Worcestershire County Council

Agenda

Health Overview and Scrutiny Committee

Friday, 10 June 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

Find out more online:
www.worcestershire.gov.uk

worcestershire county council

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.

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

worcestershire
countycouncil

Health Overview and Scrutiny Committee
Friday, 10 June 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 9 June 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** Previously circulated	
5	**Workforce Pressures** (indicative timing: 10:05am – 11am)	1 - 6
6	**Update on End of Life Care** (indicative timing: 11am – 11:45am)	7 - 12
7	**Hospital at Home Service** (indicative timing: 11:45am – 12:15pm)	13 - 40
8	**Work Programme** (indicative timing: 12:15pm – 12:20pm)	41 - 46

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

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

Date of Issue: Tuesday, 31 May 2022

Item No	Subject	Page No

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.

worcestershire
countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
10 JUNE 2022

WORKFORCE PRESSURES

Summary

1. The Health Overview and Scrutiny Committee has requested an update on workforce pressures across health services to understand what actions system partners are taking to address the challenges. This report outlines these pressures across the Integrated Care System (ICS) for Herefordshire and Worcestershire but draws out facts and figures specifically for Worcestershire where this information is held.

Background

2. The challenges facing the NHS are well documented. There has been an increasing demand for services and additional staff required for the Covid-19 vaccination programme, Covid-19 pathways and to support service recovery. Colleagues report being mentally and physically tired after over two years of responding to the Covid-19 pandemic. In addition, the NHS is experiencing skills shortages in some key roles, at a time when it also needs to recover from the pandemic.

Workforce Data

3. The NHS workforce across Worcestershire and Herefordshire totals circa 16,500, made up of clinical, medical and support staff in Primary and Secondary Care. Of these, just under 75% work within Worcestershire, noting that the Health and Care Trust provide services to both counties. A breakdown is shown at Appendix 1.

4. Staff turnover has been increasing over the last few years and over the last year was 15% of which around 8% left the NHS altogether. Dominant areas of turnover have been in medical and ambulance staff. Sustained pressure is cited as the main reason for leaving.

5. Across the two counties, there is a 7.5% vacancy rate, meaning that the system relies upon bank and agency staff to fill circa 1,300 posts, costing in the region of £39m across Worcestershire. While this approach shores up the system in the short term, it contributes to decreasing retention of healthcare professionals across the system in the longer term as individuals move to agency and locum work because of the greater pay, flexibility and control that it offers.

Workforce Engagement and Sickness

6. The workload due to the pandemic over the last two years has impacted heavily on the NHS workforce and most staff groups have seen an increase in sickness

over this period. The average rate of care provider sickness last year was 5.1%. This is slightly below the region which stands at 5.5%. This is down from January's figure of 6.6% across the Integrated Care System and suggests a stabilisation post the height of sickness figures during Covid-19, which is when the use of bank and agency staff increased.

7. Staff engagement as measured in the most recent people survey (December 2021) showed that those in the Herefordshire and Worcestershire ICS were as engaged as neighbouring ICSs across the region (Coventry and Warwickshire at 7.1; Herefordshire and Worcestershire at 7.0; Shropshire and Telford and Wrekin at 6.8; and the Black Country and West Birmingham at 7.0). Anecdotally due to fatigue and burnout, people are more prone to bring forward life decisions around early retirement, changing roles etc. This is reflected across all staff engagement survey results within the NHS.

Primary Care – General Practice

8. While demand on primary care services (services providing the first point of contact in the healthcare system, acting as the 'front door' of the NHS) is higher than ever, with 55 fully qualified GPs per 100k population, the Herefordshire and Worcestershire ICS is ranked as having one of the best ratios in England (the lowest is 40 per 100k). Patient list size is at 61.3k in Worcestershire and 40.4k in Herefordshire. There are 332 whole time equivalent (WTE) GPs and 200 WTE nurses in primary care in Worcestershire.

9. Over the last few years, there has been a reduction in whole time equivalents, but headcount has increased, indicating more people are choosing to work part time. There has also been a decrease in the % of GPs over 55, from 26% to 17%, showing that the pipeline is less vulnerable to retirement now, as long as flexibility can be offered to new GPs coming in. Nurse numbers have remained fairly stable. Around 66% of nurses are over 45 years old however suggesting a potential retirement cliff edge. The Primary Care Training Hub is mitigating this through an increase in nurse training places and placements are being found throughout the system.

10. The system has also invested a large amount into developing new roles for primary care settings, making use of the Additional Roles Reimbursement Scheme (ARRS). These roles range from pharmacists to therapists and social prescribing link workers.

Secondary Care

11. Within Secondary Care Providers (services you may be referred to by your GP for more specialist knowledge) vacancy rates sit at between 8-10% and are most notable in nursing and specialist medical roles including haematology, orthodontics, cancer, neurology and stroke services. These services are becoming increasingly fragile as professionals with these sought-after skills and specialisms leave or reduce hours either through personal choice to retire/relocate or because locum or agency work is more attractive and suits their lifestyle better.

12. Recruitment to fill these vacancies remains a challenge. Highly specialised

individuals do not always choose to come to Worcestershire, often preferring bigger hospital trusts, perhaps with a university faculty where state of the art systems and skill enhancement is available.

13. Providers are working hard to meet national targets around elective surgery, cancer diagnosis and treatment, reducing ambulance handover delays and mainstreaming the COVID pathways that have developed over the last two years. These targets, coupled with the increased demand and recruitment difficulties outlined above create a challenging landscape which ultimately impacts upon the patients.

14. Mental Health has a registered nursing shortage (10,000 nationally and across Herefordshire and Worcestershire shortage is circa 100+ nurses). International recruitment does not provide the same options for mental health nursing as it does for general nurses. New investments in mental health services, while positive, have resulted in many staff moving to roles in new services which increases the pressure on remaining core registered nursing roles. With regards to attraction, Worcestershire is not always viewed as an “attractive destination”. Retirement is the single largest cause of staff movement and the biggest challenges are across inpatient and core community services.

Social Care

15. The independent care sector data from Skills for Care shows that 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%). Turnover in 2020/21 was 31.3%. 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. More than 50% of care workers in the sector are part-time, and one-quarter are employed on zero-hours contracts.

16. 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 issues faced by care providers have also been exacerbated in recent times due to low pay and a national 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. 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-19 and other long term workforce and funding issues as described above.

17. Through a range of measures the 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.

Issues for the Committee to Consider

18. The Committee is asked to note the solutions already planned or in place below

and to consider whether further cross-system approaches will help to deal with some of the issues faced.

Solutions

19. There are a range of different solutions in place to address the challenges above. Staffing hotspots in the NHS provider organisations (health), Primary Care and County Councils (social care) are reviewed regularly within each of those organisations against their own people strategies to address the shortages in the immediate and longer term.

20. The Integrated Care Board addresses the risks at a system level, to share resource, shape new interventions and build economies of scale. Some of the actions at system level to address staffing shortfalls in supply, workforce fatigue and filling skills gaps include:

Workforce Supply and Retention

a) Overseas recruitment for registered nurses across all sectors – this has brought over 200 nurses into the system.
b) Establishing a Healthcare Support Worker Programme which will create more meaningful career pathways for staff who are new to care to retain them within the NHS.
c) Programme to improve recruitment and retention of the unregistered workforce across all sectors. This includes an apprenticeship programme, step on step off career framework, Kickstart programme and taster days.
d) Reservist programme which will encourage people to join the NHS as reservists who can be called upon in the event of crisis or to fill gaps in the system, in much the same way as the military operates.
e) Covid-19 vaccination retention programme – providing inhouse training pathways to upskill the temporary workforce acquired during the pandemic in other roles such as phlebotomy (upskilling over 250 staff and deploying across primary and secondary care).
f) General Practice skilled worker visa support – enabling practices to have sponsorship status to grant visas to international healthcare workers.
g) Exploring the option of a system bank for registered nurses and support workers.
h) Wider roll out of the staff passport to enable mandatory training records to be ported across sectors.

Workforce Fatigue

a) System wellbeing hub.
b) Staff support networks.
c) Primary Care Health and Wellbeing networks (part of 14 national pilots).
d) Collaboration on Occupational Health, Covid 19 boosters and flu vaccines.

Workforce Skills

a) Continued development of the ICS academy as a one-stop shop for all education, learning and development needs across all sectors.
b) Development of the Three Counties Medical School.
c) Risk review meetings for those services most at risk, with providers across the system sharing resources to mitigate service failures.

21. Within the Integrated Care System, there is a range of governance in place to oversee these actions to mitigate workforce risk. This includes a People Board made up of members from across the system with three thematic workstreams focussed on creating a great place to work, organisational development, culture and leadership and strategic workforce planning. A new People Strategic Forum will look at system wide workforce issues and how to solve workforce issues for those services most at risk.

