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Health Overview and Scrutiny Committee
21 February 2012, County Hall, Worcester – 2.00pm

Minutes

Present:

Worcestershire County Council:
Mr A C Roberts (Chairman), Mrs M Bunker, Mr B F Clayton, Mr A P Miller, Mr J W Parish, Mr T Spencer

Malvern Hills District Council: Mrs J Marriott
Redditch Borough Council: Mrs B Quinney
Worcester City Council: Mr R Berry
Wychavon District Council: Mr G O'Donnell
Wyre Forest District Council: Mrs F M Oborski

Officer Support:
Suzanne O'Leary – Overview and Scrutiny Manager
Sandra Connolly – Overview and Scrutiny Officer

Available papers:

A. The Agenda papers and appendices referred to therein (previously circulated);

B. Health Overview and Scrutiny Committee's criteria / principles to underpin the Joint Services Review and Draft HOSC engagement in the JSR (circulated at the meeting)

C. The minutes of the meeting held on 24 January 2012 (previously circulated).

A copy of documents A and B will be attached to the signed Minutes.

Chairman's Announcements

The Chairman welcomed guests and members of the public in attendance.

536. (Agenda item 1) Apologies

Apologies were received from Maurice Broomfield and Brian Cooper.

537. (Agenda item 2) Declarations of Interest and of any Party Whip

Terry Spencer declared a personal interest that Dr Anthony Kelly, one of the meeting's attendees was his family's GP.

Roger Berry declared a personal interest that his daughter-in-law was employed by Worcestershire Acute Hospitals NHS Trust.

Brenda Quinney declared a personal interest as a member of Worcestershire Local Involvement Network.

Fran Oborski declared a personal interest as a member of the Joint Services Review Stakeholder Reference Board as the representative of Wyre Forest District Council.

Brandon Clayton declared a personal interest as a member of the Joint Services Review Stakeholder Reference Board as the representative of Redditch Borough Council.

538. (Agenda item 3) Public Participation

None.

539. (Agenda item 4) Confirmation of Minutes

The Minutes of the meeting held on 24 January 2012 were confirmed as a correct record and signed by the Chairman.

540. (Agenda item 5) Joint Services Review – the Future Configuration of Acute Services in Worcestershire

Attending for this item were Christine Fearns, Director of Strategic Development, Worcestershire Acute Hospitals NHS Trust and Project Director for the Joint Services Review (JSR), Dr Bryan Smith, Chairman, JSR Project Steering Group and Dr Anthony Kelly, Chairman, Worcestershire Clinical Senate.

The Chairman advised that he proposed to structure the Health Overview and Scrutiny Committee's (HOSC) discussion around the Phases of the JSR but first provided an overview of work undertaken to-date by the HOSC. Members had held a workshop which had changed how they proposed to approach the JSR. Rather than simply receiving updates about the JSR, then looking at the outcomes, Members had agreed that they needed to be involved in the JSR from an early stage with the aim to be 'constructively unreasonable'. Members had also agreed that to be objective, the HOSC should keep its distance rather than be within the JSR process. The HOSC would commit to being objective and any objections to proposals would use JSR evidence as their base. The issue of predetermination was also noted, with Members reminded that in the HOSC's deliberations, Members would need to ensure they were objective and open-minded in considering evidence.

Members were advised that the JSR was currently in its setup phase and timelines previously stated were indicative at this stage. Work was ongoing on the complex activities to be undertaken and all the components of the JSR and it was recognised that these would be important to the HOSC as it determined its work programme. A commitment was given that in the next 2 weeks the JSR timetable would be finalised and would give clarity for all stakeholders about the activities and timescales.

Phase 1: Setup and Case for Change

Support had now been secured to undertake the vast modelling and analysis of activity, finance and estates of the Acute Trust as well as key aspects of community service provision, particularly access. Information requirements were currently being agreed to meet the needs of the JSR. Six stakeholder roadshows had been scheduled and had started which would launch the JSR publicly. The JSR would be clinically led and clinical governance and leadership was in place. The Clinical Senate would be the body where clinical decisions would be made and it was highlighted that the JSR needed to involve a huge number of clinicians and the necessary infrastructure to do this was being set up. JSR participants were also mindful of the challenging timetable. Weighted criteria would now be considered which would be used to score options later in the process. External support would be needed to set these, with the target date of mid-March, and these would be shared with the public.

