

Agenda

Health Overview and Scrutiny Committee

Friday, 8 July 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.

Health Overview and Scrutiny Committee Friday, 8 July 2022, 10.00 am, County Hall, Worcester

Membership

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Jo Monk, Cllr Chris Rogers and Cllr Kit Taylor

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 Assistant Director for Legal and Governance 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 Thursday 7 July 2022). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting To follow	
5	Patient Flow and Progress Update Against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital Handover Delays (Indicative timing: 10.05 - 10.45am)	1 - 32
6	Update on the COVID Vaccination Programme (Indicative timing: 10.45 - 11.30am)	33 - 36
7	Worcestershire Health and Wellbeing Strategy Consultation – Feedback (Indicative timing: 11:30 – 12:15pm)	37 - 46

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All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Friday, 1 July 2022

Item No	Subject	Page No
8	2021/22 Year End Budget Monitoring (Indicative timing: 12.15 – 12:40 pm)	47 - 58
9	Work Programme (Indicative timing: 12:40 - 12.45pm)	59 - 64

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.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 8 JULY 2022

PATIENT FLOW AND PROGRESS UPDATE AGAINST RECOMMENDATIONS FROM THE SCRUTINY TASK GROUP REPORT ON AMBULANCE HOSPITAL HANDOVER DELAYS

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on patient flow and the recommendations made in the Scrutiny Task Group Report on ambulance hospital handover delays.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB) (which has from 1 July 2022 replaced the NHS Herefordshire and Worcestershire CCG), West Midlands Ambulance Service University NHS Foundation Trust (WMAS), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend this meeting.

Background

3. Evidence was gathered in November 2021 by a Task Group of HOSC Members and nine recommendations were made. At the 9 March 2022 meeting, the Committee approved the Scrutiny Task Group Report and briefly heard from contributing health and social care organisations. At the meeting on 9 May 2022, Members received a progress report and requested a further update.

Ambulance Hospital Handover Delays

4. As detailed in the data pack at Appendix 1, the volume of delays is showing little improvement.
5. One key factor behind this is the delayed opening of the 29 bedded new Medical Admissions Unit (MAU) which is due to concerns regarding the water supply. The new MAU was recognised regionally as being a key requirement for the Worcestershire site to operate more efficiently and being a key enabler in preventing delays.
6. A trajectory on reducing delays will be produced following the opening of the new MAU.
7. A new escalation process was due to be launched 27 June 2022 aimed at improving responsiveness when delays start and focuses on rapid de-escalation.

Patient Flow

8. The Worcestershire Home First Committee (which oversees key Urgent and Emergency Care (UEC) measures for the system) has dedicated work streams focused on key themes, and one such theme is Optimising Patient Flow.

9. The establishment of the Incident Room Function has helped fast track key elements of Patient Flow, chief among these is patient discharge earlier in the day.

10. Appendix 1 details a 12% improvement in pre 2pm discharges and overall discharges have increased by approximately 30 per week.

11. The Patient Flow program also focuses on issues such as Criteria Led Discharge which is where processes are in place to allow Nurses to agree discharge subject to consultant criteria, without the consultant needing to be available – this will help, for example, if patients become ready for discharge over a weekend.

12. Appendix 1 also details several measures in which Patient Flow is monitored, and this allows for best practice to be shared across the system and also for targeted intervention in particular areas.

13. Following on from improvements already made, the key next steps are to embed recent best practice across the trust and to sustain progress across the weekend period.

Update on Scrutiny Task Group Recommendations

Recommendation 1 – Discharge of medically fit patients by 10am

14. Levels of Golden Discharges (discharges before 10am) have increased to approximately 38 per week post the implementation of the Incident Room, this is an increase of approximately 5 per week.

15. While the overall improvement is not as high as anticipated, there is more consistency in embedding this practice across the Trust. This work will continue which should result in further increases in levels of Golden Discharge.

16. One of the key factors affecting progress is the late booking of patient transport. This theme has been picked up through the Incident Room and, working with partners, protocols will be put in place to ensure the timely booking of transport, thereby further reducing late discharges.

Recommendation 2 – Extra resources to facilitate patient discharge

17. Two of the eight additional discharge support workers are now in place and recruitment is continuing to fill the final six vacancies.

Recommendation 3 – Signposting to appropriate services from the Emergency Department front door

18. Appendix 1 highlights that Minor Injury Units (MIUs) are returning to pre-pandemic levels of activity, with further work set in train looking into expanding the scope and offer of the MIUs in the county.

19. Pro-active communication campaigns have been enhanced and examples of a recent campaign is provided within the data pack.

Recommendation 4 – Patient Assessments

20. The areas of focus of the system-wide Rapid Improvement Cell includes ensuring the timely completion of electronic discharge summaries, advance booking of transport and delivery of any medicines required to ensure that the processes around a patient's discharge from hospital work as efficiently and effectively as possible. Worcestershire Acute Hospitals NHS Trust is also exploring ways of carrying out pre-discharge assessment earlier in a patient's hospital stay to further improve the timeliness of discharge.

Recommendation 5 – Monitoring the impact of the 2 Hour Community Response Service on Ambulance Handovers

21. Data highlighting progress in relation to the 2 Hour Community Response is detailed within the pack.

22. Further work is required to increase referrals from the Ambulance Service. Visits to the networks who provide the service are being undertaken to further understand how activity can be increased.

Recommendation 6 – Monitoring the fragility of the Care Sector workforce

23. There are in excess of 350 independent care provider organisations within Worcestershire and the Council is limited in its ability to be able to support them or to directly influence their employment practices as privately owned businesses. However, the Council does track and monitor the overall employment data on independent care work organisations via Skills for Care and from this, some key points inform us that:

- The independent care sector in Worcestershire employs approximately 15,000 people.
- In the financial year 2020/21, a vacancy rate of 6.7% was reported, a figure in line with the preceding year (6.6%). However, for the financial year 2021/22, the vacancy rate for the West Midlands region increased from 6% to 10.4% across all care roles, and to 12.7% for care workers.
- Turnover in 2020/21 was 31.3%.
- More than 50% of care workers in the sector are part-time, and one-quarter are employed on zero-hours contracts.

24. The availability of workforce, the impact of Covid-19, in particular the requirement for mandatory vaccinations, and rising travel costs have had a significant impact on workforce availability. The workforce issues faced by care providers have also been exacerbated in recent times due to nationally

reported issues relating to low pay and the lack of recognition of contribution to the health and care of the most vulnerable in society. Insufficient workforce has resulted through 2021/22 in care providers returning high numbers of care packages to the Council to be re-sourced with another provider. Few care providers however, were forced out of business by the pandemic and very small numbers within the residential care sector were unable to support residents due to insufficient staff, seeking support from the Council for resident safety.

25. The NHS remains under pressure as it recovers post-pandemic. The need for safe and timely discharge of patients to community settings via the appropriate pathways, and in line with national guidance can add to the demand pressures within the independent sector, which itself has been severely impacted by Covid and other long-term workforce and funding issues as described above.

26. Over the past two years, via a range of measures and through the work of a number of teams, the County Council has supported the care provider workforce through the dissemination of more than £31m of Covid grants, additional payments, support to recruit and train workers and other initiatives that have been regularly scrutinised by Council member panels. This includes development of process to support residential settings that find themselves without sufficient staff due to illness (primarily Covid), a free to use Worcestershire jobs board, access to training and the transfer of funds from the Council Apprenticeship Levy, grant funded initiatives to bring people seeking employment into care work (SWAPS) with supported training and recognition of the huge importance and value independent care sector workforce and carers via media outlets. UK Care Week (4-8 July) will see the Council engage further and build upon the work already on-going through the supported employment teams and I-Care Ambassadors to encourage people to take up a career in care, its aim being to bring together the care community, address the biggest challenges facing the care sector, celebrate the talent of care workers and hold a collective voice for change. Activities during this time include engagement with schools and FE colleges, engagement with employment support providers via jobs fairs/recruitment drives and promotion of the SWAP opportunities, employer engagement and media publicity and promotion.

Recommendation 7 – Continuous learning from best practice and what is working elsewhere

27. Plan, Do, Study, Act (PDSA) processes are being produced to embed learning from Incident Room themes to be rolled out across the Trust.

28. Local plans are frequently reviewed with regulators who consistently report that the plans are in-line with best practice.

29. Critical Friends are regularly invited into the system to focus on different parts of the UEC pathway.

Recommendation 8 – Healthwatch Worcestershire work on Urgent Care and the ED

30. System partners have continued to promote Minor Injury Units as part of the ongoing signposting to the public on alternatives to Emergency Departments. Minor Injury Units are promoted alongside pharmacy, general practice (GP) and NHS 111 services.

Recommendation 9 – Education awareness relating to the night-time economy

31. As previously reported, communication leads from NHS, councils, public health and partners work closely together at both system and local county level. Public messaging about the responsible use of drink is part of the forward plan of communication activity this Summer. This will be co-ordinated by the Worcestershire Communications Cell.

Purpose of the Meeting

32. The HOSC is asked to consider and comment on the information provided and agree:

- whether any further information or scrutiny is required at this time
- arrangements and frequency of future monitoring
- whether there are any comments to highlight to the relevant Health Partners or the Council's relevant Cabinet Member with Responsibility.

