worcestershire countycouncil

Health Overview and Scrutiny Committee
6 November 2012, County Hall, Worcester – 2.00pm

Minutes

Present:

Worcestershire County Council:
Mr A C Roberts (Chairman), Mr M H Broomfield, Mrs M Bunker, Mr A P Miller, Mr J W Parish, Mr T Spencer.

Bromsgrove District Council: Dr B T Cooper
Malvern Hills District Council: Mrs J Marriott
Redditch Borough Council: Mrs P Witherspoon
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. The minutes of the meeting held on 12 September 2012 (previously circulated).

A copy of document A will be attached to the signed Minutes.

593. (Agenda item 1) Apologies

Apologies were received from Brandon Clayton and Penelope Morgan.

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

None.

595. (Agenda item 3) Public Participation

None.

596. (Agenda item 4) Confirmation of Minutes

The Minutes of the meeting held on 12 September 2012 were confirmed as a correct record and signed by the Chairman.

597. (Agenda item 5)

Attending for this item from Redditch and Bromsgrove

Joint Services Review – The Future Configuration of Acute Services in Worcestershire – Next Steps

Clinical Commissioning Group and Wyre Forest Clinical Commissioning Group was Simon Hairsnape, Chief Officer (Designate) and from Worcestershire Acute Hospitals NHS Trust, Penny Venables, Chief Executive and Christine Fearns, Director of Strategic Development and Project Director for the Joint Services Review.

The Chairman reminded Members of the Health Overview and Scrutiny Committee (HOSC) that whilst it had been communicated publicly that commissioners were talking to a number of potential providers of acute services, HOSC Members were to refrain from asking questions about those providers.

Members were advised that, as detailed in the 11 October press release, once the detail of the 6 short-listed models had been looked at, more questions had been raised about those models. All wanted to get the review right in Worcestershire and not just apply a sticking-plaster solution for a few years. The primary reason for the timetable slippage had been to look at the models in more detail. Of the 6 clinical models, local clinicians had considered that models A and B were not viable. At the last Steering Group, the more radical models were considered and were now also off the table as they were not clinically or financially workable, both of which were needed for a model to be sustainable. Instead, now the review was looking at the range of services which could be provided across all 3 acute sites in the County. As stated in the press release, the site most likely to be affected would be the Alexandra Hospital, Redditch, which was where most of the clinical and financial tensions were. Work was now being done to look at the specifics of services. Professor Bernard Crump, an external expert clinical lead, was working with local clinicians about what range of services should be at the 3 sites and discussions were being had with providers. The next JSR Steering Group was on 18 December and it was hoped that there would be a decision to be made which could be followed by a second phase of engagement and subsequent public consultation, which could potentially need to take account of council elections.

Worcestershire Acute Hospitals NHS Trust (the Trust) highlighted that one positive of the review to-date was that the most radical options were off the table and the review was now concentrating on the provision of acute services on all 3 acute sites. Further work was being undertaken to accommodate comments from the phase 1 engagement and to take account of the work of Professor Crump on clinical sustainability.

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

- Members were advised that it was being planned to run the 2nd round of engagement in January and venues were in the process of being looked at. Events would be scheduled in the second half of the month at locations across the County. Such events would be dependent on there being something to say following the 18 December meeting of the Steering Group;

- it was noted that previously it had been intended that decisions on service configurations would be made before the abolition of NHS Worcestershire (NHSW) and the initial timescale was also important for the Acute Trust's bid for foundation trust (FT) status. Members were advised that in reality NHSW and the Clinical Commissioning Groups (CCGs) were now working as one and GPs needed to be involved and agree with the JSR process and outcomes and there should be no noticeable transition. It was acknowledged that the delays to-date did take the Acute Trust's FT application to the wire and any further delays would cause problems and there was no national change to the 2014 final FT status deadline;

- Members were advised that reviews of acute services were happening nationally. Some, for example in London, were further ahead than the JSR. Worcestershire was not alone in reviewing the clinical sustainability issues to be addressed in the JSR. Local health and social care partners were having to be brave and recognise that there were issues to be addressed or they were likely to face a crisis in a couple of years. In Worcestershire, the issues were being grasped at an early stage and whilst it felt uncomfortable, it was considered that it really was the right thing to do as the issues would not go away and would only get worse if left unaddressed;

