Minutes of the Health Overview and Scrutiny Committee

County Hall, Worcester

Friday, 10 June 2022, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Chris Rogers, Cllr Calne Edginton-White, Cllr John Gallagher, Cllr Frances Smith (Vice Chairman) and Cllr Richard Udall

Also attended:

Sarah Dugan, Herefordshire & Worcestershire Health & Care NHS Trust
Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust
Claire Curtis, Herefordshire and Worcestershire Health and Care NHS Trust
Jayne Westwood, Herefordshire and Worcestershire Health and Care NHS Trust
Tina Ricketts, Worcestershire Acute Hospitals NHS Trust
Katie Hartwright, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Jenny Dalloway, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Sarah Onions, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Caitlyn Adkins, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Martin Gallagher, Healthwatch Worcestershire

Mark Fitton, Interim Strategic Director of People
Rebecca Wassell, Assistant Director - Commissioning
Samantha Morris, Overview and Scrutiny Manager
Emma James, Overview and Scrutiny Officer

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. Additional information for item 6 End of Life Care (circulated at the Meeting)
C. The Minutes of the Meeting held on 9 May 2022 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

1066 Apologies and Welcome

The Chairman welcomed everyone to the meeting.

Apologies had been received from Committee members, councillors Salman Akbar, Sue Baxter, Mike Chalk, Jo Monk, Natalie McVey and Kit Taylor, as well as Cabinet Members Adrian Hardman and Karen May.

1067 Declarations of Interest and of any Party Whip

None.

1068 Public Participation

None.

1069 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 9 May 2022 were agreed as a correct record and signed by the Chairman.

1070 Workforce Pressures

Sarah Dugan, Chief Executive of Herefordshire and Worcestershire Health and Care Trust (HWHCT) introduced the report and explained she was present in her capacity as Co-Chair of the People Board within the Integrated Care System.

Workforce was a very broad topic, and there were various areas which Committee members may want to explore.

In Worcestershire and Herefordshire around 16,500 people were employed by the NHS, 12,375 of whom in Worcestershire. Regarding vacancy rates and staff turnover, figures in the Agenda report included those who may have moved to other NHS organisations within the NHS family. COVID had brought incredible challenges and there were some hot spot areas with higher numbers of staff approaching retirement. During the pandemic, use of temporary staff had increased significantly, and it was hoped to reduce use of agency staff, which was expensive. The absolute priority was to attract and importantly, to retain a permanent workforce, for example by trying to be as creative and flexible as possible to make jobs attractive, including international recruitment when needed.

Worcestershire's Primary Care workforce was fortunately very strong, although there were some hot spots in both primary and secondary care sectors, for example practice nurses, haematology and mental health. Mental Health was an example of an area where there had been recent development resulting in new posts which was positive, but there was not a ready supply of staff,

although for mental health this was a short-term problem since there had been a big increase in young people training in this field. The Board was really keen to encourage local people to consider NHS roles, which spanned a huge range of job types.

Workforce pressures within domiciliary care and social care were significant and organisations were trying to work more as a system and look at practical considerations such as transport.

It was important to do as much as possible to mitigate the significant pressure on staff from the cost of living.

The report included the range of solutions in place to address workforce pressures. The People Board comprised 30 people from a range of organisations who all wanted to make a difference and there was a local as well as national People Plan. Following the huge success of the call for people to help the NHS during the pandemic, the reservist programme was a new area of work to develop staff resources from people who may be employed in other jobs but have skills to help the NHS at times.

A Health and Well-being Hub, funded nationally, was available to support staff and was particularly beneficial to smaller organisations. It was also important to note the 'game changing' addition of the Three Counties Medical School.

The Chairman invited discussion and the following main points were made:

- Reassurance was sought about the impact of NHS staff being redeployed to the COVID vaccination programme to assist with further rounds of vaccinations, however it was confirmed that all staff had now returned to their usual posts, and the vaccination programme was staffed by new staff who had come froward during the pandemic.
- The difference between use of bank staff and agency staff was clarified and it was explained that bank staff may already work in NHS roles but be available for extra shifts. Pay was more in line with NHS rates, therefore was more affordable and the scheme was promoted, for example to medical students, although the representatives present were conscious to avoid staff doing too many hours. Agency staff were expensive and could be from a number of neighbouring areas but provided a fantastic resource when needed.
- Flexibility was the main reason why staff preferred the bank, nonetheless, permanent roles came with better terms and conditions, which the People Board sought to promote as a priority, for example by providing programmes for people to join the NHS and progress.
- In terms of what was being done to discourage staff becoming agency workers, the importance of listening to feedback and being creative were highlighted. Figures for the conversion rate of agency staff transferring to permanent workforce would be circulated.
- A HOSC member asked how stress and anxiety in the workplace were identified and tackled, including the potential for existing NHS staff to work as bank staff during their holiday. Tina Ricketts, Worcestershire Acute Hospital Trust's Director of People and Culture explained that risk

assessments included stress and staff were signposted to appropriate support. Although some staff terms and conditions were set nationally, there was a health and well-being offer to staff and flexibility had been increased to make roles more attractive, as well as access to schemes such as bike to work. It should not be possible for a staff member to work 52 weeks a year, and there were system checks in place and second employments had to be declared; throughout the pandemic staff had been encouraged to take holiday.