Supporting Information

Appendix 1 – Urgent and Emergency Care data pack

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 Assistant Director for Legal and Governance) 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 9 May and 9 March 2022, 18 October 2021, 27 June 2019, 14 March 2018 and 11 January 2017

[All agendas and minutes are available on the Council's website here.](#)

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Worcestershire Health Overview and Scrutiny Committee

8th July 2022

This report will provide updates on:

- Incident Room Oversight and priorities
- Performance data
- Approach to patient safety related to delays
- Overview of admission avoidance
- Approach to communication with the public
- General Updates

Incident room update:

- In Place from 25/04
- Constitutes Senior Ops personnel from across system headed by ICS Director/rota
- Provides a single point of contact for all outside organisations
- An executive led coordinating function for rapid improvement of 4 key areas using a PDSA approach
- Golden Discharges (discharges pre 10:00am) and discharges by midday
- Move to a pull model from ED and refine bed management processes
- Implement discharge production boards & Implement criteria led discharge
- Implement a robust streaming model from ED to all alternative pathways
- Headline progress
- Progress and measurable improvement on the WRH site in relation to earlier in the day discharge and the number of golden patients identified
- PDSA's for 4 key areas (plan, do, study, act quality improvement methodology) produced to help embed progress into business as usual
- Good Clinical engagement

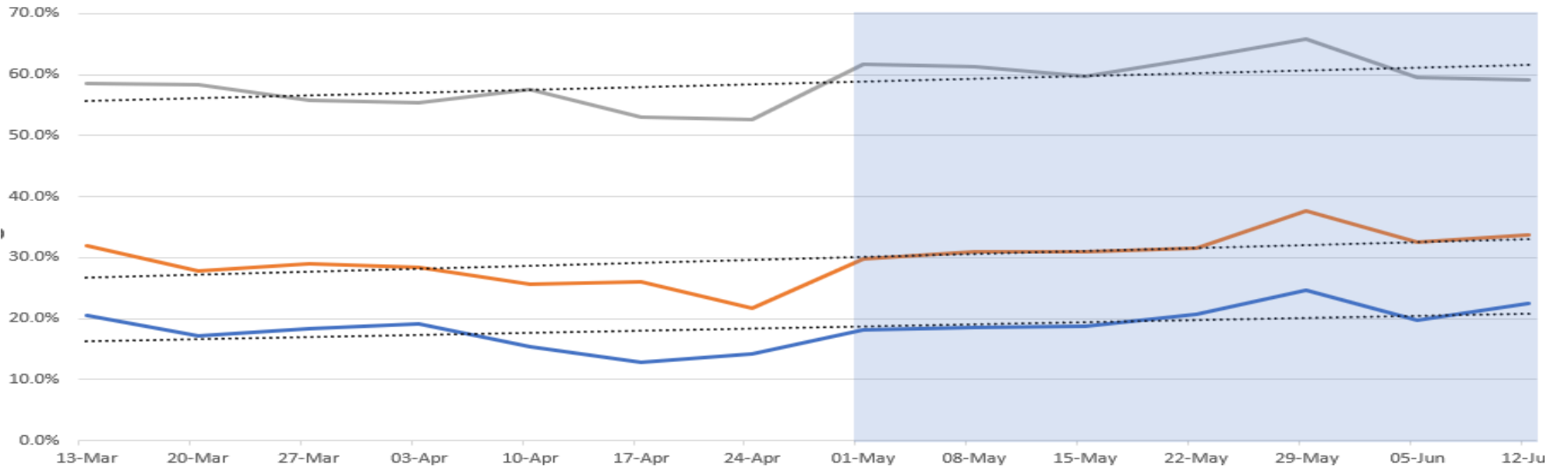
Next steps

- Further enhance the integration of the incident room with operational leaders

Golden Discharges

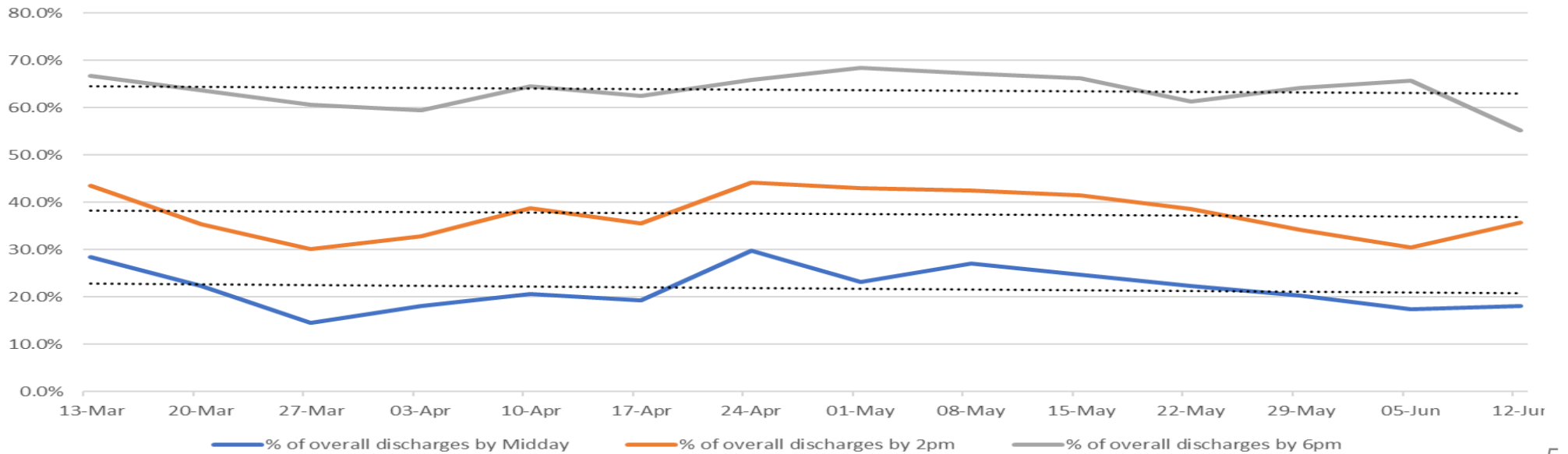
- Good Clinical Engagement – especially nursing staff
- System Partners adapting to meet needs of incident room development in WRH
- WRH – Improving position for earlier in the day discharge
- WRH - Since 05/05 through to 13/06 – 12% improvement in pre 2pm discharges (34%) – on certain days plus 44%
- WRH – Since 05/05 through to 13/06 – 8% improvement in pre 5pm discharges (60%) – on certain days plus 70%
- WRH – Delivering circa 30 additional discharges per week vs five weeks prior to I/Room
- Learning – how do we sustain over a 7 day period
- Increasing numbers of golden discharges at the WRH site driven by increase in complex to the discharge lounge night before
- Shaded area shows time of operation of incident room at WRH site

Time of Day Discharge (%) WRH Site



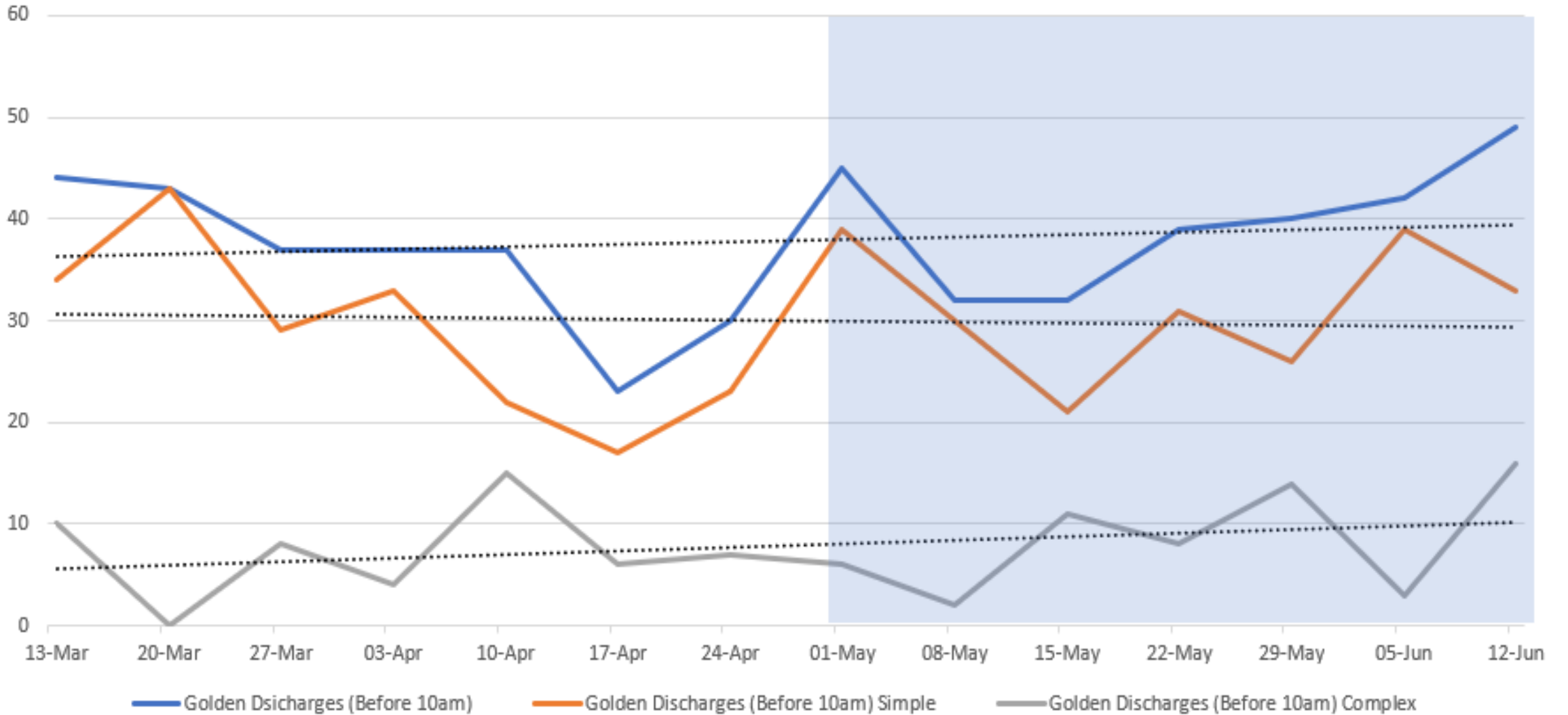
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Time of Day Discharge (%) Royal Alexandra



Golden discharges – WRH site

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Supporting Patient Flow – through Criteria Led Discharge & Discharge Production Boards

- Criteria Led Discharge is a process which allows for consultants to set parameters for the discharge of patients – which can then be progressed by nursing staff – this helps prevent delays in discharge and also allows for discharges to more at weekends for example
- Discharge Production Board's are processes and forums which monitor discharge performance and helps wards unblock barriers which add delay to a patients discharge

Update

- Both work-streams are live
- Good engagement with all wards
- Development and implementation of processes which support increased weekend discharge to achieve equity with regional average position

Next Steps

- Embedding Golden discharge, CLD and discharge production boards in all areas

Next Steps: Front Door Streaming

- Front door streaming' is the term used for when patients present at Emergency Departments and are directed to an appropriate area
- Robust front door streaming aims to ensure this happens promptly rather than patients waiting for hours inside the department before this happens
- A clinically led group will be formed to look at processes to support:
 - Streaming process at the front door 7 days a week
 - Improving speed of decision making and alternative options
 - NHSE Midlands will support this work.

