Worcestershire County Council

Agenda

Health Overview and Scrutiny Committee

Monday, 17 October 2022, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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

DISCLOSING INTERESTS

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

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

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

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

WHAT MUST I DO WITH A DPI?

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

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

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

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

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

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

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

Not normally. You must withdraw only if it:

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

DON'T FORGET

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

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

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Health Overview and Scrutiny Committee
Monday, 17 October 2022, 10.00 am, Council Chamber

Membership

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

District Councils

Cllr Sue Baxter, Bromsgrove District Council
Cllr Mike Chalk, Redditch District Council
Cllr Calne Edginton-White, Wyre Forest District Council
Cllr John Gallagher, Malvern Hills District Council
Cllr Frances Smith, Wychavon District Council (Vice Chairman)
Cllr Richard Udall, Worcester City Council

Agenda

Item No	Subject	Page No
1	**Apologies and Welcome**	
2	**Declarations of Interest and of any Party Whip**	
3	**Public Participation** Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case Friday 14 October 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	**Update on Improving Patient Flow and Winter Planning** (Indicative timing 10:05 – 10:40am)	To follow
6	**Update on Stroke Services** (Indicative timing 10:40 – 11:20)	1 - 30
7	**Maternity Services** (Indicative timing 11:20 – 12:00)	31 - 62
8	**Worcestershire Joint Local Health and Wellbeing Strategy** (Indicative	63 - 94

Agenda produced and published by the Democratic Governance and Scrutiny Manager, 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: Friday, 7 October 2022

Item No	Subject	Page No
	timing 12:00 – 12:30pm)	
9	**Work Programme** (Indicative timing 12:30 – 12:40pm)	95 - 100

NOTES

Webcasting

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

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 17 OCTOBER 2022

UPDATE ON STROKE SERVICES

Summary

1. The Health Overview and Scrutiny Committee is to receive an overview of Stroke Services in Worcestershire including challenges to service provision and work being undertaken to ensure that everyone who accesses services in Herefordshire and Worcestershire will have the best opportunity to survive and thrive after stroke.

2. Representatives from Herefordshire and Worcestershire Integrated Care System have been invited to the meeting.

Background

3. Stroke is a serious, life-threatening condition. It is the leading cause of death and disability in the UK with around 32,000 stroke related deaths in England every year. Around, one in six people will have a stroke during their lifetime, and it is estimated that around 30% of people who have a stroke will go on to experience another at some point.[1]

4. With speedy access 7 days a week to the right specialist treatment, care and support, people can go on to live full and independent lives. NHS Herefordshire and Worcestershire (NHSHW) has ambitions to ensure that high quality stroke and TIA (transient ischaemic attack or 'mini stroke') services are delivered both now and in the future across Herefordshire and Worcestershire.

5. To achieve this, NHSHW is looking at the way stroke and TIA services are organised and run in the area, so that everyone who accesses services in Herefordshire and Worcestershire will have the best opportunity to survive and thrive after stroke.

6. To help describe the way stroke services are delivered across Herefordshire and Worcestershire and highlight the challenges faced in delivering a sustainable service, an Improving stroke services across Herefordshire and Worcestershire – Issues Paper (Appendix 1) has been produced. This Issues Paper also sets out a number of potential solutions and describes the next steps of public engagement that will be carried out to further inform those models.

Issues for the HOSC to Consider

Current service arrangement

[1] www.gov.uk

7. In Herefordshire and Worcestershire, stroke services are provided by Worcestershire Acute Hospitals NHS Trust, Wye Valley NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust:

- Worcestershire Acute Hospitals NHS Trust (WAHT) – provides Hyper Acute and Acute Stroke Services and TIA clinics at the Worcestershire Royal Hospital
- Wye Valley NHS Trust (WVT) – provides Hyper Acute and Acute Stroke Services, TIA clinics, in-patient stroke specialist rehabilitation (all at Herefordshire County Hospital) and the Community Stroke Service (including Early Supported Discharge) countywide
- Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) – provider of Community in-patient stroke specialist rehabilitation at Evesham Community Hospital and Community Stroke Service (including Early Supported Discharge) countywide
- Residents of Powys receive a wide range of services close to home from Powys Teaching Health Board (PTHB), including in-patient stroke specialist rehabilitation at Breconshire War Memorial Hospital and community stroke services (including Early Supported Discharge).

8. The Stroke Association is also commissioned as part of the Worcestershire stroke rehabilitation offer to patients and provides communication and holistic support to stroke survivors and their carers.

9. In 2021-22, approximately 70% of people in Worcestershire who had a stroke were admitted to Worcestershire Royal Hospital (WRH). Around 96% of people in Herefordshire and c. 35% people in Powys who had a stroke were admitted to Hereford County Hospital (HCH).

10. Patients from Herefordshire and Worcestershire also accessed acute stroke services outside of the area including University Hospitals Birmingham NHS Trust[2] (Worcestershire and Herefordshire patients) (4.4%), Gloucestershire Hospitals NHS Foundation Trust (1.1%) and Dudley Group of Hospitals NHS Trust (2.1%).

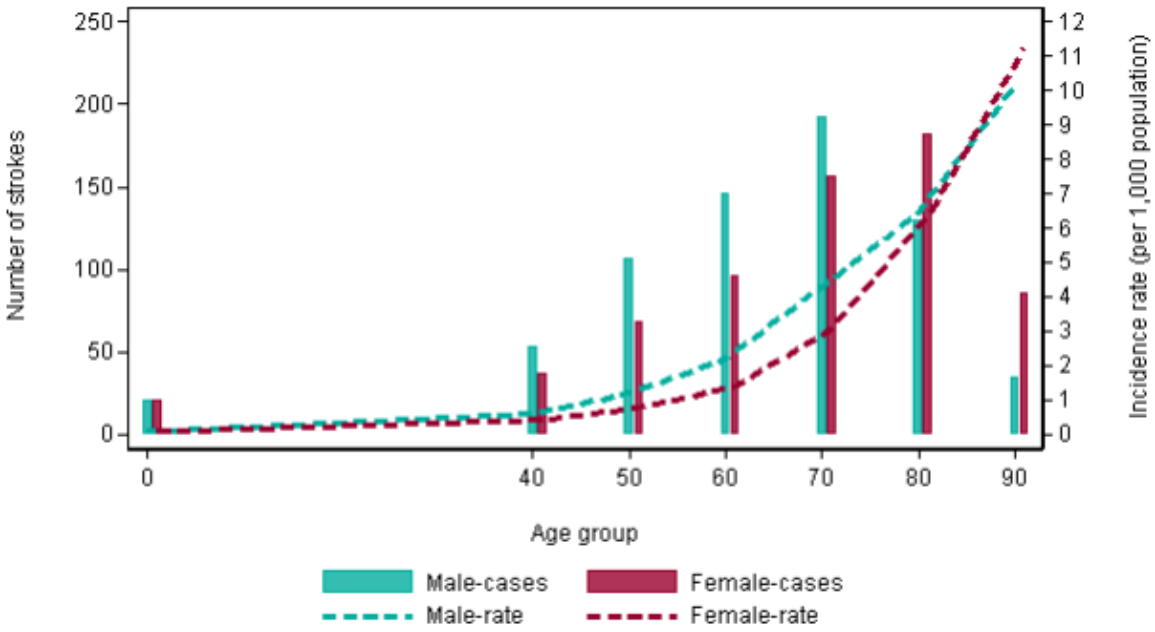
11. The majority of stroke patients admitted to Worcestershire Royal Hospital and Hereford County Hospital are from Herefordshire and Worcestershire (WRH 92.6% and HCH 92.8%), with a small number of admissions to HCH from patients outside of the county boundaries, including Powys (56 average admissions to HCH per year).

A case for change

12. More people are at risk of having a stroke because the population of Herefordshire and Worcestershire is growing, getting older and living with more long-term health conditions. The graph below shows how the incidence of stroke increases as people get older for the reasons outlined above, most significantly after the age of 60 years.

Diagram 1: Number of strokes and age-specific rates per 1,000 population, by gender, 2016 (Stroke Incident Briefing Document 2018).

[2] University Hospitals Birmingham NHS FT is the designated Comprehensive Stroke Centre for Herefordshire and Worcestershire providing access to thrombectomy.



13. Herefordshire and Worcestershire's healthcare teams work hard to provide high quality care to stroke and TIA patients at every stage of the pathway to ensure the best possible clinical outcome for that patient.

14. Across Herefordshire and Worcestershire there are however several challenges in doing this, especially at stages two and three of the stroke pathway (emergency treatment and ongoing acute hospital treatment and care), including the ability to recruit the staff with the specialist stroke skills required to ensure timely assessment, investigation and treatment of patients with a suspected stroke over 7-day services. By considering re-organising services everyone can be given the best opportunity to survive and thrive after a stroke. Advantages of re-organising services include:

- More lives could be saved and more people helped to live well after stroke. The evidence shows that prompt access to assessment, investigation and time critical treatments followed by admission to a dedicated, centralised stroke unit (as mentioned in the NHS Long Term Plan and also known as a Hyper-Acute Stroke Unit or HASU), improves outcomes for people following a stroke, enabling them to go home quicker and go on living fuller lives.
- Everyone could have access to our specialist teams and treatments 24 hours a day, 7 days a week. This would happen regardless of where people live, or when they require treatment and care.
- The National Standards for Stroke Care could be met. Increasingly, there are new and specialised treatments to reduce brain damage and disability after a stroke. These require highly skilled staff and the latest technology and services. As local expertise is currently spread over two sites, the system is unable to offer 7-day access to this level of service at both hospital sites. The UK national audit programme grades Herefordshire and Worcestershire hospitals between B and D at the moment, with A being the best grade. NHSHW wants to change this and improve the quality of care for everyone in the area.

Developing potential solutions

15. To find solutions to address the challenges outlined, a variety of ways have been looked at and these have been considered with partners at the ICS Stroke Programme Board, the members of which include:

- NHS Herefordshire and Worcestershire ICB
- Worcestershire Acute Hospitals NHS Trust
- Wye Valley NHS Trust
- West Midlands Ambulance Service University NHS Foundation Trust
- Welsh Ambulance Service NHS Trust
- Powys Teaching Health Board
- Herefordshire and Worcestershire Health and Care NHS Trust
- Stroke Association
- A patient representative
- Healthwatch Herefordshire (observer)
- Healthwatch Worcestershire (observer)
- Powys Community Health Council (observer)

16. NHSHW has explored how the national guidelines can be met across all organisations and sustain this level of service into the future. This work has been in development since 2017 but was paused in early 2020.The current potential solutions for Acute and Hyper-Acute stroke services are:

Potential Solution	**Hyper Acute Stroke Unit (HASU)**	**Acute Stroke Unit (ASU)**
1 – no change to current service	7-day units on two sites - Herefordshire County Hospital (HCH) and Worcestershire Royal Hospital (WRH). Not 24/7 specialist stroke consultant cover.	7-day units on two sites - Herefordshire County Hospital (HCH) and Worcestershire Royal Hospital (WRH). Not 24/7 specialist stroke consultant cover.
2	7-day unit at one site.	7-day units at two sites.
3	No HASU unit on HCH or WRH sites – HASU site outside of Herefordshire and Worcestershire.	No ASU unit on HCH or WRH sites – ASU site outside of Herefordshire and Worcestershire.
4	24/7day unit on one site with stroke specialist consultant cover - potentially WRH	24/7day unit on one site with stroke specialist consultant cover - potentially WRH

17. An options appraisal has been conducted on the above options, with potential solution number 4 being the preferred clinical model (which would see the single site being Worcestershire Royal Hospital).

Next steps

18. NHSHW wants to reflect on stroke services, and the journey so far, and ask patients and stakeholders for their views. An engagement exercise is currently underway (running to 11 November 2022) where feedback will be sought on the potential solutions and people asked whether there is anything that has been missed.

19. During this period of engagement, there will also be an online survey to collate feedback, and paper copies will also be made available. The Issues Paper will be available in Welsh and Easy Read, and other languages and formats will be available on request. A number of focus groups are planned within Herefordshire, Worcestershire and Powys. Engagement will include working with the voluntary and community sector to speak with stroke survivors and their carers to discuss their views on the issues and potential solutions.

20. As part of this reflection, NHSHW will also be reviewing key project documents such as the transport modelling, population modelling, workforce planning and the Equality Impact Assessment.

21. Work will then be undertaken with people, communities, and stakeholders to reassess the options and how these are evaluated, which will include consideration of the location of services and the impact on other areas of the pathway including rehabilitation.

22. This work will be considered by the Stroke Programme Board before taking any potential solutions to the next stages of NHS governance and onwards through the service change process. This would include carrying out a full public consultation on any proposed changes ahead of a final decision being made.

Purpose of the Meeting

23. The HOSC is asked to:

- Consider and comment on the information provided with regard to stroke services across Herefordshire and Worcestershire
- Receive assurance that wider public engagement will be undertaken to further inform possible solutions.

Supporting Information

Appendix 1 – Improving stroke services across Herefordshire and Worcestershire – Issues Paper

Specific Contact Points for this report

Tom Grove, Director of Communications and Engagement (NHS Herefordshire and Worcestershire ICB) t.grove@nhs.net

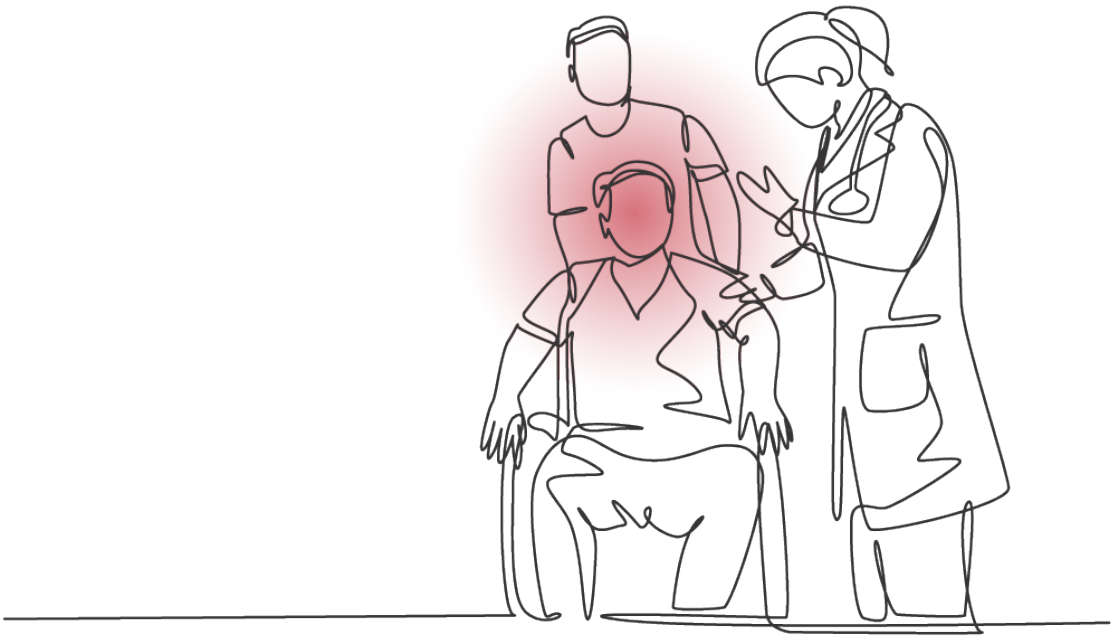
Background Papers

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

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

Herefordshire and Worcestershire Integrated Care System

NHS Herefordshire and Worcestershire



Improving Stroke (including TIA) Services across Herefordshire and Worcestershire

Issues Paper September 2022

Introduction

The health and care leaders and clinicians across Herefordshire and Worcestershire responsible for planning care for our patients and communities, have come together to ensure we deliver the best quality stroke services for the people we serve.

We have worked together to develop our view of how these services could be delivered.

Stroke is a serious, life-threatening condition. It is the leading cause of death and disability in the UK with around 32,000 stroke related deaths in England every year. Around, one in six people will have a stroke during their lifetime, and it is estimated that around 30% of people who have a stroke will go on to experience another at some point.[1]

With the right specialist treatment, care and support, people can go on to live full and independent lives. We have ambitions to ensure we deliver both now and in the future high-quality stroke and TIA (transient ischaemic attack or 'mini stroke') services across Herefordshire and Worcestershire.

To achieve this, we are looking at the way stroke and TIA services are organised and run in our area, so that everyone who accesses services in Herefordshire and Worcestershire will have the best opportunity to survive and thrive after stroke.

This Issues Paper aims to describe the way stroke services are delivered across Herefordshire and Worcestershire and highlight the challenges we face in delivering a sustainable service.

Previous engagement has taken place and we would like to thank those who shared their experiences with us.

We began our journey to improve stroke services by engaging with patients and staff in 2018. As we move out of the COVID-19 pandemic we would like to continue this conversation. We would like to hear from you about the issues and challenges we face in delivering sustainable stroke and TIA services in line with national clinical standards, as well as potential solutions to these. This opportunity will help us to transform services and ensure high quality stroke and TIA services for the future.

This document is also summarised in a presentation which is available here https://www.hwics.org.uk/get-involved/involvement-opportunities/stroke-services

We would like to hear your views on this paper, and details on how to get in touch are at the end of this document, or please contact hw.engage@nhs.net

[1] www.gov.uk

Contents

Diagrams

Tables

Glossary

Acute Stroke Unit (ASU) – for patients after 72 hours of admission. The ASU is an acute neurological ward providing specialist services for people who have had a new suspected stroke.

Atrial fibrillation - is **a heart condition that causes an irregular and often abnormally fast heart rate**.

Community Stroke Rehabilitation (CSR) - is an inter-disciplinary team made up of Nurses, Allied Health Professionals (Physiotherapists, Occupational Therapists, Speech and Language Therapists and Dietitians) and Rehabilitation Support Workers (RSW's) who provide community rehabilitation for patients in their own homes, residential homes and nursing homes.

Early supported discharge (ESD) - is an intervention for adults after a stroke that allows their care to be transferred from an inpatient environment to a community setting. It enables people to continue their rehabilitation therapy at home, with the same intensity and expertise that they would receive in hospital.

Integrated Care Board (ICB) –The ICB replaced the Clinical Commissioning Group (CCG) on 1 July 2022. The ICB leads the health element of the Herefordshire and Worcestershire Integrated Care System (ICS), which brings together the local NHS organisations, councils and the voluntary, community and faith sector to achieve better health outcomes for people who live and work in the two counties.

Integrated Care System (ICS) – An integrated care system (ICS) is when all organisations involved in health and care work together in different and more joined-up ways.

Hyper Acute Stroke Unit (HASU) - 0-72 hours after admission. The main focus of HASU is to closely monitor and stabilise the medical condition of a person newly diagnosed with a stroke.

Herefordshire and Worcestershire Health and Care NHS Trust (HWHACT) - HWHACT provide the community hospitals across Worcestershire and mental health services across Herefordshire and Worcestershire.

Powys Teaching Health Board (THB) – one of seven THBs across Wales. THBs are responsible for planning, commissioning and providing local health services to address local needs.

Thrombolysis - also known as thrombolytic therapy, is a treatment to dissolve dangerous clots in blood vessels, improve blood flow, and prevent damage to tissues and organs. For most people, thrombolysis needs to be given within four and a half hours of the stroke symptoms starting. In some circumstances, however, it could still be of benefit within six hours but the more time that passes, the less effective thrombolysis will be.

Thrombectomy - a treatment that physically removes a clot from the brain. It usually involves inserting a mesh device into an artery in the groin, moving it up to the brain,

and pulling the clot out. It only works with people where the blood clot is in a large artery. Like thrombolysis, it has to be carried out within hours of a stroke starting. Only a small proportion of stroke cases are eligible for thrombectomy, but it can have a big impact on those people by reducing disability. This procedure is only available at a certain number of stroke centres and the most local one to our area is at University Hospital Birmingham.

TIA - transient ischaemic attack or 'mini stroke'.

