

BROMSGROVE DISTRICT COUNCIL
MEETING OF THE OVERVIEW AND SCRUTINY BOARD

MONDAY, 16TH JULY 2012 AT 6.00 P.M.

PRESENT: Councillors S. R. Colella (Chairman), P. Lammas (Vice-Chairman),
C. J. Bloore, J. S. Brogan, Dr. B. T. Cooper, Mrs. R. L. Dent, K. A. Grant-
Pearce, R. J. Laight, P. M. McDonald and L. J. Turner

Observers: Councillor C. B. Taylor and Councillor M. A. Bullivant

Officers: Mr. J. Staniland, Ms. D. Poole, M. Stanley, M. Bough,
Ms. J. Bayley and Ms. A. Scarce

16/12 **APOLOGIES**

Apologies for absence were received from Councillors Mrs. J. M. L. A. Griffiths, S. P. Shannon and Mrs. C J. Spencer.

17/12 **DECLARATIONS OF INTEREST AND WHIPPING ARRANGEMENTS**

Councillor J. S. Brogan disclosed an interest in respect of item No. 4 as an employee of a Health Trust and in respect of item No 12 which made reference to his employer.

18/12 **MINUTES**

The Minutes of the Overview and Scrutiny Board meeting held on 18th June 2012 were submitted.

RESOLVED that the minutes be approved as a correct record.

19/12 **JOINT SERVICE REVIEW - THE FUTURE CONFIGURATION OF ACUTE SERVICES IN WORCESTERSHIRE**

The Board received a presentation in respect of the Worcestershire NHS Joint Services Review, Worcestershire hospitals – fit for tomorrow, from representatives of Worcestershire Acute Health Trust (WAHT). Members were reminded that a number of pre-prepared questions had been forwarded to WAHT. The presentation was an overview on the case for change of the Joint Services Review and provided information on the models of care which were currently being developed together with details of the project's planned timetable and any associated governance issues in relation to it. Members were informed that this was a joint review between the commissioners, NHS Worcestershire and the Acute Hospital, which commenced in March 2012 with

the aim of a final business case being prepared by January/February 2013. The review was for the whole of WAHT's services which operated from 3 sites plus 4 community hospitals.

It was a clinically led review and covered 4 work streams, Women and Children, Emergency Care, Elective Care (planned care) and Elderly Care. Representatives from each of these work streams had been involved from primary care and secondary care, together with clinicians from a whole range across the community including ambulance services, nursing and general practitioners. The Models of care, which had been identified and which were explained in detail to Members, would then be appraised in order to assess which should be put forward as final options. It was emphasised that, in all the Models identified, outpatients, diagnostics and primary care facilities would be maintained and provided exactly as they were at the moment in all parts of the County. The Models were focused on the acute in-patient or emergency admission type of work.

The evaluation framework was explained to Members in detail, together with the non financial and financial criteria and weightings that would be considered when creating the shortlist of options which would be included in the final consultation. It was stressed that this was a clinically led and patient centred review and every opportunity was being taken to involve the public in the engagement process. There would be continued external scrutiny through the Worcestershire County Council Health Overview and Scrutiny Committee, the National Clinical Assessment Board and Stakeholder Reference Board. Details of the revised project timetable were provided together with details of the governance arrangements, accountability and decision making process which would be followed in order to reach the formal public consultation stage in Autumn 2012.

(A copy of the presentation is attached at Appendix 1 for information.)

The representatives in attendance were:

Christine Fearn – Joint Service Review Project Director

Dr. Angus Thompson – Consultant obstetrician and gynaecologist, Clinical Director for Obstetrics and Gynaecology.

Dr. Anthony Kelly – General Practitioner from Droitwich.

The Board discussed the following areas in detail and the representatives from WAHT responded to questions:

- The potential closure of the Accident and Emergency department at the Alexandra Hospital in Redditch. (Specific statistics had been requested in respect of admissions and it was confirmed that these would be provided to the Board with an explanatory briefing paper.)
- The increase in life expectancy of the population and the affect this had on the way services were delivered and the changes that needed to be

made in order to support those with long term chronic conditions and which it was felt could best be managed within the community.