- When asked about plans in place to resolve workforce pressures, the People Board representatives explained that the Board had a clear Strategy which was being systematically addressed against timelines, including recruitment and retention – the Headline Plan of the priorities for Worcestershire in addressing the workforce issues would be circulated.
- It was worrying that despite all the work going on, a dramatic change had not yet been seen, therefore efforts needed to continue. International recruitment was working well but a more sustainable, long-term solution was the focus.
- Brexit had led to vacancies in some sectors such as social care but had not led to a noticeable impact on the NHS workforce locally, however the challenging area was healthcare support and administrative workers, who were unsettled at changes and competition in the marketplace.
- The Chief Executive of HWHCT advised that retirement was the biggest problem for retaining staff in her organisation especially as the workforce was exhausted after the last two years. A programme to attract retired workers back to part-time roles was an area of focus.
- When asked whether the figures of staffing in primary care masked a crisis, it was explained that although under pressure, figures in Worcestershire were very strong compared to elsewhere.
- It was acknowledged that innovation played a part in attracting staff to secondary care roles and it was therefore important to continue the momentum of innovative working sparked by the need to work at pace during the pandemic.
- Regarding the workforce Plan, some positive progress was emerging, for example changes to the national bursary system for mental health and learning disability nurses had led to a 50% increase in people training.
- The Council's Director of People explained that the pandemic had highlighted the difficult nature of care work which was now exacerbated by the cost of living crisis and all representatives present shared the consensus that working together was the way forward.
- Apprenticeships were also important, although progress on this and a number of areas was difficult to assess during the pandemic therefore a further update would hopefully demonstrate more established patterns of progress.
- In terms of additional pay for agency staff, the Acute Trust representative advised that approximately 7% of staff in March were agency, although across the board there would be hotspots with much higher levels. Reassurance was given that because of the higher cost,

permanent staff were the real focus, and agency staff would only be used if cover could not be found internally.

- A member expressed concern about the figures for social care staffing for example that one quarter were employed on zero hours contracts and the Council's representative explained that although the Council tried to influence this, much of the social care workforce were commissioned through external employers. Contracts stated pay should not be below the national minimum wage. However, nationally there was a drive to make this sector more attractive and the national Cost of Care exercise required the Councill to engage with providers and the marketplace.
- When asked what the Council was doing to attract staff, and whether pay was an issue, initiatives such around welfare and wellbeing were given as examples and promoting the overall rewards including flexible working.
- The representatives present acknowledged that higher pay would be desirable, however it was not the biggest issue raised, with more focus currently on living costs. NHS salary ranges were determined nationally.
- Union representation and involvement on the People Board was strong.
- Increasing fuel costs against mileage rates was a big issue, and it was explained that NHS rates were set nationally twice a year but had not been increased at the most recent review in April, which impacted in particular on staff doing a lot of miles. The HWHCT Chief Executive supported national negotiation of rates rather than at local level, however the issue was growing and the Trust was looking at how to support staff.

  The Council's representatives advised that the domiciliary care workforce was most affected, in particular those working over 35 hours. Staff were paid a rate for care time, a lower rate for travel time and were reimbursed for travel costs. During market engagement, Officers had suggested a differentiated rate within fees for more rural areas but interestingly this was not wanted by providers, however the forthcoming Fair Cost of Care exercise would provide a further opportunity; increasing fuel costs was going to cause significant problems and a potentially difficult situation.
- Regarding the secondary care workforce, some specialist areas were a challenge, such as haematology, orthodontics, cancer, neurology and stroke services and the People Board was looking at increasing flexibility and appealing roles, early contact with those due to complete training, offering recruitment premiums as well as using international recruitment. A positive training experience often prompted individuals to return to Worcestershire at a later point in their career. Alongside traditional means such as school fayres and the NHS Jobs website, there was increasing use of targeted digital and social media channels.
- Staff feedback was generated and captured through a variety of ways including at senior recruitment level.
- When asked to what extent Worcestershire was considered a 'state of the art' place to work, the representatives believed it did well from a technology viewpoint and while effort was made to promote innovation, there was more to do.