University Hospitals Birmingham NHS Foundation Trust (UHBFT) – delivers thrombectomy services to patients from Herefordshire and Worcestershire.

Worcestershire Acute Hospitals NHS Trust (WAHT) – runs Worcestershire Royal Hospital (WRH).

Wye Valley NHS Trust (WVT) – runs Herefordshire County Hospital (HCH), community hospitals and the community-based stroke specialist rehabilitation team across Herefordshire.

Welsh Ambulance Service NHS Trust (WAST) – Provider of Emergency Medical Services (EMS), NHS111 and Ambulance Care Services (formally known as Non-emergency Patient Transport) across Wales

West Midlands Ambulance Service University Foundation Trust (WMAS) – The West Midlands emergency ambulance service and NHS 111 provider.

Summary

Challenges in Herefordshire and Worcestershire

Herefordshire and Worcestershire Integrated Care System (ICS) (all health and care partners working together) provides health and care services to over 806,000 residents including some services for around 40,000 people living in Powys, a neighbouring county in Wales.

Our healthcare teams work hard to provide high quality care, and our ambition is to continue and sustain this into the future. Across Herefordshire and Worcestershire there are several challenges in providing this including workforce, specifically the recruitment of key clinical staff with the specialist stroke skills, and consequently our ability to be able to provide 7-day a week services. By considering re-organising our services we can give everyone the best opportunity to survive and thrive after a stroke.

Potential Solutions

Across the ICS we have been working with partners to consider the sustainability of stroke services. Several potential solutions or options have been considered. Our clinicians have identified a preferred way to deliver stroke services and that is to centralise hyper-acute and acute stroke services on one site as this will enable us to deliver a 7-day service in line with national clinical and quality standards, thereby ensuring we are able to meet the needs of patients by providing the best quality of care.

Have your say

We want to hear what you think about stroke services and the issues discussed in this paper. We will be engaging on this during September-October 2022.

After reading this paper we would like you to consider the following:

1. Do you think we have raised and explained all of the issues and challenges that may be associated with improving stroke services across Herefordshire and Worcestershire? If not, what do you think we have missed?
2. Have we considered all the potential solutions for improving stroke services? If not, what else should we consider?
3. When thinking about stroke services, is there anything we could be doing to support the prevention of stroke? If yes, please tell us what else we should consider.
4. Do you have any further feedback or comments?
5. Would you like to be involved in future stroke services engagement?

Our system

There are 42 Integrated Care Systems (ICSs) in England, ranging in population sizes from 500,000 to 3 million. Herefordshire and Worcestershire ICS is one of the smallest in the country, providing health and care services to over 806,000 residents including some services for around 40,000 people living in Powys, a neighbouring county in Wales.

Our system is sparsely populated, covering 1,500 square miles with significant rural areas, bringing challenges for travel and access to services for some citizens, as well as being a low wage economy and limited social mobility. This is in the context of a relatively high, and increasing, proportion of our population aged over 65, when compared with regional and national figures.

In addition, Powys is the most sparsely populated county in England and Wales, also with significant challenges for travel and accessing services, and a population profile that is older than UK and Welsh averages.

We know that access to and outcomes from health and care services are not experienced equally across our population. Addressing this is core to our strategic priorities.

What is a stroke?

A stroke is a life-threatening medical condition that occurs when the blood supply to the brain is cut off, either from a clot or if a blood vessel in the brain bursts (also known as a haemorrhage).

Stroke is a life-changing event, and a leading cause of death and disability in the UK. It can affect people of all ages and has significant, long-term impacts. Stroke is a serious condition and is the fourth biggest killer in the UK.

In 2021-22, around 1,200 people in Herefordshire and Worcestershire, and a further 150 people in Powys, were admitted to hospital following a stroke. That's around three people each day. That number is set to rise as the population continues to grow, people live longer and the number of people living with long term conditions such as raised blood pressure, high cholesterol and diabetes increases.

Thanks to a combination of better prevention, and earlier and more advanced emergency treatment and care within 72 hours of having a stroke, many people are surviving and making a good recovery. There are also things we could do differently to give everyone in our area the best opportunity to survive and thrive after a stroke.

We not only want to support those who have a TIA or stroke, but also work to prevent people experiencing them. Around 90% of strokes are preventable[2] and the best way to help prevent a stroke is to eat a healthy diet, exercise regularly, and avoid smoking and drinking too much alcohol. These lifestyle changes can reduce the risk of developing problems like: arteries becoming clogged with fatty substances (atherosclerosis), heart conditions that cause irregular heartbeats (atrial fibrillation) and high blood pressure (hypertension).

As well as these lifestyle changes, medicines can be used to effectively treat certain conditions such as atrial fibrillation (AF) as people with AF are five times more likely to have a stroke. We are therefore working with our GP practices to reduce the number of people with undiagnosed AF and ensure they are effectively treated.

We continue to work with our health and social care partners around prevention and reducing the impact of inequalities on patient outcomes of stroke and TIA. This includes improving access to smoking cessation and weight management services, proactively identifying and treating conditions such as AF and high blood pressure in primary care, as well as optimisation of NHS Health Checks.

[2] www.stroke.org.uk

How do we currently care for people who have had a stroke in our area?

Table 1. Five stages in the national stroke pathway:

Stage	1 Prevention	2 Emergency treatment	3 Ongoing acute hospital treatment and care	4 Inpatient rehabilitation	5 Community care and life after stroke
Detail	Focuses on reducing factors that put people at risk of having a stroke, like high blood pressure.	For people with a suspected stroke or immediately after a stroke, where people have surgery if needed.	With specialist staff who are experts in stroke and supporting people until they are well enough to move to the next stage of care.	On a hospital site or in the community for those who need additional specialist treatment and rehabilitation.	Ongoing treatment and care can be provided at home (or a care home) and a variety of community-based local facilities, such as physio centres, gyms or community hubs, depending on the support required.
Services	Smoking cessation services (support and treatment). Weight management. Identification and management of AF, hypertension and Chronic Kidney Disease, in primary care.	Hyper Acute Stroke Unit (HASU) for the first 72 hours of care.	Acute Stroke Unit (ASU) for patients after 72 hours of admission.	In-patient stroke specialist rehabilitation unit, providing specialist stroke rehabilitation for patients unable to return to their normal place of residence.	Community Stroke Rehabilitation (CSR) is an inter-disciplinary team who provide community rehabilitation. This includes early supported discharge (ESD).

In Herefordshire and Worcestershire, stroke services are provided by Worcestershire Acute Hospitals NHS Trust, Wye Valley NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust:

- Worcestershire Acute Hospitals NHS Trust (WAHT) – provides Hyper Acute and Acute Stroke Services and TIA clinics at the Worcestershire Royal Hospital;

- Wye Valley NHS Trust (WVT) – provides of Hyper Acute and Acute Stroke Services, TIA clinics, in-patient stroke specialist rehabilitation (all at Herefordshire County Hospital) and the Community Stroke Service (including Early Supported Discharge) countywide;
- Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) – provider of Community in-patient stroke specialist rehabilitation at Evesham Community Hospital and Community Stroke Service (including Early Supported Discharge) countywide;
- Residents of Powys receive a wide range of services close to home from Powys Teaching Health Board (PTHB), including in-patient stroke specialist rehabilitation at Breconshire War Memorial Hospital and community stroke services (including Early Supported Discharge).

The Stroke Association is also commissioned as part of the Worcestershire stroke rehabilitation offer to patients and provides communication and holistic support to stroke survivors and their carers.

In 2021-22, approximately 70% of people in Worcestershire who had a stroke were admitted to Worcestershire Royal Hospital (WRH). Around 96% of people in Herefordshire and c. 35% people in Powys who had a stroke were admitted to Hereford County Hospital (HCH).

Patients from Herefordshire and Worcestershire also accessed acute stroke services outside of the area including University Hospitals Birmingham NHS Trust[3] (Worcestershire and Herefordshire patients) (4.4%), Gloucestershire Hospitals NHS Foundation Trust (1.1%) and Dudley Group of Hospitals NHS Trust (2.1%).

Patients from other parts of Powys will receive their acute stroke services from other neighbouring hospitals including The Shrewsbury and Telford Hospital NHS Trust, Bronglais Hospital (Hywel Dda University Health Board), Prince Charles Hospital (Cwm Taf Morgannwg University Health Board) and Morriston Hospital (Swansea Bay University Health Board).

The proposals in this engagement relate to the stroke pathway to hospitals in Herefordshire and Worcestershire and do not directly affect stroke pathways to other hospitals outside of the area.

The majority of stroke patients admitted to Worcestershire Royal Hospital and Hereford County Hospital are from Herefordshire and Worcestershire (WRH 92.6% and HCH 92.8%), with a small number of admissions to HCH from patients outside of the county boundaries, including Powys (56 average admissions to HCH per year).

When someone experiences a stroke or TIA, there are a number of clinicians and allied health professionals who may, at different times of the pathway, be involved in their diagnosis, treatment, rehabilitation and longer-term support. These can include:

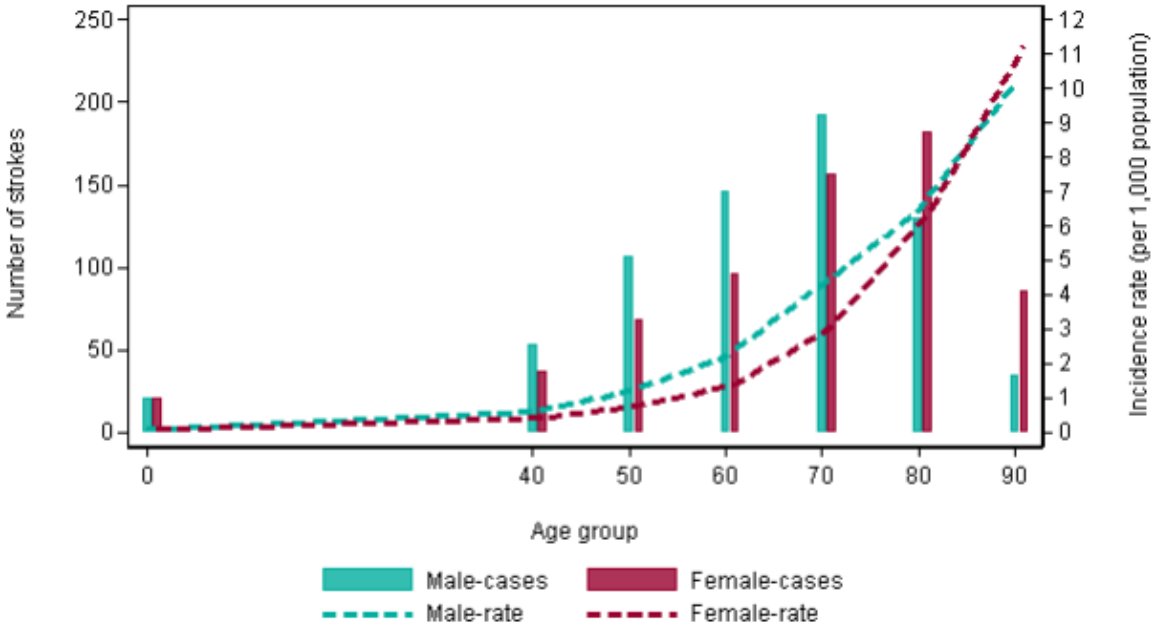
[3] University Hospitals Birmingham NHS FT is the designated Comprehensive Stroke Centre for Herefordshire and Worcestershire providing access to thrombectomy.

- GPs
- Paramedics
- Specialist stroke consultants
- Specialist stroke nurses
- Psychologists
- Physiotherapists
- Occupational therapists
- Speech and language therapists
- Dieticians
- Pharmacists
- Social workers

Outlining a compelling case for change

More people are at risk of having a stroke because our population is growing, getting older and living with more long-term health conditions. The graph below shows how the incidence of stroke increases as we get older for the reasons outlined above, most significantly after the age of 60 years.

Diagram 1: Number of strokes and age-specific rates per 1,000 population, by gender, 2016 (Stroke Incident Briefing Document 2018).



Our healthcare teams work hard to provide high quality care to stroke and TIA patients at every stage of the pathway to ensure the best possible clinical outcome for that patient. Across Herefordshire and Worcestershire there are however several challenges in doing this, especially at stages two and three of the stroke pathway (emergency treatment and ongoing acute hospital treatment and care), including the ability to recruit the staff with the specialist stroke skills required to ensure timely assessment, investigation and treatment of patients with a suspected stroke over 7-day services. By considering re-organising our services we can give everyone the best opportunity to survive and thrive after a stroke.

- **We could save more lives and help more people live well after stroke**. The evidence shows that prompt access to assessment, investigation and time critical treatments followed by admission to a dedicated, centralised stroke unit (as mentioned in the NHS Long Term Plan and also known as a Hyper-Acute Stroke Unit or HASU), improves outcomes for people following a stroke, enabling them to go home quicker and go on living fuller lives.
- **Everyone could have access to our specialist teams and treatments 24 hours a day, 7 days a week.** This would happen regardless of where people live, or when they require treatment and care.

- **We could meet the National Standards for Stroke Care.** Increasingly, there are new and specialised treatments to reduce brain damage and disability after a stroke. These require highly skilled staff and the latest technology and services. As our expertise is currently spread over two sites, we're unable to offer 7-day access to this level of service at both hospital sites. The UK national audit programme grades our hospitals between B and D at the moment, with A being the best grade. We want to change this and improve the quality of care for everyone in our area

Issues we think will be important to patients and their families in our area:

As part of this work, there are a number of other important considerations for our patients and their families and carers, these include:

- Ease and distance of travel: we have a wide geography and it can take a long time to travel across Herefordshire, Worcestershire and Powys. Public transport is not always available, and not everyone has access to their own vehicle. We also recognise that not everyone will have family and/or close relatives living near them and therefore may be reliant on other members of the community and/or services to enable them to travel to hospitals/other healthcare settings, and that families and carers will want to visit their loved ones in hospital.
- Impact on deprived communities: even if transport is available, not everyone can afford it. Wider factors of deprivation, for example, poor housing and education can also affect a person's health and wellbeing and contribute to the risk factors of stroke.
- Working with other health and social care systems: especially when a patient is discharged, or will receive rehabilitation services elsewhere, the communication with other health and social care services needs to be clear, timely and enable a smooth transition.

National guidelines and documents

As part of the wider National Health Service the services we provide in our area must meet national and regional guidelines to ensure we are offering the best clinical quality and safety for our patients. These include the 2016 National Clinical Guidelines for Stroke, Stroke NHS Toolkit, West Midlands Regional Service Specification, and the West Midlands Thrombectomy Clinical Guidelines (2019).

Table 2 below shows key standards from these documents, and our current service provision:

Standard	**Our service**
Thrombolysis within 60 minutes of admission (includes scanning time as per optimal stroke imaging pathway of CT within 20 mins and MRI within one hour (only for very mild strokes or where diagnosis is difficult).	We do not currently achieve this standard for all patients. There are a number of reasons for this including demand in our emergency departments, timely access to a stroke specialist to

	advise regarding diagnosis and treatment and access to CT/MRI.
24/7 access to thrombolysis.	This is in place at both hospital sites. During the day (Monday – Friday at HCH and Monday – Sunday at WRH) this is provided on site. Out of hours (weekday evenings, weekends and Bank Holidays), it is provided through the Southwest Thrombolysis Network[4].
24/7 access to thrombectomy	This is available at University Hospital Birmingham but is reliant on diagnosis and referral in Herefordshire and Worcestershire, and then transfer to UHB for treatment within the time window.
7-day services which includes twice daily ward rounds in HASU and once daily rounds in ASU.	This is currently being delivered at the WRH site. At HCH this is currently being delivered by locum staff over 5-days (Monday – Friday) with access to a consultant remotely (mornings only) at the weekend. To deliver sustainable 7-day services on two acute hospital sites, in line with national clinical and quality standards, a minimum of 12 stroke specialist consultants would be required. There is currently a national shortage of stroke consultants and most stroke units have vacant posts they are unable to fill. This includes both stroke units in Herefordshire and Worcestershire and given the recruitment issues outlined, it is unlikely that we will be able to recruit enough stroke consultants to maintain sustainable 7-day services across both sites.

[4] The Southwest Thrombolysis Network provides remote access to a stroke consultant to support thrombolysis decision-making. The consultant will remotely review the CT/MRI and advise regarding whether the patient is suitable for thrombolysis.

To summarise, the case for change for stroke and TIA services across the ICS can be outlined as follows:

- We do not have enough permanent stroke specialist consultants required to achieve the national clinical standards for stroke at either of the hyper acute and acute stroke units at Herefordshire County Hospital and Worcestershire Royal Hospital. To be compliant with 7-day national clinical and quality stroke standards, we would require a minimum of 12 consultants.
- We have been unable to recruit the number of stroke consultants required to deliver 7-day services across both sites, despite sustained and innovative efforts to do so. There is a national shortage of these roles and most acute stroke units across the country are currently carrying some vacancies resulting in an ongoing reliance on locum or agency staffing.
- We continue to rely on support from outside of Herefordshire and Worcestershire to ensure we have access to stroke specialist consultants over 7-days. Given the pressures on stroke services elsewhere, this is not sustainable and will require us to consider alternative and more sustainable service models to ensure access to services for our patients.

Though the service is currently being provided, it could be better for patients if we could ensure 7-day access to a stroke specialist consultant led service. This would enable us to do the following:

- Deliver more stroke specialist services within the ICS ourselves, thereby reducing our reliance on other areas to support us.
- Ensure we have local access to stroke specialist consultants to support other areas of the stroke pathway such as rehabilitation.
- Provide the opportunity to potentially develop the services we have locally for stroke and TIA, allowing us to embrace new technologies, treatments and interventions if we can create a sustainable and high-quality service for the ICS.
- Improve pathways between ourselves and stroke specialist centres that offer specialist treatments, thereby improving outcomes for our patients.

We believe there is a strong case for change to the way we deliver our hyper-acute and acute stroke services for the patients who need our services as outlined above.

Developing potential solutions

To find solutions to our challenges, we have looked at a variety of ways we could address these. These have been considered with partners at the ICS Stroke Programme Board, the members of which include:

- NHS Herefordshire and Worcestershire ICB
- Worcestershire Acute Hospitals NHS Trust
- Wye Valley NHS Trust
- West Midlands Ambulance Service University NHS Foundation Trust
- Welsh Ambulance Service NHS Trust
- Powys Teaching Health Board
- Herefordshire and Worcestershire Health and Care NHS Trust
- Stroke Association
- A patient representative
- Healthwatch Herefordshire (observer)
- Healthwatch Worcestershire (observer)
- Powys Community Health Council (observer)

We have explored how we can meet the national guidelines across all organisations and sustain this level of service into the future. This work has been in development since 2017 but was paused in early 2020.

The journey so far:

In 2018 we undertook an exercise to start to develop potential solutions to address the issues we have at stages 2 and 3 of the stroke pathway (see Table 1 on page 9 - emergency treatment and ongoing acute hospital treatment and care). These four ideas are described in Table 3 below.

Staff and patient feedback was gathered on their experiences of stroke services, and these potential solutions. Further modelling, workforce planning and travel assessments were conducted.

The above potential options were assessed against a set of high-level criteria including:

- Quality - Ability to offer services in line with clinical standards;
- Deliverability - Workforce required to deliver 7-day services;
- Accessibility - Local access to services, travel times, impact on carers/relatives, impact on cross border patients;
- Strategic fit - Inter-dependencies with other services for example diagnostics and other acute medical services.

In 2020 the global pandemic halted the development of this work as resources were directed into other areas. This has also altered how patients access some health services and technology has become an essential tool in improving access to and

delivery of health care services. Clinical work restarted in 2021/22 around improving stroke services across the two counties, focusing on potential solution 4 (one central location for Hyper Acute and Acute Stroke services). During this time, work has continued through the ICS Stroke Programme Board to maintain existing services and to improve service delivery where possible. This includes work around improving the pathways to accessing acute and stroke specialist rehabilitation services in line with national clinical standards. The ICS has invested to increase capacity in early supported stroke discharge services to enable more patients to receive their rehabilitation at home.

