

Minutes of the Health Overview and Scrutiny Committee

County Hall, Worcester

Friday, 8 July 2022, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Sue Baxter, Cllr Mike Chalk, Cllr David Chambers, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Chris Rogers and Cllr Kit Taylor

Also attended:

Cllr Karen May, Cabinet Member with Responsibility for Health and Well being
Mari Gay, NHS Herefordshire and Worcestershire Integrated Care Board
Jules Walton, Worcestershire Acute Hospitals NHS Trust
Matthew Hall, Herefordshire and Worcestershire Health and Care NHS Trust
Vivek Khashu, West Midlands Ambulance Service University NHS Foundation Trust
Scott Parker, NHS Herefordshire and Worcestershire Integrated Care Board
Ash Banerjee, NHS England - Midlands

Mark Fitton, Strategic Director for People
Rebecca Wassell, Assistant Director for Commissioning
Hayley Durnall, Public Health Consultant
Tanya Richardson, Public Health Consultant
Lucy Chick, Senior Public Health Practitioner
Richard Stocks, Senior Finance Business Partner
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 10 June 2022 (previously circulated).

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

1074 Apologies and Welcome

Apologies had been received from Councillors Lynn Denham, Calne Edginton-White, Jo Monk, Frances Smith, Richard Udall and Cabinet Member with Responsibility for Adult Social Care, Adrian Hardman.

1075 Declarations of Interest and of any Party Whip

None.

1076 Public Participation

None.

1077 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 10 June 2022 were agreed as a correct record and signed by the Chairman.

1078 Patient Flow and Progress Update Against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital Handover Delays

Attending for this Item and representing the Herefordshire and Worcestershire Integrated Care System (HWICS) was:

NHS Herefordshire and Worcestershire Integrated Care Board (HWICB)
Mari Gay, Managing Director

Worcestershire Acute Hospitals NHS Trust (WAHT)
Dr Jules Walton, Deputy Chief Medical Officer

West Midlands Ambulance Service (WMAS)
Vivek Khashu, Director of Strategy and Engagement

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)
Matthew Hall, Chief Operating Officer

Worcestershire County Council (the Council)
Mark Fitton, Strategic Director for People
Rebecca Wassell, Assistant Director for Commissioning

HOSC Members were reminded that on 1 July 2022, the Herefordshire and Worcestershire Integrated Care System (HWICS) was established, resulting in health, social care and voluntary organisations working together to integrate services for the benefit of residents within Herefordshire and Worcestershire. An Integrated Care Board (ICB) had also been established, with a new Chairman appointed. Further integration plans from central Government were expected in time.

Turning attention to the Agenda, it was explained that since the last Report on 9 May 2022, delays in ambulance hospital handovers had not improved and

had deteriorated, with the month of June 2022 recording over 1,000 ambulances waiting over 60 minutes to be handed over to Acute Hospital staff. The number of ambulances attending the hospital had not significantly increased, however, the number of walk-in patients had increased, with staff seeing more acute cases. Admissions were stable, yet the number of in-patients with COVID-19 had increased and there was increased staff sickness.

Extra capacity was now available at Worcestershire Royal Hospital (the Royal), through a 29 bed Acute Medical Unit (AMU). This allowed patients to be referred by their GP to be admitted directly to the AMU and had opened on 4 July. Alongside this, the existing Medical Assessment Unit had been repurposed providing the Royal with over 35 extra spaces overall. 'Plan, Do, Study, Act' continued to be in place and targets were being monitored as the system was aware of the quality risk. A target of significant improvement in 5 weeks had been set, alongside the aspiration of 7 day working. There continued to be a need to improve flow at the Royal and the Alexandra Hospital in Redditch (the Alex) had assisted with the Royal flow.