- it was highlighted that public meetings in January were not ideal for older people and it was requested that some of the meetings should be held in the daytime. Members were assured that it was intended to schedule events in the daytime, evenings and at weekends too to maximise attendance. Members were also assured that there had been a lot of learning from the feedback from previous engagement. Phase 2 would be a relatively small and time-limited engagement due to its proximity to the formal public consultation. It was suggested that only tea and biscuits needed to be provided at future events rather than the food provided at previous ones;

- concern was expressed about the effect of the indecision to-date on the Acute Trust. Members were

assured that the Acute Trust was signed up to the new timeline and recognised that the right solution was needed for Worcestershire. However, not only would the Trust's FT application be up against the wire, but the longer it took to reach a decision, the longer it would be before implementation. Clinical and financial sustainability remained the 2 key issues. It was acknowledged that the Trust could cope with the current delays to the review, but if they were any longer, this would be more difficult. Whilst there was currently indecision and this could be seen negatively as procrastination, it was highlighted that at the moment there was not an evidence base for a decision which would provide a long-term solution;

- it was highlighted that whilst it had been intended previously to avoid the election period, this could now be in the middle of the consultation process. Members were advised that the NHS would normally take account of political purdah for 6 weeks before elections. It would need to be agreed with the HOSC and/or County Council about how this would stand if the consultation was to start before purdah but end during it. There was the scenario of no decision being made until June;

- it was noted that there had initially been some radical models proposed and it was questioned whether these had been dropped for expediency. Members were assured that the issue had been clinical and financial viability. When such models had been put through the appraisal process, some were not affordable, some needed significant capital up-front and some did not work clinically, for example, generating significant patient flow outside Worcestershire and neighbouring providers were worried about capacity issues;

- it was highlighted that there had previously been an emphasis on the fact that the review was being clinically led and was for the benefit of patients and it was suggested that as the review had progressed, this emphasis had paled and that financial considerations had risen to the forefront. Members were advised that the original case for change remained and the review had tried to be open and honest about sustainability and the difficulties in Worcestershire. There were financial difficulties in addition to staffing issues and what was needed to address both was the right services in the right places and clinical and financial considerations had both been important. The job of the NHS was to provide safe services and patient safety would not be compromised. Both a clinical and affordable solution was needed;

- it was suggested that delays complicated the process and made the Trust's FT application more difficult and it was highlighted that there was no guarantee that there would be no further delay and that consultation outcomes might add even further complications and delay. Members were assured that all patients wanted to come up with the best solution and as soon as possible and commissioners were confident that they could get the right solution for the County. It was highlighted that the review was dealing with really wicked issues. It was recognised that the outcome could be a range of options, potentially all with problems, and thought would be needed about how to work through these with the local population and it could be a struggle to reach a good solution. Whilst it would be ideal to have a perfect clinical and financial solution with no delay, it was highlighted that it was important to get the review right and the worst thing would be to fudge it;

- concern was expressed that in previous discussions, Members had been advised that the Trust needed to achieve financial savings this year and it was questioned whether this was on-track. Members were advised that the Trust needed to achieve £15 million savings in both this and next financial year, with the 3rd year looking to achieve savings as a result of the JSR through site specialisation and rationalisation. The necessary projects were in place and the Trust was on track to deliver the majority of planned savings for this year. It was highlighted that a difficulty for the Trust was that it had experienced a significant increase in emergency admissions since January and this was preventing the Trust from saving some of what was planned through reducing capacity. It was highlighted that there was a second significant piece of work, the Integrated Care Project, to review what provision in primary care and in the community could look like. The intention was a minimum 10% reduction in emergency admissions to acute services.

  There had been recent media coverage about emergency admissions and whilst that coverage had implied there was a difference of views between commissioners and providers, the current issue was more about reaching agreement about how money was used. Members were advised that in 2009/10, under payment by results, acute trusts were paid by the number of patients through the doors. However, a certain number of patients would cover trusts' overheads and a national view was taken that patient numbers over this were generating a profit from emergency work and, recognising that patients needed better community based treatment, the policy was

changed so that once a provider had recovered their costs, commissioners would fund additional patients at 30% of tariff. As this provided commissioners with a windfall of 70%, the Department of Health advised that this money was put into a kitty and agreement reached on its use, for example to provide care closer to home and out of hospital care. This year in Worcestershire, the Acute Trust had activity above planned levels which was being paid at 30%. There was currently a debate about how the 70% was to be spent. Such debates would be ongoing nationally and solutions were at local discretion. Whilst Acute Trust and GP views locally did differ a bit, there was not a fundamental difference. In Worcestershire, the money was about £2 million and would need to be spent by the end of the financial year, although it could be argued that it had already been spent. As well as discussing with the Trust, commissioners were also working closely with social care services, recognising that some of the out of hospital care which could be funded would be provided through the County Council, for example, assistive technology;

