

Health Overview and Scrutiny Committee

Tuesday, 5 March 2019, County Hall, Worcester - 1.30 pm

Minutes

Present:

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr T Baker, Mr C Bloore, Mrs F Oborski and Mrs F Smith

Also attended:

Charles Waddicor, Herefordshire and Worcestershire STP
Simon Trickett, Worcestershire Clinical Commissioning Groups
Sue Harris, Worcestershire Health and Care NHS Trust
Peter Pinfield and Simon Adams, Healthwatch Worcestershire

Sheena Jones (Democratic Governance and Scrutiny Manager), Jo Weston (Overview and Scrutiny Officer) and Dr Frances Howie (Director of Public Health)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts (circulated at the Meeting)
- C. The Minutes of the Meeting held on 26 November 2018 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

907 Apologies and Welcome

Apologies had been received from Mr M Chalk, Mr M Johnson and Mr R P Tomlinson.

908 Declarations of Interest and of any Party Whip

None.

909 Public Participation

None.

910 Confirmation of the Minutes of the Previous

The Minutes of the Meeting held on 26 November 2018 were agreed as a correct record and signed by the Chairman.

Meeting

911 NHS Long Term Plan

Attending for this Item were:

Worcestershire Clinical Commissioning Groups (CCG)
Simon Trickett, Accountable Officer

Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP)
Charles Waddicor, Independent Chair

Worcestershire Health and Care NHS Trust (WHCT)
Sue Harris, Director of Strategy and Partnerships of and STP Communications and Engagement Lead

Worcestershire County Council
Frances Howie, Director of Public Health

Healthwatch Worcestershire
Peter Pinfield, Chairman
Simon Adams, Chief Operating Officer

Representatives from across the health economy had been invited to the meeting and by way of presentation (available on the website), outlined the background to the national NHS Long Term Plan, what engagement events were planned locally and what the Plan would mean for the residents of Worcestershire.

The Committee was reminded that the national NHS Long Term Plan was launched on 7 January 2019 with five main themes:

- a new service model for the 21st century
- reducing pressure pressure on emergency hospital services
- people would get more control over their own health and personalised care when they needed it
- digitally-enabled primary and outpatient care would go mainstream across the NHS
- local NHS organisations would increasingly focus on population health, moving to Integrated Care Systems everywhere.

The Plan suggested that there would be changes to primary care contracts and a shift of clinical leadership focus with additional funding for non GP Practice staff, such as social prescribers and physios. In addition, there would be greater emphasis on same day emergency care with a greater proportion of patients not becoming an inpatient by having diagnostics and treatment more

readily available. Integrated Care Systems (ICSs) would also cover the whole country by April 2021 with more streamlined commissioning arrangements, typically involving a single CCG for each ICS/STP area.

Action on prevention had already been implemented, but the Plan would aim for more targeted support for weight management, type 2 diabetes, hypertension, a BMI of 30+ and smoking cessation. In addition, alcohol care teams would be established.

Elective, or planned, surgery numbers would grow implying that waiting lists would be reduced. Missed targets would potentially incur fines, where both hospitals and CCGs would be fined if any patient had to wait more than 52 weeks.

The Plan also sets out its plan for workforce by increasing nurse undergraduate places by 25% from 2019/20, increasing nursing associates by 50% in 2019/20 and increasing medical school places from 6,000 to 7,500 a year. Further retention incentives were suggested including a new GP Indemnity Scheme. In addition, the new GP contract would increase core funding by £978m every year by 2023/24.

It was reported that 2019/20 would be a transitional year for finance, with all NHS organisations expected to get back to balance by 2023/24. There would be reforms to the current payment system, moving from an activity based payment to a population based payment system. Further financial controls were also cited and the implementation of the Long Term Plan would provide a duty on CCGs and providers to collaborate.

In relation to the current Worcestershire position, it was reported that many of the NHS Plan's key areas were already either developed or being developed by the local Herefordshire and Worcestershire STP. In addition, the STP priorities were consistent with the themes outlined in the Long Term Plan such as improving outcomes in cancer and stroke, providing more care and treatment at home to reduce unnecessary admissions and putting a real emphasis on prevention.