Purpose of the Meeting

22. 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
    - 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 - High Level Table of Workforce Numbers across Herefordshire and Worcestershire Integrated Care System.

Contact Points

Katie Hartwright, Director of People and Workforce, Integrated Care Board
Email: katie.hartwright@nhs.net

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) there are no specific background papers to this report.

All agendas and minutes are available on the Council's website here.

Appendix 1 - High Level Table of Workforce Numbers across Herefordshire and Worcestershire Integrated Care System (Whole Time Equivalents as at 31 March 2022)

		H&W ICS	Worcester Acute	H&W Care Trust	Worcestershire General Practice
Primary Care	**General Practice**	**2345**			**1748**
Secondary Care	Nursing, midwifery and health visiting staff	4007	1921	1157	
	Scientific, therapeutic and technical staff	1804	761	622	
	Support to clinical staff	4180	1802	1334	
	NHS infrastructure support	1672	706	521	
	Medical and Dental	1160	689	132	
	Ambulance service staff	9	1	6	
	Bank	808	416	214	
	Agency	543	256	113	
Total		**16528**	**6552**	**4099**	**1748**

worcestershire
countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
10 JUNE 2022

UPDATE ON END OF LIFE CARE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be updated on Palliative and End of life Care (PEoLC) and the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).

2. The importance of end of life planning and better promotion of the ReSPECT initiative was added to the Committee's work programme following its scrutiny of the performance of acute hospital services in Worcestershire, and a 'select style' meeting with representatives of the health and social care organisations across Worcestershire in March 2020. The ReSPECT process creates personalised recommendations for a person'[1]

3. Representatives have been invited from NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) and Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) to provide an update following the HOSC's previous discussion in September 2020.

Background

4. This report is intended to provide the HOSC with an update on progress within Palliative and End of life Care and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) within Worcestershire since the September 2020 report, including how the programme is being delivered and monitored, performance, and how this is benefitting Worcestershire residents.

Palliative and End of Life Care Programme

5. The Palliative and End of life Care (PEoLC) programme is led by the programme team within HWCCG, and the objectives agreed and delivered in collaboration with colleagues from the Health and Social Care, and voluntary and community (VCS) sectors across Herefordshire and Worcestershire. The programme is governed by the Programme Board, which is chaired by the System Senior Responsible Officer and Managing Director of Wye Valley Trust.

6. The programme team is also held accountable on performance and the delivery of national and local objectives by the NHS England/Improvement (NHSEI) Midlands and East regional team on a 6 monthly basis. The most recent assurance meeting took place in April 2022 and feedback was positive. The regional team felt that the programme team had 'undersold' progress against the regional performance indicators and agreed that the programme team should re-evaluate evidence against indicators prior to the next meeting in September.

[1] Resuscitation Council UK definition of ReSPECT

7. In September 2020, the HOSC was updated on the refreshed Sustainable Transformation Partnership (STP) Personalised Palliative and End of Life Care Strategy and priorities, which are:

- 24/7 single point of access to timely support and advice
- Education and training focussing on communication and clinical skills to improve timely recognition of dying, promoting personalised care and advanced planning discussions
- Access to hospice at home and transitional services for children
- Shared access to electronic patient information
- Embedded ReSPECT process across all care providers.

8. The Strategy, available at Appendix 1, has been highlighted as an exemplar by NHSEI described as comprehensive and concise with direct alignment to national, regional, and local PEoLC priorities. NHSEI has shared the Strategy via their Strategic Clinical Network as a good practice example.

9. Whilst there has been considerable work across Worcestershire (and Herefordshire) towards the priorities, the COVID-19 pandemic and subsequent waves has disrupted delivery and required temporary change of focus to enable colleagues to respond to the evolving needs due to pandemic. System wide task & finish groups were quickly 'stood up' and were responsible for providing clinical advice and support relating to excess mortality and the management of end of life patients. This in turn enabled rapid system-wide policy implementation such as symptom control guidance and remote verification of expected death. Learning from the pandemic response and rapidly implemented initiatives has been carried forward to inform the future work programme and ensure the consequential benefits realised from working differently are not lost. Working groups to address strategic priorities are established and are beginning to re-group after the latest COVID-19 wave.

Strategy Priority Updates

Integration Project

10. An in-depth SWOT (strengths, weaknesses, opportunities and threats) analysis has been completed as a foundation to understand how best to integrate services, the aim being to provide a 24/7 single point of access for people (and their carers) identified as being in the Last Year of Life for the provision of advice (generalist and specialist) signposting, and a professional helpline for those caring for people with PEoLC needs. The collaborative work to date has resulted in a test of change which has seen patients who are awaiting discharge with Continuing Healthcare (CHC) Fast Track enabled to go home sooner and be assessed and supported by HWHCT District nursing teams, rather than becoming delayed in hospital due to the capacity challenges within domiciliary care.

11. Age UK Worcester is leading another pilot as part of the integration project and have introduced a 'sitting service' to address inequalities in Redditch and Bromsgrove. The pilot aims to support and enable the wishes of those at end of life wanting to die in their own homes by supporting the families and carers of those at end of life by providing them respite. This pilot will also assess the viability of using staff who are not trained to offer personal care in order to relieve the pressure on health and domiciliary care staff.

12. HWCCG commissioned a 'Strategic Needs Analysis' for Worcestershire PEoLC, which will be used within the integration working group, primarily to support planning for the integration of services both in the short term, and longer term, based on

population predictions and trends in patient preferences which will support commissioning decisions and provider modelling.

Education and training focussing on communication and clinical skills

13. A highlight of this work stream is the delivery of the ReSPECT Ambassador ECHO (Extension of Community Healthcare Outcomes) project by the Project Manager. The ECHO Programme is a free, 3-week virtual programme which has primarily been offered to nurses within nursing homes across Herefordshire & Worcestershire. The sessions cover communication skills around caring for people nearing the end of their lives, including role play and case study discussions with a variety of clinicians across Herefordshire & Worcestershire.

14. The programme covers communication skills for having the ReSPECT discussion, the language used, how to have informed conversations, MCA (Mental Capacity Act)/Best Interest decisions, IMCA (Independent Mental Capacity Advocate) involvement, other advance care planning, useful phrasing for documentation, managing expectations, anticipatory medications and responding to a ReSPECT form. The programme also looks at how to complete a ReSPECT form, sharing experiences and other education/network opportunities. Delegates then use the free E-Learning for Health ReSPECT modules to support them to share learning with their colleagues.

15. The aims of the ReSPECT Ambassador programme are:

- Improve the confidence and competence of nursing homes nurses across Herefordshire & Worcestershire with their involvement with the ReSPECT process.
- Improve access and increase the uptake of ReSPECT training for nursing home staff.
- Provide the delegates with exposure to a variety of clinicians from different areas across Herefordshire and Worcestershire, supporting opportunities to share learning, knowledge, and experiences.

16. Five cohorts of 87 delegates have completed programme to date, and feedback indicated that all delegates felt they had increased confidence in 'having the conversation' following the programme. The Project Manager is having active discussions with Worcestershire Acute Hospitals NHS Trust to explore rolling out this model of learning for their staff.

Access to hospice at home and transitional services for children

17. It is known from national figures published by children's charity 'Together for Short Lives' that there are 49,000 children and young people (CYP) living with life-limiting and life-threatening conditions in the UK, and 13,000 Young adults, age 18-25 years, are living with a life limiting or life threatening condition in England (data not available for UK). Extrapolation from national figures means that locally, the numbers are likely to be small, which puts this group of children and young people at risk of falling between the gaps of children and adult PEoLC services.

18. The project aims to address the inequalities of access and to promote pro-active transition for CYP with life limiting conditions (LLCs) into adult PEoLC services. The objectives are:

a. To develop a clear, proactive multi system transition pathway that engages CYP, all agencies and enhances life chances, holistic health, and personalised care.
b. The creation of a multi-agency toolkit or resource pack to support service delivery and improve patient and families experience during transition care.

19. The HWCCG programme team have recently recruited a Project Manager and Project Officer to lead this project over the next 12 months, supported by some non-recurrent national funding. The project will be clinically led by the Palliative and End of Life Care Clinical Lead (HWCCG) and St Richard's Hospice Medical Quality Lead & Hospice Palliative Care Doctor in collaboration with both children's and adult's PEoLC services, and there is already positive engagement and lots of enthusiasm from providers to be involved and progress the project.

Shared access to electronic patient information

20. 'Digital cells' (working groups) are well established and consist of technical, clinical and project advisors. The groups have made significant progress throughout the last 12 months on creating a digital ReSPECT form and digital Advance Care Plan (ACP) bringing the considerable benefit for EOL care that patient information will eventually be accessible to all health and care providers, and to patients. The designs are in their final draft stages, whilst awaiting technical sign off on the current phase of the 'Shared Care Record' implementation. This work remains a key focus for the PEoLC team, as the ReSPECT and ACP digital documents have been agreed as the first digital care plan documents to be tested within Worcestershire.