- When asked why Worcestershire was not always seen as an attractive destination for mental health nurses, it was explained that this was for similar reasons as for more specialist roles and while Worcestershire provided a range of specialisms, bigger Trusts such as Birmingham provided more. Another factor was that students often chose to remain where they had trained.
- Worcestershire was in the fantastic position of being part of transformation investment for mental health, which had created many new posts, however as a result staff had moved around with vacancies opening up in other areas.
- It was difficult to know when the workforce pressures would settle, as staff were heavily involved in restoration of services and had been working remotely from their teams which had a big impact – now that teams were getting back together it was hoped the situation would improve.
- Significant turnover figures in social care were acknowledged, which reflected a lot of change during the pandemic including mandatory vaccines and opportunities to work in easier jobs for example supermarkets, for more pay. However it was interesting that the vacancy rate had remained relatively static, around 7% and the Council had worked hard to promote care work as a career, which Scrutiny had also been involved with.
- In response to a question about whether transport to and from work at early/late hours could be a factor for staff, it was explained that ways of working were being looked at, for example location of work in certain geographies as well as childcare voucher schemes, pool cars etc.
- HOSC members were keen to be kept up to date with initiatives so that they could promote employment in their role as local members.
- It was confirmed that the staff passport to enable mandatory training records to be ported across sectors applied to all hospitals and staff.
- Support such as helping international staff find housing, was provided and general NHS staff terms and conditions were good in terms of pay and holiday, and there was a little flexibility with incentives for more specialist staff – the People Board representatives were wary of starting bidding wars between areas.
- The Council had decided to apply market forces to attract some staff such as social workers.
- Details about staff speciality roles with highest vacancy rates including pay rates for both permanent and agency, would be circulated.
- Staff usually maintained continuing professional development (CPD) through joining schemes such as NHS Professionals.
- Aware that healthcare had always attracted an international workforce and students, a member asked how this was enabled to fill gaps and also how councillors could help as community representatives to support cultural diversity, and it was acknowledged that the international workforce played an important contribution. Staff visas could be applied for certain categories of staff, for example a recent cohort from India, and the offer of support was appreciated.

The Chairman thanked everyone for the information provided on an area which was of considerable concern and interest to the Committee – therefore a further update in six months' time was requested.

1071 Update on End of Life Care

The Chairman acknowledged the additional data which had been requested and the representatives present apologised for its lateness. *(attached to Minutes)*

Dr Sarah Onions, End of Life Care Clinical Lead for Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) and St Richard's Hospice Medical Quality Lead and Hospice Palliative Care Doctor, introduced the report which provided an update since the last discussion with the Committee in 2020.

Over the last two years the national End of Life Care team had become very proactive and there was very strong working between NHS England and Improvement (NHSE&I) and HWCCG, with priorities now aligned. A new self-assessment framework was proving very helpful for the CCG to verify services and feedback from NHSE&I for Herefordshire and Worcestershire (H&W) was complimentary with the area often seen as an exemplar. Many priorities were already in the Strategy for H&W, for example integrated working and a 24/7 advice provision to professionals but also to patients and families.

An external view of services had been commissioned as well as forecasts of future trends in population and areas of development. Funds had also been secured from NHSE&I to help with integrated access and inequities.

Caitlyn Adkins, Ageing Well and End of Life Care Project Manager referred to work behind other priorities, for example the digitalisation of ReSPECT forms which would be accessible to any health professional and the new ReSPECT training programme which was being taken on as a national resource. Developments in education and knowledge had in many ways been brought forward by necessity due to COVID.

The Chairman invited discussion and the following main pints were made:

- A HOSC member asked for an example of a patient journey through end of life care, and Dr Claire Curtis, Consultant in Palliative Medicine and Clinical Director for Specialist Palliative Care Services with Herefordshire and Worcestershire Health and Care Trust (HWHCT) spoke about care provided recently for a young woman in her 20s with metastatic bowel cancer who had in the main been cared for at home, under her GP and community care home, with hospital visits minimised which was her preference. Her wish was to die at St Richard's Hospice, with the team she knew and who were helping her to prepare, for example by completing a book for her son.
- Feedback was important and was therefore sought from as many sources as possible, for example hospices and bereavement questionnaires from community hospitals, and the different agencies

involved had different mechanisms to ensure this was acted on, for example reporting to the organisation's Board and sharing across the learning network.

- Regarding options for end of life care, conversations would be started early on with the individual and family and would continue since needs and wishes may change.
- In response to a question about how long community hospitals had sought feedback from relatives, this would be verified.
- Worcestershire Acute Hospitals Trust had pathways to facilitate safe and quick discharge for patients who entered hospital not envisaging they would need end of life care unless a patient became too ill to be moved on the day. Options for those who did not want to die in an acute setting included a care home, home with care, community hospitals, and hospices.
- A HOSC member had heard of previous problems where the practical needs of family members had not been taken into account before allowing a patient to return home and was therefore pleased to learn that this was no longer happening. It was also explained that there were regular audits which included checking when early conversations had taken place, which were followed up with clinicians if needed.
- A HOSC member reported that he was aware of individuals who had not been offered bereavement counselling, and the representatives stressed that hospitals tried to highlight that bereavement care was available, including from hospices, irrespective of whether the family member had been cared for there.
- When asked what had been working well and less well with ReSPECT, HOSC members were advised that the paper document had been fantastically embraced by the network and care system and the form was regularly audited to ensure it was being used in the way it was intended, and future work was carried out with a co-productive approach. The current ReSPECT document was intended as a summary therefore the digital work planned would enable some of the softer preferences to be captured which may have been lost, such as religion or a person's favourite foods.
- It was explained that the projected rise in the number of deaths (set out in the additional information circulated) was expected due to national population increases and the increasing ageing population in Worcestershire, in particular aged 80 plus.
- When asked about any areas which may need more emphasis, the Ageing Well and End of Life Care Project Manager highlighted a lack of good language, which people needed to be reminded about.
- HOSC members were really pleased about the improvements which would be brought by digitalisation of ReSPECT information, since it was so important to be able to respect people's last wishes.
- Clarification was sought as to why only 4% of registered patients over the age of 65 had a ReSPECT form in place, compared with 56% of all people on the palliative care register and it was explained that the figures for those on the palliative care register (with a form in place) had increased as the process of adding someone to the register often prompted the conversation. It was hoped that greater public awareness would prompt more individuals to register their wishes, although this

was entirely voluntary and many healthy people did not do so since it was not a concern; key touchpoints such as diagnosis of a life limiting diagnosis or increasing frailty, were therefore important.