Members were invited to ask questions and in the discussion, key points included:

- The Chairman expressed his disappointment about the lack of improvement made on the Worcestershire Royal site
- Clarification was given that for the month of June 2022, across the 2 acute hospitals, 1,300 ambulances had waited over 60 minutes to handover patients - 975 at the Royal and 325 at the Alex. To date in July, on average 30 ambulances each day had been waiting over 60 minutes, totalling 229 at the Royal to 8 July
- WMAS reported that the service had escalated the risk of handover delays and delayed responses to the highest level (25/25). A score of 25 was defined as 'likelihood certain, risk catastrophic'. The service was seeing examples of severe harm, including death, on a near daily basis. Ambulance response times to Category 1 (999 calls) had deteriorated due to the ongoing situation, however, the sickest patients continued to be prioritised. Many residents were waiting an unacceptable amount of time for an ambulance and it was evident that harm was happening every day
- All 29 beds were currently occupied in the newly opened AMU, with the expectation that length of stay would be less than 24 hours, ideally 12 hours
- Around 15-20% of discharges were complex discharges, meaning around 50 patients across all sites had no criteria to reside on a daily basis. Regionally, Worcestershire benchmarked very well against length of stay
- Monday to Friday discharge numbers amounted to around 100-120 from the Royal and 60-70 from the Alex. Neither site had many discharges at the weekend which was an issue and impacted on Mondays and Tuesday's which were also causing a concern
- Only around 38 (of the 100-120) discharges from the Royal were classed as Golden Discharges (i.e. before 10am). Problems with pre-

planning were cited as a reason and discharges were often still late in the day

- The Committee remained very concerned that the situation was not improving despite ongoing attempts to resolve issues. In response, it was reported that hospital staff often had to work hard with families to discharge under Pathway 1 (discharge to home), the lack of 7 day working was a constant challenge and the process required improvement
- Asked why 7 day working was such a challenge, it was attributed to a physical lack of workforce, however, the Health System would support 7 day working, 24 hours each day, if processes improved. Everyone acknowledged that the situation would not be resolved quickly
- The Report stated that progress in discharging medically fit patients by 10am was being held up by the late booking of patient transport. The process was under review to determine whether any improvement could be made. Around 5% of patients, who were medically fit for discharge, had their discharge delayed, however, it was not uncommon to see discharges late in the evening. Delays due to pharmacy continued to be present at weekends due to staffing issues
- Discharge Pathways were explained as followed:
 - Pathway 0 – Home with no support
 - Pathway 1 – Home with reablement
 - Pathway 2 – Community Hospital for additional support (around 70 patients a week across the 7 Community Hospitals with length of stay around 22 days, followed by home with support)
 - Pathway 3 – Usually a Care Home, however, HWICS had introduced intensive assessment and recovery in a Community Hospital initially
- HWHCT had seen an increase in patients being discharged and more frequently up to 2 days earlier than previously. The Trust planned to admit around 55 patients each week and was currently running at 70 patients. Typically, all community hospital beds were filled and if there was a waiting list, this was usually less than 48 hours
- The working relationship between the Council and HWHCT was very good, with Pathway 1 discharges usually occurring within 24 hours
- When asked about best practice in other acute trusts, it was reported that there were several professional networks and clinicians had visited other areas to learn from different practice. There had been lots of shared learning, alongside Peer Reviews and support from NHS Improvement. Representatives were confident that the System was well sighted on the urgent care service however acknowledged that there was a marked difference between the performance of Royal and the Alex despite there being the same processes in place from the same Acute Trust. WAHT had linked to another Hospital Trust in order to improve performance
- In response to the suggestion that residents were concerned, HOSC learned that there were many excellent areas within the System and there had never been an issue on the quality of care received in the Emergency Department
- When asked which Acute Trusts in the Region performed well, Members were advised Walsall's performance was consistently better

than WAHT, with the example that the number of ambulances waiting over 60 minutes to handover patients for July to date (8 July), Worcestershire Royal was at 229 and Walsall was 4. However, this wasn't the picture across the Region. As WMAS worked with several Trusts around the region, examples of good practice were shared