Next Steps: ED Flow and bed management processes

- Implementation of new bed management meeting process w/c 4/7
- Implement updated hospital escalation plan w/c 4/7
- Refine real time escalation and communication through our management systems.
- Update full hospital protocol (what we do when every hospital bed is full) w/c 4/7
- Deliver training to all teams confirming responsibilities contained within the above and reinforcing the role of wards / divisions in achieving good flow in partnership with the capacity hub

Ambulance Handover Delays:

Overview:

- Delays continue to remain high
- Protracted delays overnight
- Ambulance Activity low
- New MAU opening delayed

Next Steps:

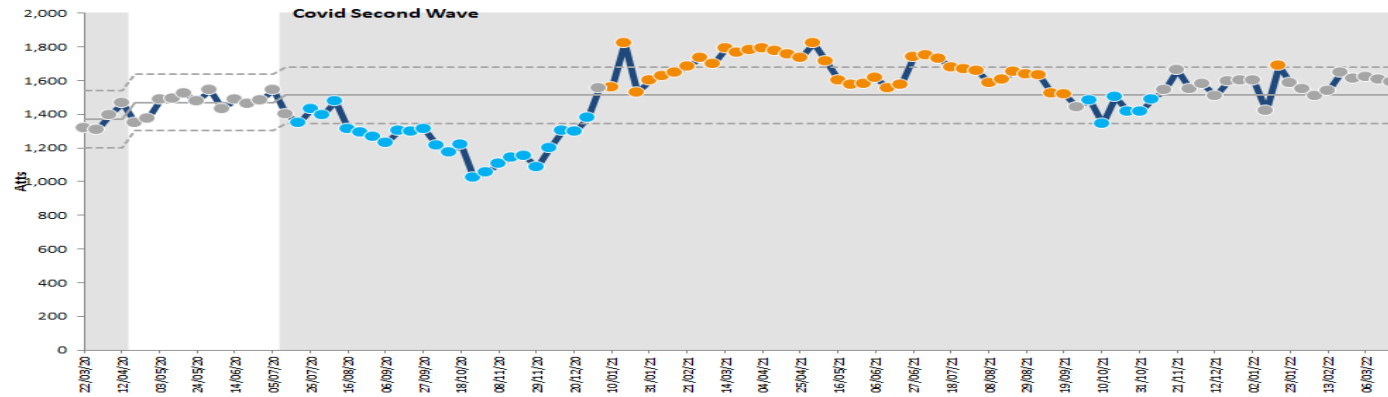
- Activate revised escalation arrangements and additional MAU capacity opening w/c 11/07 subject to water testing
- Greater utilisation of SHREWD and associated escalation modules
- Acute Trust to produce trajectory on when delays will be eliminated following new MAU opening and embedding of incident room priorities

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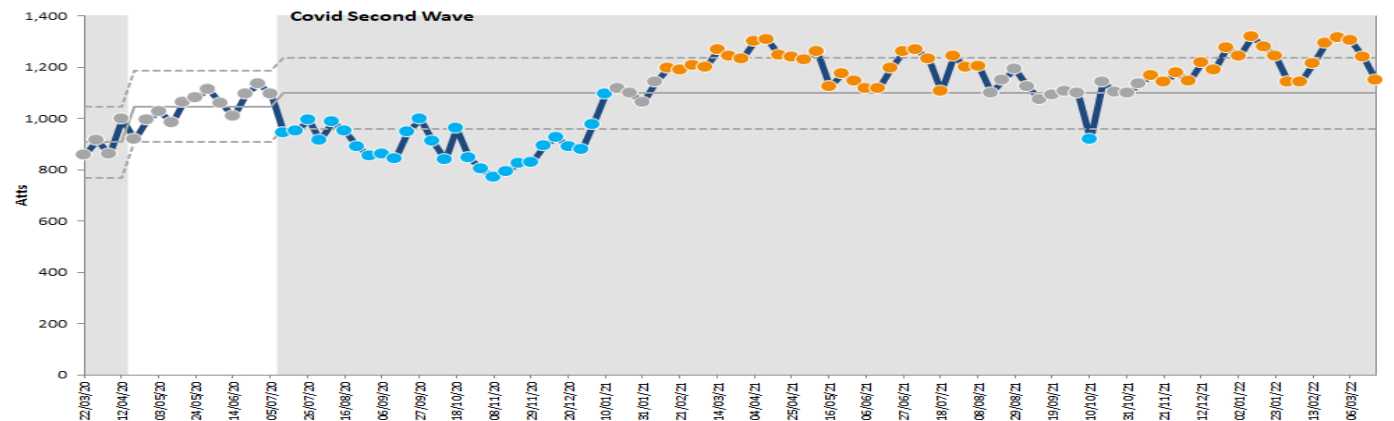
Performance Data

All A&E Atts by site: w/e 5th June 2022

A&E Attendances Worcestershire Royal Hospital



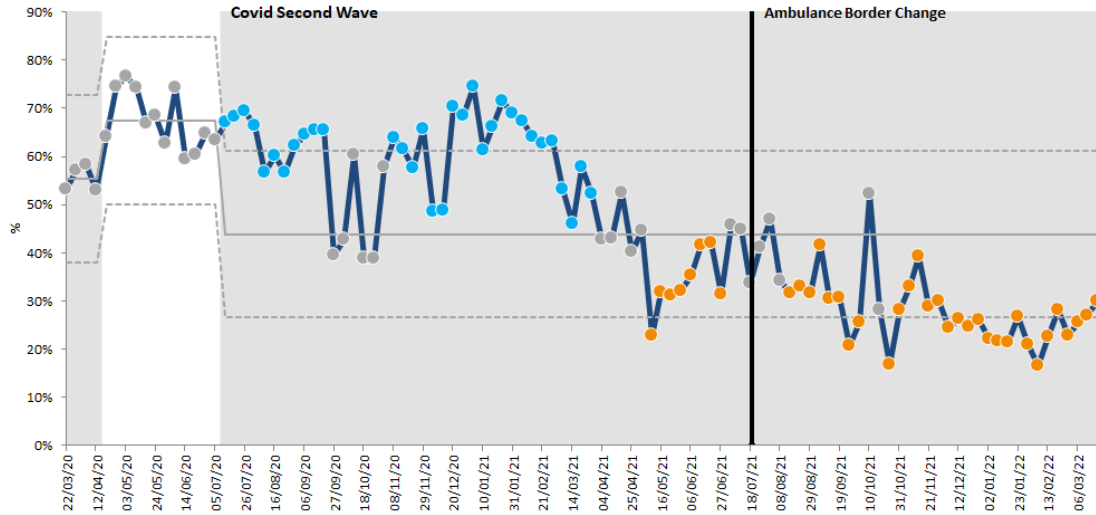
A&E Attendances Alexandra Hospital



Ambulance Handovers % <15 mins: w/e 5th June 2022

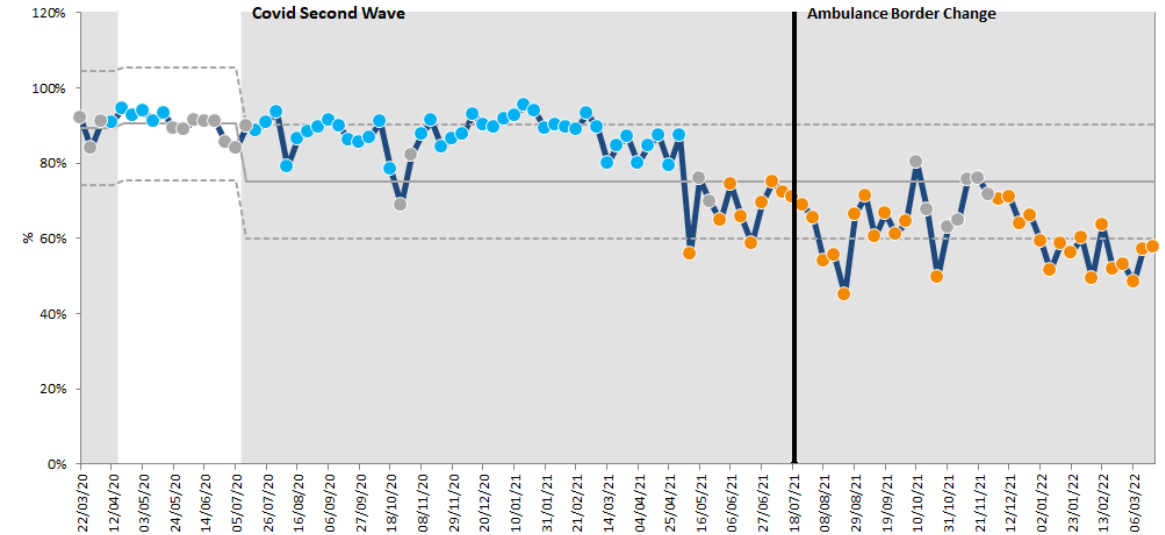
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% of Ambulance Handovers < 15 minutes Worcestershire Royal Hospital