- Regarding dementia, it was clarified that the figures for patients with a ReSPECT form in place would only include those with dementia who were recognised as being at the end of life stage.
- The Consultant in Palliative Medicine explained that her role involved working alongside GPs in an advisory capacity, which was important support for GPs – her role was predominantly community based, although most community consultants' work included a mix, and in total there were 7 Palliative Consultants in Worcestershire.
- It was clarified that the Primrose Unit was an NHS specialist palliative care unit within the Health and Care Trust, whereas the Primrose Hospice in Bromsgrove provided day hospice care.
- A member sought views about the Liverpool Care Pathway, a previous national pathway, the representatives explained that it had been phased out, however acknowledged that when used well it had contained some great elements and had been misunderstood.
- A member asked about arrangements for timely sign-off of death certificates, which was particularly crucial for Jewish and Muslim families, whose deceased needed to be buried within 24 hours. and the frequency of GPs needing to do so to avoid difficult circumstances for families, and was advised that rules had changed during and after the pandemic, and a GP could sign either if they had seen the patient within 28 days in person or virtually, or if they have seen the person after their death

The Chairman thanked those present for the information provided and requested a further update in 12 months' time.

1072 Hospital at Home Service

Jenny Dalloway, Lead Commissioner for Mental Health, Learning Disabilities and Children for Herefordshire and Worcestershire Clinical Commissioning Group provided a brief introduction of progress on the service model for the Hospital at Home Service, following the earlier discussion with the HOSC in September 2021.The Service for older adults with functional mental health illness had evolved from a temporary service change during the COVID pandemic, where the focus was for people to remain at home.

The Agenda report set out the findings of the initial consultation to make the change permanent, the proposals for which had been fully supported by the System. It was explained that some differing views had come through, although of note these were from stakeholders asking 'what would happen if' questions, and not from those using the Service. The original consultation had occurred during the pandemic, therefore a further consultation was planned to be really clear on the impact for patients and carers, and it was hoped that the further communication would address any concerns.

The Chairman invited discussion and the following main points were made:

- HOSC members praised the positive outcomes of the Hospital at Home Service and the initiative in taking forward the changes.
- When asked for examples of a patient journey through the Service, Jayne Westwood, Service Manager for Older Adult Mental Health at Herefordshire and Worcestershire Health and Care Trust (HWHCT) explained that the two main aspects of the Service were around enabling a patient in a hospital ward to go home or to avoid someone at home needing to go into hospital. Typically, the duration of care was two to four weeks, after which care would continue with community care teams.
- When asked about the benefits and challenges of the changes, the representatives advised that the main benefit was avoiding stay on a hospital ward, which were also more difficult for families to visit and most patients and their families wanted them to stay at home. Hospital at Home staff were multi-disciplinary and able to visit up to four times a day, a level of care which was rare in hospital and very effective. So far it had not been necessary to use any external beds outside of the county.
- Sue Harris, HWHCT Director of Strategy and Partnerships pointed out that home treatment for mental health had been around for a long time, therefore being able to do this for older adults with mental health illness was really great.
- There had been no feedback to suggest that public transport access had been an issue and information was provided about hospital transport. Previous experience indicated that patients had not always chosen the nearest facility for hospital stays.
- It was clarified that the hours for the Service were 8am – 8.30pm, with a 24 hour/7 day a week crisis team although it was very rare to require this.
- It was explained that the Service was able to provide more specialised needs-led service, whereas the all age provision lacked expertese with the co-morbidity of older age.
- When asked whether the pandemic could have influenced people's responses to the consultation, the representatives explained that this was a factor in carrying out a further exercise.
- A patient being assessed for the Service was usually already known to the System and whoever was involved in their care would also be involved.
- It was clarified that there were around 18-20 referrals to the Service per month, with some fluctuation.
- Martin Gallagher, the Healthwatch Worcestershire (HWW) representative present explained that HWW had been aware of and involved in discussions about the changes from the start and whilst there was still a lot of learning to take place as the Service evolved, the benefits to patients were clear. No negative feedback at all had been received through the many networks HWW was involved with and generally it was seen as a major enhancement and an approach which it was hoped could be extended to other services.

The Chairman thanked everyone for their attendance and acknowledged the approach as the way forward, with a request for a further update in 12 months' time.

1073 Work Programme

There were no additions to the work programme, apart from the future updates requested during the course of the meeting on:

- Workforce pressures
- End of life care
- Hospital at Home Service

The meeting ended at 1.05 pm

Chairman …….