- In response to a question as to why the Alex performance was better than the Royal on discharges, it was explained that an Incident Room had been set up on 1 May at the Royal with new processes introduced. This saw a good increase in the early weeks and learning quickly spread across both sites. Process and procedures were the same across the sites, however, these required embedding
- The number of inpatients with COVID-19 was rising, however around 60% of COVID positive patients were in hospital for another reason. Infection control had not changed
- If Staff tested positive for COVID-19, they were unable to work for 5 days if asymptomatic and had a negative Lateral Flow Test, and around 2 weeks if symptomatic, this was the same approach as WMAS, who reported that at the time of the meeting, 170 Staff (out of 750) were off work with COVID-19, with 6 off with Long Term symptoms. Cover for staff absences would consist of a mixture of agency and locum staff and a huge amount of goodwill from Staff who were already operating in very difficult circumstances
- Residential Care and Nursing Homes were also being impacted, with a 23% Regional reduction in Residential Care Home settings, with Worcestershire seeing a drop of 13.6% of Homes taking residents
- A new bed management system had been in place since 4 July, which was a revised patient flow system with updated processes in place
- The Report referred to an Ambulance Border Change in July 2021. It was clarified that this was not geographical, rather instances of Stroke patients, for example, being conveyed to the most appropriate setting
- When asked whether an independent review of the current situation had been carried out, Members were told that numerous experts had shared their views, all concluding that the Plan was right and the System had to focus on recovery and delivery of the Plan
- Assurance was given to HOSC that all Action Plans in place were as a result of recommendations from external reviews and additional resources had been provided to all partners
- A HOSC Member questioned whether there was merit in providing a consistent service and opening times across all the Minor Injury Units in order that residents could be assured of utilising those services and diverting themselves from A&E. It was reported that the MIUs were different sizes, in varying locations and separate teams, however, NHS111 and 999 call handlers were able to triage calls and book appropriate slots if required. Walk in patients were still able to use the MIUs and most of their activity was still from walk in patients. Residents were advised that the website was updated with current services and opening times across the County. There was no definition of a Minor Injury, however it was suggested that if a situation was not life threatening, a call to NHS111 would ensure the right outcome for that individual

- A review would be carried out to assess whether increasing diagnostic provision within the MIUs would reduce pressure within the ED, especially on weekends. It was suggested that MIUs were undertaking about 50% of potential activity, however the challenge would be whether appropriate Staff would be available
- ED Streaming was a mechanism of re-directing patients from ED to some other healthcare provider as a way of bypassing the ED, however, this required an experienced clinician and the knowledge that the patient would flow through the alternative system rather than create more bottleneck
- Additional resource had been secured to facilitate patient discharge however, the test was whether extra staff would make a difference
- When asked what was needed to make significant improvements, Members were told that extra capacity was key, that streaming at ED would help and early in the day discharges would increase patient flow. All partners were currently performing at the highest level and workforce was a constant challenge for the whole system
- Public communication around access to healthcare would continue and a review had been undertaken, the results of which would be shared with HOSC after the meeting
- The Cabinet Member with Responsibility for Health and Well being was invited to comment and expressed deep concern with the continued poor performance reported, asking what were the solutions to make the major improvements needed and when the System would return to HOSC with a Plan showing outputs and outcomes. In response, the Committee was advised that extra capacity was needed (both clinicians and for transformation), streaming at the ED, earlier in the day discharge and pathways to the highest level
- Members were informed that a target had been set to deliver improvement by 1 September 2022, which was extremely challenging. It was agreed to report the Plan, showing outcomes, to the 19 September 2022 HOSC
- During the meeting and across the region, 337 ambulances were active and deployed, however, only 35 were available and none were available in Worcestershire. An increase to 350-390 ambulances would likely occur between 5pm and 7pm. Across the region, the longest wait at any hospital was coincidentally at the Royal having arrived at 7am
- Pre pandemic, during an average shift, an ambulance crew could expect to see 6 to 8 patients, now it was around 2 to 3 patients each shift. The deterioration in ambulance response times was as a direct result of hospital handover delays. In April 2021, Category 1 calls target was missed by 1 minute, with targets for Category 2 and 3 being achieved. This was no longer the case.

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

- Healthwatch was of the same opinion as WMAS that everyday everyone was at risk of harm and suggested that HOSC may wish to request harm review data in future reports

- Although there were many negative comments, nothing should detract from the hard work that Staff were putting into patient care
- In 2017/18, Healthwatch had questioned whether the health structure within the County met the needs of the patient and urged the System to undertake a structural review.

In response, it was reported that the ICS would evaluate the System in time, but the focus would be best practice for patients and patient flow. The different Pathways were benchmarking well and HOSC was reminded that system integration was around services to people. Furthermore, structural change was not always the right solution, however systems, such as integration of IT Services for example, was an area which could be strengthened.

The HOSC Chairman thanked everyone for the update and requested a further update at the 19 September 2022 HOSC.