In the last two years, Integrated Stroke Delivery Networks and Regional Stroke Boards have also been established. These networks are in place to ensure high quality and accessible stroke services are delivered to people across the West Midlands. The networks themselves are also leading on a number of regional developments to support the modernisation of stroke services to improve outcomes for patients, including:

- Use of telemedicine and Artificial Intelligence (AI) to support remote decision-making for thrombolysis and thrombectomy;
- Standardisation of pre-alert pathways across the region, leading to improvements in the identification and management of suspected stroke patients;
- Use of video triaging in ambulances to enable hospital-based stroke specialists to visualise the patient and make decisions around the management of the patient;
- Standardisation of stroke rehabilitation ensuring all stroke patients have access to the services they require to enable them to optimise their rehabilitation potential;
- Workforce development of specialist stroke roles including consultant roles, specialist nurse and therapist roles and Advanced Care Practitioners.

We want to hear more views on this to ensure that we have considered all the issues and potential solutions.

Table 3: Potential solutions for Acute and Hyper-Acute stroke services

Potential Solution	Hyper Acute Stroke Unit (HASU)	Acute Stroke Unit (ASU)
1 – no change to current service	7-day units on two sites - Herefordshire County Hospital (HCH) and Worcestershire Royal Hospital (WRH). Not 24/7 specialist stroke consultant cover.	7-day units on two sites - Herefordshire County Hospital (HCH) and Worcestershire Royal Hospital (WRH). Not 24/7 specialist stroke consultant cover.
2	7-day unit at one site.	7-day units at two sites.
3	No HASU unit on HCH or WRH sites – HASU site outside of Herefordshire and Worcestershire.	No ASU unit on HCH or WRH sites – ASU site outside of Herefordshire and Worcestershire.
4	24/7day unit on one site with stroke specialist consultant cover - potentially WRH	24/7day unit on one site with stroke specialist consultant cover - potentially WRH

Potential solution 1 (no change, continuing the service as it is)

This was not considered to be sustainable longer term, largely because of the challenges we have had and continue to experience around recruitment to stroke consultant posts. With these ongoing difficulties we are unable to deliver robust and sustainable 7-day stroke specialist consultant led services across the ICS.

Potential solution 2

This solution was not developed any further as it scored lowest against the above criteria. This would not reduce our reliance on the number of stroke specialist consultants required to deliver 7-day services in line with national clinical and quality standards and did not offer an alternative to solution 1.

Potential solution 3

This solution was not developed any further as it scored lowest against the above criteria. Feedback received from the West Midlands Cardiovascular Strategic Clinical Network (WMCVCN) at the time did not consider this service model as viable for the following reasons:

- Insufficient HASU capacity outside of Herefordshire and Worcestershire - Note from West Midlands Cardiovascular Clinical Network (WMCVCN) Expert Advisory Group meeting held on 25/04/2017:

"A discussion followed to include UHB and UHCW who agreed that it was not viable due to capacity by either hospital".

- Excessive travel times for patients, particularly from Herefordshire and South Powys to UHBT/UHCW. Analysis of the travel times to the HASU and ASU sites outside of Herefordshire and Worcestershire confirmed this would potentially exclude a significant number of patients from being eligible for time critical interventions such as thrombolysis.

Potential solution 4

This potential solution would concentrate the Hyper Acute and Acute Stroke Unit on one site. This potentially identified as Worcestershire Royal Hospital, as part of existing plans to improve the emergency department, and development of a specialised intervention unit for cardiac and potentially stroke patients.

Patients with a suspected stroke will be taken to their closest hospital, which for the majority of patients from Powys and Herefordshire will be Herefordshire County Hospital. Here they will be triaged (assessed) by a stroke specialist, treated (if appropriate) and if a confirmed stroke, transferred and admitted directly to the Hyper Acute Stroke Unit at Worcestershire Royal Hospital. This ensures patients continue to have timely access to time critical assessment and interventions such as thrombolysis. In a small number of cases, some patients may be taken directly to the WRH site, if for example the patient is assessed by the ambulance service, in conjunction with the stroke team at Worcestershire Royal Hospital (WRH) that the patient is unlikely to benefit from time critical interventions such as thrombolysis and need to be admitted directly to a Hyper Acute Stroke Unit.

All other suspected strokes will be taken directly to the Worcestershire Royal Hospital (WRH) site and taken to a stroke assessment area for initial assessment, investigation and treatment.

On discharge, patients will receive their ongoing stroke specialist rehabilitation in their respective county. This includes in-patient rehabilitation at a designated in-patient unit or through the community stroke rehabilitation service, which offers specialist stroke rehabilitation in the patient's own home. A high-level potential solution and stroke pathway is shown below, in **Diagrams 3 and 4**:

Diagram 2: Stroke pathway - Herefordshire / Powys patients where Herefordshire County Hospital is the nearest imaging centre

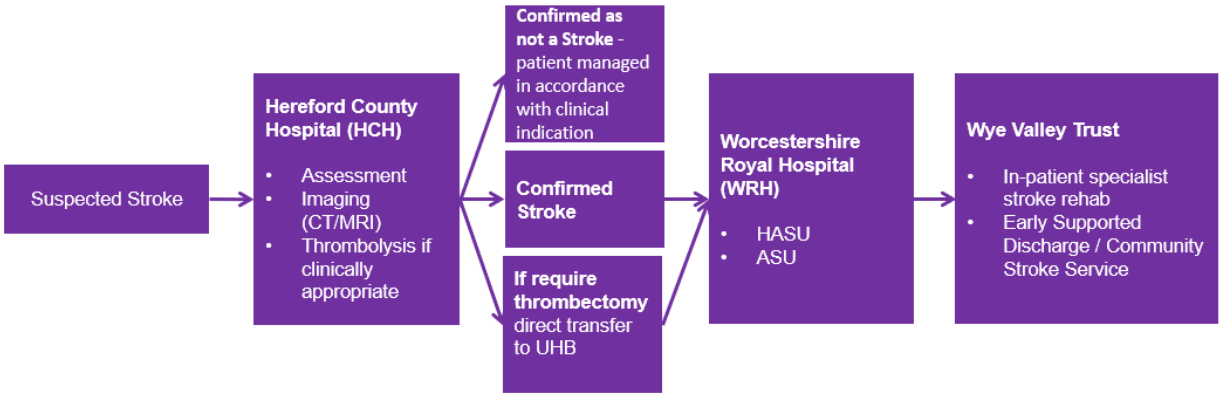
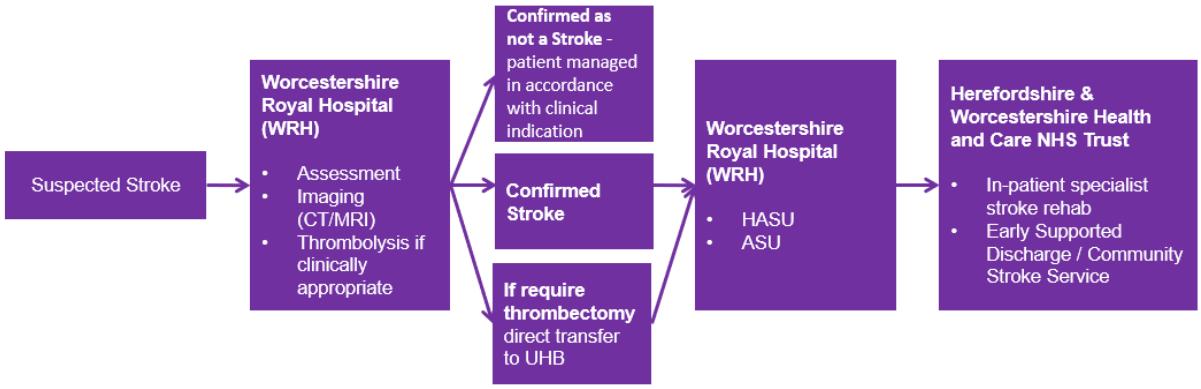


Diagram 3: Stroke pathway - Worcestershire and Herefordshire patients where Worcestershire Royal Hospital is the nearest imaging centre:



Some of the positive and negatives of this option are summarised below (**Table 4**):

Pros	Cons
Workforce will be concentrated in one unit rather than spread over two. To deliver 7-day services across both sites, we will require a minimum of 12 stroke consultants. There is currently a national shortage of these roles and most acute stroke units have vacant posts, making recruitment much more difficult for smaller units such as the ones in WRH and HCH.	Whilst initial assessment, investigation and treatment of patients will be undertaken at their closest imaging centre (i.e. HCH), patients from Powys and Herefordshire who are confirmed as a stroke will receive their ongoing acute specialist stroke care at a unit further away from their homes than currently, with an impact on travel for their relatives and carers.
Consolidation and development of the workforce on one site will enable us to deliver 7-day services including out of	Workplace location may need to change or flex

hours cover, ensuring 24-hour access to local stroke specialists. This model also has the potential to develop the treatments and services we can offer our patients.	
Removes the need for an out of hours arrangement for accessing a stroke specialist remotely to support thrombolysis/thrombectomy decision as this would be provided locally through the consolidated workforce.	Need for secondary journey for Powys and Herefordshire patients initially taken to HCH, so they can receive specialist stroke care at WRH. In some cases it may be clinically appropriate for the patient to be directly taken to WRH.
Continued access to local assessment, investigation, and time critical interventions, with access to remote/on-site stroke specialist support.	Longer journey time for Powys and Herefordshire patients to return home following acute management of their stroke at WRH.
Stroke specialist rehabilitation (in-patient and home based) and access to TIA/Follow-up clinics will continue to be delivered as close to home as possible.	
Improved resilience (clinical safety and service delivery/continuity) in the event of a change/disruption in the workforce (short or long term).	

What have patients and the public told us so far?

We gathered the previous patient feedback from a variety of sources into a Patient Feedback Paper in January 2022. This was to ensure that the patient perspective was considered at the solutions development stage by clinicians.

The paper is available on our website https://www.hwics.org.uk/get-involved/involvement-opportunities/stroke-services

What happens next?

We want to reflect on stroke services, and the journey so far, and ask patients and stakeholders for their views.

As part of this reflection, we will also be reviewing key project documents such as the transport modelling, population modelling, workforce planning and the Equality Impact Assessment.

We will then work with people, communities and stakeholders to reassess the options and this will include consideration of the location of services and the impact on other areas of the pathway including rehabilitation.

This work will be considered by the Stroke Programme Board before taking any potential solutions to the next stages of NHS governance and onwards through the service change process.

Have your say

We want to hear what you think about stroke services and the issues discussed in this paper. The engagement period will be open from 19 September 2022 to 11 November 2022.

After reading the information in this paper, we would like to know what you think about the following:

1. Do you think we have raised and explained all of the issues and challenges that may be associated with improving stroke services across Herefordshire and Worcestershire? If not, what do you think we have missed?
2. Have we considered all the potential solutions for improving stroke services? If not, what else should we consider?
3. When thinking about stroke services, is there anything we could be doing to support the prevention of stroke? If yes, please tell us what else we should consider.
4. Do you have any further feedback or comments?
5. Would you like to be involved in future stroke services engagement?

Please do tell us your views by using the survey link:
https://www.surveymonkey.co.uk/r/strokeservices2022

Or if you can email us on hw.engage@nhs.net or call 0330 053 4356 and ask for the engagement team.

This document is available in Welsh and Easy Read on our website or if you would like it in another language or format please contact hw.engage@nhs.net

More information is available on our webpage: https://www.hwics.org.uk/get-involved/involvement-opportunities/stroke-services

References and further information

Long Term Plan - https://www.longtermplan.nhs.uk/

National Guidance - SSNAP - Guideline Home (strokeaudit.org)

Stroke Incidence Briefing Document - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678444/Stroke_incidence_briefing_document_2018.pdf

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worcestershire countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 17 OCTOBER 2022

MATERNITY SERVICES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on Maternity Services, in order to seek assurance on progress by Worcestershire Acute Hospitals NHS Trust (the Trust) since its last update in May 2022.

2. As a result of an inspection by the Care Quality Commission (CQC) on 9 December 2020, the overall rating for the Service went down from Good to Requires Improvement. It was rated Requires Improvement for being safe and well-led, and Good for being effective. Inspectors did not assess the service for whether it was caring or responsive at that inspection.

3. The Maternity Service Improvement Plan was shared with the HOSC in September 2021. At the last update on 9 May 2022, Members were advised that there were five outstanding actions to be completed to meet all of the recommendations made by CQC in its report published in March 2021. Further progress has been made on outstanding actions and these are detailed in paragraph 13.

4. Senior Representatives from the Trust have been invited to attend the meeting.

Issues for the Panel to Consider

Workforce

5. Nationally it is recognised that there are significant workforce challenges in the NHS and that there is a national shortage of midwives and obstetricians in the UK. Locally the Trust has previously reported to the Committee that the local maternity service has experienced staffing shortages due to COVID and non-COVID related absence, leavers and vacancies.

6. There is recent improvement in the Trust's maternity workforce as shown in the Key Performance Indicators (KPIs) (Appendix 1) which in turn has led to a reduction in delays in care – specifically in the Induction of Labour pathway.

7. There continues to be a focus on retaining and looking after staff so the Health & Wellbeing work stream has continued to meet. The lead has recently secured support from the Rugby League National Cares programme – this will provide a selected number of staff with additional leadership, effective team working and resilience skills.

8. The Directorate has successfully secured funding for a 'retention midwife' who will

join the preceptorship midwife and practice development midwife to support staff to maintain their clinical skills, develop new skills and provide support to the team in the clinical area.

9. The Director of Midwifery continues to hold twice monthly drop-in sessions with the teams and the Chief Nursing Officer continues to engage through drop in sessions and the safety champion role.

Maternity Service Improvement Plan

10. The Maternity Service Improvement plan (Appendix 2) has made some significant progress over the last six months. It has been difficult to engage with frontline staff as the service has been unable to release colleagues from clinical activity.

11. However, a number of actions have been completed following a small number of engagement events. For example, a clear standing operating procedure for Continuity of Carer model, an agreed long-term plan for future roll out of this model, new roles in midwifery to support staff to develop, and support to develop the Trust's maternity support workers through the national apprenticeship route.

12. The Trust has also received additional funding from NHSEI to strengthen the midwifery leadership team and also to support the maternity governance team with new roles to enable delivery of the safety agenda.

CQC Actions Update

13. In the CQC report published in March 2021 11 must do's and 9 should dos were reported. Of these the maternity directorate has completed 16 actions with 4 actions partially completed. These are:

1. Audit plan – leads now in post – plan to be agreed
2. Escalation Policy – finalise and embed new regional escalation policy
3. Appraisal rates – currently at 70%
4. Displaying safety information – boards in development

Final Ockenden Report

14. On 30 March the second and final Ockenden[1] report was published. Within the report there are a further 105 essential actions for each Trust to review and make improvements if actions are not already in place. There are a further 3 actions outlined in the report that are not for Trusts or systems to implement and require national action.

15. The Maternity Directorate Team have reviewed the report, completed a gap analysis, collated evidence and prepared an action plan to support the monitoring of ongoing improvement against the 104 essential actions (1 action revoked since publication).

[1] Independent Review of Maternity Services at Shrewsbury and Telford Hospital Trust

Ockenden Final report compliance

16. The table below indicates performance of Maternity Services at the Trust against the compliance areas of the Final Ockenden Report.

RAG (red/amber/green) status	May	August
Red	8	7
Amber	40	44
Green	57	53

17. The areas requiring most improvement are:
    - multi-disciplinary training,
    - obstetric anaesthesia,
    - training and provision of High Dependency Unit (HDU) care
    - investment in the time available for medical staff to engage in the governance agenda.

18. The areas where scores were highest are:
    - Financing a safe maternity workforce
    - Preterm care
    - Neonatal care
    - Bereavement Care
    - Supporting families

19. Further progress will be monitored through monthly assurance meetings and quarterly reporting to Trust Board.

Purpose of the Meeting

20. 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.

Supporting Information

Appendix 1 - Key performance Indicators
Appendix 2 - Maternity Services Improvement Plan

Contact Points

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

Background Papers

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

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 9 May 2022, 21 September and 10 March 2021 and 20 July 2018 Health Overview and Scrutiny Committee Minutes and Agendas
- Final report of the Ockenden review - GOV.UK (www.gov.uk)

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

Appendix 1

Key Performance Indicator	Trust target	November 2020	November 2021	August 2022
Sickness absence	<6%	11%	7%	7%
Turnover	<10%	11%	9%	16%
Midwifery Vacancy	<2.5%	5.5%	4% (excl Ockenden posts)	1% (excl Ockenden posts) (end of September positon) 8 posts to fill
PDR compliance	>90%	64%	61%	60%
Mandatory Training Compliance	>90%	71%	77%	83%
Number of complaints	n/a	19	12	10
Quality & Safety KPIs	**Trust target**	**November 2020**	**November 2021**	**August 2022**
Vaginal births	n/a	59%	55.6%	55%
Induction of labour Rate	< 38%	-	35.6%	36%
Elective Caesarean Section Rate*	n/a	14.1%	15.3%	n/a
Emergency Caesarean Section Rate*	n/a	13.3%	16.4%	n/a
Home births	4%	3.5%	2.3%	2.3%
	National Rate	**2020**	**2021**	**2022 to date**
Stillbirth Rate	3.35/1000	3.44/1000	3.18/1000	3.26/1000
Neonatal Death Rate	1.62/1000	1.41/1000	1.39/1000	1.22/1000

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Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

Maternity Service Improvement Plan

For approval:	For discussion:	For assurance:	To note:
		X	

Responsibility	Names
Accountable Director	Paul Brennan – Chief Operating Officer
Presented by	Justine Jeffery – DoM Becky Williams – DDOps Angus Thomson - DD
Author /s	Justine Jeffery – DoM Becky Williams – DDOps Angus Thomson - DD

Alignment to the Trust's strategic objectives (x)

Best services for local people	Best experience of care and outcomes for our patients	Best use of resources	Best people
X	X	X	X

Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations

Trust Board are asked to:

- Note the contents of the paper
- Approve additional resource to support the success of the maternity service improvement plan
    - Directorate Manager 8b
    - Maternity Governance manager band 7
    - Audit and Guidelines lead Band 6 (potentially covered via Ockenden funding)
    - Corporate support for improvement work streams

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

Executive summary

This paper provides a background to the current position of the maternity service at Worcestershire Acute Hospitals NHS Trust.

It demonstrates the implementation of the National Maternity Transformation Programme and the assurance of safety within the service.

A number of staffing challenges and changes in practice over the last 18 months have resulted in a CQC inspection and subsequent reduction in the maternity CQC rating on 'well led' from 'good' to 'requires improvement'. The challenges led to a decision to hold further advancement with the major transformational change in the service, Continuity of Carer.

The paper outlines the proposed structured service improvement programme to support staff and leaders, improve culture and ensure that safety is maintained to enable transformation to continue. The resources and risks associated with the programme are included in the report.

Risk

Which key red risks does this report address?	What BAF risk does this report address?

Assurance level	0	1	2	3	4	5	6	7	NA

Financial Risk
N/A

Action

Is there an action plan in place to deliver the desired improvement outcomes?	Are the actions identified starting to or are delivering the desired outcomes?	If no has the action plan been revised/ enhanced	Timescales to achieve next level of assurance
Y	Y	Y	January 2022
X	X		
N	N	N	
N/A	N/A	N/A	

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

Maternity Service Improvement Plan

Worcestershire Acute Hospitals NHS Trust

Authors:

Justine Jeffery – Director of Midwifery

Becky Williams – Director of Operations Women and Children's Division

Angus Thomson – Divisional Director Women and Children's Division

June 2021

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

1 Introduction

The maternity service at Worcestershire Acute Hospitals NHS Trust (WAHT) delivers 5000 women per annum. The service is staffed by an establishment of 218 midwives, 55 non registered midwifery support workers and 16 consultants (obs & gynae) and 35 middle grade/junior medics shared across obstetrics and gynaecology.