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NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

End of Life Care

Worcestershire HOSC 10th June 2022

Key points

- Recently commissioned a Strategic Needs Analysis for Worcestershire-awaiting executive summary report. The key aims:

-to map existing Palliative and End of Life Care service provision and current service use

-review of projected population data and subsequent implications on service demand

- To refresh and rebuild data dashboards aligned with the imminent national data set to aid future local service development

Projected rise in the number of deaths

Figure 1 : Deaths in England, long term trends and forecasts

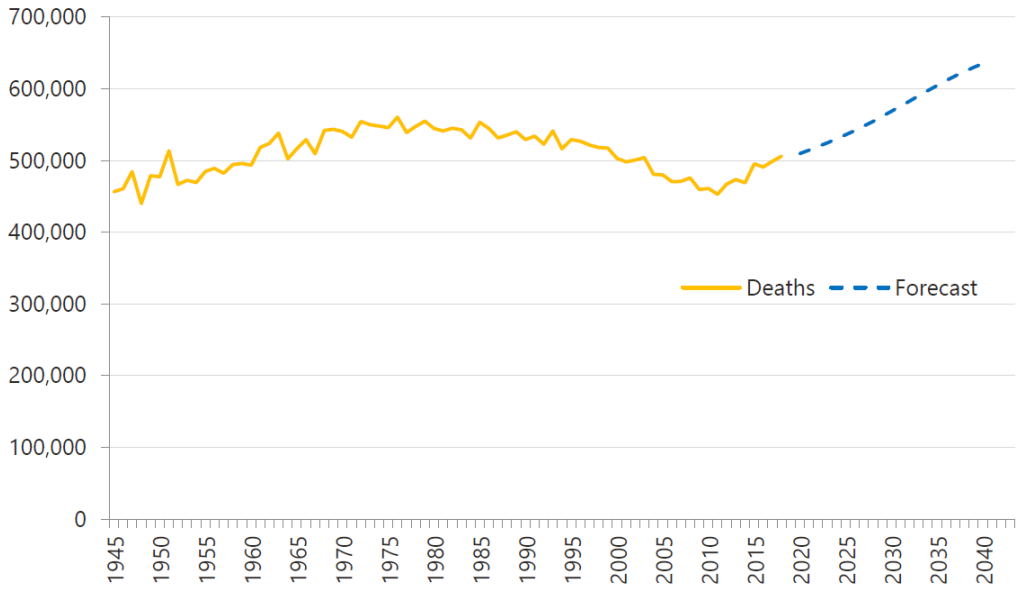
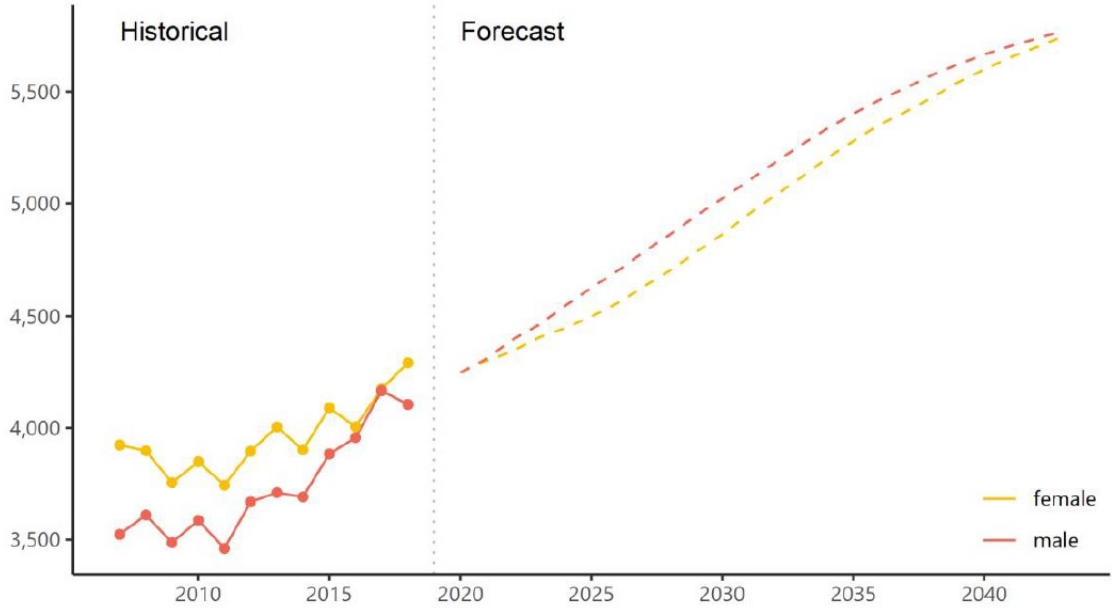