21. Further information on the shared care record can be found on the HWCCG website and the project group is currently working with colleagues in the Communications and Engagement team to create a public facing video to explain and promote the benefits of the digitalised Advance Care Plan.

Embedded ReSPECT process across all care providers

22. Worcestershire was an early adopter of the ReSPECT process led by Worcestershire Health and Care NHS Trust and supported by Macmillan funding for two years. Funding for a further year was agreed by HWCCG and the project team is currently working on the project closure document. Whilst there will no longer be dedicated ReSPECT roles, a robust governance and assurance process for providers has been agreed, and uptake, quality, and learning will continue to be overseen by the PEoLC Project Board.

23. ReSPECT uptake has consistently increased in Worcestershire since implementation in July 2019, however there is more work to be done. The latest data reflects that only 4% of registered patients who are over 65 years of age have a ReSPECT form in place. Therefore, through contractual arrangements, GP practices have been tasked to ensure that all new patients added to the palliative care register have advance care planning discussions to include preferred place of care/death and ReSPECT as appropriate. Further work is underway within Worcestershire towards creating an integrated Frailty Strategy, which encompasses 'Anticipatory Care', this work stream will include a focus on ReSPECT, along with the ongoing digital workstreams.

Palliative and End of life Care (PEoLC) Data

24. The PEoLC programme team is working with Business Intelligence colleagues

to refresh the data currently presented in the EoL dashboard, to enable system partners greater transparency and to support services with informed decision making and future service provision planning. For example, the current data view suggests that there is an increasing preference for care and death to be at home, or within care homes, and hospital deaths decreasing, however the current format of the dashboard doesn't give clear enough visibility of trends, natural and special cause variation. Another example is the ability to report on how many people have been offered and decided against having a ReSPECT conversation, rather than just those who have had the conversation. This could lead to further investigation to gain intelligence around why people are choosing not to have the conversation and enable this to be addressed.

Purpose of the Meeting

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
- 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: Link to Herefordshire and Worcestershire STP Personalised End of Life Care Strategy 2020 - 2025

Contact Points

Joanne Hodgetts, Ageing Well & End of Life Care Lead
Email: joanne.hodgetts@nhs.net

Caitlyn Adkins: Ageing Well & Palliative and End of Life Care Project Manager.
Email: caitlynadkins@nhs.net

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 30 September and 2 March 2020 Agenda for Health Overview and Scrutiny Committee on Wednesday, 30th September, 2020, 2.00 pm - Worcestershire County Council (moderngov.co.uk)

- ProRes-How-Many-Children-Young-People-Affected-By-A-Life-Limiting-or-Life-Threatening-Condition-Factsheet.pdf (togetherforshortlives.org.uk)

- https://herefordshireandworcestershireccg.nhs.uk/our-work/digital/shared-care-record

All agendas and minutes are available on the Council's website here.

worcestershire
countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
10 JUNE 2022

HOSPITAL AT HOME SERVICE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) will be updated on the Hospital at Home Service following the briefing provided to HOSC in September 2021. Members will receive an update on the consultation work undertaken to date, any subsequent adjustments to the service and next steps in terms of making the service model permanent.

2. The update will be provided by the Lead Commissioner for Mental Health, Learning Disabilities and Children (Herefordshire and Worcestershire Clinical Commissioning Group), the Director of Strategy and Partnerships (Herefordshire and Worcestershire Health and Care NHS Trust) and the Service Manager, Older Adult Mental Health ((Herefordshire and Worcestershire Health and Care NHS Trust)

Background

3. The Hospital at Home Service is a 24-hour response service for older adults with functional mental health illness that enables patients requiring treatment and support for an acute mental health problem to be cared for within their own homes.

4. The service provides mental health care for people aged over 65 years with severe and enduring mental ill health or disorder which includes conditions such as schizophrenia, bipolar affective disorder, severe depression and personality disorder. The service also works with patients who have a mental illness that is secondary to other physical, organic or neurological conditions.

5. The Hospital at Home Service aims to reduce or prevent admissions to inpatient services and facilitate early discharge from a ward. It also provides out of hours or crisis support and seeks to reduce the need for out of area placements. These aims reflect national and local priorities around mental health care.

6. The service was originally established in response to the Covid-19 pandemic, when efforts were made to keep older people out of hospital as much as possible. This resulted in the temporary closure of the Athelon ward (14 beds) in Worcester, and the ward budget was used to pilot the Hospital at Home Service.

7. The Hospital at Home Service is an additional resource insofar as ward based care continues to be provided for patients who need this at the New Haven site in Bromsgrove. These wards support both the organic and functional mental health of older adults separately, but on the same site.

8. The Herefordshire and Worcestershire Clinical Commissioning Group and

Herefordshire and Worcestershire Health and Care NHS Trust have undertaken some consultation on the proposal to retain the hospital at home approach to service delivery and continue ward based provision for those who need it at Newhaven.

9. This work was supported by an extensive evaluation of the service since inception, published in August 2021 and the findings of this were shared as part of the consultation. The evaluation of benefits of the service for both patients and carers was extremely positive. An example of a clinical journey and patient and carer feedback is included in Appendix 2.

10. This evaluation also captured activity as well as a number of Key Performance Indicators including:

- 18 referrals per month to the Hospital at Home team
- 65% of referrals for admission prevention
- 35% of referrals for supportive discharge
- Length of Stay on the caseload is 18-25 days
- Average 12.5 day reduction in Length of Stay for the functional ward at Newhaven
- 15% require ward admission from the service
- Maintained performance of zero Out of Area placements for older adult with functional mental health needs
- Cost neutral

11. The consultation was undertaken between 29 September and 17 December 2021 to ascertain stakeholder views about continuing the Hospital at Home service for older people with mental health problems or reverting to hospital-based care provided at Athelon ward.

12. The consultation report is an appendix to this report. 71 responses were received and 93% of respondents agreed or strongly agreed to the proposal to retain the service; 4% neither agreed nor disagreed; 3% disagreed or strongly disagreed. The majority of respondents viewed this as a positive development with benefits for patients, carers, staff, other services, and the organisation

13. Any concerns raised focused on ensuring there was consideration given to bed numbers; the impact on carers; the impact on those who live in the south of the county who may have to travel to the north for inpatient care; safety; staffing; and that the service is not 24/7.

14. These concerns were not raised by people who had used the service, or their carers, but by other stakeholders.

15. Several actions have been undertaken to address these concerns as follows:

- Continuing to monitor the reduction of inpatient capacity in relation to the older adult mental health pathway. To date there has been no use of out of area placements for this group of patients.
- Ongoing carer and patient experience work to continue to understand their experience of both the in-patient care and the hospital at home service, and areas for further improvement.

- Regular reviews of staffing numbers and skill mix to ensure it is adequate and offers patients consistency
- Clarifying the offer from Hospital at Home over Home Treatment and communicating this.
- Reviewing the referral process and work around the interface of the service with other teams to identify areas for further improvement
- Ongoing staff engagement (those within the service and those who interface with it) to understand their experience and areas for further improvement

Issues for the Committee to Consider

16. Noting that the consultation was undertaken during a period of Covid restrictions, some further engagement will now be undertaken targeting potential future users of the service and some specific geographical areas. Although a lot of carers were consulted in 2021 there will also be some additional engagement with carers in response to the easing of Covid restrictions and any potential impact on their views.

Purpose of the Meeting

17. The HOSC is asked to consider and comment on the information provided and:
    - support the next steps in relation to some supplementary engagement
    - agree 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 – Hospital and Home Consultation Report (December 2021)
Appendix 2 – Clinical Pathway, Patient and Carer Feedback

Contact Points

Sue Harris, Director of Strategy and Partnerships (Herefordshire and Worcestershire Health and Care NHS Trust) susan.harris2@nhs.net

Jenny Dalloway, Lead Commissioner for Mental Health, Learning Disabilities and Children (Herefordshire and Worcestershire Clinical Commissioning Group jenny.dalloway@nhs.net

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 21 September 2021Agenda for Health Overview and Scrutiny Committee on Tuesday, 21st September, 2021, 2.00 pm - Worcestershire County Council (moderngov.co.uk)

All agendas and minutes are available on the Council's website here.