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

- it was questioned what the budget was for the JSR and particularly for communication and the engagement and consultation elements which were recognised as important. Members were advised that the resource plan was a work in progress and would be considered by the JSR Steering Group on 28 February. The Steering Group would need to be clear on the money required for engagement and communication, not just with the public but also with clinicians and partners. Members were advised that NHS Worcestershire (NHSW) and West Mercia Cluster had set money aside to support the JSR but no figures could be provided as the full resource plan needed to be signed off by the Steering Group. Members highlighted that the budget needed to be realistic;

- in response to a question, Members were advised that the estates review would include all the clinical estate currently up to standard belonging to Worcestershire Acute Hospitals NHS Trust, unless it was already ear-marked for use;

- although the estates review would look at all of the estate in active use it was suggested that perhaps there was a ‘sacred cow’ and it was questioned whether anything significant could be done in relation to the Worcestershire Royal Hospital given its PFI situation. It was acknowledged that the PFI hospital did cause considerable limitations but Members were advised that a review of the contract was ongoing. Recognising that

PFIs did mean limitations and that the Worcestershire Royal Hospital was an important part of the Trust, the aim was to maximise its use;

- it was queried whether it was a pre-requisite of the JSR to retain a Worcestershire Acute Hospitals NHS Trust. Members were advised that it was not an absolute pre-requisite. Everyone wanted a Worcestershire focus on the health of Worcestershire people. If there was no Worcestershire based acute provider, services would be split between or taken over by other providers. However, this was not a favoured solution as GPs would need to deal with bodies providing services across bigger areas and which would possibly not prioritise the Worcestershire population;

- it was suggested that the reality was that a large number of Worcestershire's population already travelled outside the County to get care and given this and that the structure of Clinical Commissioning Groups (CCGs) was still under development, Worcestershire should not be tied to a model and rather than focussing on a JSR end-point of the Acute Trust achieving foundation trust status, all options should remain on the table. Members were advised that ballpark figures for secondary care in Worcestershire were approximately £350 million, with £250 million approximately going to Worcestershire Acute Hospitals NHS Trust and the remaining going to other acute trusts, such as the Dudley Group NHS Foundation Trust. Consideration would need to be given to whether this £350 million should be spent within Worcestershire or outside but it was suggested that it would be sensible to have a Worcestershire focus for secondary care, albeit possibly with Dudley or Gloucestershire acute trusts. It was recognised that it would not be easy to manage secondary care if there was not a Worcestershire focus. It was also highlighted that under patient choice, there would remain choice of provider based on which offered the best service. The aim of the JSR was for Worcestershire to produce high quality and safe services which patients wanted to use. The JSR needed to ensure facilities which patients across the County would see as better than travelling to alternative services;

- a view was expressed that there would not be significant concern if the JSR timescales slipped;

- it was confirmed that work was already underway to ensure that patients did not needlessly have to attend an acute hospital for a follow-up appointment if it could be provided closer to home. However, it was also noted that in certain specialities, patients needed their

follow-up with a specialist. Members were advised that localism was a key aim, as was seeing patients where they would be best treated. A key aspect of the review was how to maintain quality of services and key to this would be keeping specialist consultants together in groups;

- it was noted that HOSC would wish to review data showing who was treated where at present under the current model of acute care;

- concern was expressed about the public meetings held to-date and the lack of attendance by the general public. It was accepted that setting roadshows for the JSR's launch did risk not being able to give enough notice or widespread communication. However, the roadshows were a signal that the JSR did want to engage and very quickly there would be a communication and engagement plan and this would reflect feedback from the first 3 meetings held to-date. It was essential that the necessary resources were put in place. The HOSC Chairman advised that the HOSC would look for evidence that communication and engagement were effective. Members were assured that the JSR recognised the importance of communication and effectiveness and the establishment of the Stakeholder Reference Board (SRB) signalled this. Attendance at the roadshows had been disappointing so far, particularly in Malvern, but it was highlighted that these meetings were simply about the launch of the review and it would be more worrying if public interest remained low when tangible proposals were being discussed. Members were asked that they please help to stimulate interest in the JSR amongst the public when possible;