The meeting was adjourned from 11.45am to 11.50am.

1079 Update on the COVID Vaccination Programme

Attending for this Item was:

Scott Parker, Director of Partnerships and Health Inequalities, NHS Herefordshire and Worcestershire Integrated Care Board
 Dr Ash Banerjee, Public Health Consultant, NHS England
 Hayley Durnall, Public Health Consultant, Worcestershire County Council
 Karen May, Cabinet Member with Responsibility for Health and Well being

By way of introduction, attention was drawn to key points from the Agenda Report, mainly that at the time of the meeting nearly 2 million vaccines had been delivered across Herefordshire and Worcestershire since December 2020 and performance at every level was in the upper quartile nationally. The 2 Counties ranked highest nationally for vaccinations for those aged 17-18 years. The success was attributed to solid partnership working. In Worcestershire, 87.1% of residents aged 12+ had received their first dose. Figures dropped slightly for second doses (83.9%) and 86.1% of the eligible cohort had received a booster dose. Publicity campaigns remained a priority and residents continued to come forward for vaccination.

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

- The drop in uptake from the second dose could be attributed to 'vaccine fatigue' or lack of confidence in the effectiveness. Some people had stated that they felt less threatened by COVID-19 after a single dose. In relation to booster doses, it was believed that some people felt there was less urgency to have the booster when it was due
- The HOSC was pleased to hear the positive statistics, however, was keen to learn how residents were being encouraged to come forward. Examples were given, such as targeted sessions, quiet hours and different ways of working with communities to overcome concerns.

Worcestershire had been recognised nationally for its work on its targeted approach

- It was known that there was a strong link between low uptake and deprivation. In Worcestershire, there was a 12.5% gap between more and less affluent, compared with 19% regionally. Although the County performed well, the gap was still too wide
- District specific Incident Management Teams had been established during the programme and the Teams continued to work to contribute to the high uptake of vaccines, effectiveness of outbreak support and local engagement, including working with local elected Members
- It was reported that vaccination data was available to Street level, which helped to target communities through pop up vaccination hubs
- Partnership working had been key to the success to date and the enthusiasm of the Incident Management Teams, alongside a strong voluntary sector and clinicians on the ground
- Clarification was given on the vaccine delivery schedule, that nationally, the Joint Committee on Vaccination and Immunisation (JCVI) advised the Government on the vaccination programme and associated updates
- At the time of the meeting, national planning was underway for an Autumn booster programme for residents aged 65+ or people working in health and social care, eligible carers or those with specified underlying health conditions. Across Herefordshire and Worcestershire, around 340,000 people would be eligible and the plan was to deliver the booster mainly through the GP/Pharmacy model or vaccination vehicles in communities. It was hoped that stock would be available from 5 September and be delivered alongside the annual Flu vaccination programme
- In relation to the impact of vaccination on hospital admissions, the evidence was clear that vaccination reduced the need for intensive care or ventilation and was very effective against serious illness and death. There was a current rise in cases as the virus mutated and variant strains were detected. Furthermore, the level of protection would decrease with time, however, the pattern seen with COVID-19 was not uncommon for viruses
- A Member welcomed and commended the pop up activity in their area, especially in relation to rough sleepers and the homeless. It was noted that similar activity was planned for the Autumn, working in partnership with other agencies, to provide banking advice and access to personal care for example
- It was agreed that, where possible and stock allowed, local elected Members would be advised earlier on upcoming activity in their area in order to spread the word
- Around 70,000 people in Worcestershire were totally unvaccinated with the profile generally including younger residents, however, around 200 individuals were continuing to come forward each week to be vaccinated, whether it be first, second or the booster dose
- There was an official measure of COVID deaths, however, the HOSC was interested to know numbers of people dying of COVID, rather than with COVID. The figure was unknown, however, it was known that initially COVID was more deadly, around 8%, and over time and better treatment options available, numbers had decreased to around 1%.

Further information and explanation would be forwarded to HOSC Members after the meeting however attention was brought to the fact that the mortality rate of flu was much greater than COVID

- A Member queried the effectiveness of boosters when new variants were prevalent, to be informed that it was always an area which was most challenging. Some medically eligible residents, identified by GPs, were receiving fourth or fifth doses as advised by the JCVI
- The HOSC Chairman was pleased to hear that Worcestershire was performing well and the Cabinet Member with Responsibility for Health and Well being urged everyone to keep up with their vaccinations and reiterated that it was never too late to have the first dose.