Maternity services explained

Worcester royal hospital

- Delivery suite
- Alongside midwifery led birth centre
- Postnatal / transitional care (33 beds)
- Infant feeding team
- Antenatal ward (14 beds)
- Triage dept
- Day assessment unit
- Midwife / obstetric
- Antenatal clinics
- Fetal medicine level 2
- Maternal medicine
- Antenatal screening

Kidderminster treatment centre

- Maternity hub
- Obstetric antenatal clinics
- Midwife antenatal clinics
- Scanning
- Parent education
- Social prescribing
- Smoking Cessation

Alexandra general hospital

- Maternity hub
- Obstetric antenatal clinics
- Midwife antenatal clinics
- Scanning
- Parent education
- Smoking Cessation

Community Teams

- Worcester
- Malvern
- Redditch
- Bromsgrove
- Evesham
- Droitwich
- Kidderminster

Home Visits

- GP surgeries
- Children's centres
- Home birth
- Parent Education
- Mixed risk caseload

Continuity of carer

- Sapphire (Pershore)
- Ruby (Worcester)
- Opal (Stourport)
- Pearl (Worcester)
- Emerald (Bromsgrove/ Redditch)
- Amythest (Droitwich)

Entire Maternity Pathway from booking - delivery – postnatal care

- Home visits
- Inpatient care
- Mixed risk caseload

Services provided are also shown in diagram 1:

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

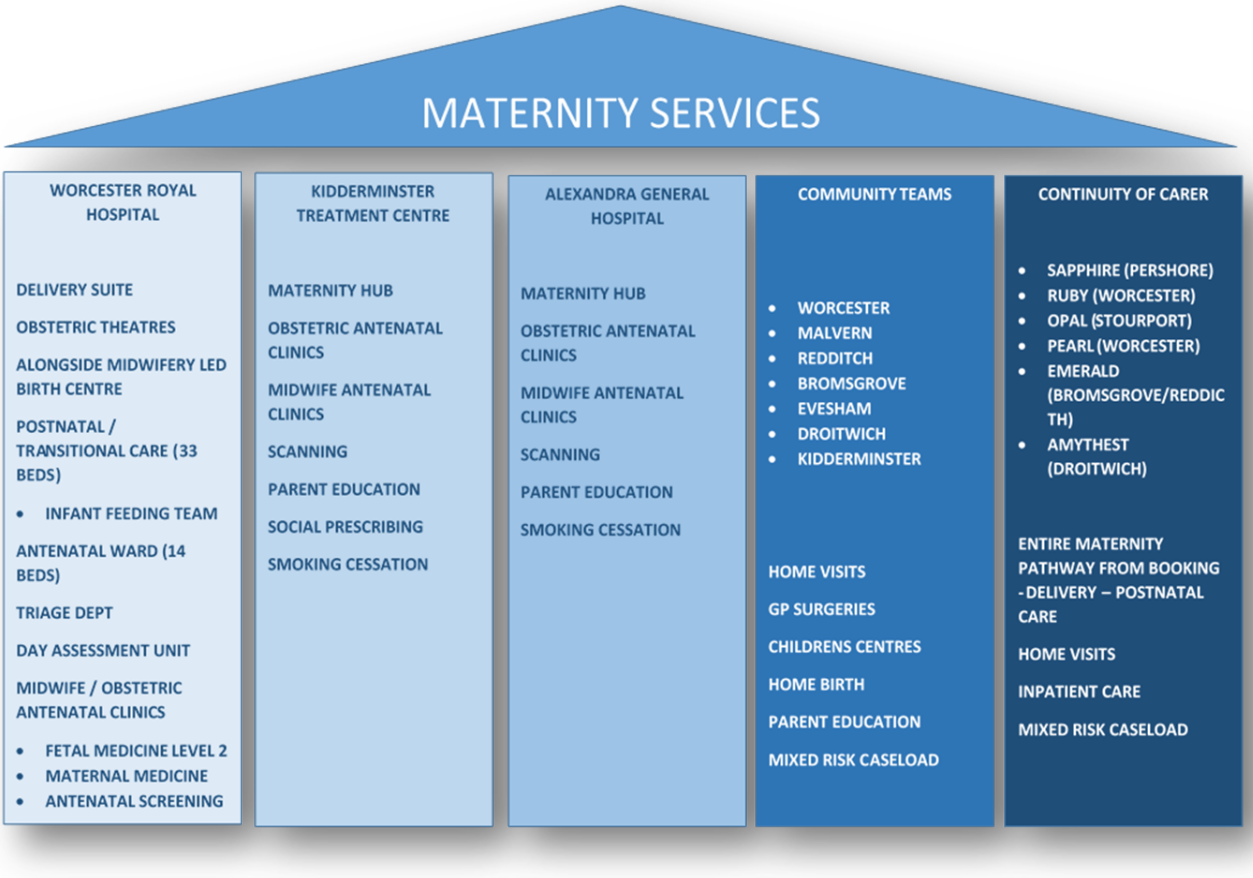


Diagram 1 Maternity services WAHT by site

The service sits within the Herefordshire and Worcestershire Local Maternity and Neonatal System (LMNS), and has worked within the system to deliver the National Maternity Transformation Programme requirements over the past 3 years.

In the past year the maternity service at WAHT has experienced decreasing staff morale, an increase in staff CQC whistleblowing / negative press and concerns raised by team members regarding the safety of the service. This has led to increasing internal and external scrutiny of the service, with the CQC undertaking an unannounced inspection in November 2020, and the downgrading of maternity from 'good' to 'requires improvement' on well led.

The position of the maternity service has been driven by midwifery staffing shortage, the impact of the COVID-19 pandemic on staffing and leadership deficits. These challenges have been overlaid with the change management process to deliver Continuity of Carer, a key requirement of the National Maternity Transformation Programme.

Due to the challenges faced by the service, a decision has been made to put on hold further roll out of the large scale transformation of the service, Continuity of Carer.

Since October 2020 the Division has undertaken some key transactional actions to remedy concerns raised by team members and the CQC. Whilst this action plan is having some impact, it is now recognised that, moving forward, a structured service improvement programme is required to ensure engagement of team members across the service, and ultimately support cultural change. It is hoped that this will then facilitate the positive restart of our transformation programme in line with national requirements.

This paper provides detail on the journey of the maternity service to date together with an outline of the proposed service improvement plan with:

- A progress update on delivery of the National Maternity Transformation Programme within the WAHT maternity service
- An outline of quality and safety measures within the service, and a provision of assurance that these measures are being followed and indicate that the service is safe
- A description of the challenges the service has faced
- An overview of the work to date on service improvement actions
- The proposed service improvement plan to address challenges going forward, key performance indicators, risks and timeline

2 Maternity transformation – the national and integrated care system (ICS) context

The national vision for maternity services is described in

- Better Births: improving outcomes of maternity services in England (DH,2016)
- NHS Long Term Plan
- The National Maternity Transformation Programme

The maternity strategy in Herefordshire and Worcestershire is aligned to the National Maternity Transformation Programme. The local strategy seeks to achieve the vision set out in Better Births by bringing together a range of organisations under the umbrella of the Herefordshire and Worcestershire Local Maternity and Neonatal System (LMNS). Over the last 3 years WAHT maternity service has been working within the LMNS to deliver the national transformation programme.

Shared goals of the workstreams for national transformation

The workstreams for national transformation are all safe, family friendly, kind, personalised and professional.

These workstreams are highlight the need for:

- Supporting local transformation

- Increasing choice and personalisation
- Transforming the workforce
- Sharing data and information
- Harnessing digital technology
- Reforming the payment system
- Promoting good practice for safer care
- Improving prevention
- Improving access to perinatal mental health services

Work streams for national transformation are shown the diagram below:

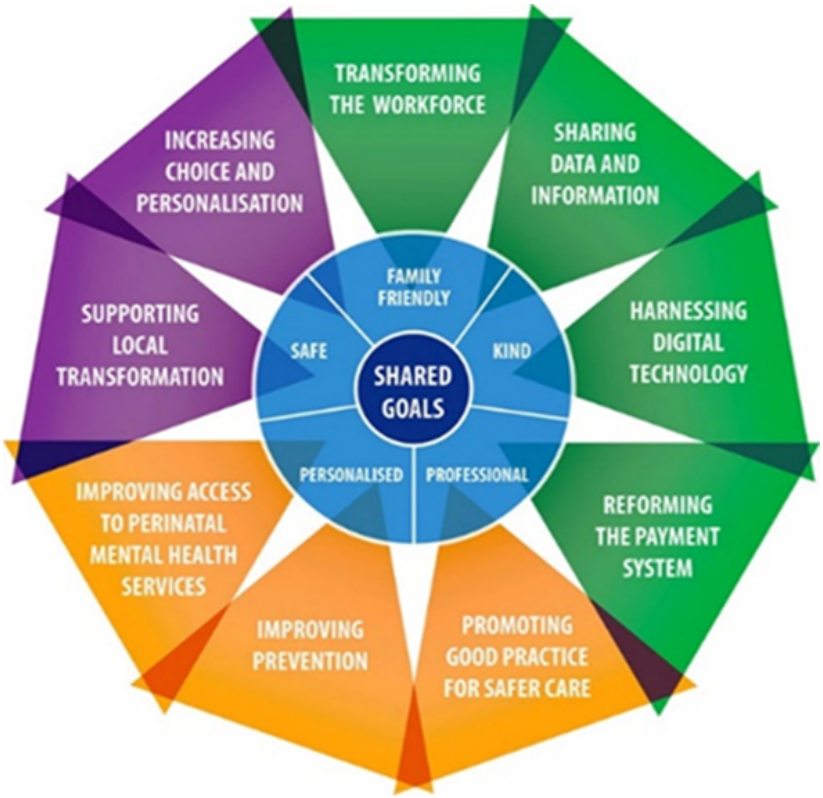


Diagram 2 National Maternity Transformation Work streams (NHS England/RCM, 2020)

3 Progress with maternity transformation at WAHT

Working within, and enabled by, the Herefordshire and Worcestershire LMNS the Maternity team at WAHT have made progress on a number of key areas of the local system transformation programme. These are:

3.1 Supporting transformation

a. Delivery of Continuity of Carer to 28% (target 35% by March 2021)

- The roll out of continuity across Worcestershire has been successful to date, with demonstrable improved outcomes for mothers and babies on a continuity pathway. The challenges of introducing & maintaining the model will be discussed later in the paper.

3.2 Harnessing digital technology

- The Badgernet maternity system was introduced in 2020, including the roll out of patient held digital maternity records.
- Virtual safety huddles are taking place between Wye Valley Trust and Worcester Acute

3.3 Transforming the workforce

- The midwifery leadership team have been working with Health Education England to transform the midwifery support worker workforce.
- The nationally recommended tool, Birth Rate Plus, has been utilised to ensure the midwifery establishment is right sized
- A Continuity of Carer coach has been employed to support the workforce to develop autonomy as self-managing practitioners.

3.4 Perinatal Mental Health (PMH)

3.4.1 Maternal mental health services (MMHS)

- MMHSs are a key part of NHS England and NHS Improvement's (NHSE/I) programme to transform specialist perinatal mental health services across England, as outlined in the NHS Long Term Plan

- In 2020 the LMNS submitted a successful proposal to NHSE/I and received funding to take part in the development and testing of Maternal Mental Health Services. The work that sites will do in 2020/21 and 2021/22 will be vital to ensure that MMHSs are available across the country from 2023/24. This will combine maternity, reproductive health and psychological therapy for women experiencing moderate-severe/complex mental health difficulties directly arising

from, or related to, the maternity experience. he service is currently on track to commence in Autumn 2021.

3.5 Personalisation

3.5.1 Introduction of Maternity 'hubs' - at Kidderminster and Alexandra hospitals

- The hubs have brought together services to support women in the antenatal and postnatal period; thus, improving personalisation and choice and prevention, for example, smoking cessation initiatives.

3.5.2 Consultant Midwife

- In 2018 the Trust employed a Consultant Midwife who is the strategic lead for the implementation of Continuity of Carer across Worcestershire. This full-time post is shared equally with the University of Worcester.

- In the recent Ockenden report it is recommended that each Trust considers the maternity leadership requirements set out by the Royal College of Midwives in 'Strengthening midwifery leadership: a manifesto for better maternity care' which recommends an increase of Consultant Midwives to provide enhanced midwifery leadership.

3.6 Prevention

- The maternity team have worked with Public Health England partners to implement smoking cessation and now pelvic floor services within the acute setting.
- Funding has been provided for 1.8WTE public health midwives in Worcestershire for 2 years to focus on smoking, obesity and lifestyle.

4 Assurance of quality, good practice and safer care

The assurance of quality and safety within our maternity service is achieved in a number of ways: Regulatory assessment via CQC, submission of quality and safety

measures under the Clinical Negligence Scheme for Trusts (CNST) together with evaluation against service reviews such as Ockenden. This is underpinned via submission of the maternity minimum data set which is a set of key quality performance indicators for the service.

4.1 CQC

In 2018 the maternity service at WAHT was rated 'good' by the CQC. In 2020, prompted by a number of whistle blows focussing in the impact of midwifery staffing levels and continuity of carer on the safety of the service, the CQC made an unannounced visit to the maternity service. The outcome of this visit was a reduction in the 'well led' key line of enquiry to 'requires improvement'. This then reduced the overall rating of the service to 'requires improvement'.

No concerns regarding service safety were raised, acknowledging the escalation policy in place to ensure safe staffing. 'Must dos' were related to staffing, recording of escalation and leadership.

As a result of the reduction in the CQC rating on well led the maternity team has been supported by the NHSE/I maternity service improvement team who are helping to identify specific interventions to improve the service.

4.2 Mortality and Morbidity

4.2.1 MBRRACE

MBRRACE – UK publishes a number of reports to monitor national perinatal mortality and morbidity and also maternal deaths. The three sets of published reports are:

Confidential Enquiry into Maternal Death and Morbidity (latest publication January 2021 reporting on deaths that occurred in 2016-18)

Perinatal Mortality Surveillance Report (latest publication 10th December 2020 reporting on deaths that occurred in 2018)

Perinatal Mortality and Morbidity Confidential Enquiries. (latest publication 28th November 2017)

The Perinatal Mortality Surveillance report provides trust specific data and this is presented in *Table 1.* The figures below provide a comparison to the average still birth and neonatal death rates for similar Trusts in the UK.

Table 1. Comparison to the average for similar Trust

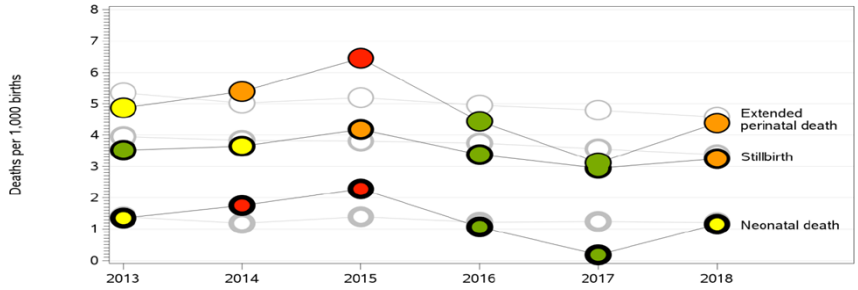
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar trusts & health Boards
Stillbirth	17	3.24	3.40 (2.76 to 4.16)	Up to 5% higher or up to 5% lower
Neonatal	6	1.14	1.14 (0.72 to 1.79)	More than 5% and up to 15% lower
Extended perinatal	23	4.53	4.53 (3.81 to 5.64)	Up to 5% higher or up to 5% lower

In summary the Trust reported fewer neonatal deaths in this period and slightly higher numbers of still births (up to 5% higher). This is due to a slightly higher than national intrapartum stillbirth rate as the Trust reported 3 deaths in 2018 when the national average rate was 1.5 cases. It is recognised that these rates are subject to random variation, especially when the number of deaths is small.

The stabilised & adjusted mortality rates are presented in chart 1 which provide more reliable estimates of the underlying (long-term) mortality rates for the Trust.

Chart/Table 1 Crude mortality rates for the Trust

Year	Extended perinatal death deaths per 1000 births	Stillbirth deaths per 1000 births	Neonatal deaths per 1000 births
2013	4.8	3.5	1.4
2014	5.4	3.6	2.8
2015	6.4	4.2	2.3
2016	4.4	3.3	1.1
2017	3.1	2.9	0.2
2018	4.4	3.2	1.2



4.2.2 Healthcare Safety Investigation Branch (HSIB)

HSIB conduct independent investigations of patient safety concerns in NHS-funded care across England. WAHT have made referrals to HSIB since 2018 following agreed criteria which includes:

a. Babies

- Eligible babies include all term babies (at least 37+0 completed weeks of gestation) born following labour, who have one of the below outcomes.
- Intrapartum stillbirth - Where the baby was thought to be alive at the start of labour but was born with no signs of life.
- Early neonatal death - When the baby died within the first week of life (0-6 days) of any cause.
- Potential severe brain injury - Potential severe brain injury diagnosed in the first seven days of life, when the baby:
  - Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE).
  - Was therapeutically cooled (active cooling only).
  - Had decreased central tone and was comatose and had seizures of any kind.

b. Maternal Deaths

- Investigate direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy.

Following the receipt of each report an action plan is prepared which is monitored via the Maternity Governance Meeting and the Trust Serious Incident Review Group.

HSIB provide regular quarterly feedback to the Trust; this feedback is a summary of the reports completed. To date the following themes have been identified:

- Guidance
- Escalation
- Fetal monitoring
- Clinical oversight
- Triage

1 report had no safety recommendations

4.3 CNST maternity incentive scheme

CNST supports the delivery of safer maternity care through an incentive element to Trust contributions to the CNST. In order to meet the incentive, scheme the Trust must achieve 10 safety actions. Including

- Achievement of Saving babies lives care bundle version 2
- Evidence of perinatal mortality reviews
- Trust maternity safety champions
- Coproduction with MVP
- Safe staffing levels

In 2021/22 the Trust will be submitting compliance with all 10 safety actions.

4.4 Review of Maternity Services across England

Following the National Maternity Review in 2016 the publication of 'Better Births' provided a number of recommendations to improve safety for women and their babies. This informed the national maternity transformation plan and was implemented locally via the LMNS.

Since the publication of 'Better Births' two formal inquiries have been undertaken in England and significant safety issues have been identified at both Shrewsbury & Telford NHS Trust (Ockenden inquiry) and East Kent Hospitals University NHS Foundation Trust. Nottingham University Hospitals NHS Trust has recently been highlighted as having significant safety issues and it is unknown at this time whether another national inquiry will be requested.

Due to the repeated, reported safety concerns in some of England's maternity services a change in local and national surveillance has been developed to monitor and provide assurance that progress against inquiry recommendations is delivered.

4.4.1 Ockenden Review

The recommendations of the Ockenden inquiry were published in December 2020 and each Trust was required to submit initial evidence against eight immediate and essential actions. Initial submissions suggested a positive position with no immediate actions to be undertaken and where gaps were identified progress has been made e.g. recruitment of a fetal wellbeing midwife and development of a process to review serious incidents at Trust Board before submission to the LMNS.

A further submission of evidence (approximately 200 documents) to NHSEI was completed on 30th June 2021. The outcome of this submission will be reported to the Trust and further opportunities for improvement will be highlighted at that time.

4.4.2 Perinatal Surveillance Model

Published in December 2020 the revised quality oversight model has the following four principles;

Principle 1 – Strengthening trust-level oversight for quality (local)

Principle 2 – Strengthening LMS and ICS role in quality oversight (system)

Principle 3 – Regional oversight for perinatal clinical quality (region)

Principle 4 – National oversight for perinatal clinical quality (national)

To date the maternity service at WAHT has succeeded in implementing principle one and is currently working with the LMNS to develop a standard operating procedure to ensure that principle 2 is embedded

4.4.3 Expected future quality and safety reviews / measures

Further inquiry recommendations are expected in autumn 2021 as the Ockenden inquiry continues and the East Kent inquiry will be concluded.