This page is intentionally left blank

Hospital at Home Service

Consultation Report

22nd December 2021

Contents

Executive Summary

- This consultation was undertaken to discover stakeholder views about continuing the Hospital at Home service for older people with mental health problems or reverting to hospital-based care provided at Athelon and New Haven wards.
- The consultation opened on 29th September 2021 and closed on 17th December 2021.
- The consultation was supported by a survey and a dedicated webpage which hosted all evaluation information.
- The team were invited to deliver presentations to the Community Engagement Panel, the Jigsaw Mental Health Relative and Carer Group and the Trust Senior Management Team Brief.
- The survey received 71 responses, from a range of patients, carers and staff living and working across the county.
- 93% of respondents agreed or strongly agreed to the proposal to retain the service; 4% neither agreed nor disagreed; 3% disagreed or strongly disagreed.
- Many respondents state that in their view, the benefits of the service pertain to patients, carers and families, staff, other services, and the organisation. Benefits to patients focus on the dignified provision of treatment in the calm, familiar place that is home; ready access to invaluable family and support networks; and how the service works to empower and support patients to manage stressors. Benefits to carers focus on inclusion, empowerment, education, and confidence building. Benefits to staff, other services, and the organisation focus on the specialist care the team can offer this patient group; the speed of case load turnover; the support the service can offer other teams; cost effectiveness; and the avoidance of unnecessary admissions and shorter stays.

- Some respondents express no concern about the prospect of all ward-based care being provided at Newhaven. These respondents cite the fact that the service has been operational for a year with no out of county admissions; that hospital should be seen as a last resort; that Bromsgrove is central with good travel links; that the hospital at home offers a flexible and responsive approach that is also cost effective; and that centralising care is the way forward.

- Concerns about the proposal, and the proposed closure of Athelon Ward, focus on the low/reduced bed numbers in relation to the numbers of older adults living in the county and the fact that this is a growing demographic; the fact that the Hospital at Home service does not provide 24/7 care; the need for equitable services both geographically and in terms of patient age; the impact on carers/carer burden; safety issues; and limitations of the service offer.
  Other concerns raised include staffing issues; that the service is not an alternative to admission for those who need inpatient care; communication issues with patients; the referral process; and how the team works with, and the impact of the service on, other teams.
  A key concern for some respondents pertained to distance issues for patients, families and carers who live in the south of the county if ward based care is focused at Newhaven. The concern here is for elderly partners, possibly disabled or non- car drivers, who would be expected to travel across the county and the impact on them of being unable to do so and on patients who would lose an invaluable source of recovery support whilst in hospital.

- Areas of focus for decision makers include staffing the service; patient and carer needs and views; the extent of the service offer; the impact of bed reductions and the management of this.

Background

The Hospital at Home service is for older people with mental health problems that enables patients requiring treatment and support for an acute mental health problem to be cared for within their own homes. The service offers time limited interventions and support and it works closely with a range of other Trust services.

Operating times for the service are between the hours of 8:00am - 8:30pm, with an aim to respond to referrals within 24 hours.

The service provides mental health care for people aged over 65 years with severe and enduring mental ill health or disorder which includes conditions such as psychosis, bipolar affective disorder, severe depression and personality disorder. The service also works with patients who have a mental illness that is secondary to other physical, organic or neurological conditions. The service was initially set up for older people, who do not have a dementia, but the aim is to extend it to these patients for parity, and work is progressing around this. Service staff work collaboratively with

patients and carers and aim to empower and enable patients and their carers to take an active role in their treatment.

The Hospital at Home service aims to reduce or prevent admissions to inpatient services and facilitate early discharge from a ward. It also provides out of hours or crisis support and seeks to reduce the need for out of area placements. These aims reflect national and local priorities around mental health care.

The service was originally established in response to the Covid-19 pandemic, when efforts were made to keep older people out of hospital as much as possible, so that they were kept safe and could be cared for and treated in familiar environments. This followed the temporary closure of Athelon ward in Worcester, and the ward budget was used to pilot the hospital at home service.

The Hospital at Home service is an additional resource insofar as ward based care continues to be provided for patients who need this at the New Haven site in Bromsgrove. This ward supports older people with mental health problems and those who have dementia separately, but on the same site. Currently some building work is taking place to eliminate dormitories on Trust mental health wards and provide all patients with a private room, and Athelon ward is being utilised to support this work on a temporary basis. However, whilst this work is happening beds for older adults who need ward based mental health care are available at New Haven and will be available at Harvington Ward in the Wyre Forest, should further need arise and until all building work is complete.

Evaluation

The service has undergone extensive evaluation over some time, to understand impact and how the approach is experienced by patients, carers, staff and other teams. This work has comprised:

- Equality Impact Assessments to understand the impact of the new approach on certain communities and vulnerable groups - see Appendix 1.
- Feedback from patients and carers, gathered through different engagement approaches, and which includes both quantitative and qualitative information – see Appendices 2 and 3.
- Collation of out of area placement activity – At commencement of consultation, no older adults requiring mental health treatment have had to be sourced a bed on a ward outside of Worcestershire since the Hospital at Home Team started in October 2020 and during its time of operation.
- Collation of information around lengths of stay – At commencement of consultation, the average patient length of stay for the nine months of the Hospital at Home service, compared

to the same nine months the previous year, showed a decrease of 12.5 days from 59.3 to 46.8 days. Since the Hospital at Home service commenced its work to prevent and reduce ward admissions there has been, on average, a reduction of one admission per month on the mental health ward.

- A review of all complaints, compliments and Patient Advice and Liaison Service enquiries about the service - During the period of evaluation, no complaints were received about the service and a number of compliments and gifts were registered.
- A staff survey to understand how staff who refer into the service, feel about this new approach – see Appendix 4

The positive findings of the evaluation formed the basis of the case for retaining the service, and consulting on this proposal. The full evaluation report is available at Appendix 5.

The Proposal

Based on the findings of the evaluation, the Trust consulted on whether it should:

- **Retain the hospital at home approach to service delivery for older people with mental health problems and continue ward based provision for those who need it at New Haven, or**
- **Cease to offer hospital at home services and revert back to ward based care at Athelon and New Haven.**

Stakeholders

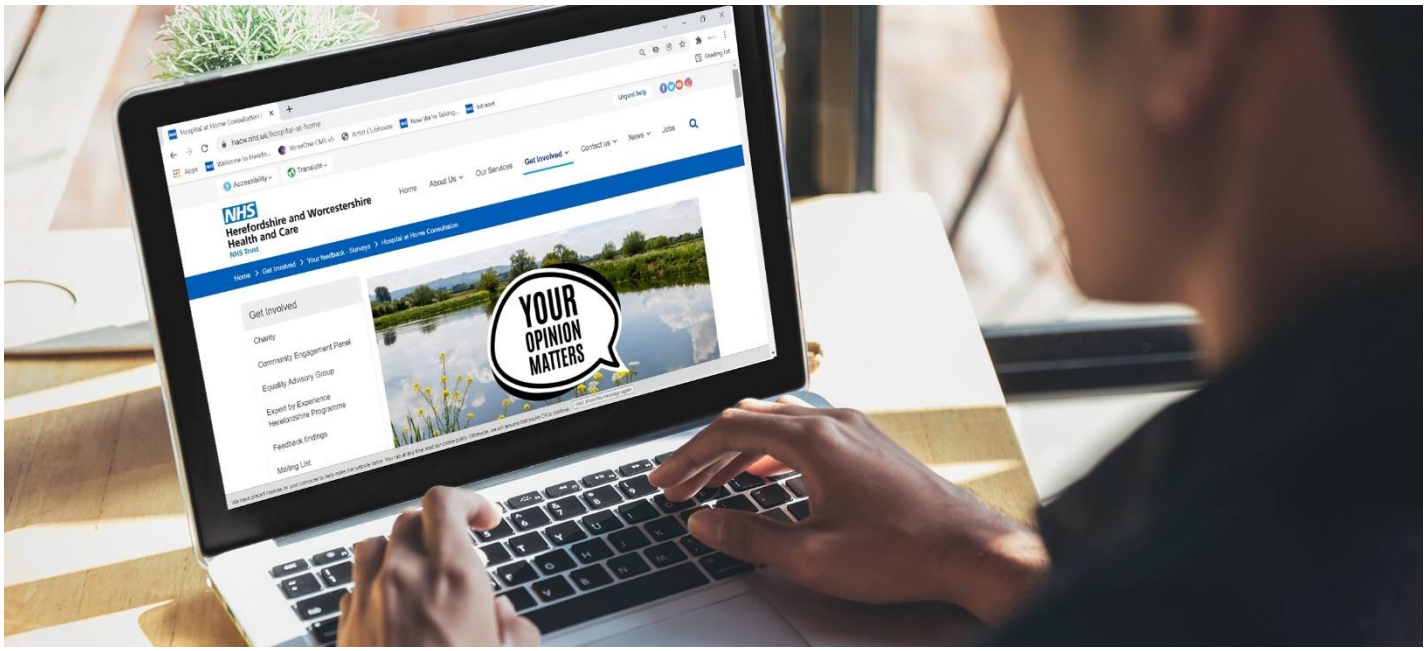
The following stakeholders were identified as impacted, invested, or interested in this work:

- Patients
- Carers/Families
- All staff via global communications through Sarah's Weekly Brief
- Recipients of Chairman's Bulletin
- VCSE organisations – Worcestershire Association of Carers; Age UK Herefordshire and Worcestershire; Age UK Bromsgrove, Redditch and Wyre Forest; Age UK Worcester; Jigsaw Mental Health Relative and Carer support group ; Onside Advocacy; Springfield Mind ; Redditch Mental Health Advisory Group; Community First; Simply Limitless; Bipolar UK local support group; Positive Thoughts; Maggs Day Centre; St Paul's Hostel; Alzheimer's Society
- Housing Associations
- Healthwatch Worcestershire
- Community Engagement Panel
- Older Adult Patient Forum
- Elected members/HOSC
- CCG
- Primary Care and PCN Clinical Directors via CCG

Consultation Approach

In light of continuing Covid-19 restrictions, the consultation took a digital first approach, but gave stakeholders opportunities to engage via a range of other options.