- Members suggested that the roadshow model was perhaps not the best way of engaging with the public although more creative ideas may emerge through the SRB and it was highlighted that the County Council had undertaken some innovative public engagement. Members were advised that lessons had been learned and the JSR would take advice and support had already been offered by Worcestershire County Council;

- Members highlighted the importance of the JSR engaging with people at an early stage to talk about their priorities and what was important to them. Members were advised that it was planned to 'chunk' the work in terms of the clinical debates, for example, looking at women's and children's services together given their clinical allegiances. Such a forum of people could have both early and ongoing input to the clinicians' debates as ideas emerged;

- it was noted that HOSC would wish to receive the JSR engagement and communication strategy and comment on it as well as auditing its effectiveness later in the process;

Phase 2: Modelling and Analysis

Members were advised that the JSR had to ensure that it had a clear specification of how this work was to be done. A paper would be going to the Acute Trust's 1 March Board to provide assurances on the rigour of the JSR modelling and analysis. It was noted that a lot of important decisions would be based on the data and information gathered so governance was essential. There would be clinical sign-off of the data so there would be clarity about the resulting assumptions and these would be shared.

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

- it was highlighted that the South Worcestershire Development Plan would see changes in the population in as soon as 5-6 years' time and it was questioned whether account would be taken of this as Members considered it needed particular attention. Members were advised that work was being done with the local authorities and CCGs on population data and projections and broad demographics;

- Members questioned whether staff would be involved and consulted on the JSR on an ongoing basis or whether they would simply be informed of the impact on them of the outcomes at the end of the process. Members were assured that communication with Acute Trust staff had already started as well as with GPs, PCT staff and Clinical Directors and a meeting would be held on 7 March with over 100 clinicians. The communication plan for clinicians was as important as engagement with the public and engagement with staff would be ongoing throughout the JSR;

- the need for discussions with the relevant local authorities about public transport issues was also highlighted. It was noted that at the time when changes were being proposed to Kidderminster Hospital, statements were made about transport but now, some of that transport was no longer in operation. Members highlighted that transport could have a huge impact. Members were advised that transport issues had been raised early and Trish Haines, Chief Executive of Worcestershire County Council was on the JSR Steering Group and party to discussions about the importance of testing transport. Whilst it was not

possible to commit to having detailed work done in the next 4 months, high level issues would be looked at including what services would change and the impacts and a key factor would be transport;

- it was suggested that this vast project had an indecently tight timescale and concern was expressed that there was a danger in such projects of getting caught up in the mini objectives and details of each phase, losing sight of what the project was looking to achieve, namely the best care and good pathways. It was acknowledged that this would not be easy but the focus would be maintained and that issues around pathways and transport needed to be solved and also needed to be affordable;

- it was noted that the HOSC would want to discuss the JSR with the Clinical Senate. Whilst Members were aware that solutions needed to be affordable, there could be an underlying fear about finance being a key driver causing people to lose confidence in the review. The HOSC would therefore be looking for first-hand information about the review directly from clinicians. Members were advised that the 3 CCGs were very supportive of the JSR as GP leaders and as the future commissioners, were keen to see the review succeed and did not want non-sustainable services in Worcestershire. The Clinical Senate comprised 4 Acute Trust clinicians, 4 Health and Care Trust clinicians, 2 GPs from each CCG and Eddie Clarke, Director of Adult and Community Services from Worcestershire County Council. Members were advised that the County Council's Director of Children's Services had also been invited to join the Clinical Senate but the Director had decided that this did not feel appropriate. Concern was expressed about the importance of the Children's Services Directorate being on the Senate and it was suggested that the HOSC should follow this up;

- it was highlighted that the JSR could have implications for the County's local authorities and whilst recognising that it was important to work together, there could be cost implications for councils who were also experiencing difficult times financially;

- it was noted that the HOSC wanted to understand the evidence used to shape the JSR's options and ongoing involvement would help to ensure Members understood the evidence base. It was acknowledged that the Worcestershire population needed to be behind the decisions made and support the way forward;