5 Challenges to the maintenance of safety and future transformation

To date the safety of our maternity service has been maintained, as demonstrated by our KPIs and submissions to CNST and the CQC inspection. However, the maintenance of safety has been demanding in the face of leadership deficit (vacancy and skill set) and staffing shortage overlaid with transformation change in the service. This is reflected in the reduction in our CQC rating on well led, and has a causal link to:

- Low morale in the midwifery team
- Increased whistle blowing, outside normal Trust escalation routes, by maternity team members concerned over the safety of the service which resulted in negative stories in the media
- Concerns from the multidisciplinary maternity team regarding inequalities in care related to continuity of carer

The above concerns have led to a decision to hold further advancement with the major transformational change in the service, Continuity of Carer. The narrative below describes in greater detail the challenges which have contributed to the current position.

5.1 COVID-19 pandemic

The workload within maternity services is all Priority 1 and 2 work that cannot be deferred. Consequently, the maternity workload throughout the COVID pandemic continued with more complex delivery pathways due to Covid, whilst the staff available to deliver the service were depleted due to sickness, shielding and isolation.

During COVID-19 waves 1&2 the focus of leaders in the maternity service was to enact required national guidance, managing pathways and day to day command and control within the service to maintain safety.

Leadership visibility at levels of the service was reduced. Normal meeting arrangements at all levels of the Division ceased in line with Trust guidance; reducing normal routes of communication and support and lessening the ability to cascade/escalate through normal governance routes such as team and Directorate meetings.

The unintended consequence of this was a reduction in communication from ward to board and back, and a reduced access to leaders at all levels to listen to and raise non-COVID-19 related concerns.

5.2 Change management

In the past 2 years the midwifery team at WAHT have seen 2 significant changes which affect working practices and patterns.

5.2.1 Increasing unpaid breaks in a 12-hour long shift

In 2016 the Trust moved the majority of nursing teams to an hour unpaid break in a 12-hour shift; this ensured that team members were taking their requisite rest period. In Women's and Children's, only the gynaecology nursing team moved to the new working pattern. Maternity and Children's services were undergoing centralisation of inpatient services to WRH, and therefore a decision was made to not progress with the change at that time. It was identified in 2019 that this change needed to be enacted to provide equity across the Trust, support rest periods and provide efficiencies where paid breaks were being taken. In 2020 the Division undertook a formal management of change process across nursing and midwifery teams to move them in line with the rest of the Trust. This process closely followed the change management policy and staff side were involved.

Following the change, the impact of staffing shortage and high acuity/activity in Q3 of 2020 meant that the midwifery team were having difficulty in taking their hour breaks. They also felt aggrieved that not all services in the Trust had moved from ½ hour to an hour unpaid break; including ED.

5.2.2 Continuity of Carer

Part of the national transformation programme, Continuity of Carer presents a very different way of working than the traditional community / inpatient model that the

maternity team at WAHT have worked within. It also requires midwives to increase flexibility and autonomy at work. The Division took the decision to initially roll out the current 6 continuity teams via 'willing volunteers' and newly appointed midwives, with a gradual increase in the number of pregnant women cared for under a continuity pathway.

The impact of this gradual change on the remainder of the team was underestimated by the Directorate and Division. The maternity team raised concerns regarding the impact on staffing and pathways within inpatient and traditional community service as well as individual work/life balance and working arrangements. These concerns grew over time, and events to communicate how the new model worked did not touch enough of the maternity team and did not change hearts and minds.

Midwifery staffing shortages in the inpatient area were attributed by the inpatient team to the roll out of continuity, exacerbated by the stepped reduction in numbers on inpatient rotas in line with the roll out of each team, and a lack of communication to the team regarding the true drivers for staffing shortage. This in turn led to poor behaviours demonstrated between different parts of the service.

The gradual roll out also meant that there were 2 models of care running alongside each other. The obstetric consultant team raised concerns that, at times of high induction /suboptimal midwifery staffing numbers, women on a continuity pathway were able to jump the induction queue because they were being cared for by a non-unit midwife, raising the possibility of delay in higher risk inductions of women on a traditional pathway.

5.3 Staffing

The midwifery establishment at WAHT (218 WTE) is in line with the 2018 findings of the Trust Birth Rate Plus (BRP) audit; this was based on 5500 deliveries (the rate in 2017/18). The Trust now delivers circa 5000 women per annum, and subsequent high level 'desk top' evaluations of the service suggest that the establishment could be reduced. The Division is awaiting a date its next formal BRP audit, at which point the establishment will be formally reviewed in line with findings.

In Q2 / 3 of 2020/21 the midwifery workforce, and the staffing levels required in the inpatient areas, were impacted significantly by:

- sickness (8-14%),
- COVID-19 related absence, including high shielding /CEV level
- Small vacancy rate
- flexible working arrangements in the inpatient areas
- a change in the induction policy outside of national guidance which increased induction numbers and acuity (45% induction rate)

This led to suboptimal midwifery staffing levels in the inpatient areas, which were particularly marked during high activity in September & October 2020. Safety in the

service was maintained by enacting the maternity escalation policy, but this required the movement of midwives from their normal working areas on the inpatient wards or community / continuity service. Some midwifery team members did not feel comfortable working outside of their usual working environments, and again this led to a feeling of being unsupported.

HR data has historically been aggregated to Directorate / Divisional level for reporting, therefore the sickness challenges in the midwifery team, were being masked by good performance in other areas of the Division. Sickness hotspots in the service have now been identified as pre-dating COVID-19.

5.4 Staff wellbeing

The maternity team have been well supported in the last 2 years with psychological input and debrief following specific incidents such as maternal death.

COVID-19 presented a new challenge to the support of staff wellbeing. With the leadership team initially very focussed on the operational delivery of new COVID 19 guidance in the service, and managers pulled to cover staffing shortage, support for staff wellbeing was not at the level that it could have been. The Trust wellbeing offer is extensive but may not have been accessed by team members without signposting.

5.5 Leadership

For a period of time during 2019/20 there were significant vacancy gaps in the maternity leadership team, clinically and operationally. It has also now been recognised that there were also some skills deficits in the existing clinical leaders within the service.

This, together with the pandemic, resulted in reduced accessibility and visibility of leaders at all levels of the service. This was highlighted in the Divisional staff engagement sessions in Oct/November 2020 and led to the team feeling unsupported and unable to escalate concerns appropriately.

6 Service improvement plan

6.1 The journey so far

In order to address the challenges described in section 5, the Women and Children's Division developed an action plan. This transactional plan was designed to move towards 'getting the basics right' in the management of the maternity service and combined action from staff feedback sessions with the Divisional and Executive team together with CQC must and should do's.

There are 100 actions within the combined plan and it is recognised that there is some repetition. However, of the 100 actions 76 have now been completed. The action plan is being led by managers within the maternity service.

6.2 Managing future service improvement

In order that the Maternity Service at WAHT can move forward with future transformational change in line with the national programme, it is recognised by the Division that further work needs to be undertaken on service improvement, with increased co-production, engagement and communication with staff within the service.

The service improvement plan, with 3 key areas of focus.

Area 1: Maternity Strategy & Transformation Plan

- National maternity transformation programme
- Local maternity and neonatal system (LMNS) strategy
- Herefordshire and Worcestershire integrated care system
- Local maternity strategy
- Worcestershire acute hospitals NHS trust

Area 2: System / Place Reporting Structure

- LMNS board
- Trust board
- Time
- Women and children's divisional board
- Maternity steering group

Area 3: Workstreams for Service Improvement

Staff Health & Wellbeing

- Psychological support
- Trust wellbeing offer
- Civility and respect
- 4 ward advocates
- Equality, diversity & inclusion
- Clinical pathways

Clinical pathways

- Capacity & flow
- Escalation
- Induction of labour
- Continuity of Carer

Leadership & workforce

- Recruitment and retention
- Organisational development
- Role development
- Information development
- Education and training

All feeding into engagement and communication with the maternity team and improving professional accountability and culture.

Diagram 3 below outlines the service improvement plan, with 3 key areas of focus.

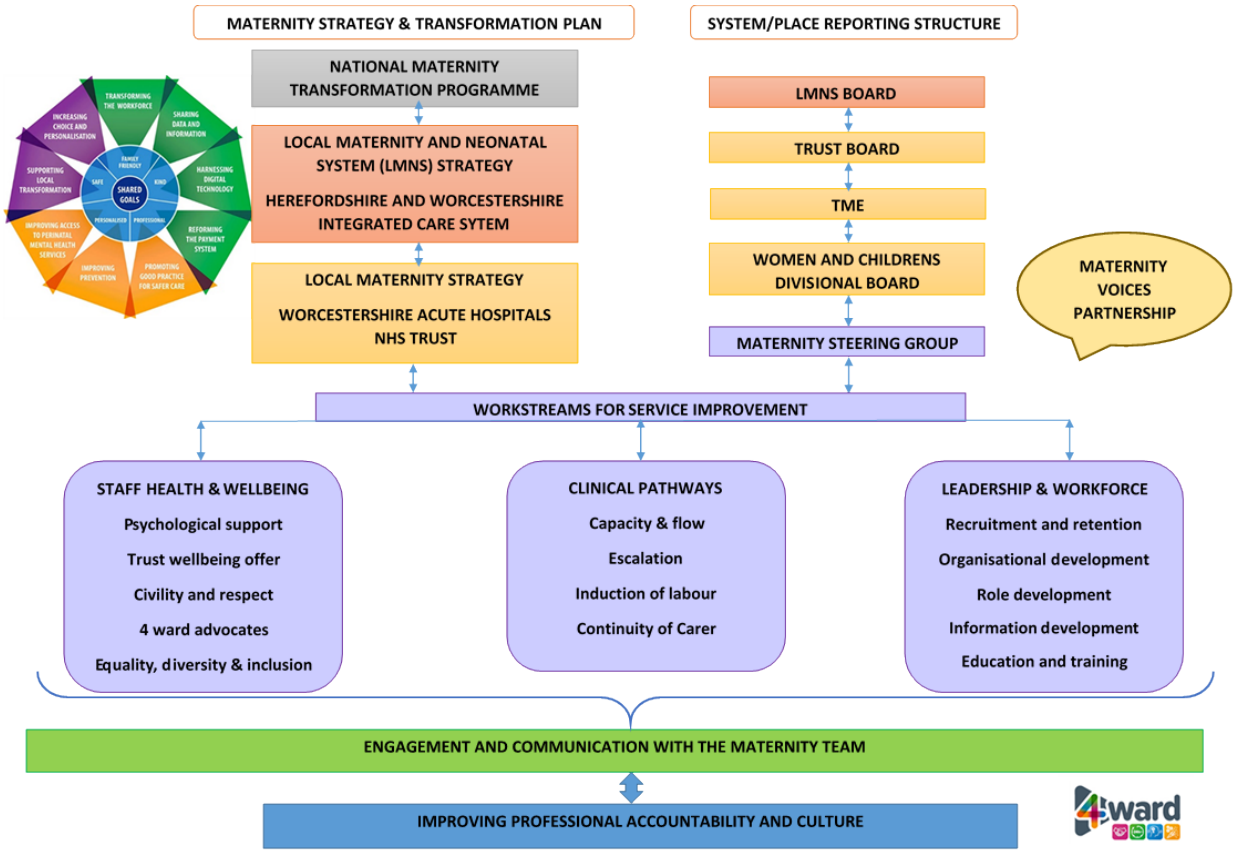


Diagram 3 WAHT Maternity Service Improvement plan

6.2.1The work streams

As described in diagram 3, the workstreams cover our main areas of challenge; health and wellbeing, clinical pathways and leadership & workforce.

Each work stream will have a lead from the maternity service, and team members from across all areas of the service will be asked to join to shape the outcomes.

Engagement will be sought from service users via the Maternity Voices Partnership.

6.3 Communication and engagement

The improvement plan will be underpinned by a communication and engagement strategy to ensure team members are fully informed of progress and changes within the service.

This will also be supported by existing routes of communication that are now back in place following the pandemic; ward huddles, team meetings, Directorate and Divisional meetings.

Current leadership visibility routes will be assessed and discussed with the wider team to ensure maternity colleagues feel that leaders at all levels are accessible and visible and that escalation and communication from ward to board is effective.

6.4 Culture

The current culture within the maternity team has contributed, and to some extent been driven by, the challenges the service has faced. There is a level of disempowerment amongst team members, and a lack of civility between individuals, teams within the service and professions.

It is recognised that a positive team culture supports the delivery of a safe service, and is therefore key to maintaining our safety position. The aim of the 3 work streams in the plan is to create a culture where:

- Team members feel positive about coming to work, and attitudes are positive
- Team members / teams are empowered to create their own solutions
- Colleagues at all levels and in all disciplines are treated with civility and respect
- Colleagues feel included and listened to
- Poor behaviours are not accepted
- The Trust 4ward behaviours are demonstrated in all that we do
- All areas of the service feel welcoming to enter
- ‘Leaders’ at all levels promote honesty and demonstrate empathy

The Division recognise that culture takes time to change, but it is hoped that the improvements made will facilitate positive change in the service.

7 Resource requirements to support service improvement

7.1 Operational support

The Directorate structure in the Women and Children's Division has a single Directorate manager covering both the Women's (Maternity and Gynaecology) and Children's (Paediatrics and Neonates) Directorates. The Division recognise that the operational & business support provided by this structure to the maternity service is very limited.

In order to increase the operational support to the maternity service, the Division need to move in line with other clinical Divisions with an 8b Directorate manager for each directorate. This would strengthen the directorate structure, supporting the clinical director and matrons in Women's services and improve engagement and visibility of the Directorate management team within the maternity service.

The Division need agreement/support to the funding of an additional 8b Directorate Manager.

7.2 Governance support

With the increasing workload associated with delivering recommendations of national inquiries it has been identified that an additional governance support is required by the Division. The current team (8a,7, 6 and band 4) cover all specialties within the Division, but current demands mean that governance work is by necessity being added to the workload of other Divisional and Directorate team members.

The Division need an additional band 6 audit & guidelines support and a band 7 governance manager to support the requirements around maternity safety and reporting, and ensure that governance is supported in all Directorates. The band 6 is expected to be covered from Ockenden funding.

7.3 Midwifery roles

The Division await a date for the next Birth Rate Plus audit. Following the outcome of the audit a review of the midwifery establishment will be undertaken to ensure that the service is supported with the requisite number of midwives delivering directly clinical care. and also the requirements of national transformation / inquiry outcomes. This work will be presented once it is available to provide assurance of staffing to national recommendations.

7.4 Corporate support

Support will be required from finance, HR, business intelligence and the project management team.

8 Risks

- If leadership and management skills are not developed in the maternity service there is a risk of non-delivery of the national plan leading to risk of increased turnover, poor reputation, and safety issues
- Non-delivery of national plan leading to a deficit in skills, risk of increased turnover, poor reputation, and safety issues
- Continued low staff morale and poor culture – potential to lead to safety issues, inability to recruit perpetuating staffing shortage resulting in increased escalation and a reduction in leadership capacity
- Loss of income due to poor reputation - if national programme is not delivered / staff morale does not improve then women may choose to birth elsewhere
- Risk of poor reputation leading to lower number of women choosing to book at the Trust and a loss of income

These risks link to BAF risks on clinical strategy, organisational culture, workforce and reputation.

9 Key performance indicators

To monitor service improvement, the following metrics have been agreed to demonstrate success:

9.1 Workforce

Key Performance Indicator	Trust target	Current position
Sickness absence	<4%	Total 7.9%
Turnover	<10%	9.22%
Midwifery Vacancy	<2.5%	5% (vacancies filled awaiting start)
PDR compliance	>90%	67%
Mandatory Training Compliance	>90%	80%
Role specific Training	>90%	75.4%

Table 2 Midwifery workforce data

Main staffing concerns and challenges have focussed on midwifery. Staffing KPIs for the medical team and other professions within the service will continue to be monitored via Directorate and Divisional meetings.

9.2 Quality & Clinical Indicators of Safety

Key Performance Indicator	Trust target	Current position
Induction of labour Rate	< 38%	43%
Elective Caesarean Section Rate*	No national target	13.8%
Emergency Caesarean Section Rate*	No national target	15.6%
Delay in IOL (transfer to DS)	<4hours	TBC
Home births	4%	4.2%
Complaint trend	No target	Trend to be reported

Table 2 Quality and Safety KPIs - whole service

* CQC no longer recognise caesarean section rate as an indicator of safety

9.3 Continuity of Carer

Key Performance Indicators	National Average	Trust Target	Current performance*
No of Births per month	-	108	TBC
Spontaneous vaginal births	55%	<55%	59.4%
Instrumental Births	12%	<12%	10.5%
Elective c/s	13.1%	<13.1%	13.2%
Emergency c/s	16.9%	<16.9%	16.7%
Total c/s	30.1%	<30.1%	29.9%
Home births	2.0%	>2.0%	1.4%
Water birth (of SVB)	-	-	11.1%
% of women receiving I/P care from a CoC midwife	70%	70%	TBC

Table 3 Continuity of carer KPIs

10 Timescales

The work on the improvement action plan continues, with the intention to fully launch the service improvement programme in *September 2021*; at this point all vacancies should be filled to required levels allowing the release of staff who wish to engage directly in the work streams.

Work streams will develop individual project plans, with the aim of seeing benefits within 1 year. The Division acknowledges that service/quality improvement is an iterative process and there will be continuing quality improvement beyond this date.

The programme will be tied in with the Trust single improvement methodology, when launched, to support ongoing cultural change and staff involvement.

11 Conclusion

The Maternity service at WAHT has had some significant challenges over the last year which have resulted in poor staff morale and the cessation of the roll out of the transformational Continuity of Carer model.

In order to move forward the service needs a structured service improvement programme to support staff and leaders, improve culture and ensure that safety is maintained.

The service improvement plan will aim to deliver:

- Improvements against KPIs within 1 year
- Maintenance of maternity safety
- A re-evaluation and restart of the roll out of continuity of carer
- Continued roll out of other aspects of the national maternity transformation programme
- Improved escalation and reporting from ward to board and back, facilitated by better communication channels and leadership visibility
- Improved morale as demonstrated by direct feedback to leaders and local staff surveys
- Improved staffing levels – driven by improving sickness, turnover and vacancy
- Improvements in behaviours and team dynamics
- Leaders who are equipped with the skills, tools and time to undertake their roles effectively

The Divisions assurance level has been rated as 4. This is based on our current position on midwifery staffing together with the hold on further roll out of Continuity of Carer. The assurance level will be raised to 7 when the service improvement plan delivers the above points and is this reflected in the KPIs.

12 Recommendation

Trust Board are asked to:

- Note the contents of the paper
- Approve additional resource to support the success of the maternity service improvement plan
    - Directorate Manager 8b
    - Maternity Governance manager band 7

- Audit and Guidelines lead Band 6 (potentially covered via Ockenden funding)
- Corporate support for improvement work streams

worcestershire countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 17 OCTOBER 2022

WORCESTERSHIRE JOINT LOCAL HEALTH AND WELLBEING STRATEGY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) will receive a Report on the new Worcestershire Joint Local Health and Wellbeing Strategy (JLHWS).

2. The Cabinet Member with Responsibility for Health and Wellbeing and Senior Officers from Public Health have been invited to the meeting.

Background

3. Further to sharing the findings of the JLHWS consultation with HOSC on 8 July 2022, this report:

- provides further assurance of due process and robust consultation in the development of JLHWS; and
- shares the JLHWS following approval at the Health and Wellbeing Board held on 27 September 2022.

Health and Wellbeing Strategy Development

4. Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. The JLHWS supports this collaborative working, outlining plans to improve the health and wellbeing and reduce health inequalities in the local population.

5. Following the annual Joint Strategic Needs Assessment (JSNA) in 2019, a working group was formed in summer 2020 to review identified health needs and considerations. The Health and Wellbeing Board reviewed evidence and local data throughout 2021 and concluded that the overarching priority for its 10-year strategy should be good mental health and wellbeing.