A dedicated consultation webpage was created to host a narrative for the work, a full summary of the evaluation findings, and a link to a survey where stakeholders could give a view. The webpage link was communicated to stakeholders via email, text and posted letter. The webpage can be accessed via this link: https://www.hacw.nhs.uk/hospital-at-home



Email and phone contact information of the Community Engagement Team was provided on the webpage, and via email, text and letter, so that stakeholders could give their views this way or contact us with questions and queries.

Online events/meetings were offered to statutory and voluntary sector partners and staff (either bespoke events or via team attendance at existing groups and meetings) where the project and the evaluation findings could be presented and questions answered, followed by discussions around the key consultation questions. The presentation created for online events and meetings can be found at Appendix 6.

Face to face engagement was offered to patients and carers – arranged and managed in accordance with Trust infection control requirements.

Hard copy documents were posted out to all patients for whom the Trust held no mobile contact information.

Consultation Timeline

Date	Activity
8th September 2021 21st September 2021 22nd September 2021 29th September 2021	Trust Board decision to proceed to consultation. Regional NHSE/I team contacted around the Trust plan to consult. Service evaluation and plan to consult reported and presented at the Health Overview and Scrutiny Committee, who supported the recommendation to consult. Approval to consult received from the regional NHSE/I team Consultation launched - information communicated to stakeholders via email, text and letter, with an invitation to contact the Community Engagement Team with questions; to give feedback; or with requests to attend an online event/established group or meeting. Patients and carers were offered the option of a face to face meeting.
12th October 2021 18th October 2021 28th October 2021	Presentation at Senior Management Team Brief Attendance at Jigsaw Mental Health Relative and Carer Support Group Attendance at CEP for presentation and discussion
17th December 2021	Consultation closes
25th January 2021	Consultation report and paper presented to PMB
23rd February 2021	Consultation report and paper presented to Quality and Safety Committee and Workforce Committee
8th March 2021	Consultation report and paper presented to Trust Board

Key Themes

The Survey

The survey was placed on the Trust web page created for this particular programme of work and it remained open from 29th September 2021 until 17th December 2021.

Respondent data

A total of 71 people responded to the survey

Age

- 5 respondents are aged 21-29
- 14 respondents are aged 30-39
- 18 respondents are aged 40-49
- 5 respondents are aged 50-59
- 22 respondents are aged 60+
- 3 respondents did not wish to disclose their age
- 67 answered this question and 4 skipped it

Gender

- 12 respondents identify as male
- 53 identify as female
- 3 respondents did not wish to disclose their gender
- 68 answered this question and 3 skipped it

Ethnicity

- 58 respondents identify as White British
- 2 respondents identify as Indian
- 1 respondent identifies as Pakistani
- 5 respondents did not wish to disclose their ethnicity
- 66 respondents answered this question and 5 skipped it

Disability

- 11 respondents say they have a disability
- 49 respondents say they do not have a disability
- 2 respondents say they are not sure if they have a disability
- 6 respondents did not wish to disclose disability status
- 68 respondents answered this question and 3 skipped it

Description

- 18 respondents describe themselves as a patient
- 4 respondents describe themselves as a carer
- 42 respondents describe themselves as a member of staff
- 4 respondents describe themselves as 'other'
- 68 respondents answered this question and 3 skipped it

Patients, service users, carers and members of the public were asked to share the district of Worcestershire they live in

- 6 respondents live in Redditch
- 5 respondents live in Bromsgrove
- 7 respondents live in Wyre Forest
- 5 respondents live in Worcester City
- 5 respondents live in Malvern
- 5 respondents live in Wychavon
- 33 respondents answered this question and 38 skipped it

Staff and other professionals were asked to share the district of Worcestershire they work in

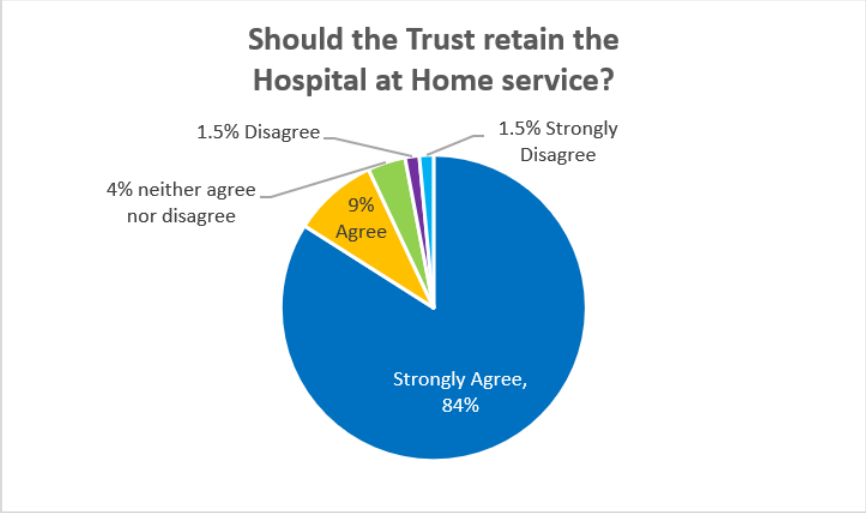
- 5 respondents work in Redditch
- 14 respondents work in Bromsgrove
- 3 respondents work in Wyre Forest
- 10 respondents work in Worcester City
- 4 respondents work in Malvern
- 4 respondents work in Wychavon
- 15 respondents work in all districts
- 42 respondents answered this question and 29 skipped it

The survey questions:

- *What is your view on the Trust retaining the Hospital at Home service?*
- *Please tell us why you responded this way*
- *Do you have any concerns about the Hospital at Home approach?*
- *Do you view the Hospital at Home approach as a service that offers particular benefits to patients and carers? Please share your thoughts and views*
- *Retaining the Hospital at Home service will mean the Athelon Ward budget will need to be used to deliver the new service, and all ward based care for older adult functional mental health needs for the county will be provided at New Haven in Bromsgrove. Do you have any concerns about this?*
- *Having read the evaluation feedback, is there anything you feel the Trust needs to particularly focus on, when making its decision about this service?*
- *If you have any further comments, views or thoughts, please include them*

Responses

84% of respondents strongly agree that the Trust should retain the Hospital at Home service; 9% agree; 4% neither agree nor disagree; 1.5% disagree; 1.5% strongly disagree (68 respondents answered the question and 3 skipped it).



67 respondents explained why they had responded this way.

Those in support of retaining the service cite the following points:

- **Benefits to patients** – older people feel safer at home, particularly those who are frail or who are losing confidence – and being at home aids faster recovery (NICE guidance cited). The view of these respondents is that care at home keeps life as normal as possible and that a comfortable, familiar environment, where patients can access family support and feel cared for, is best. Care at home helps patients feel more in control through the least restrictive form of care that ensures choice and freedom are retained. Patients can have supportive visitors at any time, are not disturbed by other patients, and are empowered and enabled. Being home is helpful for disabled patients. Hospital stays are recognised as stressful, whereas hospital at home is about improving confidence and independence, often through providing an immediate source of vital support and response which may be all that is needed for some patients. The service also benefits patients by helping the transition from ward to home, rather than patients remaining on wards for a long time. A further benefit is around the reduced risk of infection and more one to one time that can be offered.
- **Benefits to carers and families** – the service is viewed as offering a vital source of support for carers, and that it works best when the partner or carer is also at home. The service helps to keep families together and the 24/7 phone numbers are viewed as reassuring. The service works to signpost both patients and carers to other services
- **Benefits to staff/other services** – The service is beneficial to CMHTs and their patients since it has fewer restrictions on patient numbers than wards and a better patient turnover. It is recognised that Home Treatment Teams did not always have the time or provision to meet the needs of older adults, whereas the Hospital at Home service offers a particular approach

and staff with particular expertise. The service relieves the pressure on other teams and affords the opportunity to do holistic assessments where the home environment and relationships can be taken into account. The service provides excellent processes around considering admission, if necessary. The view is that going back may now be difficult as staff have begun working elsewhere/in other services.

- **Benefits to the organisation** – The service is cost effective and ensures beds are retained for those who really need them by preventing unnecessary admissions and shortening hospital stays.

