

Agenda

Health Overview and Scrutiny Committee

Monday, 13 March 2023, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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DISCLOSING INTERESTS

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

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

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

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

WHAT MUST I DO WITH A DPI?

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

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

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

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

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

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

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

Not normally. You must withdraw only if it:

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

DON'T FORGET

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

Health Overview and Scrutiny Committee Monday, 13 March 2023, 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

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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 10 March 2023). 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	Hillcrest Mental Health Ward (indicative timing: 10:05-10:55am)	1 - 6
6	Physiotherapy Services (indicative timing: 10:55-11:45am)	7 - 14
7	Elective Recovery Programme (indicative timing: 11:45-12:35pm)	15 - 18
8	Refresh of the Scrutiny Work Programme (indicative timing: 12:35-12:50pm)	19 - 22

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

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NOTES

Webcasting

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

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 MARCH 2023

HILLCREST MENTAL HEALTH WARD

Summary

1. The Health Overview and Scrutiny Committee has requested an update on Hillcrest Mental Health Ward, in order to seek assurance on actions taken by Herefordshire and Worcestershire Health and Care Trust (the Trust), following concerns about safety and staffing raised by the Care Quality Commission (CQC).
2. The Chief Executive of the Trust has been invited to the meeting to respond to any questions the Committee may have.

Background

3. In July 2022, the CQC carried out an inspection of Hillcrest, a mixed-gender 18-bed ward which supports people between 18 and 65 with acute mental health difficulties, and those detained under the Mental Health Act.
4. The Trust has responded to CQC feedback with a comprehensive action plan and recently reduced bed numbers, to improve the ability to carry out quality improvement work.

CQC Inspection

5. On 21 and 22 July 2022, the CQC attended the ward for an unannounced inspection of the services. Following the inspection, the Trust was issued with a notice of possible urgent enforcement action under Section 31 of the Health and Social Care Act 2008. The themes of the concerns raised were:
 - Patient care plans and records
 - Patient risk assessments
 - Incidents reporting
 - A reliance on agency staff
 - Environment and estates issues
 - Sexual safety on a mixed gender ward
 - Staff handovers
 - Governance of the ward.
6. The overall CQC inspection of Herefordshire and Worcestershire Health and Care NHS Trust, including Acute wards for adults of working age and psychiatric intensive care units, is available at Appendix .

7. In response to the concerns raised, a multi professional task force was assembled led by the Associate Director for Specialist Mental Health and Learning Disabilities and overseen by a risk summit chaired by the Director of Nursing and Chief Operating Officer. An improvement plan was devised to address the issues and processes, embedding best practice and a governance structure to monitor and provide assurance internally and to stakeholders.

Hillcrest Ward

8. Hillcrest is a mental health ward in Redditch for adults of working age. The ward provides a 24-hour service offering intensive input for patients who experience acute mental health difficulties. It provides care to people aged between 18 and 65, some of whom may be detained under the Mental Health Act, with a focus on patients with a home address in Redditch, Bromsgrove and Wyre Forest areas. The Trust uses its admission beds flexibly and patients from anywhere in Herefordshire and Worcestershire may be admitted to any of the 3 Acute Wards in the two counties, dependant on bed availability and need. The other two Acute Wards in the County are Holt Ward, a 16 bedded mixed gender ward in Worcester and Mortimer Ward a 21 bedded mixed gender ward in Worcester.
9. Although the ward was originally designed to have 25 beds, this number was reduced to 18 in August 2021 to enable estate improvements and to provide a more manageable environment.

Improvement plan

10. The improvement plan has consisted of:
 - A review of the organisation's leadership structure of the working age inpatient wards to ensure clear, consistent, robust operational and clinical leadership across all the inpatient wards.
 - A review of all incidents from the previous six months was undertaken, to ensure that remedial action was taken to address any identified patient risk.
 - An immediate review of all patients' observations was undertaken to ensure that staffing levels met the correct levels required to meet the safety needs of the ward, and that observation levels met the identified needs of patients, including details as to how the team ensure observation levels are regularly reviewed and kept up to date.
 - An immediate review of all patient risk assessments and care plans, with immediate action taken to ensure these were up to date and comprehensive, and a governance structure was developed to provide assurance, along with action plans to address issues where required.
 - Development of the handover document and processes, to ensure all risks and needs were captured and communicated to all team members at the commencement of all shifts.
 - Review and improvement of inductions for bank and agency staff to ensure they had a robust introduction to the ward and patients.

