

Health Overview and Scrutiny Committee

Tuesday, 19 July 2016, - 10.00 am

Minutes

Present:

Mr A T Amos, Mrs J L M A Griffiths, Mrs F M Oborski,
Mrs M A Rayner, Mr T Baker, Mrs A T Hingley,
Mrs F S Smith and Mrs N Wood-Ford

Also attended:

Worcestershire Acute Hospitals NHS Trust

John Burbeck, Interim Chairman
Chris Tidman, Interim Chief Executive
Rachel Duckett, Divisional Medical Director for Women
and Children
Jan Stevens, Interim Chief Nursing Officer
Lisa Thomson, Director of Communications

Future of Acute Hospital Services Programme Board

Simon Trickett, Interim Chief Officer of Redditch and
Bromsgrove and Wyre Forest Clinical Commissioning
Groups
Lucy Noon, Programme Director
Claire Austin, Communications and Engagement Lead

Worcestershire Health and Care NHS Trust

Sue Harris, Director of Strategy and Business
Development
Stephen Collman, Director of Operations
Zelda Peters, Adult Mental Health & Learning Disabilities
Transformation Lead
Dr Jan Birtle, Clinical Director (Adult Mental Health)
Jenny Dalloway, Lead Commissioner (Adult Mental
Health and Dementia)

Healthwatch Worcestershire

Peter Pinfield, Chairman

Worcestershire County Council

Frances Howie, Interim Director of Public Health
Jodie Townsend, Democratic Governance and Scrutiny
Manager
Jo Weston, Overview and Scrutiny Officer

Available Papers

The members had before them:

- A. The Agenda Papers (previously circulated);
- B. Presentation handouts (circulated at the Meeting);
- C. The Minutes of the meeting held on 30 June 2016
(previously circulated).

793	Apologies and Welcome	The Chairman welcomed everyone to the Meeting. Apologies had been received from Councillors Biggs, Cooper, Grove, Hill, Miller and Vickery.
794	Declarations of Interest and of any Party Whip	None.
795	Public Participation	None.
796	Confirmation of the Minutes of the Previous Meeting	<p>Subject to the following amendments, the Minutes of the Meeting held on 30 June 2016 were agreed as a correct record and signed by the Chairman.</p> <p>Councillor Cooper (Bromsgrove District Council Representative) had been referred to as a retired General Practitioner (GP). He is in fact a semi-retired Consultant Physician.</p> <p>Minute 790, under Service Provider Comments, the third paragraph was changed to read 'Within the health visitor/school nurse service, the Trust are now working with commissioners to develop more outcome focussed performance indicators, which move away from input measures and provide opportunities to meet the required savings.'</p>
797	Constitutional Matters	The Democratic Governance and Scrutiny Manager advised the Committee that Councillor Frances Smith had been nominated by District Council Representatives to stand as Vice Chairman. The nomination would go to the 15 September 2016 County Council for appointment.
798	Temporary Emergency Change to Paediatric Inpatient Services at the Alexandra Hospital (Redditch) from September 2016	<p>Attending from Worcestershire Acute Hospitals NHS Trust (WAHT) were:</p> <p>John Burbeck, Interim Chairman Chris Tidman, Interim Chief Executive Rachel Duckett, Divisional Medical Director for Women and Children Jan Stevens, Interim Chief Nursing Officer Lisa Thomson, Director of Communications</p> <p>Members had before them a print out of Frequently Asked Questions sourced from the WAHT website.</p> <p>The Interim Chairman reminded the Committee that the hospital services review had been ongoing for around six years and given the uncertainty that surrounds the</p>

outcome, the potential need for change in services at the Alexandra Hospital in Redditch had been previously reported.

Credit was given to Staff who had managed through uncertain times, however, WAHT was coming to the point where services were becoming fragile and in order to keep them safe, a temporary emergency centralisation of paediatric inpatient beds was necessary. National experts had agreed with the decision.