- with the anticipated move towards more centralised

services and centres of excellence, it was questioned how the interests of the population would be safeguarded, particularly in terms of increased travel. Members were advised that the JSR did not have predetermined answers and open and honest conversations would be needed service by service. For example, in reviewing paediatric services, the JSR would need to clearly state the exacting standards and requirements demanded of the service and then look at how that service linked to other services. It was recognised that there would be trade-offs in how services were sited and it would be important to demonstrate how these were all weighed up and looking at the estate would be very important. The JSR had to talk with the public and it was recognised that if discussions were about losing a service from a locality, there would be difficult conversations. The best starting point was to look at the required standards for a service and evidence for a decision and then consider how those were weighed up. Locality would be considered after consideration of the evidence base and how the service should be run.

It was highlighted that medical practice would continuously move on. Twenty years ago, there would have been general surgeons covering Worcestershire. Now however, surgeons specialised and one problem with this model was the ability to have a full spread of all specialists across all sites and there was a view that specialists working together in a single specific location produced the best outcomes for patients. It was not clear how this would pan out under the JSR. It was noted that if current localities and the current spread of specialties could be maintained, there would not be a review. However, times were harder and more people were being treated and as it was not possible to get more from the same, a fundamental review needed to be undertaken;

- Members were advised that very little of the budget for specialist secondary care and tertiary care was spent within Worcestershire as the majority of such services did not exist locally. Much of this budget was spent on services provided by the Queen Elizabeth Hospital, Birmingham and University Hospitals Coventry and Warwickshire. Whilst it was acknowledged that some services for a population of 600,000 could not be provided in-county, there were other services which Worcestershire did not currently provide but could do so, for example radiotherapy. The JSR would also look at bringing services into the County and these would be based on clear evidence;

- it was noted that the JSR intended to have 'meaningful conversations' with the public. Members suggested that the project needed to be creative and smart to achieve this and should tap into local authorities' experience as well as considering using new social media in addition to going out into shopping centres. It was highlighted that the public would not be interested in the JSR process but would want to focus on their access to services. Members were advised that the JSR was going out to source advice from communications experts and from the Strategic Health Authority too;

- whilst Worcestershire may not have the large ethnic minority populations of somewhere like Birmingham, it was noted that there were significant Polish, Pakistani, Bangladeshi and Traveller populations in the County and assurances were sought about ensuring they were engaged in the JSR. Members were advised that the review needed to ensure all views were taken into account and in the next month a high level plan would be in place. It was still early days in the process. It was highlighted that the Stakeholder Reference Board had very good representation and the JSR was confident that the SRB would provide a good product which all could have confidence in;

- in response to a question about which specialised services were provided in Worcestershire which other areas bought into, Members were advised that there were a number of services where Worcestershire Acute Hospitals NHS Trust worked on larger populations than just Worcestershire, including for example vascular services and oncology. The Trust considered that there were a lot of services currently not provided in Worcestershire which could be and the JSR could provide opportunities to provide more specialist care in-County. With the national move towards reducing patient stay in the acute setting, organisations needed to be maximised to undertake as much care as possible safely. There were already examples in Worcestershire of making full use of its specialists, for example expanding its cardiology services;

- it was questioned whether the principle of moving people out of acute beds as soon as appropriate would guarantee the future of the County's community hospitals. Whilst this was an issue for the County's commissioners, the Acute Trust's view was that the Acute Trust should treat patients for the optimal time and then be able to transfer them to the right services in the community. Members were advised that it was widely recognised that it is better for patients to receive care in their own homes unless they needed acute care

and it was cheaper too and the shift towards community based care was a national driver. Whilst a good future for community hospitals looked likely, it was not possible at this stage to predict how services would end up;

Phase 3: Option Appraisal / Development of Strategic Case for Change
Phase 4: Refine the Strategic Outline Case
Members were advised that the options generated under the JSR would be based on clinical outcomes. Clinicians would look at what was right for patients and the JSR would have support from independent people in assessing the clinical evidence. Once the review was clear on the early views about clinical outcomes, patient numbers and assumed levels of demand for acute services would be applied. Once demand was projected, consideration would be given to whether there was an evidence base for change and how a service could be organised. Finally, financial projections would be applied. Patient flows and catchments would be reviewed and there would be discussions about possible change of flows to other providers and was a key reason why commissioners and providers were undertaking the JSR together. This work would result in a much smaller list of options to take forward and these would be shared publicly after independent assessment of the clinicians' proposals by the National Clinical Advisory Team (NCAT).