6. Members of the Health and Wellbeing Board, supported by the Public Health team, planned a detailed and far-reaching public consultation to gather the views of residents, partners and stakeholders to ensure that the JLHWS is driven by the needs and experiences of those who live and work in Worcestershire.

Strategy Consultation

7. A formal 12-week consultation survey closed on 2 May 2022 which asked a series of questions to gather views and gauge agreement with the vision, priority and supporting areas. In addition to the survey, which was shared widely through

the County, 30 focus groups were commissioned from a range of community groups and organisations.

8. The survey received 1,627 responses. Respondents reflected both positive and negative sentiments towards the survey questions. Common topic areas across all the comments received were explored further by analysts. Quantitative analysis of the responses demonstrated strong agreement with the proposed vision and priority areas.

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

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

11. Across the responses, respondents raised concerns over information and advice, access to help and support, as well as stressing the importance of physical health alongside mental health. Respondents were concerned about the continued impact of the COVID-19 pandemic on the cost of living, with continued rises impacting on mental health and wellbeing.

12. The findings from the consultation were fed back to Health and Wellbeing Board members and discussed with system leaders. The feedback helped to shape the JHLWS and the ambitions within and will be used to help shape action plans.

Worcestershire Joint Local Health and Wellbeing Strategy 2022-2023

13. Following this detailed consultation, the Health and Wellbeing Board reviewed all the findings and feedback received and agreed to focus its new JLHWS on good mental health and wellbeing, supported by action on the wider determinants of good mental health as demonstrated in the graphic below which also shows the Health and Wellbeing Board's vision for the JLHWS.

14. The JLHWS focuses on early intervention and prevention as well as focusing action on the wider determinants of health and tackling health inequalities through collective action and partnership working.

15. The JLHWS outlines the Health and Wellbeing Board's commitment to improve mental health and wellbeing, supporting people to live well in good health for as long as possible, particularly those who have poorer health outcomes. The Health and Wellbeing Board will champion collective action to ensure children have the best start in life, young people will have hope and aspiration for the future, and residents live longer, more independent lives in good health, with fewer people going on to need care and support.

16. The consultation findings highlighted several important areas to target, these alongside other opportunities for action collectively create the JLHWS's ambitions (Table 1 below). This includes reference to improved tailored and accessible information and advice, through to specialist mental health services and support. The JLHWS recognises the issues in accessing the services and support needed to have good mental health and wellbeing. It also recognises the significant impact that the COVID-19 pandemic and rising cost of living has had and continues to have on mental and physical health. The Health and Wellbeing Board will continue to work with system partners to assure these issues are being addressed.

Our Priority
Good Mental Health and Wellbeing
Ambitions: 1. We will take a whole population approach to improving mental health and wellbeing and preventing mental ill health across Worcestershire 2. We will continue to align and support local partnership strategies that contribute to improving mental health and wellbeing 3. We will maintain our commitment to reducing health inequalities 4. We will continue to engage with local communities over the lifetime of this JLHWS

Supported by action on:
Healthy Living at all ages
Ambitions: 1. We will support people to start well, live well and age well so they can live a greater proportion of their lives in good health 2. We will enable people to improve and maintain their own health and wellbeing and make healthy lifestyle choices 3. We will support people to live healthy and independent lives for longer, with appropriate support and care available when they need it

Supported by action on:
Safe, thriving, and healthy homes, communities, and places
Ambitions: 1. We will continue to improve access to healthy, safe, affordable, and warm homes that support a better quality of life and good mental health and wellbeing 2. We will work to improve our communities and places, making sure good mental health and wellbeing is at the centre 3. We will continue to protect our environment and promote the positive benefits it has for our mental health and wellbeing

Supported by action on:
Quality Local Jobs and Opportunities
Ambitions: 1. We will work to improve access to quality jobs, training, and volunteering opportunities 2. We will work with businesses and organisations to support people to develop within their jobs, or in getting back to work. 3. We will work with businesses and organisations to promote inclusive, healthy, and productive workplaces

17. More detailed ambitions can be found within the JLHWS document available in **Appendix 1.**

18. A range of outcomes and indicators will be used to measure the impact of this JLHWS, this will be a mix of local data, engagement, feedback and case studies. The framework will be monitored by the Health and Wellbeing Board and will continue to be reviewed and updated to ensure it uses the most relevant and best quality data available.

Next Steps

19. The final JLHWS is due to be agreed at Cabinet in November 2022 following agreement from the Health and Wellbeing Board and Council meetings.

20. A set of detailed plans with clear actions, milestones and timescales will be developed, with support of Health and Wellbeing Board members, these will outline how the JLHWS will be delivered. More specific sets of outcomes and performance indicators will form part of the action plans to assess the impacts of this JLHWS. Action plans will be driven by the best available evidence, local need, previous learning, and findings from the JLHWS consultation. Population, whole system

approaches will be used, however, the Health and Wellbeing Board will ensure focus and target areas and communities which need it most.

21. The JLHWS will be implemented and monitored by the 'Being Well Strategic Group', supported by the Being Well Delivery Group. These groups will work with other boards, partnerships and forums across the system to recognise ongoing action and may task or delegate as appropriate, in support of the plans. Progress in implementing the Strategy will be regularly reported to the Health and Wellbeing Board.

22. Health and Wellbeing Board champions will support the development and delivery of actions plans. Supported by continued engagement with stakeholders, partners and the public to support the implementation of the Strategy and action plans.

23. The newly formed Integrated Care Partnership (ICP) is responsible for joining up services across the NHS, Local Authority, and voluntary and community sector partners to meet the health needs of the population. Through its clear focus on improving mental health and wellbeing, this JLHWS will form a significant part of Integrated Care Strategy that the ICP will be publishing in December 2022.

Issues for the HOSC to Consider

24. HOSC is asked to note the role of the Health and Wellbeing Board in developing the JLHWS and its plans to develop action plans which will support the implementation of the strategy priorities and ambitions.

25. HOSC is asked to reflect on the Health and Wellbeing Board's commitment to ongoing engagement in its work, including linkages with wider engagement undertaken across Worcestershire.

Purpose of the Meeting

26. HOSC is asked to consider the Joint Local Health and Wellbeing Strategy provided and agree:

- Whether any further information is required at this time, and
- Whether there are any comments to highlight to the Cabinet Member with Responsibility for Health and Wellbeing

Supporting Information

Appendix 1 Worcestershire Joint Local Health and Wellbeing Strategy

Appendix 2 Consultation document:
Health and Wellbeing Strategy Consultation 2022-2032 | Worcestershire County Council

Download: **Health and Wellbeing Strategy Consultation 2022 – 2032 (PDF)**
Download: **Consultation Summary (PDF)**
Download: **Health and Wellbeing Consultation Summary Easy Read (PDF)**

Contact Points

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

Agenda and Minutes for Health Overview and Scrutiny Committee on Friday 8 July 2022

Health and Wellbeing Board
Health and Wellbeing Board | Worcestershire County Council

DRAFT

Worcestershire Joint Local Health and Wellbeing Strategy

2022-2032

Being Well IN WORCESTERSHIRE

Contents

Version 1 November 2022

Foreword

I am delighted to launch Worcestershire's Joint Local Health and Wellbeing Strategy for 2022-2032.

This Strategy is a call to action; to accelerate our efforts to improve mental health and wellbeing and prevent mental ill-health in Worcestershire.

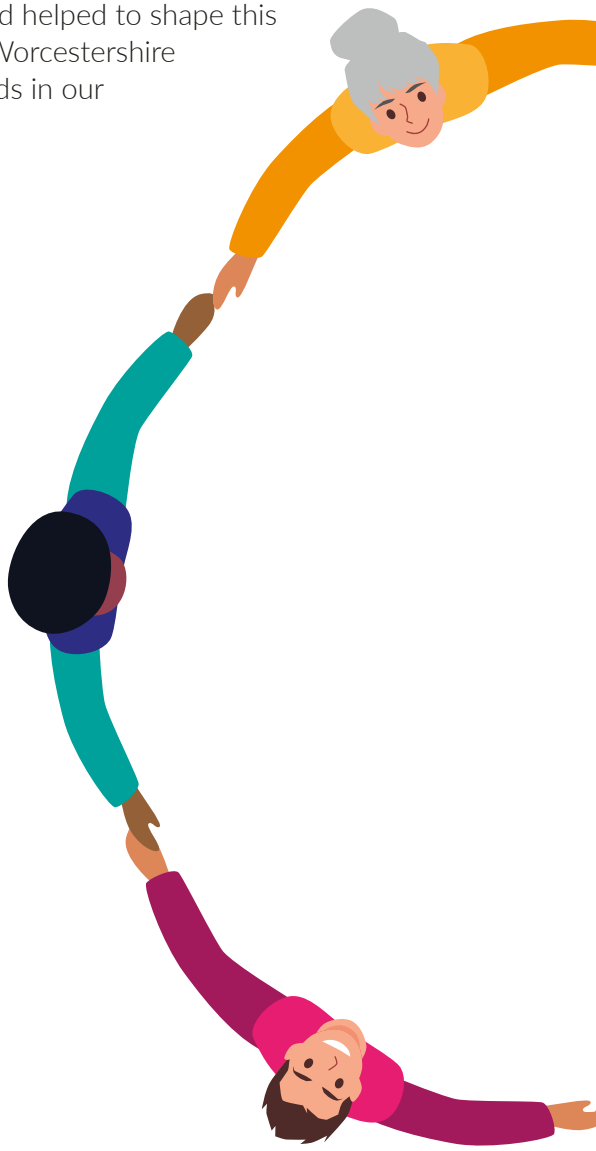
We will do this by taking collective action on the things we all need to have good mental health and wellbeing. We want our children to have the best start in life, our young people to have hope and aspiration for the future, and all of us to live longer, more independent lives in good health, with fewer people going on to need care and support.

Prevention is the key to these efforts. We need to prevent people becoming unwell in the first place, prevent the escalation of illness if it occurs, and ultimately prevent dependency on the health and social care system.

We know that the COVID-19 pandemic has affected all of us in different ways and has widened inequalities in health outcomes between the best and worst off in our county. We will maintain a relentless focus on addressing these disparities, enabling people to be socially and financially independent and able to meet the challenges that arise over the coming years.

My thanks go to every one of you who responded to our consultation and helped to shape this Strategy. We will continue to engage with people who live and work in Worcestershire over the lifetime of the Strategy to ensure we adapt to the changing needs in our local communities. We have a huge task ahead of us. Please join me and all the members of the Health and Wellbeing Board as we work together to make a difference to the health, wellbeing, and prosperity of everyone in Worcestershire.

Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing and Chair of Worcestershire's Health and Wellbeing Board



Section 1: Developing the Joint Local Health and Wellbeing Strategy

This section explains what the Joint Local Health and Wellbeing Strategy is and who the Health and Wellbeing Board are.

What is the Health and Wellbeing Board?

The Health and Wellbeing Board (HWB) brings together the organisations responsible for improving health and wellbeing in Worcestershire. Its members include elected councillors and officers from County and District Councils, representatives from Worcestershire Children First, Local NHS organisations including the Integrated Care Board (ICB), Primary Care Networks (PCN), Herefordshire and Worcestershire Health and Care NHS Trust, and Worcestershire Acute Hospitals NHS Trust, the local voluntary and community sector, Healthwatch Worcestershire, the Local Enterprise Partnership and West Mercia Police. It also has a range of sub-groups that focus on specific age groups or topics and issue such as the Children and Young People's Strategic Partnership and the Being Well Strategic Group.

More information about the HWB can be found on the **County Council website**.

What is the Joint Local Health and Wellbeing Strategy?

The Joint Local Health and Wellbeing Strategy is a document that outlines the health and wellbeing priorities for a local area. In this Strategy, we have set out what we need to focus on to improve the health and wellbeing of the people who live and work in Worcestershire. This is based upon the best available evidence as detailed in our Joint Strategic Needs Assessment (JSNA).

The Strategy sets out a vision and key priorities for our partnership work to improve health and wellbeing and reduce inequalities over the next 10 years. It is a 'living document' that will evolve and adapt to changing needs as it is implemented through shorter term action plans. These detailed action plans will include appropriate outcome measures to monitor progress over time.

The HWB and its Strategy sets the strategic direction for many other strategies, forums and committees across Worcestershire, and ensures resources are utilised in the best way possible and to benefit those with the greatest needs.

How do we work with the Integrated Care System?

The newly formed Integrated Care Partnership (ICP) is responsible for joining up services across the NHS, Local Authority, and voluntary and community sector partners to meet the health needs of the population. Through its clear focus on improving mental health and wellbeing, this Joint Local Health and Well Being Strategy will form a significant part of Integrated Care Strategy that the ICP will be publishing in December 2022.

Section 2: How we can improve health and wellbeing

The HWB has used the best available evidence to identify what our population needs, and which evidence-based approaches could work to improve health and wellbeing and prevent poor health. These health approaches were used in the development of this Strategy and will be used to deliver the strategy. This includes a focus on prevention, the wider determinants of health and tackling health inequalities. They are explained below and require working together and integrating with communities and partner agencies across all of Worcestershire.

Wider determinants of health

Many factors contribute to our health and wellbeing and only around 20 percent relate to good quality health care services.

The wider determinants of health are a diverse range of social, economic and environmental factors which have an influence on our health. These include our education, employment, housing, neighbourhood and community, as well as the lifestyles we follow. Factors like deprivation, low income and poor housing mean that some people experience poorer health and reduced quality of life. These potentially avoidable health inequalities have been exacerbated throughout the COVID-19 pandemic, often most impacting those who already experience worse health outcomes.

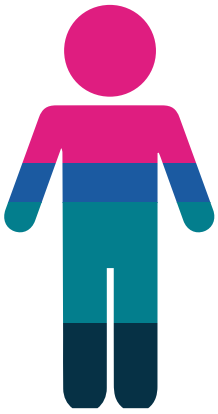
The HWB will consider these factors to help achieve its vision and priorities over the next 10 years.

40% **Socioeconomic factors**
Education, employment, income, family & social support, community safety.

10% **Physical Environment**
Housing, access to green space, air quality.

30% **Lifestyle factors**
Diet and physical activity, tobacco use, alcohol use.

20% **Health Care**
Access to good quality health care services.



[Adapted from an illustration of the impact of healthcare and non-healthcare factors on a person's health. Source: Institute for Clinical Systems Improvement Going Beyond Clinical Walls. Solving Complex Problems (October 2014).]

Reducing health inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups of people. They are socially determined by factors beyond an individual's control. The COVID-19 pandemic has had a disproportionate effect on people from different ethnicities, and those in specific jobs, such as front-line care, transport and hospitality, and those living in deprived areas, therefore making existing inequalities worse.

In general, the population of Worcestershire is healthy and there are many health-related measures where Worcestershire performs better than the national average. However, there are some areas in Worcestershire where people's health is worse than expected, and the average measures reported at County and District council level mask the differences in health outcomes experienced by some communities. For example, people living in more deprived areas have a shorter healthy life expectancy meaning they live more of their life in ill health than those living in more affluent areas.

Spotlights on our communities

Throughout this Strategy we have included spotlights on some of the activity in the local community. Initiatives, activities, and funding change over time as they are reflective of local need.

Prevention and early intervention

Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as possible.

Focusing our energy and resources on prevention and early intervention will mean fewer people go on to develop specialist health and care needs. For example, by identifying the needs of children, young people and their parents early we can prevent poor outcomes later in life. This approach can prevent needs escalating to a point that requires specialist interventions such as child protection and adult social care. Similarly, if we provide advice, guidance and support regarding the needs of older people we can prevent avoidable admissions to hospital and help maximise independence in later life.

In the words of the late Desmond Tutu:

"There comes a point where we need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in."

Prevention triangle

Prevention approaches can be divided into three categories (prevent, reduce, delay) as shown in the triangle below. These aim to firstly take action across the whole population to prevent avoidable health needs, then in more targeted groups, to take action to reduce the risk and impact of health needs. These categories describe the type of intervention that could be provided and who they might be best suited to.

.

Delay: taking action to support individuals and families to manage long term health needs, preventing complications and improve, as much as possible, people's quality of life. For example, rehabilitation programmes to support people with a mental health condition to return to or stay in work.

Reduce: taking action to reduce the impact of problems at the earliest possible stage. Stop them getting worse and/or targeting actions at groups who have an increased risk of developing needs. For example taking measures to reduce high blood pressure, support for families affected by substance misuse.

Prevent: taking action to prevent problems and reduce risk before they even happen across the whole population. For example, vaccination programmes or supporting people to make healthier choices through education programmes about healthy eating and being active.

Spotlight: Health and Housing in Worcestershire

Housing associations, Local Authorities and the NHS in Worcestershire have come together to create a unique role to improve health outcomes through housing. A new post 'Head of Housing and Health Partnerships' has been created and will work across organisations to reach as many as 200,000 people living in social housing across the county. Work will include a focus on mental health in the community, rough sleeping and homelessness, and providing health and care job opportunities for residents. The project will also explore wider areas, such as reducing pressures on adult social care and NHS services, enabling longer term independent living and focusing on reducing health inequalities.

Section 3: Health and wellbeing in Worcestershire

This section explains the journey so far, why we're prioritising mental health and wellbeing and shows some of the local Worcestershire evidence.

The journey so far

The HWB started considering its new Strategy in the summer of 2020, following an update on latest health needs outlined in the updated Joint Strategic Needs Assessment (JSNA).

The HWB reviewed evidence and the needs of Worcestershire and identified possible priorities for the new Strategy. The possible priorities were based on the evidence from the JSNA, the opportunities for system-wide action on prevention and inequalities, and the ability of the HWB to address the challenges presented by each priority. The development was also informed by engagement with almost 40 voluntary and community sector organisations. Following this, a public consultation was launched to hear your views on the priorities. Further information about this consultation is in section four.

Why focus on mental health and wellbeing?

The World Health Organisation definition of mental wellbeing is 'a state where everyone is able to realise their potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.'

We know that good mental health and wellbeing is an important part of all our experiences in life and that it is something that affects other areas of our health too. Better mental health and wellbeing is linked to improved physical health and living longer in better health. It also protects us from some mental and physical health conditions as it increases our resilience, helps us make healthy choices and improves our relationships and quality of life.

Our mental health and physical health are interconnected. Having good mental and physical health and wellbeing is the key to enable people to live happy, prosperous and independent lives. Research shows that people with mental ill health are more likely to have a preventable physical health condition such as heart disease. Nearly one in three people with a long-term physical health condition also has a mental health condition, most often depression or anxiety.

Poor mental health also affects the economy, from lost employment to additional costs to health and public services. It is estimated that lost productivity, benefits payments, and costs to the NHS from mental ill health are around £70 billion a year in England.

Poor mental health is becoming more common. A nationwide survey of children and young people estimated that one in eight of 5 to 19-year-olds were likely to be experiencing mental ill health. Poor mental health when we're younger can mean an increased risk of mental ill health when we're older and developing unhealthy behaviours.

Worcestershire picture

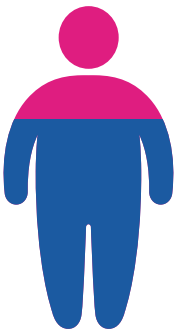
The infographic below shows some of the evidence that helps us understand the mental health and wellbeing of people who live and work in Worcestershire.