The Interim Chief Executive explained that if services were felt to become unsafe, emergency plans could be implemented without consultation, like those related to Maternity services which were implemented in November 2015.

The decision was not taken lightly, with WAHT and the Clinical Commissioning Groups monitoring the situation for almost twelve months. In addition, advice was sought from Birmingham Children's Hospital before publicising the changes, which would come into effect from September 2016. This advance notice was felt necessary to inform the public through numerous means of communication.

It was stressed that the change would only affect a small number of patients, those children who needed an inpatient bed, which invariably tended to be for a night or two and children's outpatient appointments would not be affected. In the event of a child needing to be transferred from A&E in Redditch, this would be to the Worcestershire Royal Hospital by ambulance as required.

The Interim Chief Executive also outlined the publicity schedule leading to the implementation in September 2016.

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

- The Interim Chief Executive clarified that the changes would only affect a small number of children, suggesting five to seven patients each day where a one night stay was normal
- The Trust had no plans to make any further temporary emergency changes, however felt it was vital to conclude the Future of Acute Hospital Services in Worcestershire review without any further delay
- Members questioned the level of publicity and

were informed that engagement had already been wide. Local media had been supportive and numerous groups, such as schools, had been specifically targeted

- Committee Members were asked to publicise the changes in their local area and through local networks
- When asked what the impact had been on the changes in Maternity services, the Divisional Medical Director explained that it was seen as a positive move. Staff morale was higher, patients were reassured and clinically it was the right decision
- The Interim Chief Nursing Officer clarified that Worcestershire Royal Hospital had a dedicated Children's Ward with 34 beds. Although it was busy, children tended not to be an inpatient for very long and occupancy was low. There was no concern that there was not enough capacity
- Members raised concern about public transportation between hospital sites and were informed that dialogue was ongoing with Worcestershire County Council. In relation to patient transport by ambulance, parents would, if practical, be allowed travel with their child. In addition, other concessions were being discussed, such as transport costs for low income families and car parking concessions for regular attenders
- Staff affected by the centralisation recognised that it was the right decision and welcomed the opportunity to work more closely with colleagues on a larger number of patients. The transition had already begun with Staff familiarising themselves with the way that Worcestershire Royal Hospital was organised
- As physical space would be increased, there was the opportunity to enhance the environment for outpatient appointments and potentially increase the services offered
- The Chairman of Healthwatch Worcestershire was asked for any comment and expressed the view that it was important to take advice from clinical experts. He also expressed concern Healthwatch had received from residents and felt it was vital to ensure that communicating the changes was done well. A patient participation representative added that communication included visiting schools to ensure wider publicity
- The Committee welcomed the suggestion that the site in Kidderminster could be utilised further and

**799 Future of Acute
Hospital
Services in
Worcestershire
- Update**

looked forward to proposals in due course.

The Chairman thanked those present for providing a useful update on the upcoming changes and encouraged Members to communicate the detail to their local residents and groups.

Attending for this Item were:

Simon Trickett, Interim Chief Officer of Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Groups

Lucy Noon, Programme Director

Claire Austin, Communications and Engagement Lead

For the benefit of new Members, the Interim Chief Officer provided the Committee with some background to the current situation and associated timescales. The Committee last heard from Officers in April 2016 where there had previously been some internal assurance challenges. A significant milestone was reached in June 2016, when the West Midlands Clinical Senate gave clinical assurance. The NHS England Assurance Panel would now need to agree the pre consultation business case in order for public consultation to commence.

A full twelve week public consultation was planned, likely to commence in September 2016. NHS colleagues were keen to have HOSC input into the planning process and throughout the consultation, to ensure that coverage was wide and able to target hard to reach groups.

It was envisaged that a Clinical Commissioning Group decision would be made in January 2017, with implementation in February 2017.