Good progress had been made locally in areas such as developing neighbourhood teams, where nurses, therapists, social workers and GPs were working as teams responsible for supporting the most vulnerable patients in the local community. Furthermore, there were already closer working arrangements across the four

CCGS across Herefordshire and Worcestershire.

Nationally, Healthwatch had been commissioned to support the engagement process and locally Healthwatch Worcestershire was working closely with health partners to enhance the process, particularly by targeting hard to reach groups. Activity would build on the previous engagement in 2016 which informed the development of the Herefordshire and Worcestershire STP and the NHS Long Term Plan presented an opportunity for staff, groups and residents to influence local priorities.

In the ensuing discussion, the following main points were raised:

- The additional funding for GP Practices was welcomed, alongside the commitment for increased medical and nursing places, although Members learned that over half of all GPs in Worcestershire were aged over 50. Although training places would be increased, it would take some time – potentially 10 years - to filter through
- There was a definite shift across the health and social care economy from competition to collaboration and joint working for the needs of the population.
- Stakeholder engagement would commence shortly and continue through the summer, with a view to publishing a refresh of the STP in Autumn 2019 in line with the Long Term Plan objectives
- The Committee understood the model of decreasing acute inpatient stays, with same day emergency care
- When asked how the health system could assist the Acute Hospitals Trust, it was suggested that there was an opportunity to do so through collaboration, but it was also recognised that their financial position would not ease until the workforce was more stable and the need for agency staff decreased. Following recent Board appointments, everyone present hoped there would be improvement over the next 12 months.
- In response to a query about a future tariff being based on population and whether new housing developments would be factored in, it was reported that the funding formula would be reviewed periodically, although there would be a delay in housing developments being accounted for
- The Committee agreed that developments and pathways to ease A&E attendance, such as the Frailty Unit, had worked well and learned that

inappropriate attendance at A&E was at its lowest level

- When asked what the Long Term Plan challenges were for Worcestershire, it was reported that changes in behaviour were needed to achieve effective collaborative and preventative working. However, Neighbourhood Teams and recent developments in more increased collaborative working meant that the system locally was already ahead and the work on prevention was key
- A Member not on the Committee asked about the objective of having a more digitally enabled primary care and outpatient system to be advised that this would develop in time. Members could visualise the potential, especially in relation to outpatient appointments. It was noted that Worcestershire Health and Care NHS Trust was currently a digital exemplar
- The Committee and those present welcomed the Long Term Plan and investment in certain areas, however, acknowledged that neither was a quick fix and continued to be concerned about workforce. It was hoped that the partnership with Worcester University and their future vision to develop a medical school would help. It was suggested that the Committee might examine the workforce challenges and potential action that could be taken to encourage young people in particular to view health and social care as a rewarding career
- The Committee agreed that the delay in the publication of the Adult Social Care Green Paper had an impact on the health economy and it was disappointing that this was still not available.

The Chairman of Healthwatch Worcestershire added that engagement was vital to assist the health and social care system to understand the needs of local residents and achieve the Long Term Plan's objectives. Whilst it was unusual for Healthwatch to be engaged to deliver a Health Service function it was working with NHS colleagues to help engage with hard to reach groups.

912 Health Overview and Scrutiny Round-up

The Chairman and Mrs Rayner had attended the latest West Midlands Ambulance Trust meeting and reported that there was now a paramedic on every ambulance. 30% of patients who called an ambulance were not being taken to hospital. Ambulances had still been queueing at acute hospital emergency departments and Worcestershire had been a particular issue for this.

913 Work Programme 2018/19

The Committee agreed that there was nothing to add to the Work Programme at this time.

In relation to the item for the Committee's April meeting about Quality and Performance of the Acute Hospitals, it was noted that the CQC had carried out an unannounced inspection in January 2019 responding to information received about care of patients. Its report on this had been published on 1 March and referred to significant overcrowding of the accident and emergency department.

The meeting ended at 3.10 pm

Chairman