- Travel (for example by public transport) and accessibility concerns, including traffic congestion (particularly in Bromsgrove) and what were viewed as excessive parking charges at hospitals for patients, visitors and staff and the inclusion of this as part of the modelling process. The WAHT representatives confirmed that these issues had and would continue to be considered in any decisions that were made. However evidence from across the country was being researched where the outcomes still appeared to be better despite such problems, particularly in respect of trauma where increased travel time did not have an adverse clinical effect on patients.
- Particular areas of specialist care already being centralised at specific hospitals within the County and the current provision of two trauma units within the County.
- Any impact that the Joint Services Review could have on the Princess of Wales Hospital in Bromsgrove. It was explained that this was not part of the review as it was looking at acute hospital services and not community hospitals.
- Details of the external assessment and the experts involved.
- The levels of units in respect of midwifery and the role of a midwifery led unit and details of Model B, Members were informed that a similar model to this had recently been put in place at Cheltenham and Gloucester.
- Details of the finances which had led to this decision and of the budgetary position of WAHT together with any overspend and efficiencies of the hospitals concerned and necessary efficiency savings. (Information on PFI was available on the WAHT website.)
- The role and experience of junior doctors nationally and how this was managed and the involvement of consultants on a more regular basis with junior doctors.

The Chairman thanked the representatives of WAHT for a detailed and informative presentation.

RESOLVED that the presentation be noted.

20/12 **THE COUNTYWIDE HOMELESSNESS STRATEGY 2012-17**

The Board received a presentation from the Housing Strategy & Enabling Team Leader in respect of the Worcestershire Joint Homelessness Strategy 2012-17.

The strategy had been produced following the relevant guidance and a comprehensive review of services being undertaken in 2011 by a specific project team. The Housing Strategy & Enabling Team Leader highlighted both national and current local issues which could have an affect on homelessness, including the Comprehensive Spending Review, the impact of the Localism Act, the increase in rough sleeping across the County and links to childhood life experiences such as domestic abuse and relationship breakdown. The

Board's attention was also brought to the 4 strategic goals of the strategy and the work which would be carried out in order for those goals to be met.

- Provide a pathway to a housing solution for everyone
- Create strong partnerships to tackle homelessness
- Take effective action to prevent anyone new to the streets having to sleep out for more than one night
- Reduce financial deprivation within our communities to minimise homelessness.

The Housing Strategy & Enabling Team Leader responded to questions and the Board discussed the following areas in detail:

- Links between health, especially mental health and homelessness
- Available support from staff based at Bromsgrove
- Providing accommodation for homeless persons from outside of the district.
- The Choice Based letting system
- An increase in the number of young people being housed in sheltered accommodation and whether this was a temporary measure – officers agreed to investigate and provide Members with further information.

The Board were informed that the Joint Homelessness Strategy had completed its consultation on 6th July 2012 and would be presented to Cabinet for consideration at its meeting to be held on 5th September 2012.

RESOLVED that the presentation on the Worcestershire Joint Homelessness Strategy 2012-17 be noted.

21/12 **CORPORATE PERFORMANCE MONITORING REPORT QUARTER ENDING 31ST MARCH 2012**

The Board considered the Quarter 4 Corporate Performance Report and received a brief summary of its content from the Head of Business Transformation. It was highlighted to Members that of the 16 performance indicators included in the report 10 had improved and 6 had declined. Improvements had been seen in the use of Bromsgrove Urban Rural Transport (BURT) scheme and Shopmobility and increased attendance at the Artrix Centre. The area which was causing the most concern was the decline in usage of the town centre car parks. The Head of Business Transformation confirmed that a marketing campaign was being prepared in conjunction with the car park management team, Wychavon District Council.

The Board discussed the following areas in detail and the Head of Business Transformation responded to questions on those areas:

- The decline in the use of the car parks and the financial implications to the Council – Members queried whether this was due to an increase in parking charges which may have occurred. (Officers to seek

clarification of any increase in charges and details of financial implications.)

- Details of the marketing campaign to promote the car parks and the aims and objectives, financial implications and reasoning behind working with Wychavon District Council.
- The increase in usage of the Artrix and the financial support provided by the Council. (Officers to clarify whether a review would be possible.)
- The processing of benefits and the improvements which could be expected from the transformation programme.
- The reasons for the delay in payment of invoices by the Council (Officers to seek further clarification on this point).
- Reference was made within the body of the report to 2 national indicators in respect of air quality and climate change, however further information was not given. Members requested Officers to provide further information in respect of those indicators.
- The recording of complaints and the inclusion of the recommendations from the Planning Policy Task Group.