Depression 2020/21

73,197 people (**14.7%**) in Worcestershire Adults 18+ (QOF) which is higher than the England rate of **12.3%**

By **2032** the number of **people aged 85+** is set to increase by **61%** from **17,700** in 2021 to **28,500** in 2032

Almost **two thirds** (**64.2%**) of adults are **overweight or obese.** This is similar to the national average of **63.5%** (2019/20)



80% **of children and young people** felt that the pandemic has had a negative impact on their emotional wellbeing.**

4370 people are currently living with **dementia** in Worcestershire (2020 PHOF) Public health profiles

In June 2022 there were **11,015** people claiming **unemployment** benefits in Worcestershire, yet employers are reporting vacancies are harder to fill* (March 2020, **8,305**, June 2020 **18,510** June 2021**15,345**)

37,469 households in Worcestershire (**14.5%**) are thought to be living in **fuel poverty**, the figure for England is **13.2%** (2020)

7% of adults reported they had not been able to find **mental health and wellbeing support*****

*74% of respondents reported they had a vacancy that they were finding hard to fill. Herefordshire and Worcestershire Chamber of Commerce Quarterly Economic Survey report (Q1 2022)

**Worcestershire Healthwatch Report 2022 (202 responses)

***Worcestershire Healthwatch Survey in 2020 (170 out of 1450 responses)

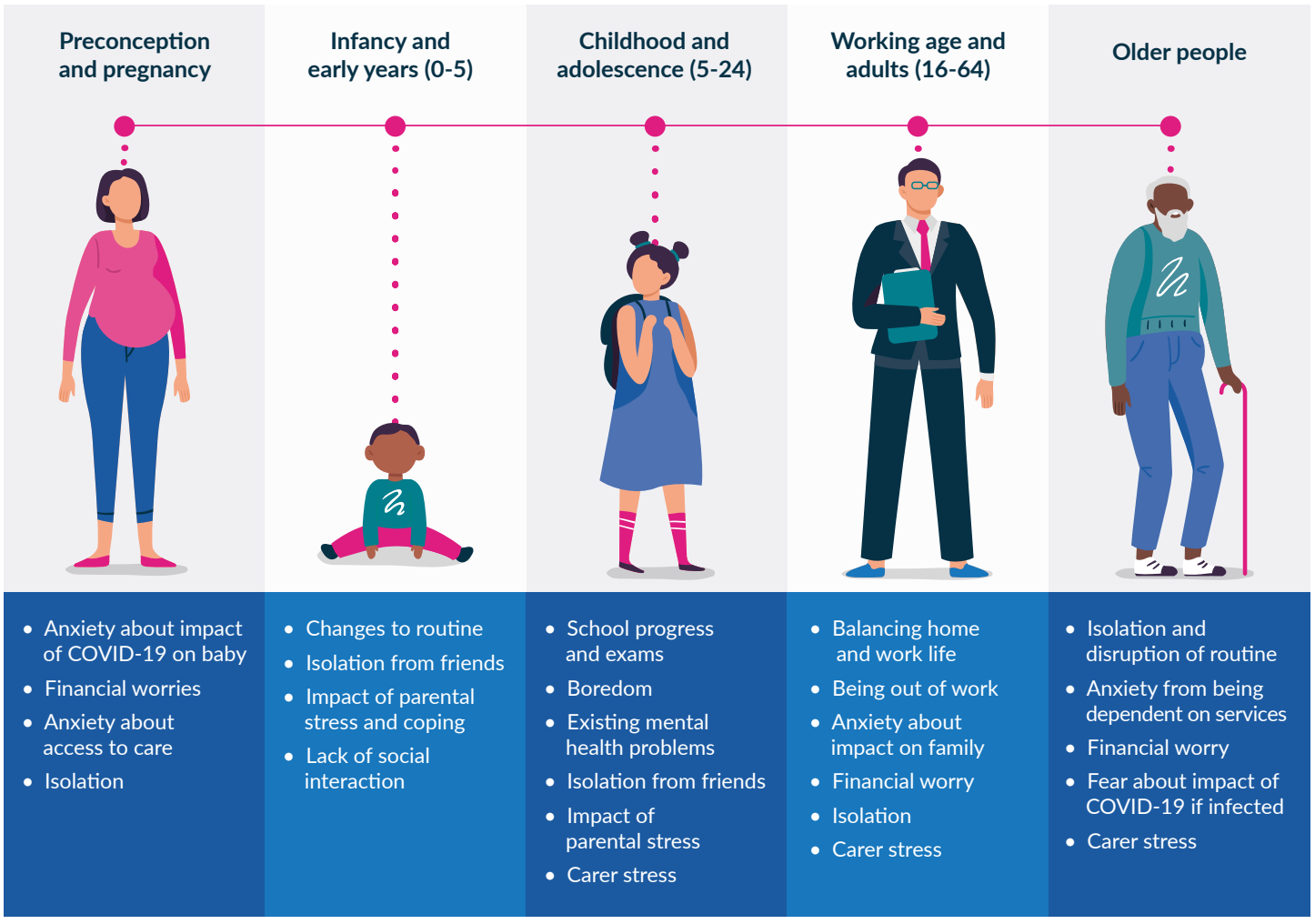
The impact of COVID-19 pandemic

Before COVID-19 there was already a persistent gap in life expectancy and in the number of years people lived in good health between the most and least affluent areas. COVID-19 has exacerbated existing health inequalities and certain groups have experienced disproportionate effects on their mental health. We also do not fully understand the effects of long COVID-19 on our population.

Whilst the negative impacts of COVID-19 are significant, there have also been some positive impacts. Communities have responded to COVID-19 by supporting one another in new ways. More people are recognising the importance of both their physical and mental health and are more willing and able to talk about mental health and wellbeing than ever before.

It is important to remember that COVID-19 is not the only infectious disease that can impact our health and wellbeing.

Here are some of the ways COVID-19 has affected us:



10 Different impacts of COVID-19 across the life course (Adapted from LGA and PHE Health Matters Image)

Spotlight: Inspire Community Café, Redditch

Karen has spent the last 10 years running grass-roots community projects on an estate in Redditch. During lockdown she opened the Inspire Community Café with some local volunteers, purchased a van, and organised a food parcel scheme that reached over 400 vulnerable people. Now, following the ease of lockdowns, the café continues to provide formal and informal mental health support and a range of community activities, befriending and support groups.

Section 4: Capturing community views

This section looks at how we captured community views and involved you in the development of the Strategy.

The consultation

We wanted to make sure that the Joint Local Health and Wellbeing Strategy is driven by the needs and experiences of the people who live and work here. We have taken several approaches to find out what 'being well' means to the residents of Worcestershire.

We asked people to respond to a formal consultation survey on the development of the Strategy. The consultation was shared widely throughout the county, to individuals, partners, communities, and voluntary organisations. It asked respondents to share their views on the proposed priorities and vision; what 'being well' means to them; and thoughts on the impact of the COVID-19 pandemic.

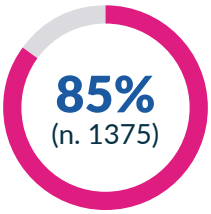
Over the 12-week period, the consultation survey received 1627 responses (online and paper copies). Of those completed, 97% were from residents and 3% were from organisations which included: Voluntary and Community Sector (VCSE), Public Sector, Health, Leisure and Education.

In addition to the formal consultation, we have undertaken research in the community with a variety of groups and organisations to understand the lived experiences of many different Worcestershire residents. The results from all this engagement work will continue to inform the development of action plans which will support the delivery of the Strategy. The HWB is committed to ongoing engagement in the community, with findings being used to refine action plans and support the Strategy as it evolves over the 10-year period.

Consultation findings: what you said

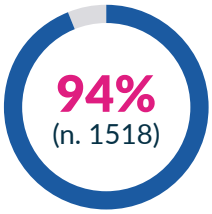
The public consultation ran from February 7th – May 6th 2022 and received 1627 responses.

Your thoughts on our proposed priorities:

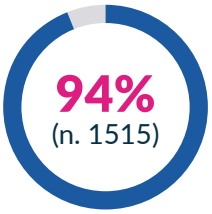


strongly agree or agree with '**good mental health and wellbeing**'

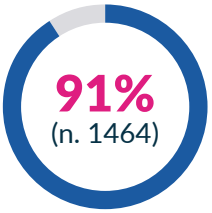
The Health and Wellbeing Board have identified the following 3 things that we all need to **be well in Worcestershire**, we asked how much you agreed with these topics:



strongly agree or agree with '**healthy living at all ages**'



strongly agree or agree with '**safe, thriving, and healthy homes, communities and places**'



strongly agree or agree with '**quality local jobs and opportunities**'

*(n.) = the number of responses to the question

Being well & COVID-19

Being well means different things to different people! You told us that these 3 things are the most important:

Physical health / ability
96% (n.1541)

Access to healthcare
87% (n.1395)

Mental health / self-care
85% (n.1374)

80% (n.1288) think that COVID-19 has decreased the health and wellbeing of people living and working in Worcestershire – the following 3 things have been most negatively affected:

Social isolation and relationships
88% (n.1424)

Mental health & wellbeing
88% (n.1412)

Physical health
66% (n.1057)

What else is important to you...

We analysed your responses and these are the things that you said are **important to you.**

Information & advice

- Accessible and inclusive information and advice to support wellbeing.
- Knowing what information is available and where to find it.

"...people may need access to advice and help to understand how they can remain healthy when their routines suddenly change."

Accessing services

- Being able to access health and wellbeing services in a variety of ways.
- Having services that are tailored to individual needs.
- Clear communication between services and the public.

"Physical access to community facilities, particularly for those unable to access the internet (although increased online access is a positive, particularly for those with mobility/access issues.)"

The rising cost of living

- Healthy living- the cost of healthy food and access to physical activities.
- Homes & communities- rising costs impacting household budgets.
- Jobs & opportunities- quality jobs, support to find employment, the cost of public transport.

"The world looks like a different place, post-Covid, and a less safe, less predictable, less familiar one."

Reliable & affordable transport

- Access to safe, reliable, and affordable public transport particularly in rural areas to support employment and access to services.
- Good infrastructure for safe active travel.

"Transport is a real issue for rural communities. Where I live if you don't drive it's very difficult to get to work."

Physical health

- Having good physical health and mental health.
- Access to affordable physical activity opportunities in your local community and at work.

"Physical and mental health are linked. Poor physical health can lead to poor mental health and vice versa. Both needs to be addressed."

Your local environment

- Opportunities to access well-maintained recreational and green spaces.
- Enjoying the benefits of being outdoors and protecting your local environment and countryside.

"Our environment, countryside and heritage play a significant and often underestimated role to promote health and wellbeing."

Measuring progress

- Understanding how priorities will be achieved and measured.
- Remaining flexible to meet changing needs of the population.

"...it needs a cohesive practical delivery plan, delivering a local service to local people. It also needs a good prevention strategy."

Your feedback will...

- Inform the development of the Strategy and its action plans.
- Shape the Board's commitment to ongoing engagement.
- Put Worcestershire residents' views at the centre of the 10 year Strategy.
- Be shared with all HWB partners.

Findings analysed from **1627 responses**

Section 5: Our Joint Local Health and Wellbeing Strategy

This section outlines our vision and priorities for the Joint Local Health and Wellbeing Strategy.

Vision and priorities

Based on all the evidence and feedback from the consultation in sections three and four, the HWB concluded that the overarching priority for its new 10-year Strategy should be mental health and wellbeing, supported by action in areas that we all need to be well in Worcestershire which are: healthy living at all ages; safe, thriving and healthy homes, communities and places; and quality local jobs and opportunities.

Our Vision

The vision of the HWB is 'working together for better health and wellbeing in Worcestershire'.

Our Priorities

The HWB wants to focus its new Strategy on good mental health and wellbeing, supported by action on the wider determinants of good mental health and wellbeing outlined here.

Our Priority: Good mental health and wellbeing

This Strategy demonstrates the important role mental health and wellbeing plays in all aspects of our health; that's why we want to improve mental health and wellbeing for everyone in Worcestershire. We will continue to support work across the wider health and wellbeing agenda that contributes to better mental health and wellbeing.

We will work together across the system to improve mental health and wellbeing, supporting people to live well in good health for as long as possible, particularly those who have poorer health outcomes. This means we all have a role to play, public, private, and voluntary and community sector as well as everyone who lives and works in Worcestershire.

The consultation findings highlighted several areas that are important to you, from tailored and accessible information and advice through to specialist mental health services and support. We recognise the issues in accessing the services and support you need to have good mental health and wellbeing. We also recognise the significant impact that the COVID-19 pandemic and rising cost of living has had and continues to have on mental and physical health. The HWB will continue to work with system partners to assure these issues are being addressed.

There is a wealth of existing work already being delivered across the system that contributes to improved mental health and wellbeing, and we will continue to recognise this as an important part of achieving our vision and priorities.

Providing support at individual, community and societal levels, with action at every stage of life, and in the places where people are born, raised, live, learn and work can help to prevent poor mental health and wellbeing.

A whole system approach that places greater emphasis on prevention is critical to improve mental health and wellbeing in Worcestershire.

YOU SAID

"There are many individuals who are struggling at the moment and will increasingly struggle as circumstances (e.g., cost of living etc.) get more difficult"

"Good mental health and wellbeing is the foundation upon which people can build happy and productive lives and relationships"

"Mental health and wellbeing is a community back bone… health and wellbeing is my highest priority"

Spotlight: Now We're Talking

The Now We're Talking (NWT) campaign started in 2018 to raise awareness of the NHS Healthy Minds Service and wider mental health support. The NWT campaign has forged strong links with partner organisations and is the face of mental health communications in Herefordshire and Worcestershire. Their recent video campaign 'We're In Your Corner' hopes to reduce the stigma surrounding suicidal thoughts and highlight where to get support.

Other recent campaigns include mental health signposting, initiatives around art, nature, and sport as well as outreach with schools and colleges and at public events.

Spotlight: The Five Ways to Wellbeing

The Five Ways to Wellbeing is a great tool for improving our mental wellbeing. It captures a range of evidence-based approaches to building and maintaining good mental wellbeing for the whole population, from infancy into older age. There are a range of local initiatives that support the Five Ways to Wellbeing including:

Connect:

- Approaches like the Good Neighbour Networks and the Stay Connected Pledge are keeping communities connected.
- Local initiatives, like Pershore Wellbeing Hub, provide a range of information and support to improve wellbeing and connect.

Be active:

- Free resistance bands and exercise leaflets are available for the over 50s through the Living Well for Longer programme.
- Physical activity and leisure opportunities are available for all ages and abilities across the Districts.

Take notice:

- Worcestershire has a wealth of arts, nature, and cultural opportunities.
- Our museums offer a variety of collections and exhibitions covering centuries of the county's history.

Keep learning:

- Free and low-cost adult and family courses are available online and in local community venues.
- The Herefordshire and Worcestershire Wellbeing and Recovery College offers courses to give people the tools and skills they need on their wellbeing and recovery journey.

Give:

- The NHS, Here2Help, and our volunteer centres all provide opportunities to 'give' across the county.
- Benefits include enhancing skills, improved wellbeing, opportunities to socialise, and a significant range of societal benefits.

Our ambitions for good mental health and wellbeing:

1. We will take a whole population approach to improving mental health and wellbeing and preventing mental ill-health across Worcestershire.

This includes:

- Promoting good mental wellbeing and resilience (the ability to cope with challenges).
- Preventing mental ill-health (including spotting the signs and intervening early).
- Supporting access to appropriate services and support including recovery from mental ill-health.
- Tackling the stigma around mental ill-health.
- Providing accessible and inclusive information, advice and support in appropriate formats.
- Responding to factors which are affecting mental health and wellbeing, for example the current cost of living, relationships and loneliness.

2. We will continue to align and support local partnership strategies that contribute to improving mental health and wellbeing.

This includes:

- Sharing data, intelligence, and resources.
- Working collaboratively, improving integration and communication.
- Contributing to the work of other relevant groups for example of the Mental Health Collaborative.

3. We will maintain our commitment to reducing inequalities by focusing on:

- People living in deprived areas.
- People with poorer health outcomes including those with severe mental illness.
- People living with disabilities, co-morbidities, and long-term health conditions.
- People facing multiple disadvantages including those experiencing homelessness, refugees, and traveller communities.
- People who misuse drugs or alcohol.

4. We will continue to engage with local communities over the lifetime of this Strategy.

This includes:

- Having ongoing and meaningful conversations about mental health and wellbeing.
- Ensuring lived experience insights are central to decision making, service design and delivery.
- Feeding back to the community about the impact of their views.

Supported by: Healthy living at all ages

Mental and physical health go hand in hand, and it is important to improve health and wellbeing across the life course. Healthy living at all ages aims to ensure that everyone is supported to make healthy choices, particularly supporting those most vulnerable. This includes supporting people to maintain a healthy weight, to do more physical activity, limit alcohol intake and quit smoking.

Positive early experience is vital to ensure children are ready to learn, ready for school and have good life chances. As children grow and develop, it is both the physical environment around them and the social environment they experience that supports their development.

It is vital to give every child the best start in life; ensuring good physical and mental health before, during amd after pregnancy is important for both mother and baby.

Its important we keep active and healthy throughout our working lives. Having a workplace and lifestyle which supports our health and wellbeing is vital to achieve this. We will work with all partners to respond to factors which impact our adult lives and affect our mental and physical health and wellbeing.

We want to focus on improving the life experience and outcomes for all children and young people in Worcestershire, as we know building resilience and preventing and reducing risk from an early age will have long life benefits. We will do this working alongside the Children and Young People's Plan.

We know that resilient children do better at school, better in adolescence and grow up to be resilient adults; and in turn resilient parents will support their children well through childhood and adolescence.

Appropriate and timely experiences and support for young people on their journey to adulthood is essential to ensure future health and wellbeing. Supporting and enabling adults and to live well and take responsibility for their own health and wellbeing enables us to reach our potential and stay well through life's tough times.

We will support those children, families, and individuals facing adversity, including those living in the most deprived communities to prevent, reduce and delay poor health and to work towards tackling inequalities.

As we get older, looking after your mental and physical wellbeing can help to slow down age-related functional decline and reduce the need for specialist care. To support people to age well, we need to maintain independence in the home and ensure the best possible outcomes for older people, Carers and those living with co-morbidities or long-term health conditions (for example, dementia).

Preventing loneliness for all ages has a significant impact on many aspects of our physical and mental health. We can promote opportunities to spend time with others, like physical activity or intergenerational activities, which can have a positive impact across the life course.

Healthy lifestyles combined with wider preventative measures like vaccinations, health screening or early intervention services, will enable us to all start well, live well and age well.

Spotlight: Social Prescribing – Children, Adolescents, and Families

The Social Prescribing Children, Adolescents and Families (CAF) service supports children and young people aged 8 – 18 years and their families. The CAF team was set up in response to the issues facing families and young people in our most disadvantaged areas within North Bromsgrove District. The programme has been set up by the Bromsgrove and District Primary Care Network (PCN) and is delivered by Onside. A similar service has been developed in Droitwich, Ombersley the Rurals PCN, and by Wyre Forest Network of Independent Practices (WFNIP) and Wyre Forest Health Partnership.

A care coordinator and social prescriber provide non-medical holistic support on a 1-1 basis with issues such as education, mood, anxiety, family relationships, loneliness, exercise.

"The Social Prescriber has been a great support with school and been able to talk things through privately outside of family. She has been someone to vent to after my mother's death and phone calls when needed were useful. I feel less stressed with school, less overthinking and feel more positive. She is a helpful and down to earth Social Prescriber." – Young Person W. Barnt Green Surgery.

Spotlight: Health walks

The Worcestershire Health Walks programme offers free short group walks led by trained volunteers. Health Walks take place across the county and are a great way to explore our Green Flag award winning parks and green spaces.

"After having a Cardiac Arrest walking has become important to maintain my fitness. It gets me out and about and, being a walk leader, a purpose for getting up and getting moving. Although I lead the Group, it's not my Group – we all take responsibility for each other. I like how everyone has a different story and to hear about other people's lives."

Lickey End, Bromsgrove Health Walk Volunteer

You said:

"There are obvious times in one's lives when things may dramatically change, such as employment, pregnancy, when people may need access to advice and help to understand how they can remain healthy when their routines suddenly change."

"I think that if you are emotionally well, this enables you to embrace physical challenges, and it motivates you to engage in physical activity."

Our ambitions for healthy living at all ages

1. We will support people to start well, live well and age well so they can live a greater proportion of their lives in good health.