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

- One Member suggested that there should be caution describing the process as consultation as there was no choice on offer. It was noted that it would provide an opportunity to pause and reflect on the process
- Concern was raised with the use of electronic only communication, due to the number of people without internet access. It was clarified that the full consultation document would be widely available, but some associated background papers may only be available electronically
- Transport between hospital sites continued to be a discussion item and a dialogue was ongoing

**800 Adult Mental
Health
Transformation**

between the Programme Board, County Council Officers and Bus Operators

- One Member highlighted that although the focus had generally been on the Worcester and Redditch sites, the changes would impact on all sites, including Kidderminster, which would see more activity taking place
- The Committee was in agreement that the consultation plans were progressing well and Members would highlight more local opportunities when plans were more developed. NHS Officers welcomed the contribution and offered attendance at any group in due course. They acknowledged that it was important to work in partnership and organisations such as Healthwatch were already contributing.

Attending for this Item from Worcestershire Health and Care NHS Trust were:

Sue Harris, Director of Strategy and Business Development

Stephen Collman, Director of Operations

Zelda Peters, Adult Mental Health & Learning Disabilities Transformation Lead

Dr Jan Birtle, Clinical Director (Adult Mental Health)

Jenny Dalloway, Lead Commissioner (Adult Mental Health and Dementia)

By way of presentation, the Director of Strategy and Business Development and the Director of Operations provided the Committee with an update in relation to Adult Mental Health transformation.

Budgets were reducing and in 2016/17, this was by 7.5%. Demand and expectation was rising and it was proven that early intervention and prevention had a positive impact on individuals. In addition, options for self care and recovery needed widening. It was clear that in order to achieve these goals, there was a need to think differently and work together with partners.

Worcestershire Healthy Minds was a package of services which had been redesigned to provide easier and quicker access to assessment and treatment. It enabled new ways of working across General Practice and the voluntary and community sector and allowed self-referral to Talking Therapies - the first time for Mental Health. Being part of the Wellbeing Hub and accessible by internet and app, it provided County wide coverage and increased options locally depending on what

communities were interested in.

The Wellbeing Hub was the link to mental health support in the County, providing information and signposting for anyone over the age of 16 who was experiencing low mood, stress or anxiety. Managed by Community First, the website was instantly available and telephone callers would be assisted between 9am and 5pm Monday to Friday. There was the ability to self-refer to a range of Talking Therapies and the Wellbeing Hub provided a seamless transition to secondary care where needed. Whilst promotion of the service was ongoing, it was noted that 302 contacts already existed, with the Redditch area being most represented at present.

The use of technology in self-help and signposting was increasing over time and for the three month period ending 30 June 2016, the Worcestershire Healthy Minds webpages had 6,600 hits. In addition, a mobile app which had recently been developed was due to be launched soon.

In relation to Secondary Care redesign, the Committee was reminded that there were 3 elements to consider:

- Community Mental Health Services
- Acute Inpatient Wards
- Home Treatment Service

There also needed to be consideration of whether services were clinically effective, safe, compliant with quality of care standards and were meeting commissioner and patient expectations.

The redesign was co-produced with stakeholders, including patients, staff and others, and engagement was wide, including presentations at HOSC throughout 2015/16. There were numerous forums and meetings to ensure the model was sustainable.

From the engagement undertaken, there had been five recurring themes:

- The need to reduce and centralise inpatient acute wards
- The wards to have a clear function, mainly intensive triage and treatment for the acutely mentally ill
- A requirement for alternative provision in the form of safe houses or crisis beds, enabling focussed step down
- Increased and improved home treatment to care for more people in their own home

- To have specialist community mental health teams with a clear function to provide services to patients with serious mental illness.

In addition, patients and carers had been clear about what matters most to them, including consistent staff who had time to listen, care and involve patients and carers, information along the journey and inpatient wards that offer activities and calm spaces for only those that really need them.

In relation to Community Mental Health Teams, a specialist Community Assessment & Recovery Service (CARS) was proposed which would be developed following national guidance.