- Introduction of an environmental audit to address concerns of cleanliness, fire safety and clutter.
- Immediate review of the ward operations to ensure that sexual safety is prioritised, whilst providing care to a mixed sex patient cohort.
- A review of storage in patient bedrooms and remedial action taken to ensure that patients had adequate and suitable storage.
- A review of estates issues and a program developed to ensure all work regarding patient safety and therapeutic environments was undertaken in a timely manner.
- A review of HR issues, concerns, and complaints raised within the previous six months, alongside regular interface sessions with the Trust's Freedom to Speak up Guardian¹, ensuring staff concerns were captured and acted upon appropriately, and to improve a culture of openness and transparency

Issues for the HOSC to consider

Consequential Findings and Actions

11. Through the reviews completed during the initial 8-week improvement plan, further areas to improve the ward were identified, that as an organisation the Trust recognised needed to be addressed, in order to make substantial improvements and embed new processes and culture.
12. Following the Trust's findings further improvements included:
 - To create a culture of openness and transparency for staff, work took place with Freedom to Speak up Guardians, with meetings for staff to ask questions and have concerns addressed, and regular team meetings are held and documented. Safeguarding procedures have been revisited to ensure team members recognise when concerns need to be captured and escalated.
 - To create a culture of openness and transparency for patients, the Trust has worked with advocacy services and ensured they are promoted on the wards. Regular community meetings are being held for patients with feedback following the 'we said, you did' model.
 - To address the acuity of patients on the ward, and to ensure there are appropriate care pathways to meet people's needs, and to support admissions and discharges, a patient flow service manager role has been created and appointed to. This will ensure the Trust is strategically utilising beds appropriately, and will support reduction of risks and improve patient and staff safety on the wards

¹ The National Guardians Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations in Sir Robert Francis QC's report 'The Freedom to Speak Up' (2015)

- It was observed that there was a need for increased therapeutic provision on the wards, therefore the Trust has invested in resources to provide therapeutic activity and spaces on the ward. This includes arts and crafts, sensory equipment, gym equipment and investment in therapeutic outdoor space. To provide improved Occupational Therapy leadership, the allied health care professional leadership structure has also been reviewed.

Current Position

13. Hillcrest beds have now reduced to 10, ensuring there is a manageable patient group, while processes and procedures are improved and embedded.
14. The ward now has a new leadership structure consisting of
 - Working Age Inpatient Wards Service Manager
 - Clinical Matron
 - Ward Manager
 - Quality Improvement Manager
15. A temporary 'staff team' has been established utilising NHS bank staff and agency workers, which will provide consistency for patients and ensure the Trust is able to upskill these team members, setting the culture for the ward while recruitment of substantial staff is in progress.
16. A recent CQC revisit to Hillcrest identified that while there were still improvements to be made, they were, however, assured that the leadership team were aware of areas of development, and were moving forward in improving the issues previously highlighted during inspection and additionally identified.
17. The governance structure remains in place overseen by the Chief Operating Officer and Director of Nursing for monthly assurance on improvements and pace of action plan.
18. Environmental work has been done to repair damage to walls and structure, with corridors painted.

Staffing

19. From the leadership review, it was recognised that increased operational and clinical leadership was required to implement the improvement plan, supporting the culture change required and to embed best practice. To implement this, additional funding and recruitment was required. Funding was agreed, and internal recruitment was completed to provide a dedicated Service Manager for working age inpatients, a clinical Matron, specifically to focus on Hillcrest, and a Ward Manager to oversee the day-to-day operational running of the ward. To ensure HR and for Joint Negotiating Consultative Committee (JNCC) policies and procedures were adhered to, and that suitable professionals were appointed, the new leadership team were not able to commence the role until November 2022. Interim measures were put in place during this process to support the ward.

20. A national nursing and care worker shortage has affected staffing across all the Trust's clinical services, and the concerns raised, and recent media attention has affected recruitment and retention on Hillcrest significantly. The table below sets out the current staffing position.

Staff Role	Requirement for ward	Currently recruited
Ward Manager	1	1
Band 6 RMN	3	1
Band 5 RMN	12.5	3.5
Band 3 HCA	17.5	11
Occupational Therapist	1	1
Total	35	17.5

21. The Trust continues to make efforts to recruit to the ward through advertisements, recruitment fairs and development of roles, along with flexible working patterns, to attract qualified and experienced professionals into these roles.

Purpose of the Meeting

22. The HOSC is asked to:

- Consider and comment on the information provided
- Agree whether any further information or scrutiny is required at this time.

