Health Overview and Scrutiny Committee Report
10th November 2025
Cllr Bakul Kumar

Two items on the agenda

1. Integrated Care Board Update
2. Overview of Common Neurological conditions

Integrated Care Board Update

Purpose
The report updates the Committee following the national reforms announced in March 2025 that impact Integrated Care Boards (ICBs). HOSC requested it in order to understand the implications for HW ICB and local service delivery.

National Context & Background

- HW ICB is responsible for planning, commissioning and oversight of NHS services in Herefordshire and Worcestershire—covering hospitals, community, primary care and overall health outcomes.
- On 1 April 2025, NHS England (NHSE) communicated how ICBs will deliver core national priorities and lay foundations for future reform, linked to the forthcoming 10-Year Health Plan.
- As part of reform, NHSE and the Department of Health & Social Care (DHSC) intend to bring operations closer, potentially abolishing NHSE, and announced that all 42 ICBs must reduce running costs by ~50 % by end of 2025/26.

Key Themes & Changes

- The report outlines the national "Model ICB Blueprint" and how HW ICB is responding locally.
- HW ICB is developing a **clustering arrangement** with NHS Coventry and Warwickshire Integrated Care Board (CW ICB) to achieve scale, reduce duplication and deliver efficiencies.
- Locally, HW ICB emphasises safeguarding local focus: ensuring continuity and stability of local services for Worcestershire residents amid structural changes.

Local Implications & Priorities

- The reduction in running costs presents a significant operational challenge: HW ICB will need to ensure that cost-reduction does not undermine service delivery or local responsiveness.
- The clustering arrangement aims to share resources and governance with CW ICB, which may affect how commissioning decisions, provider contracts and service models operate locally.
- HW ICB stresses prioritising *place-based working*—keeping attention on Worcestershire's health and care needs despite system-wide alignment and reforms.
- Key priorities include maintaining service stability during change, reducing health inequalities, and ensuring the local voice is preserved in commissioning decisions.

Risks & Considerations

- The requirement to halve ICB running costs within a short timescale creates risk of service disruption, reduced local responsiveness, and governance complexity.
- Integrating with another ICB (CW) may lead to dilution of local identity, potential conflicts of local vs regional priorities, and complexity in accountability.

- Ensuring that cost savings do not compromise the quality of care, access (particularly in primary and community services) and support for vulnerable populations is critical.
- Change fatigue among staff and stakeholders, and potential delays or unintended consequences in service redesign are further risks.

Next Steps

- HW ICB is asked to monitor and report how the clustering arrangement progresses, how cost-reduction is achieved without harming services, and how local health outcomes (particularly for Worcestershire residents) are safeguarded.
- HOSC will have the opportunity to question the HW ICB Chief Executive regarding these reforms at the upcoming meeting.
- Continued focus on strategic planning (including linking to the 10-Year Health Plan) and local delivery frameworks will be important for transparency and accountability.

Questions asked by me

- How will you measure these initiatives will improve patient access?
- Could you outline specific examples where integrated working will improve patient outcomes or reduce duplication

Overview of Common Neurological Conditions

Purpose

- The HOSC requested this report as part of its work programme to better understand neurological conditions locally.
- It brings together input from the Herefordshire & Worcestershire Integrated Care Board (HWICB), Herefordshire & Worcestershire Health and Care Trust (HWHCT), and Worcestershire Acute Hospitals NHS Trust (WAHT).
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Scope & Definitions

- "Neurological conditions" is a broad category (hundreds of conditions) affecting the brain, spinal cord, or nerves.
- The report focuses on two particularly common local conditions: **Parkinson's disease** and **dementia**.
- Neurological conditions are grouped into four types:
    1. Sudden onset (e.g., stroke)
    2. Intermittent (e.g., epilepsy, migraine)
    3. Progressive (e.g., Parkinson's, dementia)
    4. Stable with changing needs (e.g., Tourette's)

Local Prevalence

- ~1,300 people in Worcestershire live with Parkinson's.
- An estimated **9,000+** people in the county are living with dementia.
- Of these, 5,269 are recorded on GP dementia registers; 140 of them have early-onset dementia (under 65).
- Demographics: 62% of people with dementia in Worcestershire are female, 38% male.