Special Cause Concern

% of Ambulance Handovers < 15 minutes Alexandra Hospital

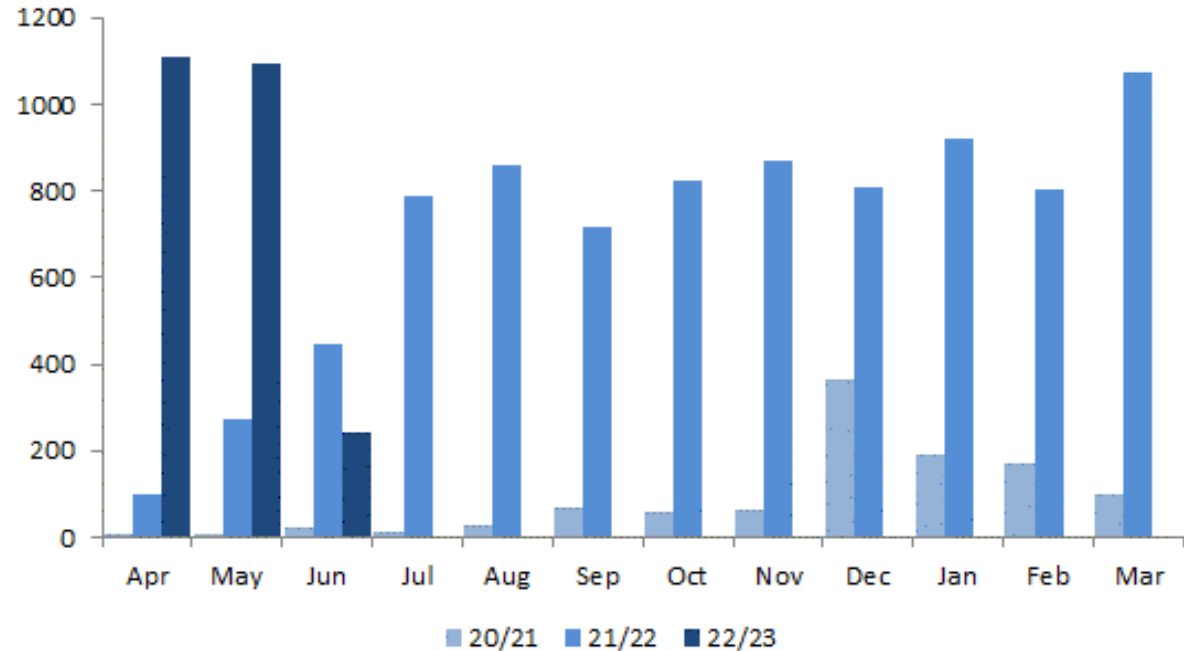


Special Cause Concern

Data taken directly from WMAS Extranet site

Ambulance > 60 min Handovers: latest data 7 June 2022

Month	WRH	AGH	Total
Apr-20	2	0	2
May-20	3	0	3
Jun-20	25	0	25
Jul-20	12	1	13
Aug-20	27	1	28
Sep-20	66	1	67
Oct-20	52	6	58
Nov-20	60	3	63
Dec-20	352	13	365
Jan-21	158	34	192
Feb-21	167	3	170
Mar-21	96	4	100
Apr-21	99	2	101
May-21	255	18	273
Jun-21	406	38	444
Jul-21	692	97	789
Aug-21	718	144	862
Sep-21	603	112	715
Oct-21	658	165	823
Nov-21	691	181	872
Dec-21	706	105	811
Jan-22	791	130	921
Feb-22	753	51	804
Mar-22	876	198	1074
Apr-22	904	204	1108
May-22	854	240	1094
Jun-22	180	61	241



Data taken directly from WMAS Extranet site

Ambulance Delays: WRH May 2022

Ambulance delays can we tell how long ambulances have been outside the hospital with patients

The information below looks at how long patients at WRH are recorded in the Location "At ED on WMAS vehicle" showing the AVG time spent in this Location for those patients that spent over 1 hour in the location. The first table shows AVG time per month for this cohort while the graph shows May 2022 by day against the number of pts recorded in that location who spent over 1 hour in there.

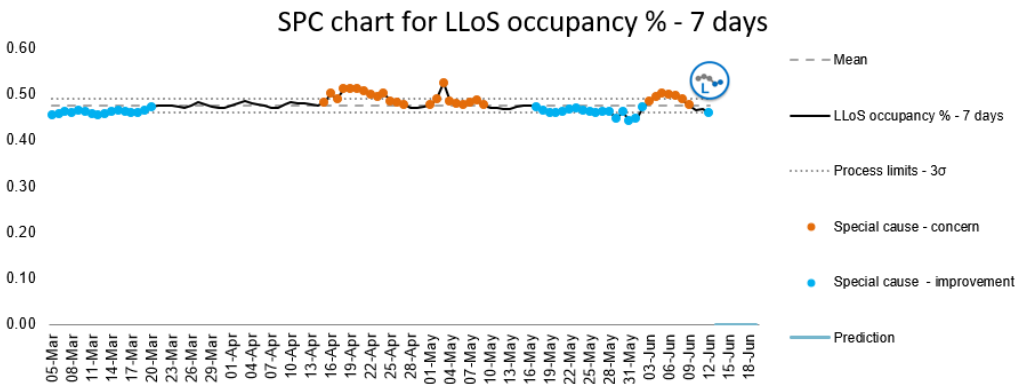
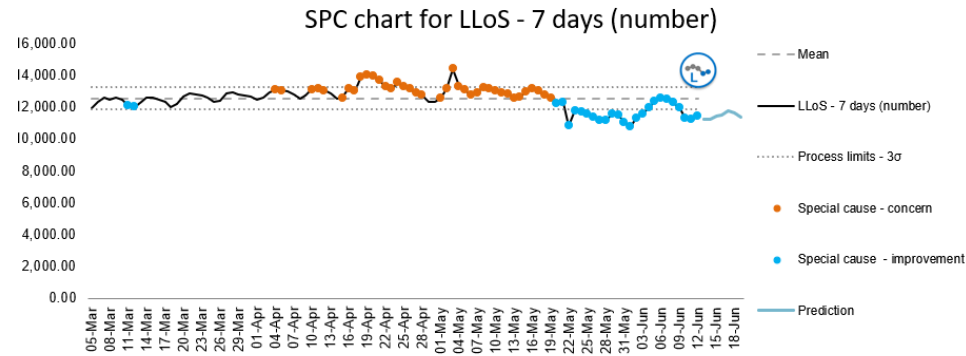
Not all ambulance arrivals will be recorded in this location.

Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
AVG time	132	113	121	121	103	114	153	170	149	164	183	212	222	200	250	276	268

Number of Patients recorded in location of at ED on WMAS vehicle > 60 mins vs the **AVG time** spent in that location: *May 2022*



Acute Trusts – daily stranded patients 7 days

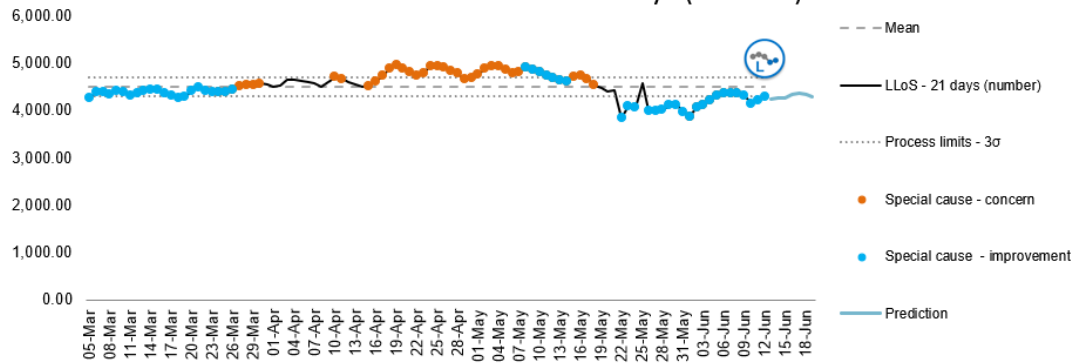


	% Stranded Patients (7+ days)	Average Stranded Patients (7+ days)
	13 June 2022	13 June 2022
The Royal Orthopaedic Hospital NHS Foundation Trust		
University Hospitals Birmingham NHS Foundation Trust	50.6%	1,220
George Eliot Hospital NHS Trust	61.5%	184
South Warwickshire NHS Foundation Trust	35.4%	130
University Hospitals Coventry and Warwickshire NHS Trust	45.7%	467
Worcestershire Acute Hospitals NHS Trust	37.2%	285
Wye Valley NHS Trust	40.8%	107
Chesterfield Royal Hospital NHS Foundation Trust	45.1%	225
University Hospitals of Derby and Burton NHS Foundation Trust	43.0%	603
University Hospitals of Leicester NHS Trust	43.0%	648
United Lincolnshire Hospitals NHS Trust	45.7%	433
Kettering General Hospital NHS Foundation Trust	49.2%	267
Northampton General Hospital NHS Trust	55.2%	354
Nottingham University Hospitals NHS Trust	50.9%	790
Sherwood Forest Hospitals NHS Foundation Trust	49.7%	294
The Shrewsbury and Telford Hospital NHS Trust	47.5%	331
University Hospitals of North Midlands NHS Trust	47.8%	572
Sandwell and West Birmingham Hospitals NHS Trust	52.5%	331
The Dudley Group NHS Foundation Trust	46.4%	264
The Royal Wolverhampton NHS Trust	47.4%	372
Walsall Healthcare NHS Trust	51.3%	269
Grand Total	47.1%	8,146

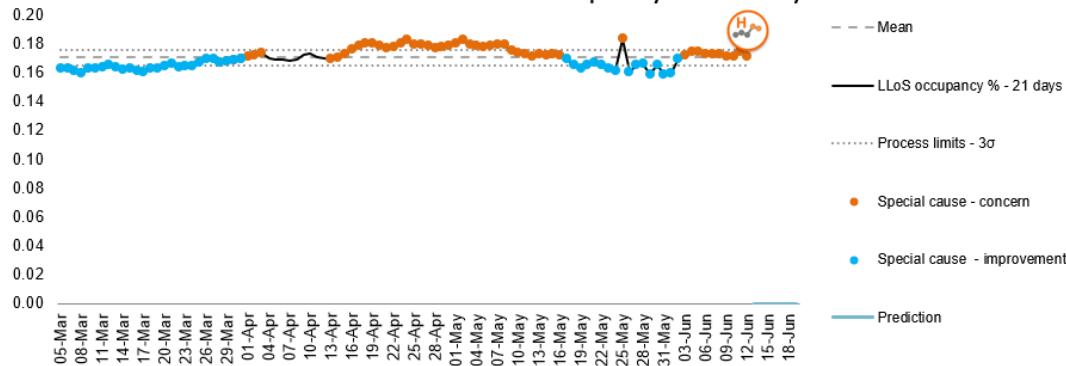
Acute Trust – daily stranded patients 21 days

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SPC chart for LLoS - 21 days (number)



SPC chart for LLoS occupancy % - 21 days



	% Extra Stranded Patients (21+ days)	Average Extra Stranded Patients (21+ days)
	13 June 2022	13 June 2022
The Royal Orthopaedic Hospital NHS Foundation Trust		
University Hospitals Birmingham NHS Foundation Trust	19.5%	469
George Eliot Hospital NHS Trust	26.8%	80
South Warwickshire NHS Foundation Trust	12.5%	46
University Hospitals Coventry and Warwickshire NHS Trust	17.5%	179
Worcestershire Acute Hospitals NHS Trust	12.0%	92
Wye Valley NHS Trust	12.6%	33
Chesterfield Royal Hospital NHS Foundation Trust	13.0%	65
University Hospitals of Derby and Burton NHS Foundation Trust	15.6%	219
University Hospitals of Leicester NHS Trust	15.7%	237
United Lincolnshire Hospitals NHS Trust	16.4%	155
Kettering General Hospital NHS Foundation Trust	19.5%	106
Northampton General Hospital NHS Trust	25.6%	164
Nottingham University Hospitals NHS Trust	20.6%	320
Sherwood Forest Hospitals NHS Foundation Trust	19.3%	114
The Shrewsbury and Telford Hospital NHS Trust	11.2%	78
University Hospitals of North Midlands NHS Trust	15.6%	186
Sandwell and West Birmingham Hospitals NHS Trust	21.4%	135
The Dudley Group NHS Foundation Trust	14.8%	84
The Royal Wolverhampton NHS Trust	16.5%	129
Walsall Healthcare NHS Trust	15.6%	82
Grand Total	17.2%	2,973