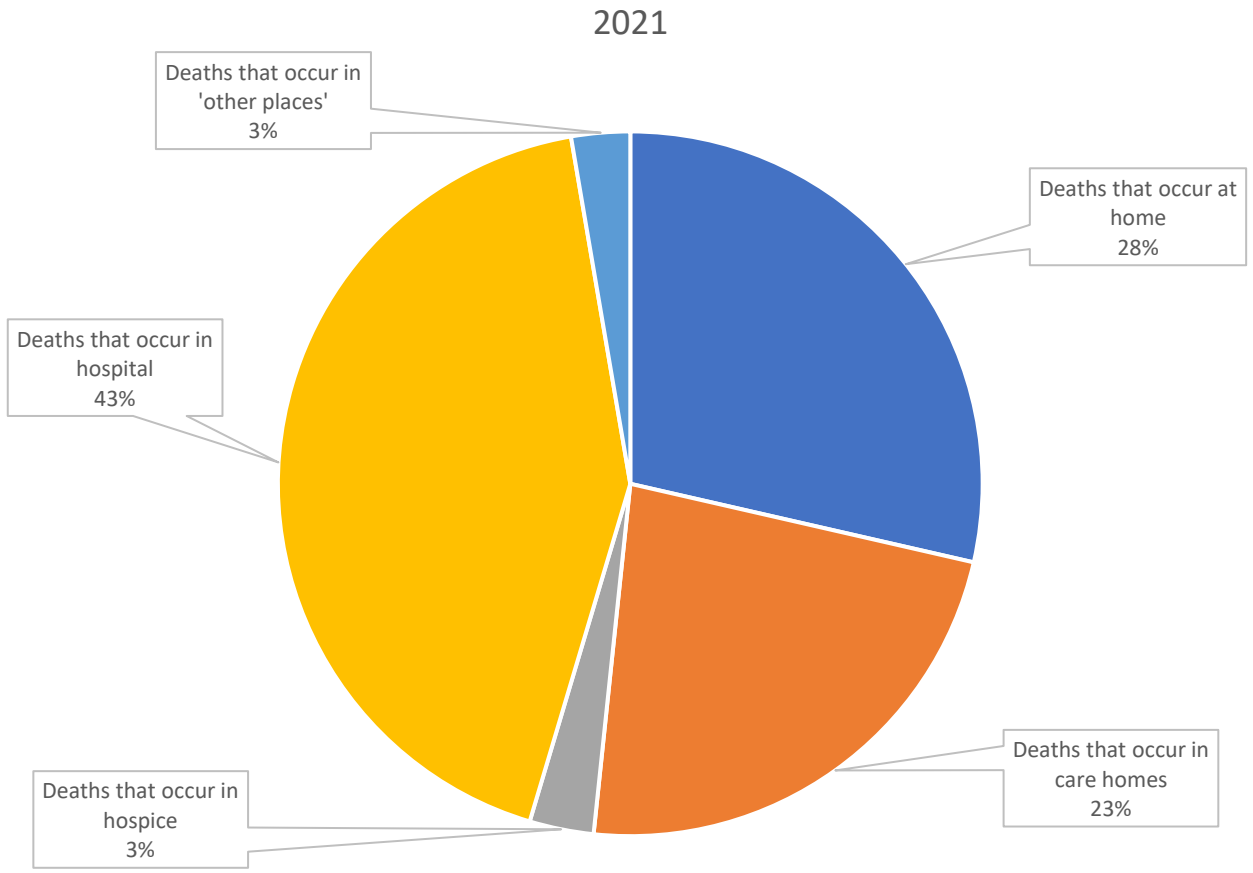
Figure 2 : Historical and forecast deaths by gender - Herefordshire and Worcestershire STP



- Preparing services for an increased number of people dying

Health service use in the last two years of life | The Strategy Unit (strategyunitwm.nhs.uk)

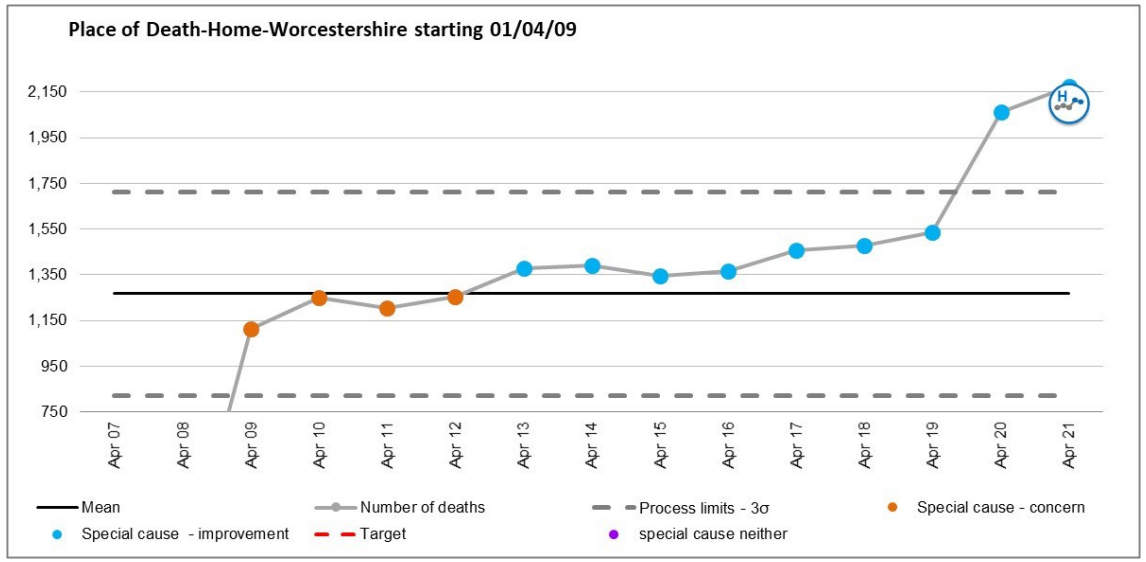
Where are people dying in Worcestershire