- it was highlighted that previously the review had suggested pulling services together to better enable 24 hour specialist care and it was questioned if the revised intention of delivering services on all 3 acute sites meant the review would not provide clinical improvements. Members were advised that the 3 sites could be sustainable with the right configuration and services would be more clinically and financially sustainable if centralised. This could see some services on one site and some on another. It was highlighted that the issue was to find the right balance between access to local services and the clear clinical and financial benefits of centralisation;

- it was noted that a key year for the Acute Trust's financial position was the year after next as the Trust was scheduled to see benefit from the JSR from April 2014;

- in response to a question about whether Kidderminster's MIU was planned to be a sacrificial lamb, as indicated in a previous edition of the Mail on Sunday, Members were assured that there was no ongoing debate between commissioners and the Acute Trust about the future of this service;

- recent media coverage about the Acute Trust's application for a loan was questioned. It was clarified that the Trust had not been turned down for a loan of £21 million as it had not applied for this loan, but had

applied for a loan of £9 million. Additionally, the loan did not relate to the JSR but to the Trust's FT application and ongoing issues around liquidity. Members were advised that there had been some delay nationally regarding loan applications to the Department of Health;

- it was questioned whether the services remaining in Worcestershire would be financially viable if some acute services moved to non-Worcestershire based providers. Members were advised that it was the intention of commissioners to keep services in the County. There may be a different distribution of services around the County's 3 sites and this would need to be worked through. It had been made clear that the public did not want patient flows going outside Worcestershire and neither did providers outside the County. It was highlighted that if some of the more optimistic conversations were to come to fruition, the outcome of the review could be a greater range of service provision in Worcestershire;

- it was further queried that if services at the Alexandra Hospital were to be provided by another acute provider, could a reconfigured local acute trust be sustainable. Members were advised that neighbouring acute providers had highlighted that they would not have sufficient capacity to treat Worcestershire patients if in-County acute services meant patients needed to access out-of-County services. An alternative however was a different provider providing the acute services in Redditch. The issue was not necessarily what acute services were available in Redditch, but who provided them. Commissioners wanted the widest range of clinically and financially sustainable services at the Alexandra Hospital and were working with Worcestershire Acute Hospitals NHS Trust and other providers where necessary. The Acute Trust reminded Members that the original terms of reference of the review had been to look at the Acute Trust's provision of services across Worcestershire. The key was to ensure the sustainability of acute services across the whole of Worcestershire and any option had to have that as the outcome to ensure all of Worcestershire had services and there was no destabilising of secondary services. The commissioners' perspective was reiterated that the debate was about the right range of services. It was also highly important that there was agreement that arrangements at the Alexandra Hospital were also right for the County's other 2 CCGs and their populations so that there was a win, win, win situation for the 3 commissioning areas of the County and their residents. The Acute Trust highlighted that the JSR was an extremely important part of the Trust's strategy to

ensure the right mix of services and which were sustainable. The Trust also wanted to develop more services in Worcestershire;

- Councillor Spencer highlighted that he had recently experienced the local health services and considered that the care provided by paramedics and the Acute Trust had been superb;

- concern was expressed about the effect of the continuing delay on staff morale and it was highlighted that there was much speculation at ward level about what was going on in the JSR. It was questioned how staff were being involved and kept informed. Members were advised that the longer it took to reach a decision, the more instability there would be amongst staff at the Trust. The day immediately after the last JSR Steering Group, staff sessions were held at all 3 sites and there were also regular meetings being held with staff, particularly in those areas most likely to be affected, i.e. obstetrics, paediatrics and A&E and the Trust also had an internal communications plan. A key difficulty was that there was nothing concrete yet to tell staff and this was a further reason why a decision was needed at the 18 December JSR Steering Group;