1080 Worcestershire Health and Wellbeing Strategy Consultation - Feedback

The Cabinet Member with Responsibility (CMR) for Health and Well being and Senior Officers from the Public Health Team reported that the Worcestershire Health and Wellbeing Strategy consultation period had run from 7 February to 2 May 2022. Overall, 1,627 responses had been received, 97% from residents and 3% from organisations. The Team was pleased with the level of response and analysis of the feedback was ongoing.

Throughout the consultation period a survey was used to test the vision of 'working together for all to be well in Worcestershire'. The survey also sought to understand what 'being well' meant to residents. The breadth of the communication campaign and the wide ranging engagement activity undertaken was outlined.

Development of the draft 10 year Strategy would progress over the Summer, with a view that it would be discussed by the HOSC in September before being agreed by Cabinet in November 2022.

During Member questions, the following main points were raised:

- The Strategy aimed to achieve several goals, including keeping residents out of hospital, ensuring communities were sustainable, upskilling adults to attain better life outcomes and for older people to be independent for longer
- The Report stated that consultation responses were generally reflective of an older and white British population, with a suggestion that 77% of respondents were female. A Member asked whether the CMR was confident that the developing Strategy would therefore meet the needs of the County. In response, it was noted that men were generally known to be less interested in their health, however, a number of different engagement approaches had been undertaken during the consultation period to gather evidence
- Alongside the Strategy, Action Plans would be developed and monitored through a performance monitoring framework
- When asked how residents would know whether the Strategy was having an impact on their lives, the HOSC learned that there was a

commitment to inform the public through regular communications, such as 'you said, we did'

- The overarching priority of mental health would address problems such as alcohol and drug misuse, which had seen an increase during the COVID-19 pandemic. It was agreed that the priority of healthy living at all ages was huge as it linked in to all the other priorities and that poor mental health had an impact on any individual
- The Health and Wellbeing Board was responsible for the Strategy, however partners, including those in the newly formed Integrated Care System (ICS), would be responsible for delivery. Furthermore, the Health and Wellbeing Board would hold partners to account for their performance
- The ICS would need to develop and publish a Strategy by the end of 2022 and the Health and Wellbeing Strategy would form part of the wider ICS Strategy, to ensure a consistent message for Worcestershire.

The Chairman thanked those present for a useful discussion and looked forward to receiving the draft Strategy at the September HOSC.

1081 2021/22 Year End Budget Monitoring

Members were reminded that the Public Health Ring Fenced Grant (PHRFG) had limited scope and the HOSC had asked for twice yearly updates. A summary of the 2021/22 Year End position was given.

The PHRFG allocation for 2021/22 had been £30.365m, with an in-year underspend of £3.3m mainly due to the unexpected availability of other grants. The Reserve now totaled £9.7m and a 3 year plan was being developed for its utilisation.

Additional COVID Grants, amounting to £16.1m for Worcestershire, had been managed by Public Health, including the Contain Outbreak Management Fund (COMF) and Test and Trace. Of this, £4.3m was carried forward to 2022/23. These Grants were used, in partnership with District Councils, on elements such as support for residents self-isolating, supporting vulnerable people and additional testing.

Members were invited to ask questions, with the following points made:

- The plan to allocate the £9.7m in Reserves was in development, however, £2.2m was currently unallocated
- When asked how the discretionary element of the PHRFG was agreed, Officers would look at population need, consider the Joint Strategic Needs Assessment (JSNA), determine what would meet local need, look at what had worked elsewhere and deliver targeted activity to reduce Public Health concerns
- A query was raised in relation to a nil outturn for several projects, such as the Here 2 Help Scheme and a Care Home Project. Officers confirmed that in these instances funding had been provided by additional grants, not the PHRFG

- A Member queried whether the night time economy was an area which was being considered by Public Health, to be informed that it was definitely an important area and was worth investigating further.

1082 Work Programme

Members agreed to schedule a further report on Patient Flow and Progress Update Against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital Handover Delays to the 19 September 2022 HOSC Agenda.

The meeting ended at 1.10 pm

Chairman