The Executive Director, Planning and Regeneration, Regulatory Services, Housing Services responded to points raised by Members in respect of the processing of planning applications and the comments provided within the report in respect of the delays which had occurred. It was expected that improvements from the transformation process would have an impact on the figures for the first quarter of 2012/13.

RESOLVED:

- (a) that the Corporate Performance Report Quarter 4 be noted; and
- (b) that the Board receive a detailed report in respect of Car Parking, to include details of the marketing campaign, the financial implications of the reduction in usage and the aims and objectives and any cost implications of working with Wychavon District Council, at the meeting to be held on 10th September 2012.

22/12 **SICKNESS ABSENCE PERFORMANCE AND HEALTH QUARTER 4 REPORT**

The Board considered the Sickness Absence Performance and Health report for Quarter 4, which included statistics for the 12 month period ended 31st March 2012. The acting Shared Human Resources & Organisational Development Manager informed Members that a new format for the report had been used which should be more useful and informative; however Members comments and feedback would be welcomed. It was also the final quarter before the majority of shared services had been put in place. The movement of staff between sites had presented some difficulties as no comparable data was available, from April 2012 there would be an opportunity for Members to access details of shared services which were not hosted by the Council.

The following areas were highlighted and discussed by Members:

- A 20% reduction in absence for quarter 4.

- The modifications made to the pie chart used to highlight categories for absence.
- The statistics for the full year 2011/12, which were below the corporate target.
- Seasonal absences and work being done to identify reason for peaks in absences at particular times throughout the year.
- Long term absences compared to short term and the relevance to particular areas of work, for example Environmental Services.
- Targets for 2012/13 and the inclusion of this within the review of sickness reporting. (This would be circulated to the Health & Safety Committee for discussion.)

The Board discussed and the acting Shared Human Resources & Organisational Development Manager responded to questions in respect of the following areas:

- Any established patterns identified in respect of short term sickness absence (particularly in respect of Environmental Services).
- The inclusion of agency staff sickness absences within the figures provided for Environmental Services. (Officers to clarify whether this was the case and if not the reasons for not including this information.)
- The training events which had been held to assist managers in the understanding and dealing with mental health issues in the work place. The Board were informed that these had been provided by a staff member who was appropriately trained and therefore funded from existing budgets.
- Stress related absences in relation to transformation and other work related issues.
- Members noted that within the pie chart used to highlight categories of absence there was a category classed as “unknown” – the acting Shared Human Resources & Organisational Development Manager agreed to clarify this point.

RESOLVED that the Sickness Absence Performance and Health Quarter 4 Report be noted.

23/12 **FORWARD PLAN OF KEY DECISIONS 1ST JULY TO 31ST OCTOBER 2012**

The Forward Plan of Key Decisions was considered by the Board. Members commented on the slippage which had occurred in respect of the Fly Posting Policy and the Land Disposal Policy, both of which should have been received by Cabinet at its meeting on 6th June 2012 and were now scheduled in for the Cabinet meeting on 5th September 2012. Officers agreed to investigate and report back to Members.

24/12 **OVERVIEW AND SCRUTINY TOPIC PROPOSALS**

The Chairman reminded the Board that at the meeting held on 18th June 2012 Members were requested to submit any completed Overview and Scrutiny

topic proposals for consideration and inclusion within the Work Programme. Members were provided with copies of five such proposal forms and following discussion it was

RESOLVED:

- (a) that a report and presentation be received at the Board meeting to be held on 10th September 2012 in respect of the Local Strategic Partnership;
- (b) that a report and presentation on the Shared Services – Value for Money? Topic proposal be scheduled into the Work Programme as soon as practicably possible; and
- (c) that CCTV Shared Service, Regulatory Services and Impact of the Localism Act on Bromsgrove District be scheduled in to the Work Programme for the remainder of the Municipal Year.

25/12 **OVERVIEW AND SCRUTINY BOARD WORK PROGRAMME**

The Board considered the Work Programme and it was

RESOLVED that subject to the amendments detailed in Minute No. 24/12 the Work Programme be noted.