Avoiding unnecessary acute attendance

2 - Hour Community Response, Minor Injury Units and Signposting

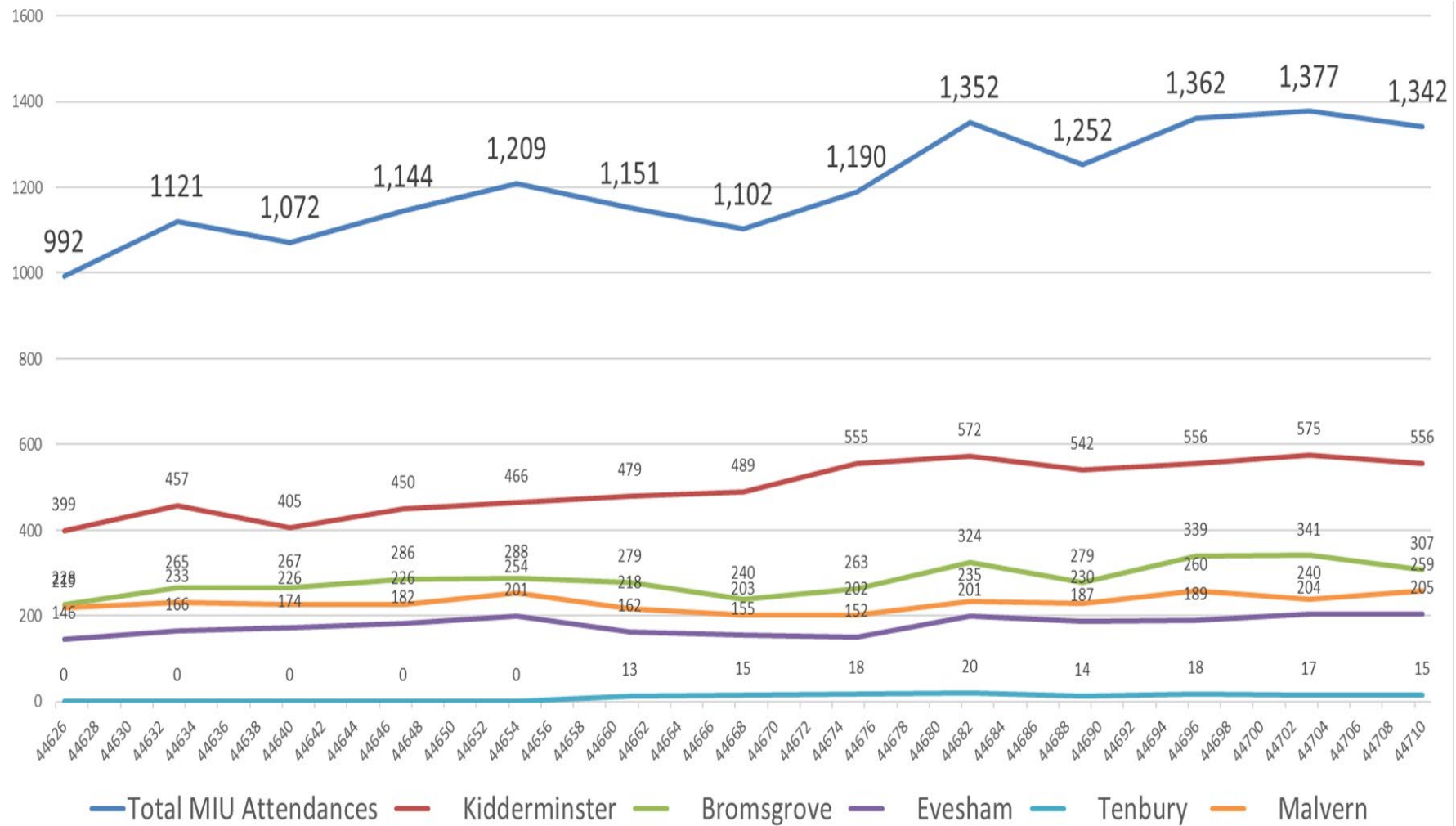
Update

- 81% of 2-Hour UCT cases responded to within 2 Hours
- Significant majority of cases are around End of Life Care, Catheter Problems and Pain / Symptom Control
- Minor Injury Unit Activity increasing to pre-pandemic levels

Next Steps:

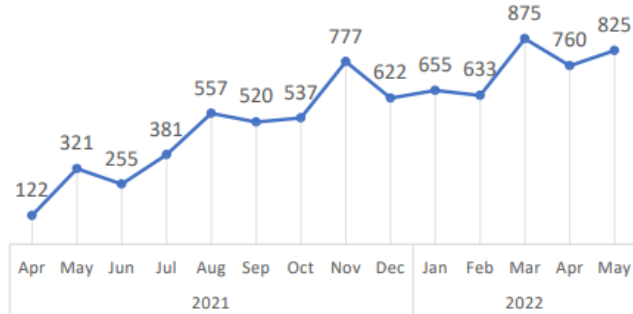
- **To increase referrals from West Midlands Ambulance Service and thereby reduce unnecessary ambulance conveyances**
- **Conduct review into increasing Diagnostic provision within MIU's to further help reduce pressures within the ED's (primarily weekends)**

MIU Weekly* note amendment to Tenbury figures

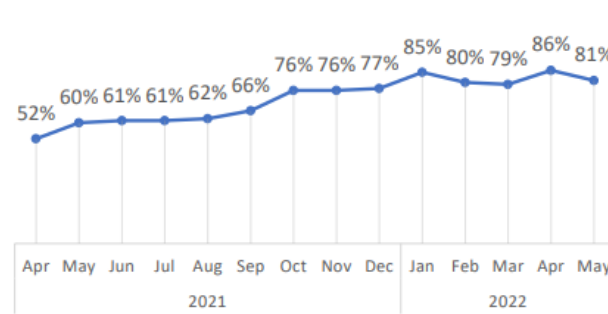


Integrated Community Services – UCR Data

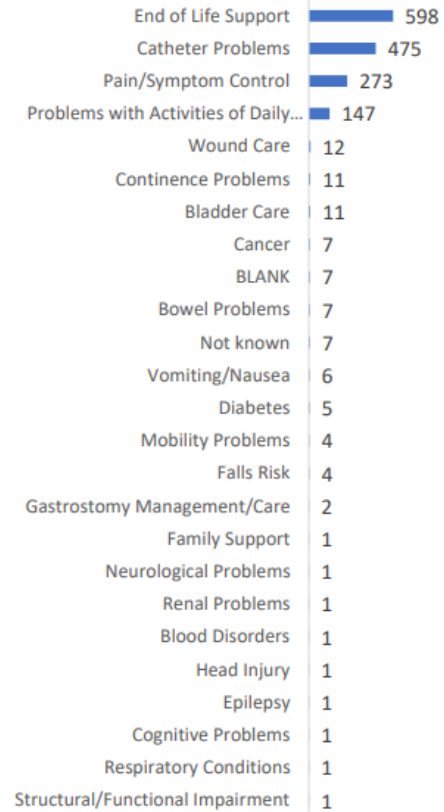
Total UCR Referrals Received - Per Month



Total % Seen within 2hrs - Per Month



Referral Reasons Total for Q1 (April 2022 & May 2022)



Total UCR Referrals Received in Q1 (April 2022 & May 2022)

1585

Referral Source Totals for Q1 (April 2022 & May 2022)



Information

We have identified an issue of under recording of Ambulance activity as a referral source. Therefore, it is likely that the figure is not entirely representative.

Communication with the public

- There is a comprehensive communications plan to ensure consistent and accurate information is available to the public for ED alternative services, particularly Minor Injury Units (MIUs)
- System partners have continued to promote Minor Injury Units as part of the ongoing signposting to the public on alternatives to Emergency Departments.
- Minor Injury Units are promoted alongside pharmacy, general practice (GP) and NHS 111 services.
- The campaign recently ran outdoor advertising across various sites with high footfall to inform the public on the alternatives to Emergency Departments.


#DoYourBit

Jubilee Campaign Plan



Digital

- All partners will share on owned website and social media accounts

 NHS Herefordshire & Worcestershire CCG
3h · 🌐

🚒 We need your help 🚒 Please #DoYourBit and help us keep A&E free for serious emergencies only Think GP, NHS 111 online or pharmacy first before coming to A&E or calling 111 or 999



Outdoor

- Van with digital adverts will travel round two Counties displaying advert
- X3 days: June 2, 3 and 4
- Redditch: Kingfisher Centre
- Worcester City: Retail Park and Supermarkets
- Hereford: Supermarkets



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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 8 JULY 2022

UPDATE ON THE COVID VACCINATION PROGRAMME

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the COVID Vaccination Programme, with particular focus on Worcestershire.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB) (which has from 1 July 2022 replaced the NHS Herefordshire and Worcestershire CCG), Worcestershire County Council Public Health Department and West Midlands Public Health team have been invited to the meeting.

Background

3. Vaccination uptake and compliance with requests to receive a booster dose are a critical tool in preventing serious illness due to COVID.
4. Uptake rates have been high in Worcestershire (84% of eligible population have had 2 doses), with a comparatively low gap in uptake between the most and least deprived communities when compared to the regional position. (12.5% compared 19%).
5. Learning from the vaccination programme is being used to support the system in designing / transforming wider service offers in the most underserved communities.
6. Planning is underway for the Autumn booster programme, running concurrently with the flu vaccination programme.