Supporting Information

Appendix 1 – CQC inspection of Herefordshire and Worcestershire Health and Care Trust, including Acute wards for adults of working age and psychiatric intensive care units [Herefordshire and Worcestershire Health and Care NHS Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Contact Points

Associate Director of Specialist Mental Health and Learning Disabilities, Gemma Diss
Gemma.diss1@nhs.net

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

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), there are no background papers relating to the subject matter of this report.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 MARCH 2023

PHYSIOTHERAPY SERVICES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of the different Physiotherapy Services pathways in the County.
2. Representatives from Herefordshire and Worcestershire Health and Care NHS Trust and Worcestershire Acute Hospitals NHS Trust have been invited to the meeting to respond to any questions the Committee may have.

Background

3. Physiotherapy is one of the 14 Allied Health Professions (AHP's) regulated by the Health and Care Professions Council. Physiotherapy is a science-based profession that uses physical approaches to promote, maintain and restore physical, psychological and social well-being, working through partnership and negotiation with individuals to optimise their functional ability and potential (NHS England 2023a). Physiotherapists work at all stages of the patient pathway from prevention to acute care and rehabilitation and play a vital role in reducing dependence on long-term care services by enabling people to live well for longer.
4. A wide variety of NHS Physiotherapy Services are delivered across Worcestershire by Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT), Worcestershire Acute Hospitals NHS Trust (WAHT) and Primary Care. There are also a number of private providers and independent Physiotherapists working in a variety of settings.
5. Between them they work with individuals of all ages and a wide variety of acute and chronic health conditions. The Physiotherapy workforce ranges from new graduates to Advanced Clinical Practitioners and are supported by trained Physiotherapy Assistants and generic Health Care Assistants who have also undertaken training in appropriate Physiotherapy skills. Workforce development, recruitment and retention is a key focus across all providers to ensure a sustainable future workforce as demand for Physiotherapy services grows.
6. Below is an overview of the NHS provided Physiotherapy services across Worcestershire to aid understanding of what is available, where, and how it can be accessed and to outline some of the cross system working that supports development and improvement of Physiotherapy services.

Physiotherapy Services delivered by Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)

7. There are about 119 whole time equivalent (169 staff) qualified Physiotherapists, supported by around 52 whole time equivalent (62 staff) Physiotherapy assistants and technical instructors. Additional generic Health Care Assistants also play a vital role in supporting Physiotherapy services. HWHCT provides the services outlined below.

Community Hospitals

8. Physiotherapists work across the 7 Community Hospitals in Worcestershire. They review all admissions to determine if the individual would benefit from Physiotherapy and provide treatment to the point of discharge where appropriate. Core services are delivered Monday to Friday with a reduced service on Weekends/Bank Holidays. While Physiotherapy intervention focuses on aspects such as mobility, balance, and strength rehabilitation, they also support discharge planning and the daily care to patients in the ward environment.

Community Physiotherapy / Neighbourhood Teams

9. Community Physiotherapists form part of the Integrated Neighbourhood Teams assessing and treating individuals with Physiotherapy needs who cannot access outpatient services or whose needs are best met in their own environment. Interventions are wide ranging but include rehabilitation following illness, injury or surgery, management of long term or palliative conditions, manual handling assessments and advice, falls assessments and environmental assessments. They also support the Pathway 1 service delivered by the Reablement Service (below) and admission prevention intensive support alongside the wider Neighbourhood Team. The service is available to individuals aged 18+ years who are registered with a Worcestershire GP with referrals accepted from patients, carers and health and care professionals.

Community Stroke

10. A countywide specialist service for individuals (18+ years) who have had a diagnosed new stroke within the last year. Referrals are accepted from healthcare professionals. They work with individuals for up to 6 weeks. They provide rehabilitation and education tailored to an individual's needs in their own homes with a focus on maximising independence with mobility and everyday activities.

Hydrotherapy Pool

11. This is located at Osbourne Court in Malvern. The pool provides a safe, warm, heated environment for children and adults with a range of disabilities. A part time Physiotherapist works with trained pool assistants delivering sessions Monday to Saturday. Outside of booked sessions the pool is used by individuals receiving

respite care at Osbourne Court (individuals with learning disabilities). Therapeutic sessions focus on improving mobility and function, reducing pain and muscle spasms, inducing relaxation and/or improving fitness. The pool incorporates sensory lights and has changing and hoist equipment. Individuals can self-refer to the pool. All individuals are required to pay for pool use.

Integrated Neurology Services

12. A specialist service for adults (18+ years) for individuals with neurological conditions including head injury, Parkinson's, Multiple Sclerosis, Motor Neurone Disease, and post-stroke recovery. Referrals are predominantly made by health and social care professionals; however the service will accept appropriate self-referrals if an individual comes to them directly. The team see individuals in their own homes and in clinic settings and offer online exercise groups. The length and type of services varies to individuals needs and individuals with degenerative conditions may be open to the service for longer periods. Types of interventions can include maintaining or improving strength, balance, movement, and mobility to enable daily activities or return to work or social activities.