Those who are not in support of retaining the service cite the following points:

- **Bed numbers** – The view is that this service should be in addition to ward based care not instead of it. These respondents note that Worcestershire has a high older adult population but the lowest number of beds if Athelon doesn't re-open (National Audit Office Report). A reduction in the number of beds and a ward provided only in one part of the county is inequitable.
- **Opening hours** – Unlike ward based care, the service is not 24 hours and so cannot be compared to inpatient care.
- **Distance** – The distance to New Haven could be a problem for patients and families from the south who wish to visit, particularly family and carers are old, disabled and non-drivers, but also in terms of home leave and home assessment for patients.
- **Safety** – Hospital care can feel safer.
- **Offer** –The Hospital at Home service offers nothing more valuable than Home Treatment services. Also Older Adult CMHT's deal with a large number of referrals, risks and emergencies that are not picked up by the Hospital at Home Team which doesn't accept all referrals. The view is that work is needed to understand how many referrals the service has refused to accept.

49 respondents said they have no concerns about the Hospital at Home approach

These respondents describe the service as a 'great concept' that works and provides care quickly, with one respondent describing it as 'a life saver'. They describe staff as helpful, professional, polite, caring, kind and sympathetic.

17 respondents expressed their concerns about the approach:

Carers – concerns about carer fatigue or if the patient does not have a carer and the need for short stay provision in this scenario; the service doesn't alleviate carer stress.

Operating hours – the view that the service needs to operate 24/7 and concerns around what happens if patients deteriorate and need 24/7 care.

Staff – concerns that the service has sufficient staff; concerns about the lack of consistency of staff meaning patients see too many new faces.

Not an alternative to admission – the view that some patients need hospital care.

Bed numbers – concern about reduction of numbers and the view that only one ward in the north is inequitable to people in the south whose families may find it difficult to visit, and the impact of this on patients.

Communication – patient difficulty in making contact with the team and feeling a nuisance when doing so – something that hospital staff would notice and respond to; patients finding team questions repetitive and irritating.

Referrals and working with other teams:

- Challenges getting management plans for unknown patients and the view that the Hospital at Home Team psychiatrist should do this
- The referral form is repetitive and protracted
- Delays are experienced in referral decision making leaves people unsure what is happening
- Continuity of care requires strong co-ordination and good communication between teams
- Difficulty in assessing risk with new patients
- Lack of joint working with CMHT to risk assess and plan
- Some patients are not accepted and no explanation is given
- Some patients are discharged prematurely back to CMHT, especially if non-engaging, and admission is not considered, possibly due to lack of beds
- Risky patients may not open up to staff until rapport is built, presenting a safety risk
- OACMHT staff opinions are dismissed and not valued
- Acceptance of ward discharge, whilst patient is unwell, can lead to serious incidents
- Risk of mission creep with CMHT expecting assertive outreach
- Risk of de-skilling CMHT workforce if risky patients are taken by the Hospital at Home Team
- How are numbers of patients in the service decided and managed?
- Potential of distancing between wards and CMHT

62 respondents cited particular benefits of the service for patients and carers.

Many respondents see the service as a great resource to support discharge; respondents note the benefit to patients and carers of being supported in the familiar, dignified, calm environment of home where they are not disturbed by or disturbing to other patients, and where they can receive more personal, speedy and holistic care.

These respondents state that the service helps keep families together and how being at home helps patients retain contact with support networks and their lives.

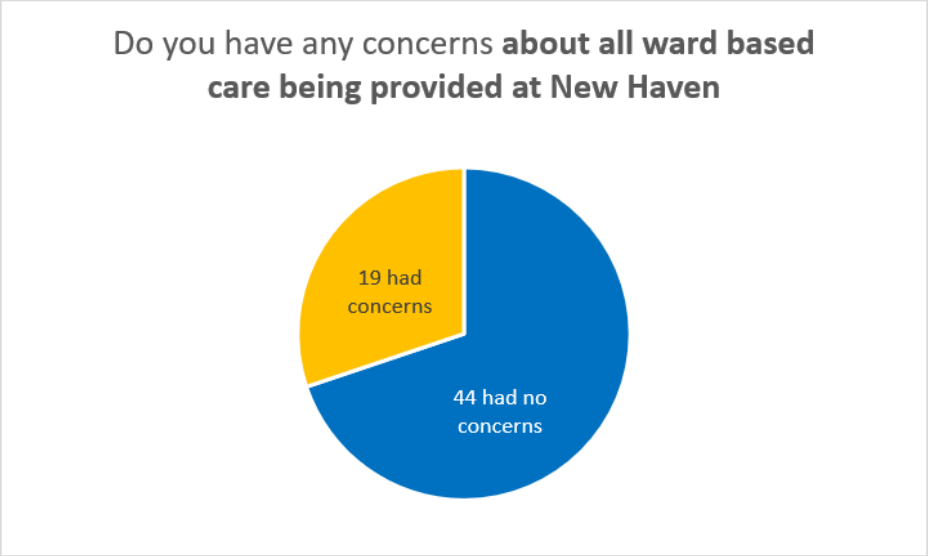
In the feedback received, the service is recognised for how it works to encourage, educate and offer support and advice to help people deal with everyday tasks and social stressors, not avoid them, which it is recognised can cause relapse on discharge. Respondents cite the stress, fear and upheaval of admission, which this service helps to avoid.

The benefits for carers are identified as improved carer confidence (for example around medication information and advice); the reassuring support; the empowerment that comes from being involved; and the opportunity to learn rather than be excluded. Carers and family members also do not have to travel to hospital sites to see their loved ones.

A further benefit of the service for some respondents pertains to the intensive MDT support it offers, along with a wide range of interventions, one to one care and a thorough holistic assessment. These respondents state that the team works closely with other services including the GP, Neighbourhood Teams and CMHTs.

Two respondents communicated that they do not feel that the service offers anything more than Home Treatment, but are concerned about the bed reduction that retaining this service will result in, and state that the service should not be seen as an alternative to admission, for those who need it. The view of another respondent is that there are benefits to the service providing the patients supported are not too risky, or the carer burden too high.

44 respondents said they have no concerns about all ward based care being provided at New Haven; 19 respondents said they did have concerns.



35 respondents gave further comment in this regard:

Those who said they were not concerned about all ward based care being provided at New Haven commented as follows:

- The service has been running for a year with no out of county admissions
- Analysis of bed use at New Haven would likely show beds are used by adults; patients from Herefordshire; and patients who are experiencing delays in discharge
- Hospital should be a last resort and hopefully the Hospital at Home service would mean less patients need hospital based care
- Bromsgrove is central and has good motorway/transport links
- Centralised care is the way forward
- It is more helpful to have a hospital at home option than to have more beds – hospital at home provides more flexible and responsive care
- The hospital at home team liaise closely with New Haven
- The hospital at home service is cost effective

Those who expressed concerns about all ward based care being provided at New Haven, commented as follows:

- The Hospital at Home service cannot replace in-patient admission that is needed for some patients
- The number of beds for patients aged 65 years + is inequitable to those for patients up to age 65 years
- There are not enough beds to accommodate the need given the older adult population numbers in the county and this increasing demographic
- It is risky to manage some patients in the community
- Consideration must be given to elderly, possibly disabled, partners who are going to be asked to travel from the south of the county to the north. Some may not be able to drive and patients would be negatively impacted by the loss of the support these family members can offer. The view of these respondents is that issue has not yet come to light due to visiting restrictions – but that it would become a problem post pandemic.
- The closure of the ward represents a loss to staff and patients
- Are there sufficient beds if numbers of referrals for inpatient care increases? Will it mean out of county placements for some patients?
- Admission is needed for non-engaging patients – will there be sufficient beds for this group?
- The Trust should have both the ward and hospital at home services

Areas of focus for decision makers:

- Keep talking to carers and patients who use the service, and how much many prefer to be at home
- Consider staffing – ensure it is adequate and offers patients consistency
- Moving older people should be a last resort
- If the Hospital at Home service offers more than Home Treatment
- Consider how a reduction of beds will impact Older Adult care
- The evaluation shows support for the service – criticisms can be managed
- The service offers parity of provision for Older Adults
- The potential for rapid additional bed capacity in periods of high demand should be addressed through working with the Estates Strategy

- The Hospital at Home service and Athelon ward are equally valuable
- The staff in the service are committed to a job they love
- What is the back-up plan to ensure an adequate bed base, post pandemic?
- The plan to extend the service to include patients with Dementia

Final comments

- Respondents call for transparency around costs – what money will be saved if Athelon Ward closes?
- The service provides a civilised approach to older adults
- The service is wonderful and vital and staff are excellent – but continuity of staff for patients would be best
- Care at home means patients can take their own life, and this would be more difficult on a ward. This highlights the skill needed amongst staff in assessing risk
- There would be many more people in hospital, without this service
- Home Treatment needs to be transferred to Hospital at Home to remove the current referral barriers
- Does the service offer value for money?
- There will be a negative impact from the loss of the ward
- Distinct older adult provision is needed from a skilled and experienced team
- The Trust should be congratulated on taking this step and on allowing innovation and aspiration amongst its staff

Full raw data is at Appendix 8

Events, Groups and Meetings

The invitation to attend an online event or to receive an online presentation with discussion was offered to all staff, VCSE partners, statutory partners and patient panels.