Issues for the HOSC to consider

Programme update

7. The COVID vaccination programme has been operating since December 2020.
8. Over this time there have been 1,911,316 COVID vaccines delivered across Herefordshire & Worcestershire:
 - 1,364,464 are in Worcestershire, of which:
 - i. 474,700 first doses (87.1% of over 12s)
 - ii. 452,036 second doses (83.9% of over 12s)
 - iii. 377,222 booster doses (86.1% of eligible cohort)
 - iv. 60,348 second booster doses (immunosuppressed / compromised)

9. Uptake in Worcestershire compares strongly with regional uptake:

	Worcestershire	System (H&W)	West Midlands
First dose	87.1%	87.4%	80.2%
Second dose	83.9%	84.1%	75.9%
booster	86.1%	86.2%	58.7%

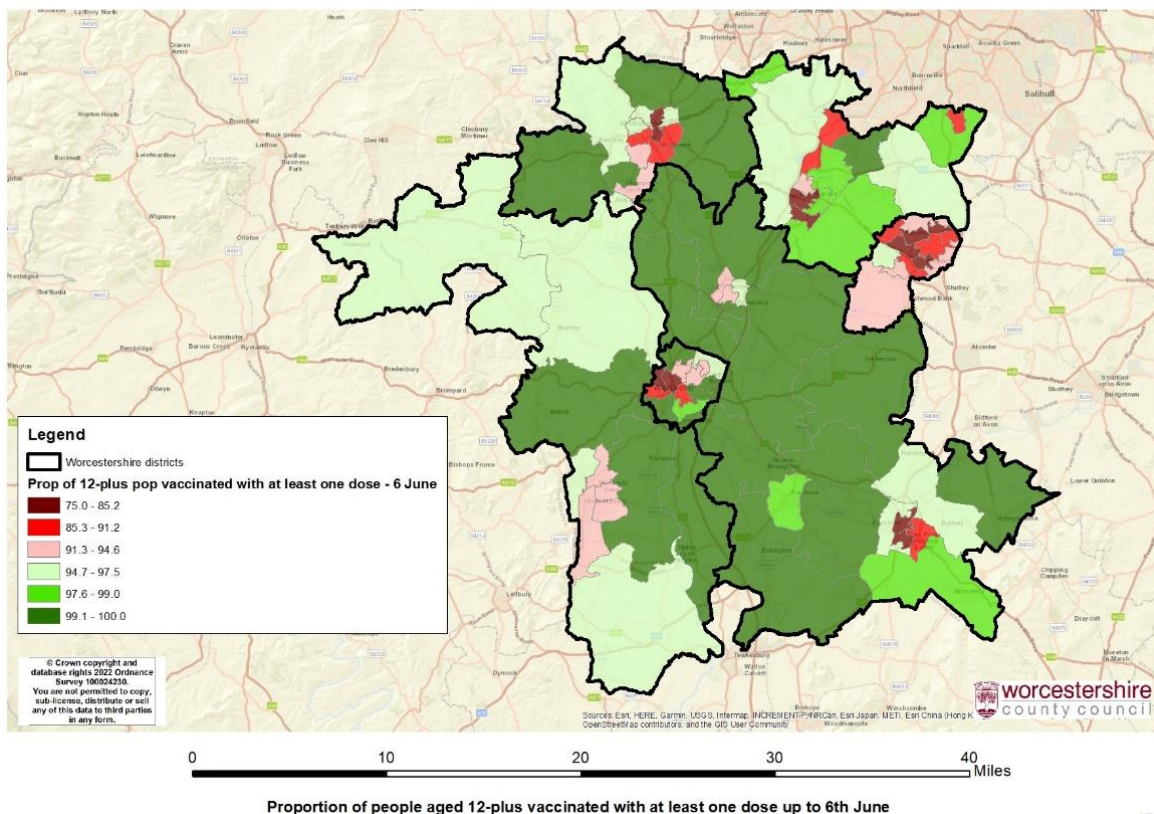
10. As at 6 June 2022, Herefordshire and Worcestershire had the 7th highest booster uptake performance in the NHS England area (out of 42 systems).

11. Throughout the programme, Herefordshire and Worcestershire has delivered top quartile performance in all cohorts, with some being nationally top uptake levels.

Addressing variation by deprivation and ethnicity

12. The Herefordshire and Worcestershire Vaccination Programme has won the NHS Parliamentary Award 2022 (Midland’s region) for Health Equality and has now progressed to the national finals.

13. There is a variation across Worcestershire with lower uptake predominantly in areas of higher deprivation as represented in the chart below



14. The current gap in uptake (fully vaccinated and booster) between the most and least

deprived communities in Herefordshire and Worcestershire is 12.5%. The variation at regional level is 19%. Whilst the Herefordshire and Worcestershire gap is lower, the programme continues to focus on further closing this gap.

15. The approach to reducing the uptake gap between the least and most deprived areas has been as follows:

- Clear understanding of uptake down to street level, allowing clarity on geographical areas of focus. This is drawn from the GP record and understanding of where GP registration is lower.
- A partnership approach, set in the local Incident Management Team and District Collaboratives, with partners sharing understanding of the communities, how to engage, advising on the best setting for vaccination, ensuring clinics are set-up to meet cultural needs etc.
- Ahead of vaccination, all district councils have supported door knocking initiatives to raise awareness, have produced materials in a range of languages, and carried out engagement with local community groups.
- Vaccination resources have been deployed to relevant locations, either using vaccination vans or local community buildings, on the advertised days with clinicians and others there to support discussion and addressing concerns.
- Over the past 18 months there have been over 400 clinics which have been delivered locally in non-clinical settings, with a range of adaptations to meet the needs of groups or communities. (e.g. women-only clinics, assisted clinics for homeless, quiet clinics, children-only clinics, maternity clinics, sessions for farm and seasonal workers, targeted clinics at sports venues, religious centres, family days, high street events, sessions in workplaces and areas of high footfall (e.g. factories and bingo nights etc.).

Summer 2022 and Autumn Booster Programme

16. During the Summer of 2022, the Spring Booster Programme will have ended, so focus will be on encouraging those who have not had a vaccine at all to come forward. This is 11.1% (55k people in total, 4k of which are over the age of 65) of the Worcestershire population, with younger age groups less likely to have come forward.

17. The approach described in the previous section of attending local locations to offer vaccination will continue, backed by communications and engagement activities.

18. The planning for the Autumn campaign is underway and this is due to be completed during July as final cohort is confirmed via NHS England, based upon the advice of the Joint Committee on Vaccination (JCVI). The plan will be received and signed off through the Integrated Care System governance structures.

Embedding learning

19. Whilst the system continues to strive to increase vaccination uptake, the overall achievement in Worcestershire stands up well on all metrics when compared to other areas across England. The core success of the programme is based upon the partnership between health, local authority and wider partners, with delivery being based flexibly upon the needs of all populations and groups. This learning is being

taken into the wider Integrated Care System Health Inequalities Strategy with examples of the work provided here:

20. Primary Care Networks have developed delivery plans, in partnership with the district collaboratives, focused on addressing the variation seen in their local area. The elective care list is being reviewed for variation based upon both ethnicity and deprivation. Vaccination vehicles supporting the most underserved communities will also be offering basic health checks and support to register with a GP.

Purpose of the Meeting

21. The HOSC is asked to consider and comment on the information provided on the impact of the COVID vaccination programme within all communities, and agree:

- whether any further information or scrutiny is required at this time
- whether there are any comments to highlight to the Cabinet Member with Responsibility.

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 Head of Legal and Democratic Services) 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 9 July and 10 March 2021

[All agendas and minutes are available on the Council's website here.](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

8 JULY 2022

WORCESTERSHIRE HEALTH AND WELLBEING

STRATEGY CONSULTATION – FEEDBACK

Summary

1. The Health Overview and Scrutiny Committee (HOSC) will receive a Report on initial feedback following the consultation on the Worcestershire Health and Wellbeing Strategy 2022-2023.
2. The Cabinet Member with Responsibility for Health and Wellbeing and Senior Officers from Public Health have been invited to the meeting.

Background

3. This report to Scrutiny follows a request from HOSC to receive early findings from the Health and Wellbeing Strategy Consultation.

Health and Wellbeing Strategy 2022-2023 Consultation

4. Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. The Health and Wellbeing Strategy supports this collaborative working, outlining plans to improve the health and wellbeing and reduce health inequalities in the local population.
5. The Health and Wellbeing Board has a statutory requirement to carry out a period of public consultation on the proposed strategy. Members of the Board, supported by the Public Health team, planned a detailed and far-reaching consultation to gather the views of residents, partners and stakeholders.
6. Following the annual Joint Strategic Needs Assessment (JSNA) in 2019, a working group was formed in summer 2020 to review identified health needs and considerations. This initial working group was made up of Board members including Elected Members and VCSE (Voluntary Community and Social Enterprise) representatives who ‘championed’ health needs for exploration. Further to this, and discussion at the Health and Wellbeing Board throughout 2021, it was concluded that the overarching priority for its 10-year strategy should be mental health and wellbeing, under the banner of ‘Being Well’ in Worcestershire.
7. At this stage, evidence regarding the impact of the COVID-19 pandemic on mental health and wellbeing was limited, therefore the Health and Wellbeing Board agreed for ongoing conversation to gather further information from communities.

This, and wider engagement, was to ensure that 'Being Well' in Worcestershire is driven by the needs and experiences of those who live and work here.

8. A formal 12-week consultation was put in place to support the development of the Strategy, which launched on 7 February 2022 and closed on 2 May 2022. Throughout this time a survey was conducted using an online form, with paper copies shared via partners and stakeholders and available in local libraries.

9. The survey asked a series of questions to gather views and gauge agreement with the vision, priority and supporting areas demonstrated in the graphic below. The Health and Wellbeing Board wants to focus its new Strategy on good mental health and wellbeing, supported by action on the wider determinants of good mental health. The vision is 'working together for all to be well in Worcestershire'. It also sought to understand what 'being well' means to respondents. A copy of the consultation document is included at appendix 1 with the survey included at appendix 2.



Infographic 1: Visual representation of the priority and sub-priority areas

10. The survey was shared widely via a wide-ranging communications campaign. Primary access was via the online consultation survey through the Council's Snap Survey software. A partner resource pack including social media assets and easy read documentation were also available.

11. The communications campaign included several methods to engage a wide range of audiences. These included:

- Press releases
- Radio interview and call in
- Social media (combined impressions of 107,710)
- 10 videos from Health and Wellbeing Board members, plus Speakeasy and a Worcestershire County Council apprentice
- Advertising at 132 bus shelters
- Newspaper articles and council tax leaflet
- Displays in local libraries.

12. In addition to the survey, thirty focus groups were commissioned from a range of

community groups and organisations. This gathered views from young people through to older adults, care leavers, LGBTQ+ community, carers, people from different ethnicities, unemployed, occupational and business groups. These groups explored in depth what 'being well' means to local people and what has changed since the start of the pandemic. This was supported by community research which aimed to understand the lived experience of a cross section of Worcestershire residents. Further analysis of wider engagement is ongoing but early findings suggest broad agreement with the consultation findings.

13. The results from this wider engagement work will inform the development of action plans which will support the delivery of the Strategy. The Board is committed to ongoing engagement, with findings being used to refine action plans as necessary and support the Strategy as it evolves over the ten-year period.

14. A councillor briefing was held on 31 March 2022 to raise awareness of the consultation, share information leaflets and to support engagement throughout the county. This event included a 'Partners Panel' to seek views and comments from members and discuss these with partners from the NHS and the Health and Care NHS Trust, as well as the Director of Public Health.

