

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19 JULY 2021

UPDATE ON HEALTH SERVICES AND TEMPORARY SERVICE CHANGES DURING THE COVID-19 PANDEMIC

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on:
 - Details of temporary service changes as a result of COVID-19
 - Reset and recovery of services
 - Emerging areas requiring focus as a result of COVID-19 pressures
2. The HOSC has received regular updates on the delivery of health services and temporary service changes throughout the COVID-19 pandemic, alongside updates on the vaccine rollout, restoration plans and early thoughts on how working practices may change as a result of learning from new ways of working.
3. The HOSC has been advised about services which had changed temporarily in response to the pandemic, either because it was not possible to keep the service safe, or because staff had to be redeployed to services considered of higher priority.
4. Following County Council elections, the Committee is keen to maintain this watching brief, and it is envisaged that this update will contribute to further scrutiny as health services continue to recover and the vaccine rollout continues.
5. The details of the Committee's previous discussions are available in the background papers to this report.
6. Representatives have been invited from NHS Herefordshire and Worcestershire Clinical Commissioning Group, Worcestershire Acute Hospitals NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust.
7. The information provided for the Committee's most recent update on 10 March 2021 is available here: [web-link to agenda and minutes](#)

Background

8. The NHS in Worcestershire has continued to provide urgent and non-urgent treatment throughout the COVID-19 pandemic, while taking additional steps to protect patients from infection.
9. However, pressure on staff, beds, and equipment, combined with the enhanced social distancing and infection prevention and control measures necessary to keep people safe, has disrupted non-urgent care and meant that many people have had to wait longer for treatment than they usually would.

10. Due to the success of the COVID-19 vaccine programme, the NHS is now able to refocus resources to rapidly recovering routine NHS services. The NHS mission is now to provide far more planned care for people with non-COVID-19 concerns than it was able to during the first wave of the pandemic, ensuring that as many people as possible get the treatment they need.

11. This involves prioritising those with the most urgent clinical need, addressing the longest waiters, and being mindful of the health inequalities that COVID-19 has highlighted.

12. Throughout the pandemic the NHS has worked incredibly hard to separate people with COVID-19 from those who do not have the virus when they come to hospital or use other NHS services. This will continue to be top priority and all the plans being put in place now take account of the COVID-19 risks which are likely to remain for some time.

Reset and recovery plan

13. The 2021/22 National NHS Operational Planning guidance was released on 25 March 2021, setting out the requirement to reset and recover NHS services in line with specific standards.

14. The guidance recognises that the impact of COVID-19 will continue during this year and beyond and outlines the need to transform services with a focus on accelerating delivery against strategic goals as set out in the NHS Long Term Plan.

15. Health and care partners in Herefordshire and Worcestershire have worked together on a single reset and recovery plan that addresses the activity, financial and workforce challenges across the system. The strategic approach includes:

- Agreeing key priority risk areas and urgently addressing these
- Detailed understanding of size and scope of recovery requirements in high-risk areas
- Detailed reset and recovery plans for all key Long-Term Plan areas, embedding COVID-19 learning where possible
- Workforce recovery approach, driving ambition and Organisational Development and workforce planning
- Financial sustainability and best use of resources – aligning the cost of recovery to the available resources, to include what we can do versus what we can afford to do
- Communication and explanation to public, staff and stakeholders, as well as engaging and co-producing with the public and staff ahead of any decisions around service change.

16. The strategic approach also recognises the need to be ambitious and innovative in order to reset the way services are delivered. In recognition of the pace required to deliver the ambitious reset and recovery programme in Herefordshire and Worcestershire, a multi-disciplinary team of senior leaders, clinicians, operational, finance and business intelligence staff meet on a weekly basis to oversee delivery, unlock any challenges and develop system solutions.

Key priority risk areas

17. The reset and recovery programme covers all aspects of NHS services, but with a particular focus on key priority risk areas. The table below outlines these priority areas for Herefordshire and Worcestershire during 2021/22 and the actions being taken to address them:

Key priority risk area	Interventions being taken
Recovery of elective, cancer and diagnostic services / addressing long waiters and high numbers of elective patients in pathways	<ul style="list-style-type: none"> • Significant use of Independent Sector and Vanguard theatres in both counties to increase capacity. • Improving productivity through active engagement with the national Getting it Right First Time (GIRFT) Programme • Mutual aid across providers • Development of Green sites (dedicated sites for elective care minimising COVID-19 risk) • Patient communications and engagement, including the use of digital technology i.e. chatbots, proactive contact/messaging to communicate waiting times to patients across the system.
Restoring Primary Care	<ul style="list-style-type: none"> • General practice teams and Primary Care Networks will continue to: <ul style="list-style-type: none"> ○ Deliver accessible services, including face-to-face appointments as well as the option of online consultations, connecting patients to the right service for their needs, following IPC and social distancing guidance ○ Reach out to patients whose health needs may have increased, developed or gone unmet during the pandemic, working closely with local communities to address health inequalities ○ Support patients with self-care and self-management, where appropriate ○ Support staff wellbeing and recuperation. • Patient communication and engagement, also highlighting Community Pharmacy Consultation Service • Maximise appropriate utilisation of direct booking via NHS 111.