- it was highlighted that at the start of the review it had been constantly stated that the County was only able to sustain 1 full A&E. With the move now to keeping as many services as possible on the County's 3 sites, it was questioned whether the position had changed regarding the future number of A&E units. Members were advised that the original position still stood and there was no fundamental change to the case for change and all parties were now playing out what that might mean. Commissioners were working with the Acute Trust and other providers of acute services on the fullest range of services. It was not possible or appropriate to pre-empt the outcome of future consultation but it was reiterated that the original position stood and that the issues faced locally could be applied to other organisations nationally too and it was not possible to buy services if no-one was willing to provide them. The Acute Trust highlighted that there were different models of emergency and urgent care and the need was to ensure as much emergency and urgent care was provided on the County's 3 sites as it was safe and sustainable to do so. It was highlighted that in other European countries, A&E did not exist and there were very different models of care. Additionally, 10 or 15 years ago there were very different models of providing diabetes and respiratory care to how such services were provided today. Members were advised

that the issue was not whether there was an A&E or not, but what was critical was the range of services available. Whilst at this stage it was not possible to say what percentage of services currently at the Alexandra Hospital would continue, it was highlighted that the vast majority of Worcestershire's services would be available on site and proposals would be subject to consultation;

- disappointment was expressed about the revised timescales of the review and it was highlighted that the membership of the HOSC might have changed when the forthcoming consultation was undertaken. Members were assured that the review had achieved things over the last 10 months, having brought clinicians together and achieved broad clinical consensus on possible models as well as having undertaken public engagement and achievements to-date should not be under-estimated;

- an example was given by a Member of a patient who was discharged from hospital after an operation with a drain which they needed to attend A&E to have removed rather than being done in a community setting and this principle was queried. Members were assured that the Integrated Care Project would underpin the JSR;

- it was noted that there was variation between GPs on admission to hospital and inability to access GPs sometimes resulted in patients attending A&E and it was queried whether community services were working differently to ensure patients did not unnecessarily go into an acute or A&E setting. Members were advised that nationally there was a view that about 1/3 of emergency admissions could be avoided. Locally a target had been set to reduce emergency admissions by 20%. Members were advised that the County was already in a good place and was in the top 10% of lowest admission rates per head of population. The Quality Outcomes Framework offered a judgement of GPs and the latest figures recently published confirmed that Worcestershire had some of the highest quality GPs. Additionally, Harmoni was meeting all performance indicators. It was acknowledged that there would be some variance between some GPs and some would be better than others but there should be no excuse for not being able to see a GP when urgent advice was needed and provision should be in place to see a GP either in or out of hours. Members were advised that the 20% reduction in emergency admissions was considered achievable. It was also highlighted that the JSR related to acute care yet 90% of health care was outside an acute hospital setting and therefore out of hospital care was arguably more

important than the JSR as it was an area where more of an impact could be made;

- it was suggested that the pause in the JSR timetable had been gutsy and HOSC Members had previously considered that the proposed timetable was ambitious. Members were advised that the review was taking longer than had been expected to do the work properly but the key issue was to keep the work going; and

- it was highlighted that the HOSC had always indicated that it would wish to receive the evidence used in the JSR in reviewing models and options and it was questioned when this could happen. Members were advised that a high level view of the scale of evidence used had previously been shared with the HOSC. The Director of Strategic Development undertook to look again at how to share evidence with the HOSC in a meaningful way, recognising that evidence would be important in building confidence in the review. It was anticipated that the work on clinical sustainability would be completed by mid-December with further public engagement being scheduled for 2 weeks from 7 January. It was suggested that an in-depth presentation with clinicians after Christmas could be appropriate to answer Members' questions about evidence.

The Chairman thanked attendees for their attendance and clarity.

598. (Agenda item 6) Member Induction – Health Overview and Scrutiny Committee

Members were advised that to pave the way for the possible changes to HOSC membership following local elections in 2013, current HOSC Members' views on induction would be welcomed. Discussions were ongoing within the County Council about the general induction for Councillors following elections and the approach being taken was that the induction process should be more dynamic than Members simply receiving presentations. Instead, there should be, for example, visits and greater use of technology, including podcasts. In the past, inductions for HOSC Members had tended to include a background pack of information for each Member plus briefings with each local NHS organisation about their services. Additionally, when there was a new HOSC Chairman, they would have one-to-one meetings with key stakeholders.

Members were invited to share their suggestions and opinions to help inform future induction planning.