Learning Disabilities

13. A specialist service is provided for adults (18+ years) with a moderate to severe/profound learning disability, or individuals with complex physical health alongside learning disabilities, or individuals with a mild learning disability whose needs cannot be successfully met by mainstream services even where reasonable adjustments are made. Referrals can be made by family/carers or through health and care professionals. The length and type of service varies depending on individual need, however will be goal focused to a particular issue and is not intended to deliver long-term ongoing Physiotherapy. Types of interventions may include improving mobility and physical function, working on balance and muscle strength, use of equipment e.g. walking sticks to wheelchairs, reducing secondary complications such as muscle spasms and tightening of muscles that can occur due to posture or positioning.

Mental Health Inpatients

14. Physiotherapy is provided to individuals within our working age and older adult mental health units where required. Physiotherapists review admissions to determine individuals' needs, promoting wellbeing and independence through physical and psychological approaches to meet individuals' goals, facilitate recovery and support discharge. This may include advice and support to overcome barriers to exercise participation through to management of chronic pain, mobility problems and postural management. This may include one to one sessions and group-based interventions.

Musculoskeletal (MSK) Physiotherapy

15. The MSK service operates outpatient clinics across Evesham, Pershore, Worcester City, Droitwich, Bromsgrove, Upton upon Severn, Malvern and Tenbury. The core service actively encourages self-referrals from anyone

registered with a Worcestershire GP through its 'move to improve' website but also accepts referrals from GP's and other health and care professionals. The core service treats a wide range of injuries, disorders and diseases that affect joints, muscles, ligaments and tendons including sports injuries, joint pain, complex pain conditions such as arthritis and rehabilitation after certain surgical procedures. The service includes Advanced Practice Physiotherapists who accept GP and consultant referrals for the advanced physiotherapy service which supports individuals with complex musculoskeletal conditions working closely with primary and secondary care.

Paediatrics

16. The Paediatric Physiotherapy service accepts referrals from health care professionals from an individual's birth until their 18th birthday (19th birthday for individuals in special schools within Worcestershire for school-based issues only). Individuals will be registered with a Worcestershire GP or have a 'looked after' arrangement with Worcestershire Local Authority and continue to reside in Worcestershire or have a 'looked after' arrangement with another local authority and are placed in Worcestershire with an individual funding agreement. The service aims to support and empower parents/carers to promote their child's physical development, in order to maximise the child's potential and meet their individual goals. They work in collaboration with the child/young persons, their parents and carers and other professionals from health, social care and education.

Reablement Service

17. The service is managed by Worcestershire County Council and receives referrals from health and social care professionals to support the return home of patients from acute, community and out of area hospitals (known as Pathway 1) as well as for individuals who are already at home. The service is for individuals over 18 years old. It aims to promote people's independence following illness or injury and reduce the need for long term care and support. Physiotherapists form part of the multidisciplinary team providing a range of assessments and treatments. This is a time limited service usually for up to 6 weeks, although some people need much less.

Wheelchair Service

18. 'Wheelchair Therapists' have a Physiotherapy or Occupational Therapy background and work closely with Rehabilitation engineers. They assess the posture, mobility and tissue viability needs of individuals to provide appropriate mobility equipment (manual and powered wheelchairs, specialist buggies). They provide services to individuals of any age registered with a Worcestershire GP. Referrals are made via a healthcare professional.

Physiotherapy Services delivered by Worcestershire Acute Hospitals NHS Trust (WAHT)

19. According to WAHT's ORACLE Business Intelligence report, in January 2023, there was a total of 122.32 whole time equivalent Physiotherapists within the Trust ranging from bands 2-8a. WAHT provides inpatient and outpatient Physiotherapy services as detailed below.

Inpatient Physiotherapy

20. The Physiotherapy department at WAHT provides cross cover at Worcestershire Royal, Alexandra, and Kidderminster Hospitals. They cover all specialities with the exception of neonates. Core services are delivered Monday to Friday 08:30-16:30. Outside of these times there is a 24hrs 7 day on call respiratory service, a daily discharge service until 20:00 7 days per week, and weekend respiratory, mobility service, trauma and orthopaedics and stroke services. The Physiotherapists attend the wards each morning to receive handover and identify patients appropriate for Physiotherapy interventions.

21. Staff teams are made up of clinical leads and various grade staff with a mixture of static posts within a speciality and rotational posts that support training. Prioritisation systems are in place to support safety, quality, and flow.