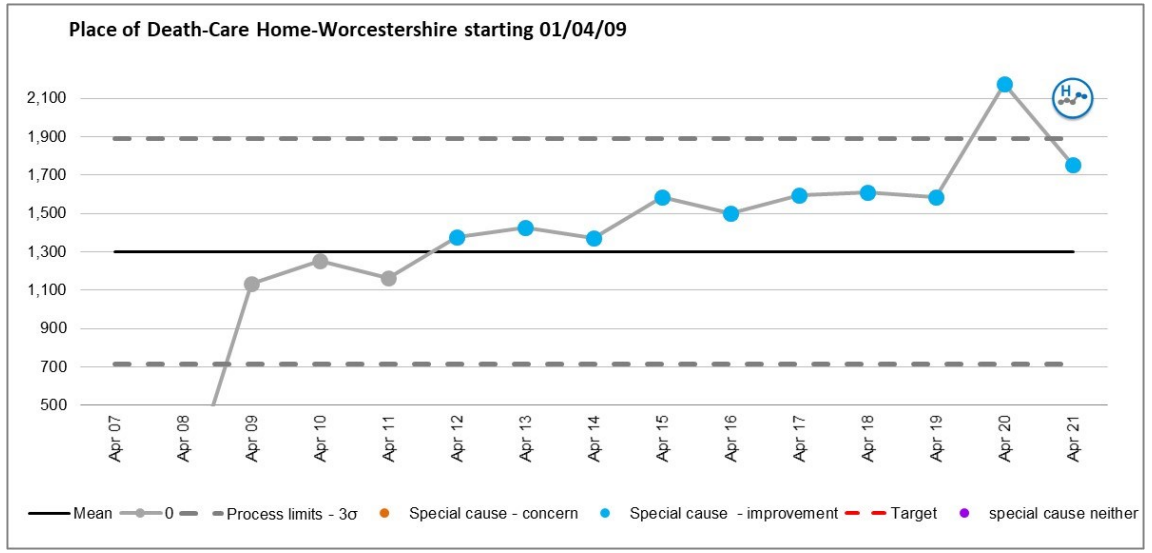


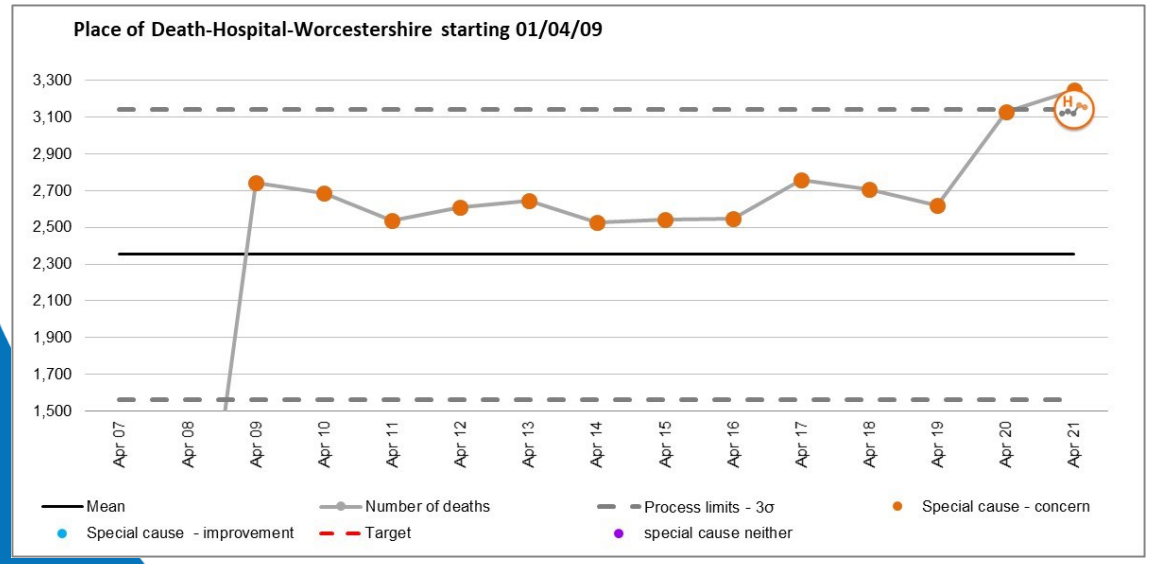
Within Herefordshire and Worcestershire, 66% of people say they would like to die in their own home but just 25% do (The Strategy Unit 2020)

Health service use in the last two years of life | The Strategy Unit (strategyunitwm.nhs.uk)