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

- it was suggested that Councillors needed to be dragged into the 21st century and rather than providing piles of papers to Members, with the associated postage costs, the Council needed to get to the situation where there was an expectation on Councillors that they receive things electronically. It was queried what was the point of the Council's push for better broadband provision if the Council continued to indulge Members. With this in mind, it was suggested that the pack of background information provided to HOSC Members could be sent electronically or made available to Members on the Councillor Portal;

- whilst Member visits to services were beneficial, it was noted that it was important to be aware of the impact of visits. It was highlighted that visits of big or small groups would always be an interference. It was suggested that having just 1 or 2 Councillors representing the HOSC on visits was better than all Members attending and disrupting a service. There was a view that seeing how things worked on the shop floor was useful, with one Member having recently attended the plaster room at the Worcestershire Royal Hospital and that Member was now aware of the conditions in that unit where there were queues and staff worked flat out;

- it was highlighted that everyone worked differently and there will still people who preferred to read things on a paper format rather than on a screen;

- concern was expressed that even with a prior knowledge of health or social care, Members would still find things confusing given the remit of the HOSC and the changing nature of the health economy and agenda. It was suggested that undertaking a survey of Members' needs would be beneficial and it was recognised that those needs would vary;

- it was noted that it was incredibly complex for HOSC Members to challenge health experts;

- it was acknowledged that getting HOSC Members up-to-speed was a major task and there was wide agreement that the HOSC needed to have continuity of membership;

- it was suggested that critical initial induction needs would include the purpose of the HOSC plus information on the key major institutions and their responsibilities. This would be enough in the first instance, to be followed by checking individual's knowledge needs. It was additionally suggested that

national structures should also be included as well as covering the Health and Well-being Board which would be a key body in setting local strategies and priorities;

- it was acknowledged that it was difficult for new Members to have to read a pile of background information at the start of their election as a councillor;

- it was also highlighted that it was difficult for new HOSC Members to play catch-up with the wider, potentially more-established, membership;

- it was recognised that it was often difficult to understand what was happening locally and read beyond 'PR'. A recent example was given by the Chairman of a newsletter update referring to the completion of a car park at the Worcestershire Royal Hospital, yet did not clarify that the car park would not be in immediate use.

Members were thanked for their contributions.

599. (Agenda item 7) Health Overview and Scrutiny Committee Round-up

Ongoing issues around the County were discussed:

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

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

- in Redditch, a couple of wards at the Alexandra Hospital had been closed due to the Norovirus. Additionally, there was a lot of despondency locally. A meeting was scheduled on 7 November to discuss funding received from Worcestershire County Council regarding Ageing Well;

- in Wychavon, the opening hours of Evesham Minor Injuries Unit had changed and did not appear to have caused a stir locally. Local cardiac rehabilitation had now transferred from the cardiac team at the Worcestershire Royal Hospital to the team at the Alexandra Hospital. Cllr O'Donnell considered the latter to be a more dynamic team and was pleased with the move;

- in Wyre Forest, the Kidderminster Hospital Alliance had a meeting scheduled with Penny Venables, Chief Executive of Worcestershire Acute Hospitals NHS Trust;

- in Worcester City, the Scrutiny Committee was to dedicate its next meeting to health matters, although it was recognised now that this might be a bit too early in

terms of the Joint Services Review. The new Barbourne Health Centre had also now opened;

- Cllr Witherspoon advised that she had attended a recent Board Meeting of the Acute Trust and considered that it had been very cold and clinical, it had not been clear that questions needed to be submitted in advance of the meeting and the meeting was a lot shorter than expected. Overall the meeting had been very clinical with no opportunity for discussion;

- the Chairman advised that he had attended a meeting of the West Midlands region's HOSC Chairmen and issues discussed had included an update on major trauma services and the forthcoming introduction of NHS 111. The Chairman advised that he also continued to have informal meetings with local NHS managers;

  Councillor Spencer advised that whilst paramedic and trauma services had been amazing during his recent experience of those services, the local trauma unit had been very small, filled with 4 beds and not enough space, meaning people had to move out to let new trolleys in;

- following recent attendance at Worcestershire Health and Care NHS Trust's Community Engagement Committee, concern was expressed that it appeared the Trust did not really want to engage. For example, terms of reference were presented and attendees were told what changes would be made rather than being involved in discussing and agreeing changes and Members were advised that the meeting was handled badly. The Chairman undertook to raise the concerns with the Trust at one of his informal meetings. Concern was also expressed about the configuration of the Trust's Locality Fora and that instead of establishing 6 to match district boundaries, only 4 had been created. Concern was also expressed about the vagueness of answers the Trust tended to give in public meetings; and

- it was noted that the 'lead member' role within the HOSC, where a lead and a shadow member followed each of the local NHS Trust's board meetings and provided feedback to the wider HOSC membership as necessary, would be reviewed following anticipated membership changes in 2013.

The meeting ended at 3.43pm.

Chairman .....