Parkinson's Care

- **Types & Symptoms**: Includes idiopathic Parkinson's, Progressive Supranuclear Palsy (PSP), and Multiple System Atrophy-Parkinsonism (MSA-P). Symptoms vary: tremor, stiffness, balance issues, speech/swallowing problems, etc.

- **Diagnosis Pathway**: Patients usually referred by their GP to a Consultant Neurologist at WAHT. Diagnosis may involve brain scans, multiple assessments, and response to medication.
- **Medication & Therapy**: The most common treatment is levodopa; additional therapies include physiotherapy, speech & language, and occupational therapy.
- **Local Service Capacity**: WAHT has 8 Consultant Neurologists running clinics at multiple sites (e.g., Alexandra Hospital, Kidderminster, community hospitals) to improve accessibility.
- **Waiting Times**: About **20 weeks** for a first outpatient neurology appointment.
- **Nursing Support**: There is a Parkinson's Clinical Nurse Specialist team in the hospital, plus a community Parkinson's specialist nursing team run by HWHCT (3.9 WTE).
- **Community Caseload**: The community Parkinson's service sees 20–25 referrals per month, with a caseload of ~1,300 patients.
- **Newly Diagnosed Support**: A group for newly diagnosed patients has just launched, in collaboration with Parkinson's UK and the ICS.
- **Strategic Development**: Parkinson's is part of the ICS neurology workstream. The ICS has joined the **National Neurology Pathfinders Programme**, aiming to improve pathways (Parkinson's, MS, headache, MND, etc.).
- They plan a **Joint Strategic Needs Assessment** with Public Health to better understand local Parkinson's needs.

Dementia Care

- **Definition & Risk**: Dementia describes a decline in cognitive function; some dementia cases are related to Parkinson's (60–70% of Parkinson's patients may eventually develop dementia).
- **Current Service Users**: ~9,604 people estimated to have dementia in the county.
- **Service Provision**:
    - Early Intervention Dementia Services (EIDS) – for assessment, diagnosis, early support.
    - Older Adult Community Mental Health Teams (OACMHT).
    - Admiral Nurses – specialist dementia nursing.
    - "Hospital at Home" team – to support when inpatients might return home safely.
    - Specialist inpatient dementia wards where needed.
- **Carer & Patient Involvement**: People living with dementia and their carers are involved in transformation and commissioning work (e.g., Dementia Programme Board, Dementia Partnership).
- **Strategic Planning**: A revised ICB Dementia Strategy is due to be published in early **2026**, setting out priorities and improvements for the next 5 years.
- **Post-Diagnosis Support**: The ICB is re-tendering contracts for post-diagnostic dementia support (currently delivered by Alzheimer's Society, Age UK, Dementia Matters) — procurement outcome expected in 2026.

Key Challenges & Risks

- **Capacity**: Long waiting times for neurologist appointments (~20 weeks) may delay diagnosis and care.
- **Workforce**: Dependence on a limited number of consultant neurologists, and growing demand as the population ages.
- **Coordination**: Need to better align hospital, community, and third-sector services (e.g., Parkinson's UK, Alzheimer's Society) for seamless care.
- **Strategic Planning**: Ensuring the revised dementia strategy and neurology pathways are responsive to local need, especially as prevalence grows.

Questions asked by me:

- What is the current capacity of Integrated Neurology services om Worcestershire and how do waiting times compare to national or regional benchmarks?
- Can you forecast growth in neurological caseload with anticipated increase in demand pressures?
- How will reduce the gap between rural and urban early intervention rates, thus monitoring postcode disparities?