26/12 **WCC HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA AND MINUTES**

Councillor Dr. B. T. Cooper, the Council's representative on the Worcestershire County Council Health Overview and Scrutiny Committee (HOSC) informed Members that as the Board had already received an in depth presentation on the Joint Service Review he would not go into detail on the recent HOSC meetings, however he was happy to respond to questions from Members either within the meeting or outside if members wished to email him. Councillor Dr. Cooper did confirm that the majority of the financial queries raised early in the meeting were answered on page 11 of the HOSC meeting Minutes dated 22nd May 2012.

The meeting closed at 8.37 p.m.

Chairman

This page is intentionally left blank

Worcestershire NHS Joint Services Review
Worcestershire hospitals – fit for tomorrow

An overview

Working together to ensure high quality, safe and sustainable health services in Worcestershire

Why we need to change

The way the NHS runs, with much of our healthcare provided by hospitals has changed little since its inception in 1948.

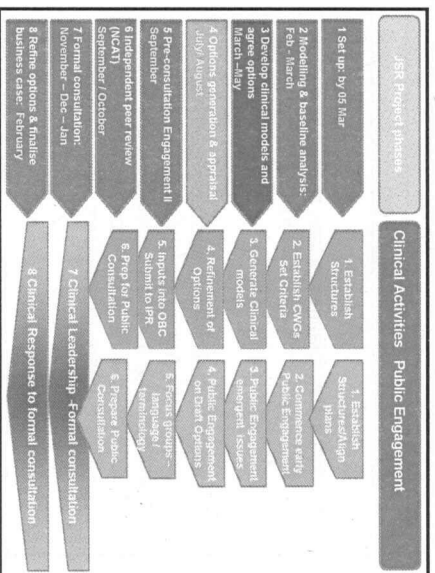
Despite this, the population has changed, we are older, living for up to 3 decades with long term illnesses. As a result demand for healthcare is rising.

Clinically led

Clinician leaders in Worcestershire want to make sure we can continue to provide high quality care but this must also be affordable.

We have to provide **better** healthcare to **more** people with the **same** amount of **money**

This challenge is facing every economy in the country.



Why we need to change

New and more effective drugs, treatments and technologies need to be funded every year which can improve our overall health outcomes

At the same time, Acute Hospitals are facing other growing pressures:

1. Sustaining workforce requirements
2. No real terms growth for 7 years.

Clinically Led

This scale of challenge is unprecedented. We cannot meet it without significant changes to the way services are organised in the County.

Local Doctors and Nurses are clear that doing nothing is not an option.

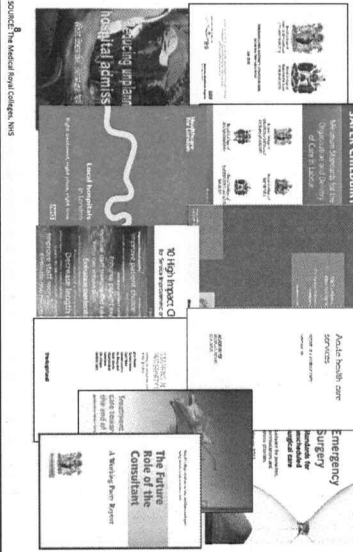
They have been focused on the Clinical Quality and Safety issues and how we ensure standards can be met in the future.

Clinically Led

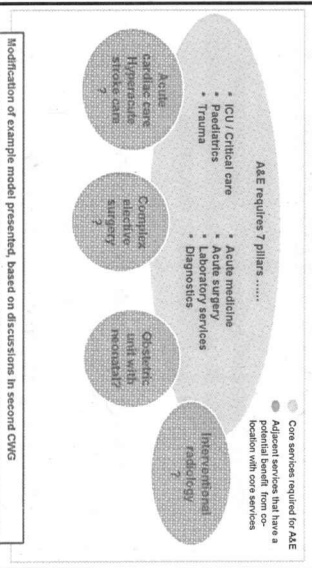
We deliberately planned to look at costs at a later stage – to ensure the focus initially was on the evidence for quality care.

The early work clinicians have completed has looked at **the full range of possibilities**. They have had help from independent experts in the field of Paediatrics, Obstetrics, Midwifery, General Surgery, Elderly Care, Anaesthetics.