The JSR wanted to have more independent review within the process prior to the NCAT's assessment and as each service option developed, not only would patient fora review them, but there would also be independent peer reviews led by Professor Bernard Crump, bringing in appropriate expertise dependent on the particular service under consideration. However, it was highlighted that ultimately the Government had a clear role in assessing any proposed reconfigurations through the NCAT, which would report formally before the proposed public consultation.

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

- it was questioned how the JSR would engage with the public on the emergent case for change within phase 4 of the project when this was in advance of the independent peer review. Members were advised that the review wanted to ensure it worked with the public who had a lot of advice to give and did not want to finalise any options without talking to people. The review would engage with the public at every stage. It was clarified that the phase 4 engagement with the

public did not mean engagement with the wider public. Members were advised that only indicative timelines were available at this stage and a more detailed project plan would be available and would be shared with the HOSC, including details about how long each phase would take which would help to make more sense of the full process. Assurances were given that there would be informal engagement all the way through the review but proposals would not formally go to the public until after clinical review;

- Members welcomed that the timeline for the review would be refined and it was highlighted that there were local elections in May within the districts where the Trust's 3 hospitals were located and it would be key that the review did not become a political football before refined proposals were formally shared with the public;

- Members highlighted that, as demonstrated by the previous review and changes at Kidderminster Hospital, clinicians were critical to the review and all of the local medical profession would need to be behind proposals made under the review;

- it was queried whether the Health and Social Care Bill might impact on possible options identified under the JSR. Members were advised that this was not anticipated and whilst there was still a huge amount to be settled in the Bill, the 3 CCGs were already part of the JSR and were committed to it. Members were assured that the JSR was not linked to the Bill and, if passed, it would make no difference to the review. It was noted that there had been a lot of media turmoil about the Bill and the local JSR should not be tainted by this and whilst they may be running in parallel, they were not interconnected;

- it was noted that a lot of importance had been placed on the fact that nothing was ruled in or out of the review and it was questioned therefore whether the role and place of private service provision would be a consideration. Members were advised that the JSR aimed to achieve optimum services for the people of Worcestershire. If a provider option was a private service, so be it, but moving to private service provision was not a motivation or a driving force in the review;

- Members questioned whether the HOSC would also have to wait for information about emerging options until after consideration by the NCAT. Members were advised that a conversation would be needed about this as by that stage, the review would have a level of confidence in the strength of the evidence it had obtained but the independent process would give it the

further constructive challenge necessary;

- whilst Members had previously informally indicated that they would wish to have an input to the independent peer review, the Chairman considered that as this had not been raised further, it would not be requested;

Phase 5: Independent Peer Review
Phase 6: Finalise Strategic Outline Case and Produce Outline Business Case / Approval by Statutory Organisations

Members were advised that the role of the NCAT would hopefully be hugely helpful for the HOSC and the public as it would demonstrate the strength of the evidence base and the assumptions subsequently made about organising health care in Worcestershire. Phase 6 would bring together changes resulting from the independent peer review into the outline business case. Public consultation as currently indicated would hit the summer months and further consideration would be given to this and advice would be taken on the reasonableness of this before coming back with a more detailed timetable.