Groups requesting presentations:

- Trust Senior Management Team Brief
- Jigsaw Mental Health Relative and Carer Group – comprising a membership of carers and family members of people experiencing mental ill-health
- The Community Engagement Panel – comprising a membership of patients and carers

The presentation content:

- The background to the service
- Service objectives
- Equality Impact Assessment Information
- Evaluation Information
- Consultation Approach information
- Safeguarding and Serious Incident information

- A discussion opportunity framed around some key questions that invited participants to share their views on the service; concerns; perceived benefits; thoughts about the closure of Athelon Ward; and key areas for decision-makers to focus on.

The full presentation can be found at Appendix 6.

Group feedback received

- The Trust Senior Management Team Brief members made general observations and raised a query about what engagement was taking place with service consultants and the senior medical team.
  It was acknowledged that they had received global communications along with all other staff and that the consultation work would be raised at the Consultants' meeting and all would be encouraged to engage with the feedback mechanisms that had been put in place. Ongoing discussions have taken place, and a question and answer session arranged for January 2022.
- The Jigsaw Group asked general questions about the service and asked for information about impacts on carers. Other questions pertained to engagement approach, serious incidents, referrals and bed numbers.
  The group viewed the service as a positive development.
- The Community Engagement Panel asked questions about serious incidents and complimented the Home Treatment Team.
  The group communicated support for the developments.

Full feedback is at Appendix 7

No other staff, or other partners or patient panels who were contacted about this work, communicated that they wished to attend an online event hosted by the Trust.

All patients were invited to contact the Community Engagement Team if they wished to discuss the consultation either on the telephone or face to face. No calls or requests were received.

Appendices

Appendix 1 – Equality Impact Assessments

The EIA for this service change was presented to the Equality Advisory Group (EAG) in October 2020. The EAG comprises a membership of people who identify with one or more of the nine protected characteristics or who are from another group or community identified as vulnerable in some way.

At presentation, the service felt that overall the impact of the change in approach to providing a hospital at home would be positive for most groups, with no negative impacts identified. Primarily, the positive impacts emerged from the view that there are benefits to being cared for in a familiar home environment by staff that have the skills and experience of working with this age group. It was also recognised that a change in the care environment can be traumatic for many and even more so for the elderly and those with a disability, particularly if the home has been adapted for need whether that be for a physical or mental health issue. So too there can sometimes be delays in finding a bed for some patients, whereas care at home can commence quickly.

The EAG members acknowledged the view of the service but did question the support that would be given to carers, recognising care at home for an elderly person could add an additional burden for this group. It was the view of the EAG members that carer impact information needed to be collated during the pilot to better understand this – this has been actioned and is included below. The EAG members also noted that if someone was living alone and away from their carer and didn't have any on-going support in the home environment, this would need to be taken into consideration in terms of the suitability of a hospital at home approach for such patients.

The EIA was updated in September 2021 and again in October 2021, with few amends.

August 2020

EIA - August 2020.docx

October 2021

EIA -October 2021.docx

Appendix 2: Patient and Carer Quantitative Feedback for Evaluation

All patients and carers who use Trust services are invited to give us feedback on their experience of the services they access. A summary of the feedback we have received relating to the Home from Hospital Service is below:

- 80.77% of respondents said they were very satisfied with the time it took from referral to first appointment. 19.23% said they were neither satisfied nor dissatisfied. 0% said they were very dissatisfied.

- 88.46% said they had been given enough information and advice about their condition and what services are available. 11.54% said they didn't know/could not remember
- 96.15% said they had been given contact details/a telephone number from the team that they could call. 3.85% said they had not
- 72% said they had been given a copy of their care plan. 8% said they had not. 20% said their care plan was not yet developed.
- 80% said they felt fully involved in the decisions about their care and treatment. 4% said they felt partially involved. 4% said they were not involved but did not want to be. 12% said they did not know or could not remember
- 65.38% said the support they receive helps them do the things that matter to them; 26.92% said it sometimes helps them and 7.69% said they did not know or could not remember
- 84.61% reported that the service had made a positive difference to their well-being. 7.69% said the service had made a difference in some ways. 3.85% said the service had not made a positive difference and 3.85% did not respond to this question
- 100% of respondents said they had been treated with dignity, compassion and respect
- 84.62% rated their experience of the service as very good; 7.69% rated it good; 3.85% rated it neither good nor poor; 3.85% said they did not know

Appendix 3 – Patient and Carer Qualitative Feedback for Evaluation

As well as rating various aspects of the service, some patients and carers have also given us their comments and views about the service. The general themes from all of these comments are below:

- Hospital and ward based care were both considered good services
- A benefit of ward based care is that for some patients and carers it takes stress away, particularly when the patient is most unwell
- The benefit of home-based care is that it is familiar. In addition, home based care means patients, families and carers can be together which for some is less stressful than being apart. Being at home is felt to aid recovery, plus there is a sense of individualised care
- Consistency of staff was experienced as greater on the ward, whereas for the home-based service, staff changes were more common. Staff consistency was deemed important as changes can be confusing
- Daily visits and having a number to call if needed, is helpful for home-based care
- Home based care may require some families to consider who else can support the carer, in addition to the service staff

Appendix 4 – Staff Survey for Evaluation

The service overall

Scoring the service overall on a scale of 1-10, with 1 being very poor and 10 being very good:

- 6 members of staff scored the service between 1 and 5
- 10 members of staff scored the service between 6 and 10

Comments:

- The Hospital at Home service provides a good level of support to patients.
- Good communication between referring service and Hospital at Home service has facilitated continuity of patient and carer support
- Different staff on duty in the Hospital at Home service and variations in capacity to accept referrals has caused some challenges.
- Clarity is needed around the remit of the service and the referral criteria.

Access

Scoring ease of access to the service on a scale of 1-10, with 1 being very difficult and 10 being very easy:

- 5 members of staff scored the service between 1 and 5
- 11 members of staff scored the service between 6 and 10

Comments:

- Access to the service has been aided by helpful phone calls, good communication and a responsive team
- Access challenges are linked to variations in the capacity of the team to accept referrals.
- Clear referral requirements and criteria required

Benefits to patients

Scoring the service in terms of the benefits it brings to patients on a scale of 1-10, with 1 being no benefit and 10 being great benefit:

- 7 members of staff scored the service between 1 and 5
- 6 members of staff scored the service between 6 and 10

Comments:

- The service offers intensive support and helps prevent admission to hospital and facilitate early discharge.
- The service offers short term reassurance
- The service provides specialist care
- The service offers support around medication
- The service helps patients engage with services and transition from wards to the community
- The service offers a home environment that is less traumatic for patients and carers, and which aids recovery.

Confidence in the service to meet patient needs

Scoring the service in terms of the confidence staff had in it to meet the needs of referred patients on a scale of 1-10, with 1 not confident and 10 very confident:

- 7 members of staff scored the service between 1 and 5
- 18 members of staff scored the service between 6 and 10

Comments:

- It is difficult to judge the service as it has not been running for long enough.
- The service supports patient needs
- Team capacity to accept referrals can be challenged.

Other staff comments

- The service should be extended and offered to patients with Dementia
- The service has received good feedback from patients and families
- Clarity is needed for referrers around referral criteria and processes
- Clarity is needed for referrers around service remit
- Support for closer working between the team and referrers

Appendix 5 – Full Evaluation Report

OAMH_HAHT_Evalua
tionReport_Oct20-Jul

Appendix 6 – Consultation Presentation

HAHT_Consultation_
v2.pptx

Appendix 7 – Consultation feedback from groups, events and meetings

Jigsaw MH Carer and
Relative Group - 18.1

CEP meeting notes -
28 October 2021.doc

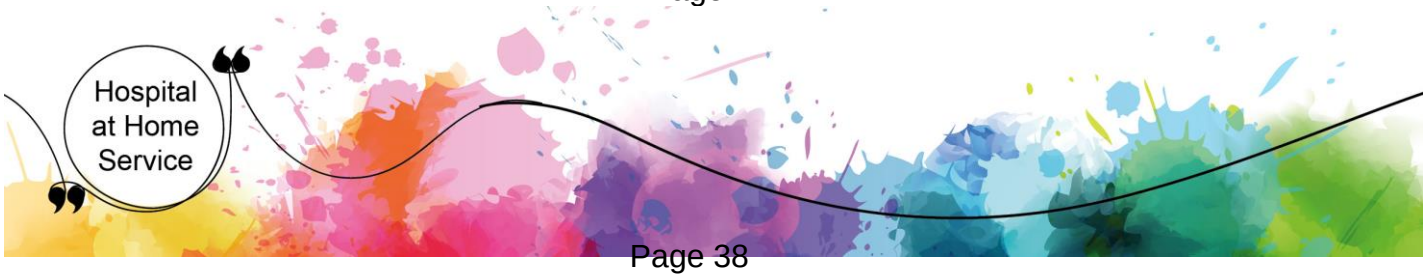
Appendix 8 – Full raw data from the survey