Consultation Reach

15. The survey received 1627 responses within the 12-week period. This included several paper copies which were uploaded into the analysis software. This is a high level of response, above previous consultations undertaken by Worcestershire County Council.

16. Residents accounted for 97% of responses with 3% from organisations (including voluntary and community sector, public sector, health, education, leisure, and manufacturing).

17. Generally, the sample is reflective of an older and white British population and that of the Worcestershire County Council Viewpoint Panel to which the consultation was circulated. Proxy demographics also suggest that 77% of respondents were female. The wider engagement work aimed to reach sectors of the population who are not traditionally represented in consultations to ensure their views were captured.

Consultation Analysis

18. Quantitative analysis of the survey results was undertaken via Snap Survey reporting. Qualitative thematic analysis of free text responses was carried out using Quirkos software to review and highlight emerging themes.

19. Respondents reflected both positive and negative sentiments towards the survey questions. Common topic areas across all the comments received were explored further by analysts. Initial themes were identified which highlighted a small number of additional areas which will be explored further by the Board to identify appropriate actions to address these.

Consultation Results

20. Initial quantitative analysis of the responses demonstrates strong agreement with the proposed vision and priority areas as demonstrated in Table 1.

Question posed by survey	% Agree & strongly agree	Strongly Agree	Agree	Don't know	Disagree	Strongly disagree
To what extent do you agree with the vision	88%	635	712	136	83	43
To what extent do you agree with the main priority (mental health & wellbeing)	85%	727	648	80	109	48
Healthy Living at all ages	94%	962	556	47	29	22
Safe, thriving & healthy homes, communities & places	94%	951	564	45	30	23
Quality local jobs & opportunities	91%	867	597	65	56	24

Table 1: Percentage and number of responses to survey question three, four, five, six and seven. (Note: survey questions were not mandated so not all respondents answered all questions, explaining the different totals).

21. Table 1 outlines how strongly respondents agreed with the proposals outlined in the consultation document. However, it should be noted that some respondents disagreed with the proposals.

22. Respondents highlighted key considerations and recommendations in shaping the final strategy. This included the desire for outcomes and measures of the Strategy to be clearly defined to measure progress over the course of the Strategy and ensure it remains flexible to changing needs in the population.

23. Across the responses, respondents stressed the importance of physical health alongside mental health and cited ongoing impacts of the COVID-19 pandemic on the cost of living and mental health and wellbeing.

24. Respondents welcomed a holistic approach to health and wellbeing and reiterated the need for the whole system to work together to be able to reach the Health and Wellbeing Boards desired vision.

25. When responding to a question asking, 'what does 'Being Well' mean to you', respondents were able to tick all suggested topics which applied to them. All responses are shown in Table 2, which suggests that physical health/ability, access to health care and mental health/self-care were the most frequently selected.

Health Topic	Number	Percentage
Physical health / ability	1541	96%
Access to healthcare	1395	87%
Mental health / self-care	1374	85%
Sleeping well	1347	84%
Feeling safe	1273	79%
Healthy eating	1243	77%
Access to green space	1196	74%
Financial security	1158	72%
Spending time with friends and family	1085	67%
Hobbies / meaningful activities	1062	66%
Having quality housing	1005	62%
Being a healthy weight	976	61%

Table 2: Responses to survey question ten, 'What does 'Being well' mean to you?'

26. 80% of people thought COVID-19 had decreased the health and wellbeing of people living and working in Worcestershire. The top 3 things people thought were affected by COVID-19 were:

- Social isolation and relationships (88%)
- Mental health and wellbeing (88%)
- Physical health (66%)

27. A key issue raised by a large proportion of respondents was access to services, information and advice. It was suggested that there is a lack of awareness of local services and opportunities through the community and the workforce, referencing a lack of communication between services and to the public.

28. In addition to the above, the impact of the rising cost of living was of significant concern to respondents. This included reference to the cost of fuel and travel, cost of housing and home costs and cost of healthy lifestyles.

Next Steps

29. Following review by the Health and Wellbeing Board, the consultation responses will be used to develop the Health and Wellbeing Strategy for Worcestershire with associated action plans. These will detail the actions needed to impact on the priorities identified to improve health and wellbeing and reduce inequalities in Worcestershire.

30. HOSC is due to receive a copy of the Strategy at its meeting on September 2022. The final Strategy is due to be agreed at Cabinet in November 2022.

Purpose of the Meeting

31. The HOSC is asked to:

- note the process followed and initial findings from the consultation, along with plans to build these into the new Strategy
- reflect on the Board's commitment to ongoing engagement in its work, including linkages with wider engagement undertaken across Worcestershire

- agree whether any further information or scrutiny is required at this time, and
- agree whether there are any comments to highlight to the Cabinet Member with Responsibility for Health and Wellbeing for consideration by the Health and Wellbeing Board.

Supporting Information

Appendix 1 Consultation document (available electronically):

[Health and Wellbeing Strategy Consultation 2022-2032 | Worcestershire County Council](#)

Download: [Health and Wellbeing Strategy Consultation 2022 – 2032 \(PDF\)](#)

Download: [Consultation Summary \(PDF\)](#)

Download: [Health and Wellbeing Consultation Summary Easy Read \(PDF\)](#)

Appendix 2 Survey

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 Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Health and Wellbeing Board

[Health and Wellbeing Board | Worcestershire County Council](#)

Health and Wellbeing Board – Agendas and Papers

[Browse meetings - Health and Well-Being Board - Worcestershire County Council \(moderngov.co.uk\)](#)

[All agendas and minutes are available on the Council's website here.](#)

Health and Wellbeing Strategy Consultation Survey 2022-2032

The Health and Wellbeing Board (HWB) brings together the organisations responsible for making decisions about services in Worcestershire that support our health and wellbeing. They are required to develop a strategy that sets out the vision and key priorities for improving health and wellbeing of the people who live and work in Worcestershire.

Your views will help shape the future of health and wellbeing in Worcestershire.

This survey should only take about 5 minutes to complete. All information you provide is anonymous.

By completing this voluntary survey you agree to your responses being collated, and processed by Worcestershire County Council.

This survey will close at 5pm on Monday 2nd May 2022.

About You

Q1 I am answering this survey on behalf of:

- Myself/ Resident of Worcestershire
- An organisation (please specify type below)

Q2 What type of organisation are you responding on behalf of?

- | | |
|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Voluntary and Community Sector | <input type="checkbox"/> Education Setting |
| <input type="checkbox"/> Health | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Emergency Services |
| <input type="checkbox"/> Leisure | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other (please specify below) |

Section 1: Your Views on the Strategy

We want to understand your views on the proposed Health & Wellbeing Strategy priorities for Worcestershire.

Q3 The Health and Wellbeing Board's vision for Worcestershire is; **"Working together for all to be well in Worcestershire"**. To what extent do you agree with this vision?

- Strongly agree Agree Disagree Strongly disagree Don't know

Any comments?

Q4 The Health and Wellbeing Board aims to identify **“good mental health and wellbeing”** as its main key priority for Worcestershire residents. To what extent do you agree with this priority?

- Strongly agree Agree Disagree Strongly disagree Don't know

Any comments?

The Health and Wellbeing board have identified the following three things that we all need to **“Be Well in Worcestershire”**. To what extent do you agree with each of the priorities?

Q5 Healthy living at all ages

- Strongly agree Agree Disagree Strongly disagree Don't know

Any comments?

Q6 Safe, thriving and healthy homes, communities and places

- Strongly agree Agree Disagree Strongly disagree Don't know

Any comments?

Q7 Quality local jobs and opportunities

- Strongly agree Agree Disagree Strongly disagree Don't know

Any comments?

Q8 Do you think the board should consider any additional priorities? Please explain below.

Q9 Are there any communities you think we should be engaging with and do you have any ideas on how we should do this?

Section 2: Being Well in Worcestershire

Q10 What does 'being well' mean to you? *Tick all that apply*

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Physical health / ability | <input type="checkbox"/> Sleeping well |
| <input type="checkbox"/> Access to leisure | <input type="checkbox"/> Financial security |
| <input type="checkbox"/> Access to green space | <input type="checkbox"/> Giving to others / volunteering |
| <input type="checkbox"/> Mental health / self care | <input type="checkbox"/> Feeling safe |
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Spending time with friends and family | <input type="checkbox"/> Giving up smoking |
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Being a healthy weight |
| <input type="checkbox"/> Hobbies / meaningful activities | <input type="checkbox"/> Being a part of a local community |
| <input type="checkbox"/> Learning new skills and having training opportunities | <input type="checkbox"/> Good education |
| <input type="checkbox"/> Job satisfaction | <input type="checkbox"/> Having quality housing |

Any comments?

Q11 How do you think COVID-19 has impacted the health and wellbeing of people living and working in Worcestershire?

- It has improved It has stayed the same It has decreased Don't know

Q12 What do you think has been negatively affected throughout the COVID-19 pandemic?
Please select all that apply

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Mental health & wellbeing | <input type="checkbox"/> Change in routine / behaviours |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Social isolation and relationships |
| <input type="checkbox"/> Job security | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Financial security | <input type="checkbox"/> Other (please specify) |

About You

Q13 What is your age?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-15 | <input type="checkbox"/> 20-29 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 60-69 |
| <input type="checkbox"/> 16-19 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 70+ |

Q14 What best describes your gender?

- | | |
|---------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer to self describe (write below) |

Q15 Which district do you live in?

- | | |
|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Bromsgrove | <input type="checkbox"/> Wychavon |
| <input type="checkbox"/> Malvern Hills | <input type="checkbox"/> Wyre Forest |
| <input type="checkbox"/> Redditch | <input type="checkbox"/> Outside of Worcestershire |
| <input type="checkbox"/> Worcester | |

Q16 Please provide the first part of your post code. For example, WR2 5, B97 6 or DY10 1

Q17 What is your ethnicity?

Choose the option that best describes your ethnic group or background

- White English/Welsh/Scottish/Northern Irish/British
- Any other White background
- Mixed or Multiple ethnic groups
- Asian or Asian British
- Black, African, Caribbean, or Black British
- Arab
- Prefer not to say
- Other ethnic group

Q18 Do you have any long-standing health condition or disability?

(Long-standing means anything that has troubled you over a period of at least 12 months or that is likely to affect you for at least 12 months)

- No
- Yes (you can describe below if you wish to)

Thank you very much for taking time to share your views.