Key priority risk area	Interventions being taken
Staff health and wellbeing	<ul style="list-style-type: none"> • Development of Wellbeing Guardian roles • Wellbeing warning system in development • Ensuring annual leave is being taken and options to buy-back leave • H&W staff hub launched March 2021 • 'Wellbeing Wednesday' initiatives in place • Staff networks in place
Addressing inequalities	<ul style="list-style-type: none"> • Vaccination Inequalities Programme (VIP) • Restoring NHS services inclusively • Mitigating against digital exclusion • Accelerating preventative programmes • Strengthening leadership and accountability
Financial sustainability	<ul style="list-style-type: none"> • Development of the system-wide approach to financial sustainability

18. This year will continue to be an uncertain year in terms of the unmet demand due to COVID-19, including, but not limited to, the impact on primary care and mental health services. Planning for future COVID-19 surges also forms a critical part of approach in 2021/22.

19. These risks are being managed through the system-wide approach to the COVID-19 Vaccination Programme and system-wide approach to reset and recovery.

Temporary service changes

20. During the peak of the COVID-19 pandemic, it was necessary to make rapid changes to some NHS services to allow it to respond to the changing environment and demands placed on some areas.

21. In doing so the NHS always prioritised the safety of service users, patients, staff and the public, and continued to monitor the impact and any benefits of temporary service changes on all users of NHS services.

22. Due to the success of the COVID-19 vaccination programme the NHS has been able to restore the vast majority of temporary service changes that were made last year. There are only a small number of temporary service changes that currently remain in place. They are detailed as follows:

Athelon Ward

23. In response to the Covid pandemic, when efforts were made to keep older people out of hospital as much as possible and ensure available capacity for patients with COVID-19, Herefordshire and Worcestershire Health and Care NHS Trust decanted

a ward at Newtown Hospital in Worcester for older adults with functional mental health illness (Athelon) and rapidly set up a bespoke 'Hospital at Home Service'.

24. This service enables older adults requiring support with an acute mental health problem to be cared for within their own homes; keeping them safe and in familiar environments, as well as reducing admission to inpatient services and facilitating discharge. During this time, the ward budget has been used to pilot a hospital at home service which is an additional resource and it does not replace the normal service delivered to patients.

25. There has been an ongoing evaluation process including the monitoring of patient and carer experience to guide the future direction of the service which has been positive to date. This work will continue over the summer with a view to commencing a more formal consultation process later in the year.

Garden Suite ambulatory chemotherapy unit

26. The Garden Suite ambulatory chemotherapy unit was relocated from the Alexandra Hospital in Redditch to Kidderminster to ensure that Worcestershire Acute Hospitals NHS Trust could continue providing chemotherapy for cancer patients, many of whom are immune-suppressed and clinically vulnerable, while also doing everything possible to protect them from the risk of COVID-19 infection.

27. The Garden Suite was initially relocated to the theatre recovery area at Kidderminster. This was a less than ideal base for an ambulatory chemotherapy service and it also prevented the Trust from using its full theatre capacity to help keep elective surgical services running for patients from across Worcestershire.

28. Fortunately, the Trust was able to use some Covid-related capital funding to refurbish the ground floor of the disused A Block at Kidderminster, creating a greatly improved environment for the patients to receive their chemotherapy and a much better working environment for the staff.

Kidderminster Minor Injuries Unit opening hours

29. Worcestershire Acute Hospitals NHS Trust kept the Minor Injuries Unit (MIU) at Kidderminster Hospital open throughout the pandemic, but with hours reduced from its previous 24/7 hours of operation. Initially this was from 8am to 8pm from March 2020, and in July this increased to 8am to 10pm.

30. The status of both of the Garden Suite ambulatory chemotherapy unit and Kidderminster MIU opening hours remain temporary and as previously indicated to Worcestershire Health Overview and Scrutiny Committee, no permanent decision will be made about the future of either service without appropriate patient and public involvement taking place.

Purpose of the Meeting

31. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required

- whether any further scrutiny work is required at this stage.

Contact Points

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Background Papers

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

- Agenda and Minutes from the Health Overview and Scrutiny Committee on 27 January and 10 March 2021, and 2 March, 18 June, 20 July, 30 September and 16 November 2020 – available on the website: [Health Overview and Scrutiny Committee Agendas and Minutes](#)
- Agenda and Minutes from COVID-19 Report to Cabinet on 4 June and 25 June 2020 – available on the website: [Cabinet Agendas and minutes](#)