

## **Minutes of the Health Overview and Scrutiny Committee**

### **Lakeview Room, County Hall**

**Monday, 11 September 2023, 2.00 pm**

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#### **Present:**

Cllr Brandon Clayton (Chairman), Cllr Peter Griffiths, Cllr Paul Harrison, Cllr Jo Monk, Cllr Chris Rogers, Cllr Tom Wells and Cllr Christine Wild

#### **Also attended:**

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care  
Cllr Karen May, Cabinet Member with Responsibility for Health and Well being  
Mari Gay, NHS Herefordshire and Worcestershire Integrated Care Board  
Tom Grove, NHS Herefordshire and Worcestershire Integrated Care Board  
Chris Byrne, Healthwatch Worcestershire

Lisa McNally, Director of Public Health  
Kate Griffiths, Interim Democratic Governance and Scrutiny Manager  
Jo Weston, Overview and Scrutiny Officer

#### **Available Papers**

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 15 June 2023 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

#### **1147 Apologies and Welcome**

Apologies had been received from Councillors Salman Akbar, Lynn Denham, Antony Hartley, Adrian Kriss, Emma Marshall, Kit Taylor and Richard Udall.

#### **1148 Declarations of Interest and of any Party Whip**

None.

#### **1149 Public Participation**

None.

## **1150 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meeting held on 15 June 2023 were agreed as a correct record and signed by the Chairman.

## **1151 Integrated Out-of-Hours Urgent Care**

The Managing Director of Herefordshire and Worcestershire Integrated Care Board (HWICB) introduced the Item by highlighting key points from the Agenda Report.

Out-of-Hours (OOH) Urgent Care Services in Worcestershire included NHS 111, GP Out-of-Hours, 5 Minor Injury Units (MIUs) and Urgent Community Response Services. There had been a lot of investment to ensure services in Worcestershire were sustainable and to make it as simple as possible for the public to access. OOH activity had grown, especially as NHS 111 was increasingly recognised as a first contact point for advice and appropriate response. As a result A&E attendance in the County had stabilised and there were fewer ambulance attendances.

NHS 111, which was available 24 hours a day, all year round, was managed on an interim basis by DHU Healthcare due to a decision by West Midlands Ambulance Service University NHS Foundation Trust (WMAS) to hand back the contract. Commissioners had been pleased with performance, in part attributed to the call handling process which was pathway driven to try to keep people out of hospital.

GP Out-of-Hours was provided by Practice Plus Group (PPG) and available between 6:30pm and 8am Monday to Friday and 24 hours a day during weekends and bank holidays. Access was only available by patients contacting NHS 111. The Service was performing well and although activity levels had risen to pre COVID-19 pandemic levels there was no increase in A&E attendance. The GP OOH contract would have to be re-procured in the next 12-18 months.

The Urgent Community Response was a 2 hour response, managed by Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT), which provided wrap around health and social care services to manage admission avoidance. The Service was working very well, in particular with frail elderly patients and further investment in resources was likely.

It was hoped that increased OOH activity would continue to divert A&E attendance.

In the ensuing discussion, the following points were raised:

- Some Members raised concerns from residents about difficulty accessing GP services, especially the different methods of communicating with their Surgery. When asked whether this had any impact on NHS 111 or MIUs, no concerns had been raised with HWICB.

It was clarified that under the national GP contract, urgent cases had to be considered the same day and non urgent cases within 7 days. Furthermore, more GP services were often available until 6:30pm

- Clarity was given that residents should contact their GP during opening hours and only contact NHS 111 when the GP was closed. OOH providers would hand back patients to their GPs and NHS 111 was commissioned to drive back to appropriate services, such as GPs
- The demand for GP services was rising, in part due to the additional housing developments in the County. Recruitment and retention of GPs was a national issue, although at present, there was less concern in Worcestershire than in other areas of the country
- When asked whether there was any explanation for increased demand, it was reported that heat, rather than cold caused more spikes in OOH contact. Furthermore, Sunday night was often busy due to residents trying to wait until their own GP was available but finding it too much
- Frequent callers were classed as those with 4+ contacts in a week and calls were mainly related to anxiety or mental health issues. Children and Adolescent Mental Health Services (CAMHS) had seen a significant increase in demand
- NHS 111 was the single point of contact if a resident was in a Mental Health crisis, however, it was noted that some family members may call the Police, although the police were not wanting to respond to Mental Health calls as they felt they were not the most appropriate agency
- The Director of Public Health referred to the Herefordshire and Worcestershire Mental Health helpline which was available 24 hours a day, all year round. It was agreed that details would be provided to all Members to raise awareness with residents
- Overall, there were few OOH calls from Care Homes
- A Member asked for clarity on the terms 'urgent' and 'emergency', to be informed that emergencies included incidents which required an immediate response to a life threatening condition, such as cardiac arrest or massive blood loss. These calls were often referred to as Category 1 calls with a response time target of 15 minutes. Urgent calls could refer to falls which resulted in suspected fractures or severe abdominal pain
- HWICB recognised that communication with the public was difficult as despite media campaigns, health services were only required when needed in an emergency situation, although NHS 111 was increasingly recognised as the route to all services
- A Member asked what the Managing Director would want to see in future years, to be informed that one point of access would result in further integration and would be beneficial, however, one point of access for both health and social care was unlikely
- It was clarified that PPG provided annual leave cover for St Richards Hospice as it was the only hospice with beds
- In relation to GP OOH performance, it was agreed to provide Members with more information outside of the meeting. The service was performing well but was dependent on workforce
- Clarity was given that NHS 111 would have access to a Directory of Services which would outline all available resources, including opening hours of MIUs. Furthermore, End of Life clinician to clinician advice was

available and patients on the End of Life Pathway would often have a medication pack available to them.