Expert guidance suggests quality of clinical care could often be improved by consolidating and increasing the scale of services



The Case for Change: Emergency Care The 7 pillars of A&E and potential adjacent services...



Royal colleges have published a range of recommendations on increasing consultant presence in acute specialties, to enable better 24x7 care

Policy/guidance

- **Royal College of Physicians**: Consultant absence/working with patients, 4th edition (2005)
- **Royal College of Paediatrics and Child Health**: Emergency Medicine Consultants – Workforce Recommendations (2010)
- **RCS**: Emergency Standards for Unscheduled Surgical Care (2011)
- **RCPCH**: Facing the Future: A review of paediatric services (2011)
- **Medical Council**: The Future Workforce in Obstetrics and Gynaecology (2009)

Key recommendations

- Round-the-clock consultant supervision of A&U
- Consultant review of all acute admissions within 12 hours of initial assessment through twice daily post-lake ward rounds
- **24/7** consultant coverage required when >25 admissions/24
- **10 WTE** minimum coverage for A&E providing 16 hour/7 day consultant coverage; minimum coverage higher for A&E
- **24/7** emergency medicine consultant coverage of A&E
- Consultant review of high risk patient within 4 hours
- Consultant review of patient to operations when predicted mortality >5%
- Consultant paediatrician review within 24 hours of child's acute admission to paediatric unit
- Short Stay Paediatric Assessment can access consultant opinion
- Paediatric consultant present during peak hours
- Minimum 10 WTE per rota
- **24/7** consultant coverage for delivery suites with >5000 births per year
- **Year** of 12.5 consultant WTE rota for delivery suites with 2.5k-3k Births/year

10 SOURCE: Royal Colleges

Emerging views on interdependencies around the country

- obstetrics needs emergency surgery and interventional radiology to be co-located
 - **Paediatrics**
 - Move towards 24x7 consultant cover for paedie and NICU creates further pressures to share rota
 - Challenges to sustain critical workforce 24/7 – national reduction in paediatric units
 - **Critical care and elective surgery**
 - Complex elective surgery requires critical care
 - Paediatric and obstetric units – number of trusts seeking to move to a single critical care – and so focusing day case and less complex work onto a site without critical care
 - **Acute medicine and emergency surgery**
 - Clinical concerns about admitting patients to sites without emergency surgery presence and so increasing the likelihood of site like who say no most surgical patients as a service to the site with emergency surgery
 - **Critical care & emergency surgery**
 - Clinical concerns about having a critical care facility without emergency surgery presence
 - **A&E & emergency surgery**
 - Clinical concerns about having an A&E without emergency surgery presence
 - **A&E and Paediatrics**
 - Clinical concerns about having an A&E without Paediatric 24/7 cover on site
- 11

Meeting best practice guidelines for consultant cover – current figures for WAHT

	Suggested minimum	Current WRH	Current A&E	Gap
Paediatrics	10	7	6	-7
A&E	10	5	4	-11
Maternity	13.8.6	11	5	-3
General Surgery	10	9	7	-4
Total Gap				-25

Minimum WTE taken from Royal College Guidance. Values are approximate as some Trusts are adopting by variations in 90%, non-rotational time, etc

Clinically Led Review

- Clinical Reference Group consisting of 25 senior doctors and nurses from across primary, secondary and community care
- 120 health and care professionals working in 4 work-streams to review the current organisation of care and the clinical evidence:

- Elderly Care
- Emergency Care
- Planned Care
- Women's and Children's

Working together to ensure high quality, safe and affordable health services in Worcestershire

	Description
Model A	No change (Three sites - fully staffed medical rotas)
Model B	Two acute hospital sites (each with full A&E dept) Women and children's services brought together onto one site One hospital treatment centre (includes planned surgery) with MIU
Model C	One acute hospital site (with a full A&E dept) One acute site with urgent care centre (selected medical admissions) MIU One hospital treatment centre (includes planned surgery) with MIU
Model D	One acute hospital site (with a full A&E dept) One hospital site providing planned surgery with MIU One hospital treatment centre (includes planned surgery) with MIU
Model E	One acute hospital site (with a full A&E dept) One hospital site providing planned surgery with MIU. One site providing outpatients & diagnostics with MIU.
Model F	One acute hospital site (with a full A&E dept) Two sites providing outpatients & diagnostics with MIU.