For Inpatient Wards, there was a proposal to have an intensive assessment ward with 7 day admission, aligned with a separate treatment ward. This proposal of separate wards was as a result of listening to patients who asked for separate wards to avoid very unwell patients mixing with those recovering and about to go home. This proposal could also only be developed if alternatives to admission, such as supported living, were explored. It was also seen as best practice nationally.

Members were informed that the next step would be to commence formal public consultation and as a result of feedback, further remodelling may be required. Presentations would be held across the County, events would be attended and a media presence was planned.

It was hoped that the new model would be implemented by December 2016.

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

- One Member enquired about the transition from mental health services for children to adult services, to be informed that Worcestershire Healthy Minds was available from the age of 16 and clinical conversations were ongoing. Young people were at risk of being labelled, which could potentially affect their self esteem
- When asked whether mental health nurses were available in all GP surgeries, it was clarified that this was not the case as there were different commissioning models throughout the County
- In relation to a question about remuneration, Members learned that payment was not by results, however, there was a move nationally to

801 E-cigarettes

move towards this model. Instead, the principle was to work in collaboration with partners for the best outcome for individual patients and this may equate to working in a different way

- Members were asked to consider and promote the consultation in their local areas and also the Wellbeing Hub, in particular the Worcestershire Healthy Minds programme, accessible via this link [click here](#)

The Chairman thanked those present for an useful discussion and asked for an update following the consultation period.

The Interim Director of Public Health provided the Committee with a presentation on E-cigarettes, specifically, what they are, how they are used and the risks and/or benefits of their use.

E-cigarettes are battery operated devices that deliver nicotine by heating a solution of nicotine, flavouring, additives and propylene glycol, without most of the toxins found in cigarettes. They are often known as vapes and come in a variety of designs, changing rapidly from their launch in 2007.

From a 2014 national survey, 38% of respondents reported that they used e-cigs to help them stop smoking tobacco entirely and others responded to suggest they used them to help reduce the amount of tobacco smoked.

The risks to health are very low for current users, however, there is no evidence as yet on the impact of long-term use. Since 2007, there had been 700,000 UK deaths from nicotine use and none from e-cigarettes. It was suggested that they provided a low risk alternative for up to 10 million current smokers in the UK, however, some products were of low quality.

There was concern that e-cigs could be a gateway to introducing young people to smoking and tobacco control and smoke free policies were being undermined by vaping.

The future direction of the use of e-cigarettes was positive, however, there was a desire for further regulation, especially in relation to the marketing of products to ensure they did not appeal to non-smokers or young people.

In a 2015 review, Public Health England concluded that there was a need to increase awareness of some key facts. Nearly half of the population did not realise that e-cigarettes were much less harmful than smoking, with the figure being around 95% less harmful. In addition there was no evidence to suggest that e-cigs were a route into smoking for children or non-smokers. Therefore, Public Health England could not combine discussions on smoking and vaping.

Finally, the Interim Director of Public Health reported that although there was already strong evidence, closer monitoring of emerging evidence was needed. In addition, the forthcoming Tobacco Control Strategy would need to be reviewed and ensure that Worcestershire's Tobacco Control Plan takes account of it.

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

- The risk of accidental poisoning of children was no greater than other substances, such as pain medication
- Two thirds of all smokers now vape as well as smoke or instead of
- In relation to further regulation, there was a move to introduce package labelling and listing ingredients in order of quantity, much like other products
- The Committee was supportive of the need for further regulation and appropriate marketing
- One Member suggested that public perception was that e-cigarettes were as harmful as smoking, however, it was clarified that there was no evidence to suggest that was the case
- Many Members agreed that many e-cigs provided unpleasant aromas and it was perceived among many to be socially unacceptable
- In response to a question around whether vapour had any effect on Asthma sufferers, it was explained that much research had been undertaken on this subject and the ingredients were not at levels to cause a trigger in asthma sufferers
- The Interim Director emphasised the need to be mindful of national strategy when working locally.

The Chairman thanked the Interim Director for a useful presentation and asked for a review at an appropriate time in the future.

The meeting ended at 12.50 pm

Chairman