22. The services aim to:

- Provide proactive early Physiotherapy assessment to avoid admission where possible and commitment of delivery of home first ethos
- Reduce length of stay by providing early assessment and intervention to optimise physical and functional recovery
- Prevent deterioration and requiring escalations of higher levels of care
- Work towards earliest and safest discharge at all stages of the patient journey with co-ordination of the multi-disciplinary team. Ensuring conversations on discharge are started early
- Support, educate and empower patients and relatives where appropriate to take an active role in care and management, encourage independence and reduce risk of Hospital required functional decline. Where appropriate to have conversations with family and carers and deliver regular updates
- Ensure that all physiotherapeutic interventions are patient centred, evidence based with agreed goals and aims with appropriate involvement of family and carers
- Have the appropriate resources, expertise and skill mix to provide required physiotherapeutic interventions and treatments at each stage of the patient journey
- Ensure the patient has access to the required onward care and support in co-ordination with the multi-disciplinary team and partners
- Equip patients to live their lives, fulfil their potential and optimise contribution to family life, community and society as a whole
- Support the wider Physiotherapy workforce for now and the future. This includes supporting students, Apprentices, return to practice, development, progression, and support of existing staff.

Outpatient Physiotherapy

23. Outpatient Physiotherapy is provided at Worcestershire Royal, Alexandra, and Kidderminster Hospitals. Each site has access to clinical assessment/treatment areas and gym-based environments as well as a hydrotherapy pool at Worcestershire Royal Hospital. Specialities covered are Hydrotherapy, Musculoskeletal, Neurological, Occupational health (staff only), Pelvic Health, Respiratory, Rheumatology and Vascular. Advanced Practice Physiotherapists also work alongside consultants within the pain and multiple orthopaedic clinics. Referrals are via healthcare professionals (predominantly consultant only), self-referrals are not accepted to outpatient Physiotherapy services. Patients are seen for a defined period of treatment then discharged or referred on to other services where required. All referrals are triaged with sites running urgent and routine waiting lists.

Physiotherapy Services delivered by Primary Care within Worcestershire

24. Physiotherapy practice and roles have grown significantly in recent years within primary care following identification that around 30% of GP appointments are due to Musculoskeletal (MSK) issues (NHS England 2023b).
25. Prior to the national Primary Care Network (PCN) contract starting in July 2019, in March 2019 all Clinical Commissioning Groups were asked to complete a baseline assessment of the general practice workforce. As of March 2019, there was only 1 whole time equivalent physiotherapist reported as employed in Worcestershire general practices.
26. From July 2019, the Primary Care Network contract started. During the period of 2020/2021 PCNs were able to recruit and be reimbursed for 1 WTE 'First Contact Physiotherapist (FCP)' as part of the Additional Roles Reimbursement Scheme (ARRS). The FCP would be employed across a group of practices to: *Assess, diagnose, triage and manage patients (not to provide a Physiotherapy service), to support the assessment of patients presenting at GP practices*. During the period of 2021/2022 the 1 WTE restriction was lifted.

Current Primary Care Workforce

27. As of January 2023 (latest data available) there are 23.6 WTE First Contact Physiotherapists employed through the PCN Additional Roles Reimbursement Scheme (ARRS). 9 out of 10 PCNs have FCPs in their teams (noting that PCNs can choose their skill mix of PCN ARRS roles to suit their population need). The additional workforce is to support general practice workload.
28. There is also 1 physiotherapist who remains directly employed by a GP practice (part of the original 2019 baseline exercise)
29. Of the 23.6 WTE FCPs who are employed by PCNs, the employment model is a mix of:
- Directly employed by the PCN, or GP Federation (SW Healthcare)
 - Sub-contracted arrangements with a local physiotherapy provider
 - Sub-contracted arrangements with national physiotherapy providers.

Primary Care opportunities for the future

30. PCNs must produce an annual and long-term workforce plan that is submitted to the Integrated Care Board and NHS England. The ARRS scheme continues to grow in investment, meaning PCNs can increase their workforce and skill mix according to population need each year of the contract to support general practice workload.
- 15 The current long-term workforce plan runs to the period of March 2024 in line with the PCN 5-year contract term end date. This plan indicates an ambition of 32 WTE and a further 2 WTE of FCPs who are also Advanced Clinical Practitioners.
- 16 Achieving this ambition will be dependent on:
- Future supply of the workforce, working closely with Worcester University, Health Education England, and local NHS providers to develop the qualified pipeline
 - The infrastructure to support supervision, ongoing training and development and retention of staff
 - Ability to recruit trained staff across all providers
 - Certainty and investment beyond the current national 5-year PCN contract deal- ending March 2024.

