Cardiology, Respiratory, Orthotics, Paediatrics, Multiple Sclerosis (MS) Nurse, Continence Nurse, Diabetic Nurse, Parkinson's Nurse, Stoma Nurse, Sleep Nurse, Neuro rehab, genetics, Musculoskeletal (MSK) Clinics, Abdominal Aortic Aneurysm (AAA) screening, • Psychiatric Day Unit • MIU • X-Ray • Audiology • Dental • Community Teams, Neurology, MS, Epilepsy, Older Adult Mental Health, Admiral Nurses, IV Therapy, District School Nurses, Social Workers, Physiotherapy & Occupational Therapy, Midwives scanning • Infection control • Facilities • Education Centre • Restaurant
Princess of Wales, Bromsgrove Cottage Ward Lickey Ward Primrose	 24 24 (+4 additional) = 28 6 Palliative Care beds	• MIU • X-Ray • Rehab & Assessment Unit • Occupational Therapy • Physiotherapy • Outpatient clinics – Worcestershire Acute Hospitals Trust (WAHT) and HWHCT; Breast Screening, Physiotherapy, Podiatry, ENT, Ophthalmology, Leg Ulcer Clinic, Audiology, Sexual Health, Haematology, Orthopaedics, Diabetes, Urology, Vascular, Continence Clinics, Blood Transfusion, Community Paediatrics, Paediatric Physiotherapy, Paediatric Occupational Therapy, Phlebotomy, Maternity, Speech and Language • **Community Hub:** Neighbourhood Teams, Neurology, MS, Stroke, Parkinson's, Epilepsy, IV Therapy, Palliative Care • **Newhaven –** Mental Health Unit • Dental • Restaurant • **Newbrook** – Mental Health

Worcester City Inpatient Unit Apple Orchard Ward Cherry Orchard Ward	 22 24	**Maximum of 21 beds used for intensive assessment rehabilitation (IAR Beds) to support our most frail patients*
Malvern	24	• MIU • Outpatient clinics run by WAHT and HWHCT; Physiotherapy, Orthopaedics, Urology, Cardiology, Gynaecology, Ear Nose and Throat, Respiratory, Vascular, Neurology, Paediatrics, Allergy, Arrythmia, T&O, Immunology, Haematology, Dementia Assessment, Pain Management, Rheumatology, Speech and Language, Parkinson's, Diabetic Eye Screening, Abdominal Aortic Aneurism Screening, Upper Gastro-Intestinal, Infertility, Pain, Loop recorders, blood transfusion, Platelets, IV antibiotics and Bisphosphonate infusions, Bowel screening, Ultrasound screening. Eating disorders, ADHD, Long covid • Non-Consultant Clinics; MS, Stroke, Heart Failure, Continence, Parkinson's Nurses, Spasticity, Vascular Technician, Orthotics • Monoclonal IV Therapy *(Covid-19 treatment – additional Outpatient clinic operated by HWHCT)* • Endoscopy unit • X-Ray Base to Community Teams: Physiotherapy, Occupational Therapy, ME/Chronic Fatigue, IT, GP out of hours, Social Worker, Leisure facilitator
Pershore	26 *Fractured Neck of Femur (NOF) patient beds*	• Out-patient Clinics; Physiotherapy, Lymphoedema • Continence Clinics • Community Teams; Stroke, Health Visitors, School • Nurses, Care Home Advanced Nurse Practitioner, Neighbourhood Team
Tenbury	19 (+3 additional) = 22	• MIU *(closed from 16/12/2021 – 31/03/2022 due to operational pressures and redeployment of staff resource).* • *X-Ray & Ultrasound suspended* • Out-patient clinics operated by WAHT and HWHCT: Phlebotomy, Physiotherapy, Podiatry, Diabetic Eye Screening, MS Nurse, Early Intervention Dementia service, Audiology, Community Paediatrics, Paediatric speech and language, Diabetic eye screening, Community Nursery Nurse, Health Visitor, Orthotics, Gynaecology, AAA screening, Psychiatry & CPN • Community Teams; Neighbourhood Team, Breast Feeding Coordinator, PACT Nurse, Social Worker
Wyre Forest, Kidderminster Wyre Forest Ward	 16	Robertson Centre has Outpatient clinics for Mental Health services and Speech & Language Therapy

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2 NOVEMBER 2022

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2022/23 Work Programme has been developed by taking into account issues still to be completed from 2021/22, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.

3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.

4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.

5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:

    - Local NHS bodies and health services (including public health and children's health).

6. The scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 29 June and agreed by Council on 14 July 2022.

Dates of Future 2022 Meetings

- 1 December at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the 2022/23 Work Programme and agree whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2022/23

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Democratic Governance and Scrutiny Manager), the following are the background papers relating to the subject matter of this report:

Agenda and Minutes for Overview and Scrutiny Performance Board 29 June 2022

Agenda and Minutes for Council 14 July 2022

All Agendas and Minutes are available on the Council's website weblink to Agendas and Minutes

SCRUTINY WORK PROGRAMME 2022/23

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
2 November 2022	The Role of Community Hospitals		
	Integrated Care System (ICS) Development and Development of the Draft Integrated Care Strategy	12 January 2022	
1 December 2022	Patient Flow*	9 March, 9 May, 8 July, 17 October 2022 and 18 October, 3 November 2021	
January 2023	Public Health Ring Fenced Grant – six monthly update		
	Health Inequalities resulting from the Covid-19 Pandemic		To include Long Covid
	Public Health Outcomes, including promoting active lifestyles, targeting rising obesity levels, prevalence of alcohol use during pregnancy etc		Suggested at 19 July 2021 Meeting. To include alcohol services and sexual health services
	Health impacts of the pandemic, including waiting lists		Notice of Motion from Council 13 January 2022
February 2023	Mental Health - the impact of COVID on children and young people - Dementia Services - Preventative measures, for example peri-natal mental health - Mental Health Needs Assessment (when complete)	21 September 2021 19 September 2018 (CAMHS)	Ongoing updates on restoration of services during the Covid pandemic have also been provided (from June 2020 - present)
	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	
March 2023	Physiotherapy Services		Suggested at 19 July 2021 Meeting

	Out of County Elective Surgery		Requested at 9 May 2022 meeting
Ongoing	Monitoring temporary service changes (and new ways of working) as a result of COVID-19	10 March 2021 19 July 2021	
Ongoing	Integrated Care System (ICS) Development	10 March 2021 12 January 2022	
Possible Future Items			
December 2022 - TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
Early 2023 - TBC	Commissioning Arrangements under the ICS		To include the plans for the commissioning of Pharmacy, Dentistry, Optometry, Specialised Acute, New Arrangements for Mental Health, Specialist Mental Health and Prison Health
2023 - TBC	Community Pharmacies		Agenda planning September 2022
Early 2023 - TBC	Workforce	10 June 2022	Requested at 17 October 2022 Meeting
Early 2023 - TBC	Routine Immunisation		Suggested at 19 July 2021 Meeting
Early 2023 - TBC	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 Meeting
Early 2023 - TBC	Hospital at Home Service		Requested at 10 June 2022 meeting
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	Dementia Services		Requested at 9 May 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Onward Care Team		

TBC	Prevention		Suggested at 17 October 2022 Meeting
TBC	Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement)	9 May and 17 October 2022 and 21 September 2021	Requested at 17 October 2022 Meeting
Standing Items			
TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Annual Update on Health and Wellbeing Strategy	17 October 2022	
TBC	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
TBC	Review of the Work Programme		

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

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