Place of Death



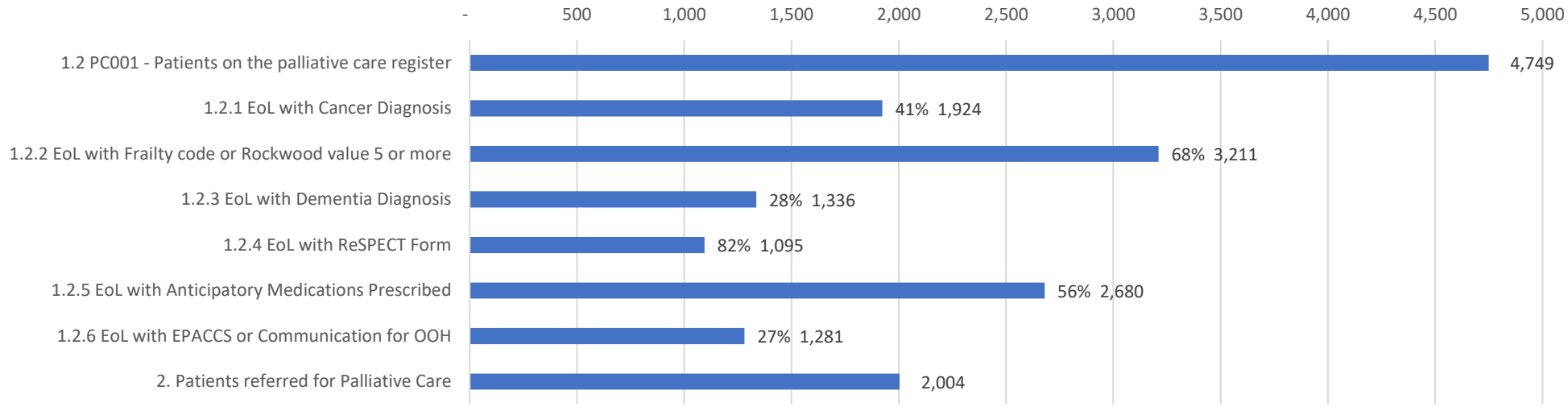




Can clearly see the impact of Covid-19 on place of death and we are unsure of the future service impacts or subsequent waves.

Early identification of people who would benefit from end of life support and personalised care planning

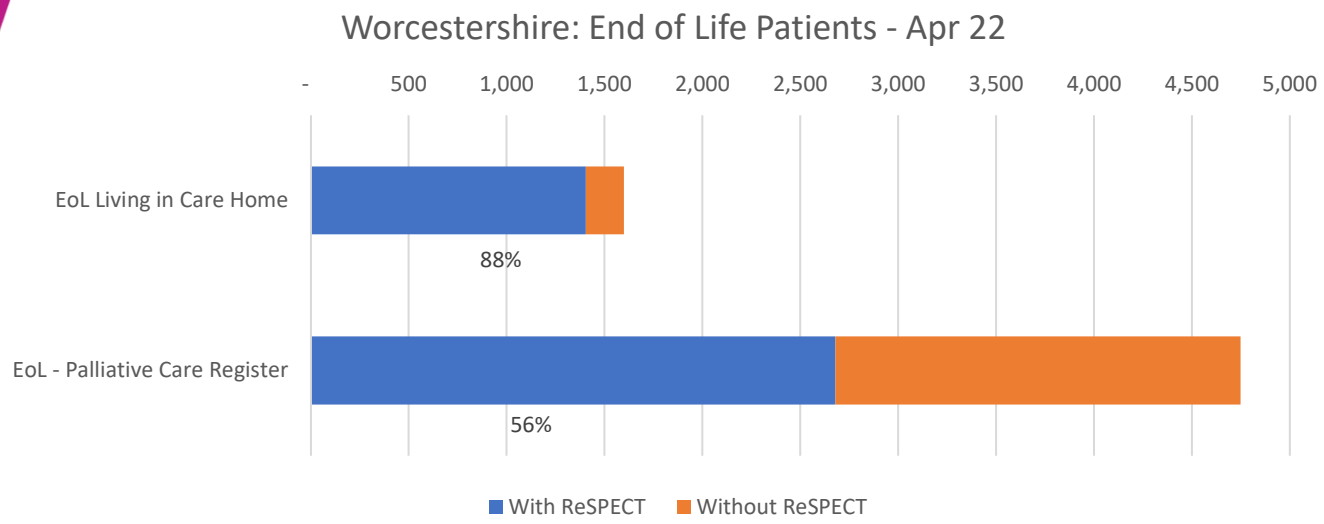
- National target of 1% registered population identified on palliative care register
  - Worcestershire currently 0.8% of registered population



- Refreshing the end of life (EoL) dashboard to include comparable data by month & year for number of patients on the palliative care register compared to number of deaths to see how relative the national 1% target is for Worcestershire

- Use of diagnosis to inform service provision planning: we know from other data analysis that we expect to see a significant increase in people living with dementia and frailty over the next 10 years within Worcestershire

Personalised Care Planning & ReSPECT



- The number of people on the palliative care register with a ReSPECT form continues to increase
- 56% of all people who are on the palliative care register in Worcestershire have a code on their health record to record that they have a ReSPECT form in place (others may not have the code but have a ReSPECT form as this is currently a paper document)
- 88% of people living in a care home & on the palliative care register are coded as having a Respect form
- Work continues to increase the uptake & to enable reporting on people who have been offered but declined a ResPECT conversation
- The upcoming digital ReSPECT form will increase the accuracy of this data

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