Working together at system level to develop Physiotherapy Services

31. It is recognised that there are national challenges to the supply and retention of Physiotherapy staff in the NHS. Herefordshire and Worcestershire Integrated Care System (ICS) have an ICS AHP Council and AHP Faculty group which provide strategic support and development of AHP services and their workforce. The AHP Council and Faculty have undertaken positive programmes of work over the last 2 years, for example:
- Implementing an ICS standardised approach to Return to Practice including a rolling advert on NHS jobs to indicate the Trusts offer this
 - Implementing a standardised approach to AHP apprenticeships (including physiotherapy) for degree courses. 4 individuals have now commenced on this pathway for Physiotherapy across WAHT and HWHCT.
 - Implementing a 'Fair Share Allocation' model for student placements to support expansion of undergraduate training support offered and offering new models of placement provision.
 - Ensuring all new graduates are accessing a Preceptorship programme.
32. As the ICS matures and appropriate clinical leadership structures are developed, there are further opportunities to attract, retain and upskill our workforce to enhance care delivery through for example, expanding cross organisational rotations, international recruitment and integrated career and care delivery pathways across Health and Social Care, Primary Care and Private, Independent and Voluntary Organisations.

Purpose of the Meeting

The HOSC is asked to:

- consider and comment on the information provided
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

Hannah Wilson, Deputy Director of Therapies, Herefordshire and Worcestershire Health and Care NHS Trust

Email: hannah.wilson71@nhs.net

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the background papers relating to the subject matter of this report are:

NHS England (2023a) The 14 Allied Health Professions [NHS England » The 14 allied health professions](#).

NHS England (2023b) First contact Physiotherapists [NHS England » First contact Physiotherapists](#)

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

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 MARCH 2023

ELECTIVE RECOVERY PROGRAMME

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of the elective recovery programme.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB) and Worcestershire Acute Hospitals NHS Trust (WAHT) have been invited to the meeting to respond to any questions the Committee may have.

Background

3. NHS England published an elective recovery plan in February 2022 seeking to tackle the long waiting times for elective care, reducing the backlog of patients waiting for diagnostics and treatments over a three-year period. Elective recovery is the process of working to eliminate long wait times for elective care. This includes hospital appointments, investigations and treatments.
4. The plan outlined increases to capacity and service transformation as well as giving patients greater control over their own health and offering choice of where they can access care.
5. The plan set out a number of ambitions for elective recovery:
 - Waits of over 2 years (104 weeks) to be eliminated by July 2022
 - Waits of over 18 months (78 weeks) to be eliminated by April 2023
 - Waits of over 12 months (52 weeks) to be eliminated by March 2025
 - 30% more elective activity by 2024/25 than before the Covid-19 pandemic.
6. Across Worcestershire, delivery of elective recovery has been underway for the past 12 months, focussed on the following areas in order to achieve the national ambitions and reduce backlogs and waiting times for patients:

Increasing capacity

- **Waiting list initiatives** – Additional sessions delivered by WAHT staff such as extra outpatient clinics, diagnostic tests, investigations or theatre sessions for surgery. This includes sessions taking place in the evenings and at weekends.
- **Mutual aid** – Support from other NHS providers, e.g. Wye Valley NHS Trust
- **Outsourcing / use of independent sector** – Patients accessing treatment in private hospitals funded through the NHS
- **Insourcing** - Sub-contracted medical services/procedures undertaken in the NHS hospital using NHS equipment

- **Digital technology** – Exploring use of digital technology to support/enhance patient pathways – e.g. remote monitoring / self-monitoring