2131379.doc

Jane Thomas

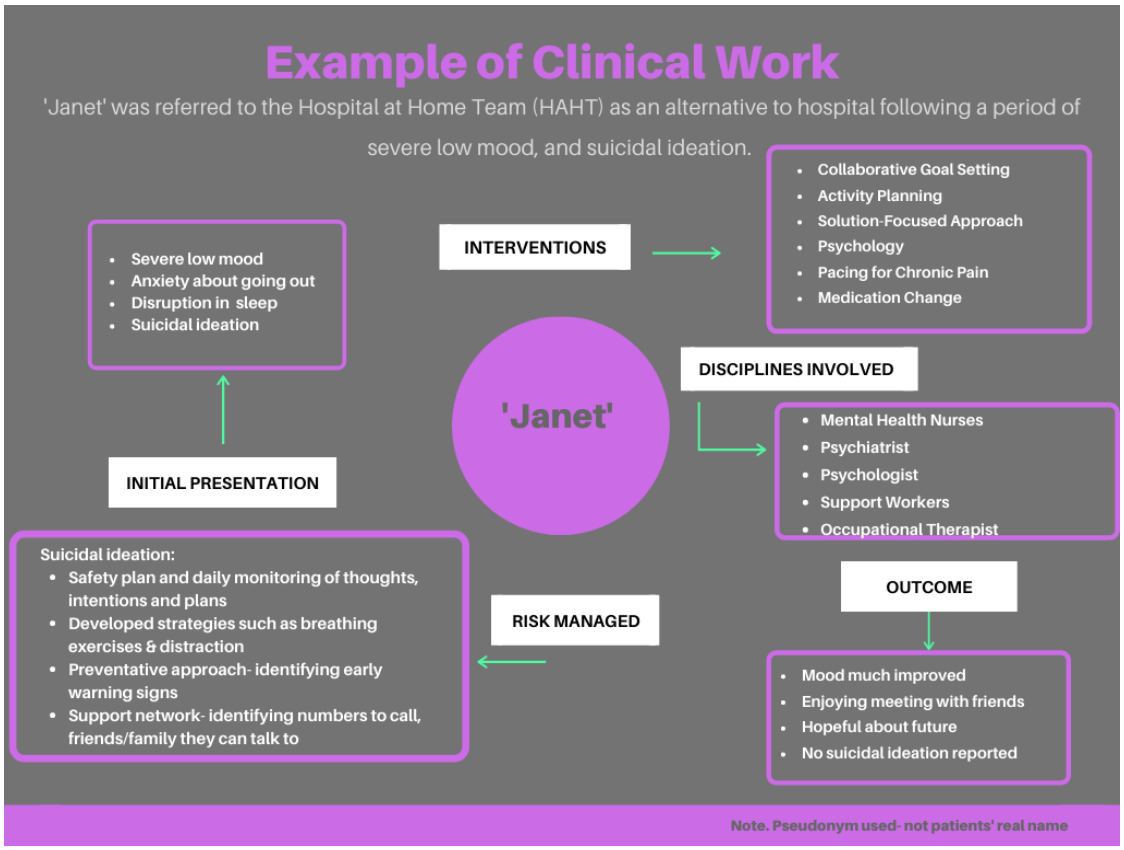
Head of Community Engagement and Patient Involvement

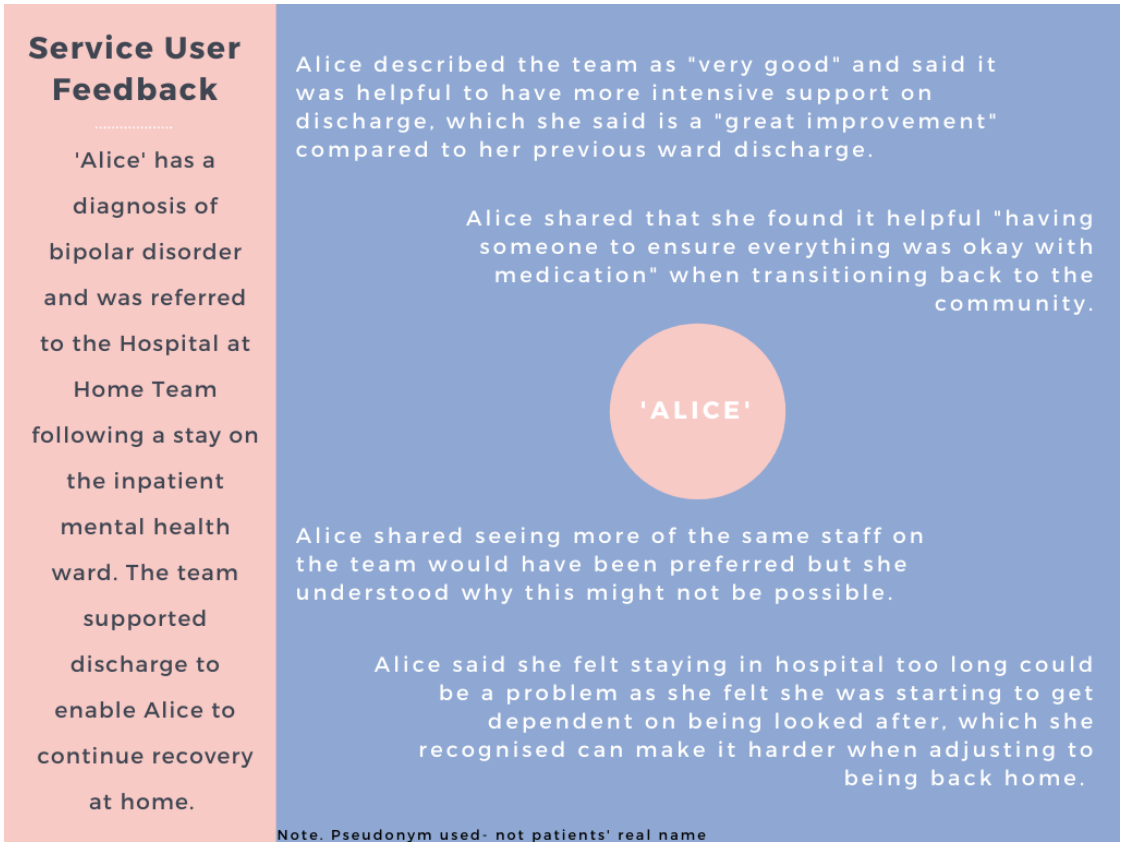
22nd December 2021



Appendix 2

Hospital at Home Service – clinical pathway, patient and carer feedback





Carer Feedback

'Clare' supports her mum who has a diagnosis of bipolar disorder. Clare's mum was admitted to the inpatient mental health unit for a long period of time and therefore the Hospital at Home team supported transition back home.

"Mum had been in hospital for 8.5 months. I hadn't seen her so it was difficult to comment on her readiness to go home. The Hospital at Home team came on the Saturday and initially I was told the support would only be for the weekend. I went into panic mode and I spoke to the team manager. From that point on the team were fantastic."

"I am really pleased she didn't have to go back to hospital."

"I cannot fault them, the team kept me informed the whole way."

"The team have been amazing."

Note. Pseudonym used- not real name

worcestershire
countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
10 JUNE 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 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. At the recent May meeting of Council, a number of constitutional changes were made to the Overview and Scrutiny Panels, therefore further time has been allocated for work programmes to be reviewed. The HOSC, however, was not affected by these changes, therefore, pending any additional suggestions for its work programme, the current version (attached at Appendix 1) will be submitted to the Council's Overview and Scrutiny Performance Board at its meeting on 29 June 2022, and submitted to Council on 14 July.

Dates of Future 2022 Meetings

- 8 July at 10am
- 19 September at 2pm
- 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 Draft 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 and minutes of OSPB on 21 July 2021
- Agenda and minutes of Council on 9 September 2021

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
10 June 2022	Hospital at Home Service	21 September 2021	
	Workforce Pressures		To include occupational therapists
	Update on End of Life Care	30 September 2020	
8 July 2022	Progress Update against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital handover Delays	9 March 2022 9 May 2022	
	Patient Flow	9 May 2022	
	Draft Worcestershire Joint Health and Wellbeing Strategy Consultation (feedback on the Consultation)		Requested at 3 November 2021 meeting
	Screening and Immunisation (including an update on the Covid Vaccination Programme)		Suggested at 19 July 2021 Meeting
	Stroke Services		
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	
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
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		

This page is intentionally left blank