Please return your paper surveys to your local library or to: Public Health, G3 County Hall, Worcestershire County Council, Spetchley Road, Worcester, WR5 2NP

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 8 JULY 2022

2021/22 YEAR END BUDGET MONITORING

Summary

1. The Health Overview and Scrutiny Committee (HOSC) will be updated on financial information for services relating to Public Health.
2. The Cabinet Member with Responsibility for Health and Wellbeing, the Director of Public Health and the Head of Finance have been invited to attend the meeting to respond to any queries from HOSC Members.

Financial Information

3. Given the limited scope of the Public Health Ring Fenced Grant (PHRFG), the HOSC, at its 19 July 2021 meeting, agreed to receive budget information on the Public Health Ring Fenced Grant (PHRFG) twice a year. The information provided with this Report is for Quarter 4 2021/22 year end position and is attached in the form of presentation slides at Appendix 1.

Purpose of the Meeting

4. Following discussion of the information provided, the HOSC is asked to determine:
 - any comments to highlight to the CMR and/or to the Overview and Scrutiny Performance Board at its meeting on 20 July 2022
 - whether any further information or scrutiny on a particular topic is required.

Supporting Information

- Appendix 1 – Quarter 4 Budget Information (Presentation Slides)
- Annex 1 Detailed Breakdown of outturn position 2021/22

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 Assistant Director of Legal and Governance) 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 3 November and 19 July 2021, 30 September, 20 July and 27 January 2020 – [Weblink to agendas and minutes](#)

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Health Overview and Scrutiny Panel

8 July 2022

Quarter 4 2021/22
Financial Update

Public Health Ring Fenced Grant

Value of the Grant

Public Health Ring Fenced Grant Allocation 2021-22
£30.365m

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Purpose of the Grant

“The grant will be ring fenced for use on public health functions. This may include public health challenges arising directly or indirectly from Covid-19”

Mandated functions

As part of the grant conditions the below functions are mandatory

- Open access sexual health services
- NHS health checks 5 yearly 40 - 74
- Weighing and measuring of children
- Healthy Child Programme (child development reviews) – health visitors/school nurses
- Public health advice service
- Protecting the health of the local population

Qtr 4 Year End Position – Public Health

BUDGET HEADING	BUDGET 21/22 £'000	OUTTURN 21/22 £'000	VARIANCE 21/22 £'000
1.a PH Strategic Functions	2,926	1,055	-1,871
1.b Adults Prevention Services	12,296	11,780	-516
1.c Childrens Prevention Services	11,472	11,125	-346
1.d Wider Determinants	3,671	3,090	-581
1.e Contribution to Reserves	0	3,314	3,314
Total Expenditure	30,365	30,364	0
PH Grant	-30,365	-30,365	0
Total Income	-30,365	-30,365	0
TOTAL PHRFG	0	0	0

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A full breakdown of each of the areas are included in **Annex 1**

Key Headlines – Public Health

The main explanations for the budget variations are

- The PH Strategic Functions underspent as a result of maximising the use of the Contain Outbreak Management Fund (COMF) grant funding in year
- The Adults Prevention Services (APS) outturn underspent mainly due to the use of a New Burdens Grant for Domestic Abuse and additional grant received for Local Reform Community Voices (LRCV) and savings relating to effective contract management in year
- The Children's Prevention Services (CPS) underspent due to a reduction in the requirement for contract inflation
- The Wider Determinants budgets is predicted to underspent due to the maximisation of external grants and reduction in expected spend on the Qi Care Home Project
- The in-year underspend (£3.3m) has been transferred to reserves and a 3 year plan is being developed for its utilisation.
- The total value of the reserve now stands at £9.7m

Additional Covid Grants awarded to Worcestershire

Public Health managed grants totalling £16.1m relating to COMF and Test and Trace in conjunction with District Councils and Worcestershire Regulatory Services (WRS)

The spending incurred included:

- Testing
- Contact Tracing
- Outbreak Control
- Enforcement
- Vaccination
- Communications and Engagement
- Self-Isolation Support
- Supporting Vulnerable people

Of this £4.3m will be carried forward into 2022/23

Annex 1 Detailed Breakdown of outturn position 2021/22

1.a PH Strategic Functions

BUDGET HEADING	BUDGET 21/22 £'000	OUTTURN 21/22 £'000	VARIANCE 21/22 £'000
Public Health Team	2,272	1,138	-1,133
Medicines Management	32	32	0
PH Recharges	328	328	0
Emergency Planning	145	153	8
Critical Incident	0	-40	-40
Asset Based Community Development (ABCD)	150	0	-150
Income from DCLG	0	-556	-556
TOTAL STRATEGIC FUNCTION	2,926	1,055	-1,871

1.b Adults Prevention Services

BUDGET HEADING	BUDGET 21/22 £'000	OUTTURN 21/22 £'000	VARIANCE 21/22 £'000
Commissioning and Finance Support	335	180	-155
Adults Housing Support	100	125	25
LD Reablement	60	60	0
Promoting Independent Living Service	273	325	52
Home from Hospital/Support at Home	43	43	0
Warmer Worcestershire	19	19	0
Connect Services	312	312	0
Strength and Balance	90	85	-5
Carers Support	617	617	0
Info & Advice Contracts	250	250	0
Stroke Contract	90	90	0
Lifestyle Services	350	312	-38
Smoking in Pregnancy	164	108	-56
Health Checks	209	661	452
Walking for Health	25	25	0
Worcestershire Works Well	35	71	36
Obesity, Diet, Exercise	20	-8	-28
Weight Management Grant	-284	-284	0
Weight Management Grant Spend	284	284	0
Fluoridation	200	268	68
Loneliness Service	150	150	0
Healthwatch	275	265	-10
Local Reform and Community Voices (LRCV) Grant	-224	-292	-67
Digital Inclusion	10	0	-10

BUDGET HEADING	BUDGET 21/22 £'000	OUTTURN 21/22 £'000	VARIANCE 21/22 £'000
Vulnerable Groups	0	3	3
Health Chats Making Every Contact Count (MECC)	2	0	-2
Time to Change	25	25	0
Substance Misuse Contract	4,329	4,206	-123
Substance Misuse Grant	-387	-387	0
Drug Interventions Programme (DIP) Grant	-109	-106	3
Domestic Abuse Contract	417	204	-213
Social Prescribing	100	0	-100
Oral Health	50	0	-50
Harmful Sexual Behaviour Training	0	18	18
Community Lifestyle	28	0	-28
Sexual Health (WHCT)	4,137	4,010	-127
Sexual Health - genitourinary medicine (GUM) OoA	300	142	-158
Community Engagement	0	-1	-1
TOTAL ADULTS SERVICES	12,296	11,780	-516

1.c Children's Prevention Services

BUDGET HEADING	BUDGET 21/22 £'000	OUTTURN 21/22 £'000	VARIANCE 21/22 £'000
Children's:			
Children's Targeted Family Support	850	908	58
Positive Activities (Youth Provision)	530	468	-62
CDOP - child death overview panel	15	15	0
Young Adult Carers	35	35	0
Dawn Project (DOMESTIC ABUSE WORKING NETWORK)	75	121	46
Public Mental Health Children	0	1	1
Family Safeguarding Model - Business Rates Retention Scheme	125	207	82
Adults:			
0-19 Health Services (WHCT)	9,724	9,302	-422
LAC 16+ Nurse	27	0	-27
Social Mobility Project (BRR Pilot)	91	64	-26
Schools Health Behaviour Questionnaire	0	3	3
TOTAL CHILDRENS SERVICES	11,472	11,125	-346

1.d Wider Determinants

BUDGET HEADING	BUDGET 21/22 £'000	OUTTURN 21/22 £'000	VARIANCE 21/22 £'000
Libraries Service	998	998	0
Countryside Service	295	295	0
Trading Standards	706	619	-87
Planning Service	70	70	0
3 Conversation Model	291	291	0
Adult Learning	211	211	0
Coroners & Registrars	130	130	0
Occupational Health (Employee Wellbeing)	160	160	0
Quality Assurance and Compliance	132	132	0
Here 2 Help Scheme	287	0	-287
QI Care Home Project	140	0	-140
SENDIASS	74	74	0
Public Analyst	67	0	-67
Road Safety	109	109	0
TOTAL OTHER SERVICES	3,671	3,090	-581

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

8 JULY 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 2020/21, 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 overall scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 29 June 2022 and will be agreed by Council on 14 July 2022.

Dates of Future 2022 Meetings

- 19 September at 2pm
- 17 October at 10am - additional
- 2 November at 10am

Purpose of the Meeting

7. The Committee 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 Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda for Overview and Scrutiny Performance Board 29th June 2022](#)

[Agenda for Council on 14th 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
8 July 2022	Patient Flow and Progress Update against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital handover Delays	9 March 2022 9 May 2022	
	Update on the Covid Vaccination Programme		
	Draft Worcestershire Joint Health and Wellbeing Strategy Consultation (feedback on the Consultation)		Requested at 3 November 2021 meeting
	In-year Budget Monitoring		
19 September 2022	Integrated Care Systems (ICS) Development – including New Arrangements for Mental Health Services	12 January 2022	To include the plans for the commissioning of Pharmacy, Dentistry, Optometry, Specialised Acute, New Arrangements for Mental Health, Specialist Mental Health and Prison Health
	Urgent Care Update including Winter Planning and the role of community hospitals	3 November 2021 18 November 2021	
	Update on Onward Care Team	2 March 2020	
	Draft Worcestershire Joint Health and Wellbeing Strategy Consultation (final draft)	9 May 2022	
17 October 2022	Routine Immunisation		Suggested at 19 July 2021 Meeting
	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 Meeting
	Stroke Services		

2 November 2022	Health Inequalities resulting from the Covid-19 Pandemic		To include Long Covid
	Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement)	21 September 2021 9 May 2022	
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 Systems (ICS) Development	12 January 2022 10 March 2021	
Possible Future Items			
TBC	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	
TBC	Health impacts of the pandemic		Notice of Motion from Council 13 January 2022
TBC	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)
TBC	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
TBC	Physiotherapy Services?		Suggested at 19 July 2021 Meeting
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	Dementia Services		Requested at 9 May 2022 meeting
TBC	Out of County Elective Surgery		Requested at 9 May 2022 meeting

Early 2023 - TBC	Workforce Pressures		Requested at 10 June 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Hospital at Home Service		Requested at 10 June 2022 meeting
Standing Items			
TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Performance Indicators (Quarterly) and In-Year Budget (Public Health Ring Fenced Grant) Half Yearly		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
TBC	Review of the Work Programme		

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