Productivity and transformation

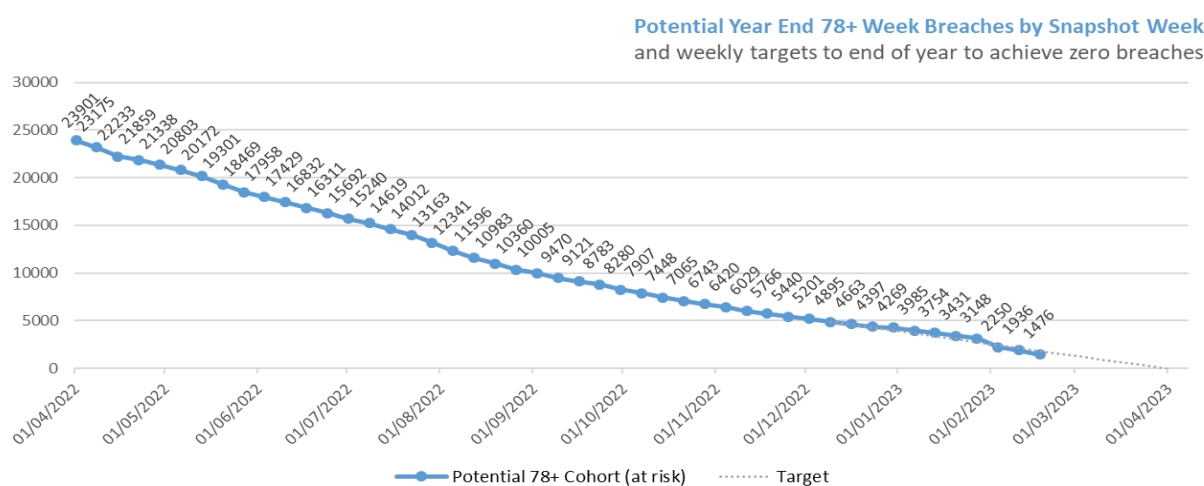
- **Community Diagnostic Centre (CDC)** – The CDC for Worcestershire is based at Kidderminster Treatment Centre and went live from May 2022, providing additional capacity for a variety of tests and scans
- **Elective Hub** – The Elective Hub in Worcestershire is planned to go live in May 2023. The Hub is based at the Alexandra Hospital in Redditch and will provide additional theatre capacity for operations in the short-medium term to accelerate elective recovery. The Hub also provides resilience in the medium-long term to protect performance whilst the existing aging theatre stock is refreshed
- **Outpatient transformation** – Initiatives collectively working to reduce follow up activity and maximise productivity and patient experience. This includes Patient Initiated Follow Up (PIFU), One Stop Clinics and reducing missed appointments (DNAs)
- **Advice and guidance** – Pre-referral advice and guidance for GPs and post-referral triage, to maximise management of patients in primary care
- **Getting It Right First Time programme (GIRFT)** – National programme seeking to improve the treatment and care of patients, with national clinical leadership to consider how services can be improved. Local focus is on gynaecology, orthopaedics, ear, nose and throat, urology, ophthalmology and general surgery
- **Theatre transformation programme** – WAHT programme to maximise theatre productivity, making best use of resources through improved planning and scheduling.

Information for patients

- **MyPlannedCare** – National website providing information for patients waiting for clinical opinion, treatment or surgery. Link to website - www.myplannedcare.nhs.uk
 - **Prepared patients / shared decision making** – Helping patients to prepare for healthcare interactions and encouraging people to be actively involved in decisions about their care and treatment.
7. Delivery of elective recovery has been overseen locally through weekly Integrated Care System (ICS) Reset and Recovery meetings, as well as the ICS Elective, Cancer and Diagnostics Board. From January 2023, the recovery approach has become 'business as usual' through the ICS Programme Boards, with the continuation of a weekly ICS Operational Group with Chief Operating Officers and Chief Medical Officers, focusing on the sustainability of services across the system.
 8. Worcestershire is a Tier 1 system for elective care, meaning it is also subject to regional and national support and scrutiny. The current focus is on reducing waits of over 78 weeks to zero by end of March 2023. Waits of over 104 weeks were largely eliminated by September 2022.

9. WAHT is working to get patients at risk of breaching 78 weeks scheduled for treatment as soon as possible. The focus will then move on to patients waiting over 65 weeks, followed by patients waiting over 52 weeks. It is important to note that patient choice can impact achievement of these ambitions.

10. The following graph demonstrates the reduction in the number of patients waiting over 78 weeks over the past 12 months. The risk of not eliminating 78 weeks by the end of March is currently being quantified.



Patients at-risk of 78+ week wait

11. To maximise the number of patients seen and treated, support from the independent sector is being utilised along with mutual aid (within and outside of the Integrated Care System). This external support is in addition to additional activity within Worcestershire Acute Hospitals NHS Trust through waiting list initiatives and insourcing.

12. 19% (21,357 up to month 9) of elective activity for 2022/23 has been delivered by providers outside of Worcestershire (out of county). This has been consistent since 2019/20. This is for a variety of different reasons including patient choice and where services are not provided within Worcestershire.

13. It is important recognise there are some significant challenges that impact elective recovery.

- **Workforce** – industrial action, unfilled vacancies, skill shortages, working conditions
- **Operational pressures** – Urgent care and increasing demand
- **Finance** – System financial deficit
- **Population / rurality** – Ageing population, the need to work with other providers / systems to deliver required services.

2023/24

14. For 2023/24, the elective activity target for the system is 108%, this means delivering 108% of the activity delivered before the Covid-19 pandemic (2019/20).