This includes:

- Enabling children and families to access the services and support they need for good mental health and wellbeing, from pre-conception through to adulthood. Including enhanced support for children and families facing adversity, disadvantage or with poorer or emerging physical and mental health needs
- Supporting early years and educational settings to effectively promote good mental health and wellbeing.
- Working with partners to enable people to work for as long as they want and are able to.

2. We will enable people to improve and maintain their own health and wellbeing and make healthy lifestyle choices.

This includes:

- Understanding the barriers to healthy lifestyles at different stages in life and for our most vulnerable groups.
- Promoting physical activity and social opportunities that are accessible for everyone.
- Promoting good oral health and encouraging people to eat healthier andmaintain a healthier weight.
- Encouraging people to reduce their alcohol consumption, stop smoking and tackle substance misuse.
- Deliver effective vaccination and screening programmes that reach all groups of our population.

3. We will support people to live healthy and independent lives for longer, with appropriate support and care available when they need it.

This includes:

- Providing effective and accessible services to those who need them.
- Delivering the right support for people during life transitions like illness, job loss, pregnancy, divorce, or retirement.
- Providing support for people living with long term health conditions, co-morbidities, and disabilities.

Supported by: Safe, thriving and healthy homes, communities and places

As we discussed in section two, the wider determinants of health have a great impact on our lives. Whether we live in cities, towns or rural areas, the communities we live in really matter for our wellbeing. With 85% of our county being classed as rural, and urban areas having good access to parks, open spaces and public rights of way, there are many opportunities which support healthier lifestyles.

Communities make a vital contribution to health and wellbeing. The assets within communities, such as skills and knowledge, social networks and community organisations are all building blocks for good health. They will also connect people with wellbeing opportunities in their communities including arts, culture, and physical activity.

Having a safe and secure home in good physical condition can promote good mental health and wellbeing. In contrast, exposure to housing insecurity or affordability issues may contribute to poor mental health. The HWB will support existing partnerships who already aim to improve the amount of good quality affordable housing in Worcestershire to meet the needs of the population now and into the future.

The wider natural and built environment (including access to green space, leisure opportunities and active transport) can also influence our health and wellbeing. The COVID-19 pandemic has made many of us more aware of how much we value our outdoor spaces for our health and wellbeing

People can face multiple disadvantages depending on where they live. Families in the most deprived areas are less likely to have access to green space, and people who live near poorly maintained green space are less likely to use it.

Crime and antisocial behaviour are more prevalent in deprived areas as well as feelings of loneliness, lack of a sense of community and belonging, and poorer social networks.

We can change how we think about the relationship between our surroundings and our health, enabling residents to have access to the things they need to live a healthy life in their community.

Spotlight: Asset Based Community Development

An Asset Based Community Development (ABCD) approach places the emphasis on identifying and connecting the resources that already exist in communities. Building on community strengths and connections can enhance health, wellbeing and resilience, enabling people to participate in and benefit from community groups and activities.

A network of Community Builders has been employed through District Councils and community partners to focus on growing neighbourhood connections and supporting resident-led actions.

A small group of local mums were supported by a Community Builder to set up and lead a new "Stay and Play" parent and toddler group up on the Abbeydale estate in Redditch. The first stay and play session had 20 families attending and there has been a wealth of positive feedback:

"This has given me purpose and focus, I was worried at first but I'm getting more confident each week, it has improved my anxiety and mental health because I feel like I'm doing something that is making people happy and can socialise again."

YOU SAID

"It's important to work toward improving and maintaining a healthy environment in the home and in the local community"

"People need to feel safe in their own homes and communities. They need to feel valued and included within their community...and that they are not alone"

Spotlight: Repair Cafés

Repair Cafés (RCs) are a community-led initiative helping society to reduce its waste, forming an opportunity for social cohesion and the learning of new skills. People can bring broken items to be mended while they wait, allowing the opportunity to watch and help with the repair and have a drink and chat in the café. Volunteers are central to the initiative.

"I have at least two or three enquiries each week from community groups who ask for help and advice in starting their own RC. They are so inclusive and not only enable people to put their practical skills to good environmental, economic and social use but provide an opportunity for these skills to be passed on to a new generation. RCs bring people together from all kinds of backgrounds and cultures - they're a win-win community initiative" Repair Café Malvern Hills

Spotlight: Community Transport

Community Transport plays an important role in the county's Passenger Transport network and most schemes are run by the voluntary and community sector with volunteers being at the heart of the services.

Schemes are active in identifying vulnerable people and providing a tailored service which can build confidence, reduce loneliness and support people to remain independent.

"Community Transport has given me back my independence"

For example, community transport in Wyre Forest and North Worcestershire helps people of all ages from Students to Pensioners with appointments at medical centres or hospitals, lunch clubs, day centres or shopping trips covering over 400 journeys a week.

Our ambitions for safe, thriving and healthy homes, communities and places:

1. We will continue to improve access to healthy, safe, affordable, and warm homes that support a better quality of life and good mental health and wellbeing.

This includes:

- Supporting people on low incomes to keep their homes warm and well-insulated.
- Working to reduce the number of people at risk of homelessness.
- Helping people to live more independently and assist in reducing pressures on the health and social care sectors.
- Supporting the delivery of the Housing Strategy and collaborating on policy.

2. We will work to improve our communities and places, making sure good mental health and wellbeing central.

This includes:

- Working to reduce crime and antisocial behaviour and promoting community safety.
- Enhancing community connectedness and enabling communities to develop local solutions through an asset-based approach.
- Ensuring a range of local and affordable activities and events are available to people of all ages.

3. We will continue to protect our environment and promote the positive benefits it has for our mental health and wellbeing.

This includes:

- Maximising the usage of and access to green space and outdoor activities.
- Providing safe and accessible opportunities for active and sustainable travel.
- Understanding and addressing air quality and climate change in Worcestershire.

Supported by: Quality local jobs and opportunities

Jobs and opportunities are influential for our mental health and wellbeing. They matter for health directly, as well as underpinning other factors that influence health and wellbeing such as income or social networks.

A quality job is important for mental health and wellbeing and provides an income and opportunity to make social connections. 'Quality' work is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development. This also includes opportunities to improve health and wellbeing of employees in the workplace.

Conversely, low-quality work including low job security or low job satisfaction is associated with worse health outcomes such as prolonged stress. Low-quality work is unequally distributed across society, reflecting broader inequalities.

Research suggests that volunteering and acts of giving and kindness can help improve your mental wellbeing. Volunteers make a significant contribution to improving the lives of people in our county. There are many opportunities to volunteer locally through our voluntary infrastructure organisations and system partners. We need to ensure that support mechanisms are in place including appropriate training.

Worcestershire has relatively high employment, but still faces challenges. After more than doubling in 2020, claimant count unemployment has fallen steadily over 2021 but remains 33% higher than before the pandemic. The impact has been greatest on young people with 4.1% of those aged 18-24 now claiming unemployment related benefits.

Our aim is for Worcestershire to be a prosperous county with quality local jobs and opportunities.

Unemployment has many negative consequences on health and wellbeing such as being a source of stress, a cause of poverty, associated with unhealthy coping behaviours such as smoking and drinking. People who are unemployed have twice the rate of common mental health conditions, and unemployment is associated with an increased risk of mortality and morbidity.

For people living with a mental health condition, learning disability or problematic alcohol or drug use, it is disproportionately difficult to find a job or remain employed. Enabling people to obtain or retain work and volunteer opportunities is a crucial part of the economic success and wellbeing of every community and industry.

YOU SAID

"A job -be it paid or voluntary – contributes to a person's sense of worth and value..."

"Here we need to make sure that opportunities are open to all, people who are furthest away from the job market can present with multiple complex needs..."

Source: PHE Health Matters

Spotlight: Suicide Prevention and Workplaces

As part of the Herefordshire & Worcestershire Suicide Prevention Programme, an initiative has been rolled out to encourage and support employers and employees to raise awareness about suicide and support available, tackle mental health stigma, and embed suicide prevention within the company culture.

A mental health and wellbeing resource hub for businesses, including a downloadable suicide prevention policy has also been created. A high number of local businesses have enrolled in the initiative including those from Manufacturing, Social Work, Construction and Agriculture.

Herefordshire and Worcestershire Fire Service is one organisation benefitting from the learning and resources offered by the scheme. Resources have been shared with stations across the counties and the service is being supported to explore training opportunities for staff.

Spotlight: The Youth Hub, at The Hive

The Youth Hub is a career advice drop-in facility for young people based at The Hive, Worcester.

The Hub is aimed at 15- to 24-year-olds and provides a 'one stop shop' to support young people in finding the right career path: providing 1-1 advice with a dedicated advisor, employability workshops and training.

"The young person had a real desire to work but has struggled since leaving school to maintain employment due to his learning difficulties. The Career Advisor explored a number of options – the young person completed a course and 20-hour placement which will give him great experience to gain paid employment."

It is a partnership between Worcestershire County Council, The Department of Work and Pensions and The Worcestershire Local Enterprise Partnership.

Our ambitions for quality local jobs and opportunities:

1. We will work to improve access to quality jobs, training, and volunteering opportunities.

This includes:

- Enabling access to suitable training opportunities directly through workplaces and via apprenticeships, internships, further and higher education and courses within communities.
- Supporting activity to strengthen and increase the number and variety of volunteering opportunities across the system.
- Recognising access issues and barriers for all ages, including access to reliable and affordable public transport.

2. We will work to improve our communities and places, ensuring that having good mental health and wellbeing is central to everything we do.

This includes:

- Supporting people with mental and physical health conditions, disabilities or those facing multiple disadvantages to get back to and remain in work.
- Enabling opportunities for in-work development, contributing to the future workforce.

3. We will work with businesses and organisations to promote inclusive, healthy, and productive workplaces.

This includes:

- Ensuring workplaces are health promoting environments and that people are supported with poor mental health, long term health conditions and disabilities.
- Supporting employers to build and retain a healthy, inclusive, and diverse workforce.
- Protecting people from adverse working conditions that can damage health.
- Encouraging flexibility to enable people to balance work and family life.

Section 6: From strategy to action

This section explains how we plan to deliver and measure progress on the Strategy.

Delivering the Strategy

To achieve our vision, action is required by a range of different organisations, communities, and individuals from across the system. It is essential to work together to ensure the Strategy is implemented. Board members, statutory, private and voluntary sector organisations, communities, families and individuals all have a role to play in delivering action plans and achieving outcomes.

A set of detailed plans with clear actions, milestones and timescales will be developed, outlining how the Strategy will be delivered. Action plans will be driven by the best available evidence, local need, previous learning, and findings from the Strategy consultation. We will use population and whole system approaches, however, we will ensure we focus and target areas and communities which need it most.

It is important that this Strategy are informed by both robust evidence and people's views and experiences. As such, the HWB is committed to ongoing engagement and supporting co-production and community-led approaches.

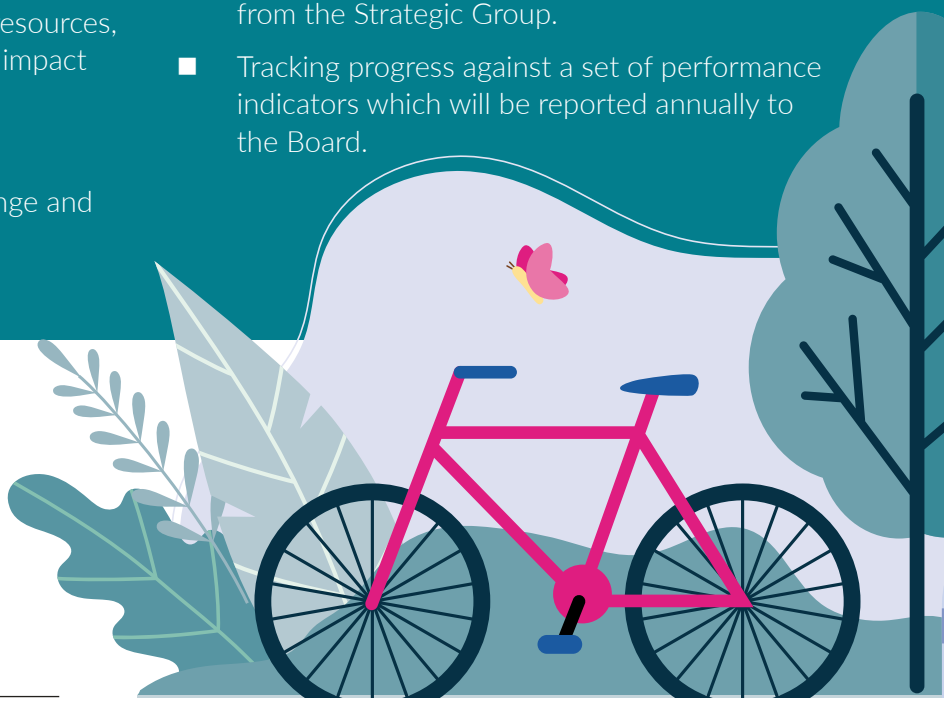
Measuring progress

The Board will support implementation by:

- Ensuring that the Strategy is widely available and raising awareness of it at every opportunity.
- Providing leadership and advocacy.
- Seeking participation and contributions from our public, private, health, voluntary and community sector, and education partners.
- Facilitating debate on difficult issues.
- Building relationships and enabling partner organisations to align policies, services, resources, and activities to increase their collective impact on health and wellbeing.
- Promoting examples of good work.
- Overseeing progress and offering challenge and support where necessary.

The Board will hold statutory partners to account for implementation of the Strategy by:

- Delegating to the 'Being Well Strategic Group' the responsibility to agree a set of detailed plans with clear actions, responsibilities, milestones, and timescales. The Being Well Delivery Group may task and delegate to other boards, partnerships, and forums where appropriate and agreed by the HWB.
- Receiving progress reports against action plans from the Strategic Group.
- Tracking progress against a set of performance indicators which will be reported annually to the Board.



The outcomes framework

A range of outcomes and indicators will be used to measure the impact of this Strategy, We will use a mix of local data, engagement, feedback and case studies.

The diagram below has been developed from a model produced by 'What Works Wellbeing' to combine the best available national and local data sources.

This outcomes framework will give an overall view of the progress and improvement towards delivering the Strategy. Monitoring these measures will help to inform local decision-making, helping us better understand the wellbeing of Worcestershire, and how we can act to improve it.

This framework will be monitored by the board and will continue to be reviewed and updated to ensure it uses the most relevant and best quality data available. More specific sets of outcomes and performance indicators will form part of the action plans to assess the impacts of this Strategy, particularly through aligning with ongoing work to develop an outcomes framework to support the wider focus of the Integrated Care System. We are also seeking better ways to reflect mental health outcomes in children and young people. The diagram below shows the priorities and indicators that will be measured throughout the life of the Strategy on key aspects of health and wellbeing that contribute to our vision. These measures are a mix of national and local measures, more detailed and varied measures will be embedded into action plans to continuously monitor data to show our progress.

We want to achieve...	Measures	Key indicators
Good Mental Health and Wellbeing	Adult wellbeing Adult mental health Child mental health	Personal wellbeing** Depression prevalence and incidence**** Measure to be confirmed
We will support this through...	**Measures**	**Key indicators**
Healthy living at all ages	■ Best start in life ■ Healthy behaviours ■ Loneliness ■ Overall health	New data set expected Physical activity, alcohol, smoking* Obesity* Loneliness* Healthy life expectancy*
Quality local jobs and opportunities	■ Education ■ Employment ■ Income ■ Deprivation	Not in Education, Employment or Training (NEET)* Unemployment rate** Median gross weekly pay** Children in low-income households* Overall Index of Multiple Deprivation Score*
Safe, thriving, and healthy homes, communities, and places	■ Natural environment ■ Homes ■ Community ■ Crime and security	Use of parks and open spaces*** Fine particulate pollution* Homelessness reduction duty* Satisfaction with local area*** Sense of belonging*** Volunteering*** Violent crime*

Measures in this table are taken from a variety of local and national sources:
*Public Health Outcomes Framework (PHOF)
**Office for National Statistics Nomis (ONS NOMIS)
***Worcestershire County Council Viewpoint Survey
****Quality and Outcomes Framework (QOF)

Glossary:

Asset Based Community Development (ABCD): ABCD is an approach to sustainable community-driven development. It builds on the assets that are found in the community and mobilises individuals, associations, and institutions to come together to realise and develop their strengths.

Health disparities and health inequalities: Unfair and avoidable differences in health across the population and between different groups of people. Terms are used interchangeably.

Health and Wellbeing Board (HWB): The HWB oversees the new system for local health commissioning. It leads on the strategic planning and co-ordination of NHS, Public Health, Social Care, and related Children's Services.

Integrated Care Systems (ICS): Partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Joint Strategic Needs Assessment (JSNA): An annual statutory report that provides a summary of the latest public health data and information for Worcestershire, it also identifies emerging issues for the county.

Whole Population Approach: Is aimed at improving the health outcomes of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across an area while also reducing health inequalities.

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worcestershire countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
17 OCTOBER 2022

WORK PROGRAMME

Summary

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

Background

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

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

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

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

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

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

Dates of Future 2022 Meetings

- 2 November at 10am
- 1 December at 10am

Purpose of the Meeting

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

Supporting Information

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

Contact Points

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

Background Papers

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

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

Agenda and Minutes for Council 14 July 2022

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

SCRUTINY WORK PROGRAMME 2022/23

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
17 October 2022	Patient Flow* and Winter Planning	9 March 2022 9 May 2022 8 July 2022 18 November 2021 3 November 2021	
	Update on Stroke Services		
	Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement)	9 May 2022 21 September 2021	
	Worcestershire Joint Local Health and Wellbeing Strategy	9 May 2022 8 July 2022	
2 November 2022	Patient Flow*	9 March 2022 9 May 2022 8 July 2022 18 November 2021 3 November 2022	
	The Role of Community Hospitals		
	Integrated Care System (ICS) Development	12 January 2022	
	Draft Integrated Care Strategy		Suggested at Agenda Planning 23 August 2022
1 December 2022	Patient Flow*	9 March 2022 9 May 2022 8 July 2022 18 November 2021 3 November 2022	
January 2023	Public Health Ring Fenced Grant – six monthly update		
	Health Inequalities resulting from the Covid-19 Pandemic		To include Long Covid

	Public Health Outcomes, including promoting active lifestyles, targeting rising obesity levels, prevalence of alcohol use during pregnancy etc		Suggested at 19 July 2021 Meeting. To include alcohol services and sexual health services
	Health impacts of the pandemic, including waiting lists		Notice of Motion from Council 13 January 2022
February 2023	Mental Health - the impact of COVID on children and young people - Dementia Services - Preventative measures, for example peri-natal mental health - Mental Health Needs Assessment (when complete)	21 September 2021 19 September 2018 (CAMHS)	Ongoing updates on restoration of services during the Covid pandemic have also been provided (from June 2020 - present)
	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	
March 2023	Physiotherapy Services		Suggested at 19 July 2021 Meeting
	Out of County Elective Surgery		Requested at 9 May 2022 meeting
Ongoing	Monitoring temporary service changes (and new ways of working) as a result of COVID-19	10 March 2021 19 July 2021	
Ongoing	Integrated Care System (ICS) Development	10 March 2021 12 January 2022	
Possible Future Items			
December 2022 - TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
Early 2023 - TBC	Commissioning Arrangements under the ICS		To include the plans for the commissioning of Pharmacy, Dentistry, Optometry, Specialised Acute, New Arrangements for Mental Health, Specialist Mental Health and Prison Health

2023 - TBC	Community Pharmacies		Agenda planning September 2022
Early 2023 - TBC	Workforce Pressures		Requested at 10 June 2022 meeting
Early 2023 - TBC	Routine Immunisation		Suggested at 19 July 2021 Meeting
Early 2023 - TBC	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 Meeting
Early 2023 - TBC	Hospital at Home Service		Requested at 10 June 2022 meeting
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	Dementia Services		Requested at 9 May 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Onward Care Team		
Standing Items			
TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
TBC	Review of the Work Programme		

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

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