Clinical models

Model A

No change, (Three Sites - fully staffed medical rotas)

This would maintain all hospital services as they are on 3 sites.

To meet minimum standards going forward we need to have additional consultants across a range of specialities – increasing costs.

We also believe that these Doctors will not gain sufficient experience to maintain their specialist skills from the workload at one site.

We do not believe that we will be able to recruit enough experienced doctors – even if the additional funding was available – which it is not.

Our clinicians do not believe the model can continue because it will not be possible to meet quality standards, even if additional funding was available.

Clinical models

Model B

Two Acute hospital sites (each with full A&E dept)
Women and children's services brought together onto one site.
One Hospital Treatment Centre with MIU

As per the previous site.
Concentrating services into a single location.

Our clinicians do not believe this model should be taken any further as we believe there would be a shortage of qualified and experienced consultants to maintain safe, quality services AND safety concerns about an A&E on one site without children's consultant cover

Clinical models

Model C

One Acute hospital site (with a full A&E dept)
One Acute site with Urgent Care Centre (selected med admissions) + MIU
One Hospital Treatment Centre with MIU

At this stage we believe this model is safe and achievable and would:

- help to ensure quality and safety of women's and children's services located at the acute hot site.
- Maintain access to urgent care services for selected cases at 2nd site
- Address, in part, the difficulties in recruiting consultants in other specialities
- Emergency care available for most severely ill at one site (out careful planning to ensure patients went to the right site). - Patients would travel by ambulance to nearest A&E – which may be out of county.
- No change to the Kidderminster Treatment Centre.

Clinical models

Model D

One Acute hospital site (with a full A&E dept)
One Hospital site providing planned surgery with MIU
One Hospital Treatment centre (includes planned surgery) with MIU

We believe this model is safe and achievable and would:

- help to ensure quality and safety of women's and children's services and emergency care – meet all standards
- Address, in part, difficulties in recruiting consultants
- Separation of planned and emergency care enables us to create a state of the art centre for planned surgery at one site - reducing disruption/cancellation of planned surgery due to emergency admissions
- Make us a more attractive choice for patients who need elective care
- No change to the Kidderminster Treatment Centre.

Worcestershire **NHS** Worcester Health and Care **NHS** Worcester **NHS**
Local Health System Trust Ltd Ltd

Clinical models

Model E	Description
One Acute hospital site (with a full A&E dept)	One Hospital site providing planned surgery with MU, Outpatients and Diagnostic services in third location

We believe this model is safe and achievable and would:

- Help ensure quality and safety of all services
- Create a state of the art centre for planned surgery and associated benefits
- Supported by expanded, modernised primary and community services care closer to home
- Improve recruitment and achievement of right number of consultants
- Outpatient appointments in all three locations
- Possibility of a Midwifery led unit
- Children's rapid access clinics in two towns supported by community nursing services

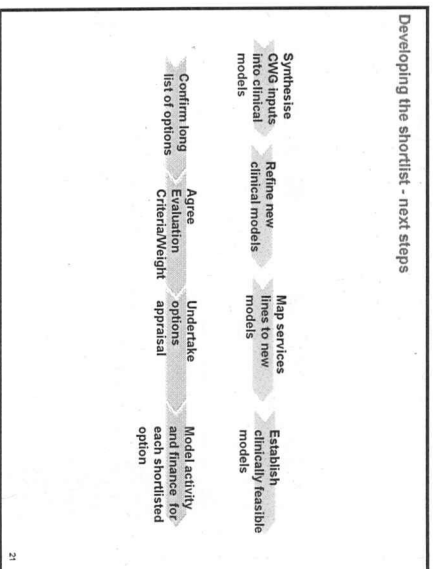
Worcestershire **NHS** Worcester Health and Care **NHS** Worcester **NHS**
Local Health System Trust Ltd Ltd

Clinical models

Model F	Description
One Acute hospital site (with a full A&E dept)	MU, Outpatients and Diagnostics in the other two locations

We believe this model is safe and achievable:

- Single acute site providing full range of services meeting all standards
- Improve recruitment and achievement of right number of consultants in all specialities
- MUs and outpatient / diagnostic facilities in other two locations
- Possibility of a Midwifery Led Unit
- Children's rapid access clinic during daytime hours in other localities
- Supported by expanded, modernised primary and community services care closer to home