15. Operational planning for achieving this target is currently underway. For elective recovery this includes building on the collaborative approach across the ICS to deliver the capacity, productivity and transformation activities already started in 2022/23.
16. Digital transformation will help to accelerate improvements in elective recovery, building on personalised care approaches with the development of the patient portal and opportunities for self-management through remote monitoring.
17. Providers are also working to identify unwarranted variation and healthcare inequality improvements, linking with system partners on the wider determinants work. This includes development of a waiting list dashboard including ethnicity and deprivation profiles.

Purpose of the Meeting

18. The HOSC is asked to:

- consider and comment on the information provided
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

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

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), 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.](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 MARCH 2023

REFRESH OF THE SCRUTINY WORK PROGRAMME

2023/24

Summary

1. The Health Overview and Scrutiny Committee (HOSC) the Panel) is being asked to consider suggestions for its 2023/24 Work Programme prior to it being submitted to Council for approval.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The HOSC routinely reviews its work programme at each meeting to consider which issues should be investigated as a priority.
3. In addition, on an annual basis, the rolling annual Work Programme for Overview and Scrutiny is approved by Council.

Scrutiny Work Programme 2023/24

4. The Scrutiny Work Programme for 2023/24 is now being refreshed. Panel Members and other stakeholders have been invited to suggest topics for future scrutiny.
5. The suggestions are detailed on the draft Work Programme (attached at Appendix 1).
6. Members are asked to consider the draft Work Programme and agree its priorities for 2023/24. Issues should be prioritised by using the scrutiny feasibility criteria agreed by OSPB.
7. The Overview and Scrutiny Performance Board will receive feedback on the HOSC's and Scrutiny Panels' discussions and agree the final Scrutiny Work Programme at its 29 March meeting. Council will be asked to agree the Work Programme at its meeting on 18 May.

Feasibility Criteria

8. The criteria (listed below) will help to determine the scrutiny programme. A topic does not need to meet all of these criteria to be scrutinised, but they are intended as a guide for prioritisation.
 - Is the issue a priority area for the Council?
 - Is it a key issue for local people?
 - Will it be practicable to implement the outcomes of the scrutiny?

- Are improvements for local people likely?
- Does it examine a poor performing service?
- Will it result in improvements to the way the Council operates?
- Is it related to new Government guidance or legislation?

Remit of the Health Overview and Scrutiny Committee

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

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

Dates of Future 2023 Meetings

- 18 April at 10am
- 10 May at 10am
- 15 June at 10am
- 10 July at 2pm
- 11 September at 2pm
- 11 October at 10am
- 13 November at 10am
- 7 December at 10am

Purpose of the Meeting

10. The HOSC is asked to consider and prioritise the draft 2023/24 Work Programme and consider whether it would wish 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 2023/24

Contact Points

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

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda for Overview and Scrutiny Performance Board on Wednesday, 25th May, 2022, 10.00 am - Worcestershire County Council \(moderngov.co.uk\)](#)

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
13 March 2023	Physiotherapy Services		Suggested at 19 July 2021 meeting
	Hillcrest Mental Health Ward		Agenda Planning February 2023
	Elective Recovery Programme		Requested at 9 May 2022 meeting
18 April 2023	Worcestershire Mental Health Needs Assessment TBC	21 September 2021 19 September 2018 (CAMHS)	Following the discussion of the Needs Assessment the priorities for scrutiny will be identified
	Community Pharmacies TBC		Agenda planning September 2022
10 May 2023	Workforce TBC	10 June 2022	Requested at 17 October 2022 meeting
	Update on the Integrated Care Strategy	2 November 2022	Requested at 2 November 2022 meeting
May/June 2023	Update on Improving Patient Flow*	10 February 2023	Requested at 10 February 2023 meeting
Possible Future Items			
Early 2023 – date TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
Early 2023 – date TBC	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 meeting
Early 2023 – date 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
Early 2023	Routine Immunisation		Suggested at 19 July 2021 Meeting
Early 2023	Hospital at Home Service		Requested at 10 June 2022 meeting

April/May	Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement)	9 May and 17 October 2022 and 21 September 2021	Requested at 17 October 2022 Meeting
Ongoing	Integrated Care System (ICS) Development	2 November 2022	
TBC	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	To review service relocation from February 2023
TBC	Stroke Services – update		
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Onward Care Team		
TBC	Prevention		Suggested at 17 October 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
TBC	Podiatry services		Requested at 10 February 2023 meeting
Standing Items			
TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Annual Update on Health and Wellbeing Strategy	17 October 2022	
TBC – January/July	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