The Cabinet Member with Responsibility for Health and Well being was invited to contribute to the discussion and advocated that prevention measures were key, for example by residents building core strength to prevent future falls

The Director Representative of Healthwatch Worcestershire was invited to comment on the discussion and agreed that communication about OOH services was complicated. It was an area in which they would also highlight and signpost to residents.

The HWICB Director of Communications and Engagement added that the key message of NHS 111 was one which required repetition and there was ongoing work across all media channels to promote it, including sending information to schools.

In concluding the discussion, the HOSC Chairman asked how effective OOH/NHS 111 was in relieving pressure from A&E. It was reported that services benchmarked well and HWICB would continue to transform services and work with communities to provide appropriate services.

## **1152 Progress Against Targets for the Elective Recovery Programme and Future Plans**

The Managing Director of NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) advised that senior representation from Worcestershire Acute Hospitals NHS Trust (WAHT) had been planned for the meeting, however, they were needed on site to support clinical services.

Members were reminded that during the COVID-19 pandemic all routine elective care ceased as a result of a national mandate, resulting in a significant number of patients waiting for elective care. Worcestershire's backlog was of national concern resulting in regional and national support and scrutiny.

HWICB held weekly meetings with WAHT and Wye Valley NHS Trust (WVT) to make use of any extra capacity within the system.

It was noted that patient choice and personalised care on occasions impacted on performance, for example when patients did not wish to travel to an alternative hospital.

There had been a significant improvement in performance and there were currently no waits over 70 weeks, with the trajectory of eliminating waits over 65 weeks by March 2024 likely to be met in vast majority of areas.

The national team were pleased with the progress made and how good use had been made of the independent sector, with consultants working weekends to help. The current industrial action was likely to cause some problems and increase risks but overall the situation was improving.

The Chairman invited questions and the following main points were raised:

- When asked which services were taken out of County, it was reported that WVT and Dudley Group NHS Foundation Trust was assisting with Dermatology and University Hospitals of Northamptonshire NHS Group was supporting Urology
- Private providers, such as Spire and Nuffield, had provided much support for surgery and diagnostics
- When asked when national support was expected to cease, it was suggested that as Worcestershire was now benchmarking well against similar areas, HWICB was hopeful that it would be soon move out of Tier 1 support into Tier 2
- A Member asked about Dermatology and the Cancer Pathway, to be informed that the 2 week target of referral to appointment still applied, however, demand for Dermatology was of national concern. A number of Consultants had left Worcestershire, but to ease pressure, it was now possible for clinicians to take photographs for Consultant review which helped prioritise cases. The conversion rate for cancer was around 5%
- It was reported that the backlog should ease in around 3 months and at that point, WVT would take on the function for both Herefordshire and Worcestershire
- A Member asked what more could be done to reduce anxiety of patients waiting for diagnostics or surgery and them not knowing where they were on the list. It was suggested that there was a lack of communication. In response, it was reported that patients would receive an initial letter which outlined that although there was a long waiting list, if their condition deteriorated they should contact their GP. Furthermore, text messages were sent to patients to provide updates
- Increasing the capacity for surgery would be important for years to come. Recent developments included the Surgical Hub at the Alexandra Hospital in Redditch and increased diagnostic space at Kidderminster Hospital. Going forward, a stronger workforce would be required alongside increased physical capacity
- When asked whether surgeons who undertook private work were taking capacity out of the NHS, it was clarified that there was no longer much capacity in the private sector but all referrals went through the NHS in the first instance. Patients who opted for private healthcare made an individual choice, however there had been no particular increase in the County
- The new Chief Executive of WAHT had made it clear that he wanted to care for as many Worcestershire patients in the County as possible and WAHT was looking to change processes to increase theatre capacity
- Choose and Book was still an option for patients and GPs at point of referral, although evidence suggested that residents would prefer to choose Worcestershire rather than travel out of county for a shorter waiting time. Examples were given where Urology patients were offered treatment in Northamptonshire, with financial support, yet patients had waited for treatment closer to home.

The Cabinet Member with Responsibility for Adult Social Care was invited to contribute to the discussion and was concerned about the continued failure of the system despite Government intervention.

In response, the HWICB Managing Director acknowledged that there had been issues before the COVID-19 pandemic but highlighted that some progress had been made. Big risks to recovery included workforce as staff were already stretched. It was also clarified that during the pandemic, surgeons were re-directed to support COVID-19 clinical areas.

The Cabinet Member with Responsibility for Health and Well being supported the concept of Worcestershire growing its own workforce, including its own Medical School.

The Director of Public Health added that prevention was key, as healthy life expectancy was shortening, however, it was suggested that any public health initiatives would need to have some NHS investment in the future

The HWICB Managing Director reiterated that although there were examples of long waits or under performance, the situation was improving and there had been some positive improvements since the pandemic, such as robotic surgery which would benefit patient outcomes.

The Chairman thanked those present for a useful discussion.

## **1153 Work Programme**

Members considered the Work Programme and agreed to schedule an update from West Midlands Ambulance Service.

The meeting ended at 4.10 pm

Chairman .....