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

- it was suggested that it would not be appropriate to consult the public on substantial service changes at a time when people are least likely to be available and that it was better if the latter phases of the review slipped rather than running a consultation over the summer;

- in response to a question about how a review of acute stroke services being undertaken separately from the JSR could be justified or rationalised, Members were advised that whilst the JSR was very important, local NHS organisations still had to tackle immediate issues relating to service quality or safety and if this meant reviewing a service outside the JSR timeline, this would happen. Any such service review would still subsequently need to be looked at in the round under the JSR too. It was important that the Acute Trust continued to also look at services provided today and tomorrow as well as undertaking the longer term JSR;

- Members highlighted that in considering Worcestershire Acute Hospitals NHS Trust's latest Quality Account, the HOSC had suggested the inclusion of stroke care within the Trust's priorities but the Trust had not done this. Concern was expressed that the JSR should not result in the review of stroke services being pushed to the back and skimped. Members were assured that the

stroke review would be brought back to the HOSC and would be further reviewed under the JSR. If the JSR required the initial decision to be reviewed, that would just have to be dealt with;

- Members were advised that whilst it might be tempting to give the JSR the full responsibility to address the financial pressures facing Worcestershire's health services, it was only one aspect of the ongoing work to address the local financial challenge. Initiatives were also being undertaken by the CCGs, West Mercia Cluster and the Acute Trust and they were not all related to the JSR. The JSR would focus on those areas where all parties worked together and if people saw the JSR as the only action in town, they may not engage with other activities meaning those might not get the hearing they deserved;

- it was questioned whether, as the JSR would take most of the year and Worcestershire Acute Hospitals NHS Trust still needed to make savings in the short-term, there would be service changes prior to the JSR. Members were advised that the pressure on the NHS was not about reducing costs, but about improving productivity and making the same finances go further, recognising that there would be a £200 million gap in finances over 5 years in Worcestershire to cope with the increasingly elderly population, inflation pressures, technical advances, etc.

The Chairman highlighted that it would be necessary to bring the HOSC's activities in relation to the JSR and the JSR timetable together in the coming weeks. The HOSC's agreed activities prior to responding to the formal consultation were:

- engage with clinicians through the Clinical Senate;
- consider data and evidence underpinning the JSR;
- consider and comment on the JSR's engagement and communication plan;
- discuss emerging options and the NCAT report; and
- consider the independent peer review report.

When and how these would be undertaken would be considered outside the meeting and Members were assured that work would be undertaken to make sense of the high level evidence for non-clinicians' use.

The Chairman thanked all guests for their attendance and wished them luck for the forthcoming review.

541. (Agenda item 6) Health Overview

The Chairman updated Members on issues he had been involved in since the last meeting:

and Scrutiny Committee Round-up

- it was noted that the HOSC's cardiac rehabilitation scrutiny exercise had not yet progressed due to workload pressures, particularly the Joint Services Review;
- the annual Quality Accounts would be considered by the HOSC in May and the Chairman had given some thought to how the HOSC would handle these this year. An initial idea was that those Councillors who acted as 'lead members' for the NHS organisations could look at their Trust's Quality Account in advance of the HOSC and that this would give the HOSC meeting more structure and enable Members to be more searching. A proposed way forward would be circulated to Members for their consideration.

Ongoing issues around the County were discussed:

- in Malvern Hills, there was no health-related news to report;

- in Redditch, a piece of work was being undertaken in overview and scrutiny regarding access for the disabled and elderly looking at both public transport and roads. Cllr Quinney would share the outcome of the work with the HOSC. A new sports stadium had also now been opened in Redditch;

- in Worcester, the Overview and Scrutiny Committee had received a presentation on the Joint Services Review. The Council's budget was due to be considered by Council;

- in Wychavon, Cllr O'Donnell had given a presentation on the HOSC and would give regular briefings on the work of the HOSC to the Overview and Scrutiny Committee;

- in Wyre Forest, the process for feeding back from the HOSC had changed and rather than briefing scrutiny colleagues twice a year, Cllr Oborski would now update all Wyre Forest District Councillors twice a year at the Members' Forum. The Council's budget was also being considered and there were proposals to reconfigure leisure facilities;

- it was suggested that when a lead Member was unable to attend an NHS organisation's Board meeting, they should meet the Councillor who did attend to discuss the meeting;

- Cllr Oborski advised that she and Cllr Morgan, as lead Members for West Mercia Cluster would normally only attend the organisation's Board meetings held in

Worcestershire;

- The Chairman advised that he would be involved in interviews at Worcestershire Health and Care Trust.

The meeting ended at 3.45pm.

Chairman .....