THE EVALUATION FRAMEWORK

Worcestershire **NHS** Worcester Health and Care **NHS** Worcester **NHS**
Local Health System Trust Ltd Ltd

Non Financial Decision criteria and weightings

	Non Financial Criteria	Mean Weights	Median Weights	Recommended Weights
1	Improved, more sustainable clinical quality	30	30.8	30
2	Better access to services for patients and families	16	16.5	16
3	Improved strategic fit of services	14	13.2	13.5
4	Meeting training, teaching and human resource needs	12	11	11.5
5	Making more effective use of resources	16	16.5	16
6	Deliverability	12	13.8	13

23

- Worcestershire **NHS** Worcester Health and Care **NHS** Worcester **NHS**
Local Health System Trust Ltd Ltd
- ## Financial decision criteria and weightings
- The financial assessment will focus on an assessment of the financial impact of each model on WAHT.
 - The assessment will be based on the initial cost estimates which have been prepared by the Steering Group, and will include for each model (over the assessment period of 30 years):
 - Capital Costs – the initial estimates of the capital investment required;
 - Non-recurring Revenue Costs – the estimated non-recurring revenue costs;
 - Recurring Revenue Costs – the projected change in the Trust's recurring cost base;
 - Lifecycle Costs – an assessment of the change in the lifecycle costs of the Trust's estate

COMMUNICATION AND ENGAGEMENT

- This is a clinically led and patient centred review – it aims to safeguard high quality care for all the residents of Worcestershire
- We are currently in an engagement phase on 'work in progress' and our case for change
- Staff and the public are invited to 'have their say' on the models of care and the evaluation criteria that we will use in developing a short list of options.
- There is external scrutiny of our work via HOSC, NCAT, Stakeholder Reference Board

Public involvement

Our approach to involvement is 'no decision about me, without me' their say – led by local clinicians

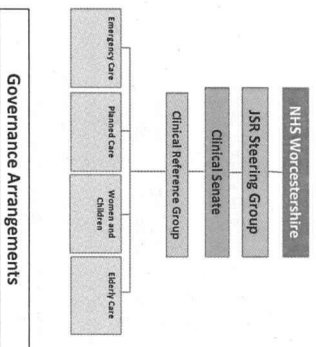
Wed 27 June, 10:00am – 2:00pm
 Sat 30 June, 10:00am – 2:00pm
 Mon 2 July, 5:00pm – 8:00pm
 Tue 3 July, 5:00pm – 8:00pm
 Wed 4 July, 10:00am – 2:00pm
 Sat 7 July, 10:00am – 2:00pm
 Tue 10 July, 5pm – 8pm

BHL, Bromsgrove
 Kidderminster Town Hall
 Redditch Town Hall
 Kidderminster Town Hall
 Pershore Civic Centre
 Worcester, County Hall
 Redditch Town Hall

REVISED PROJECT TIMETABLE

Date	ISF timetable
March 2012	Set up Model and undertake Baseline Analysis Work up Clinical Models
April 2012	Work up of Clinical Models
May 2012	Finalise Clinical Models and Case for Change
June 2012	4 weeks Public Engagement on Clinical Models
July 2012	Appraisal of Long List – Non financial and financial Short list agreed
August / September 2012	Second phase pre-consultation public engagement
October 2012	NCAT Review and report
November 2012	Public Consultation starts
December 2012	Public Consultation
January 2013	Public Consultation
February 2013	Public Consultation completes
March 2013	ISF Approval of Service Reconfiguration.

GOVERNANCE, ACCOUNTABILITY AND DECISION MAKING



Finding out more

You can also find out more online at
www.worcestershirehealth.nhs.uk/joint-services-review

Twitter [@worcshsistr](https://twitter.com/worcshsistr) Facebook facebook.com/worcshsistr

Working together to ensure high-quality, safe and affordable health services in Worcestershire

What happens next

- Early engagement phase completes**
- Responses to commissioners for refinement of Appraisal process
- Non Financial and Financial Appraisal
- Ranked Long list of Options to Steering Group
- Short List of Options agreed
- Detailed modelling and analytics to fully assess implications of each short listed option
- Further public engagement
- Responses feed into the preparation of the Outline Business Case
- Preparation for Formal Public Consultation in Autumn