

Health Overview and Scrutiny Committee

Wednesday, 16 November 2016, County Hall - 1.30 pm

Minutes

Present:

Mr A T Amos, Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Mrs F M Oborski, Mr G J Vickery, Mr T Baker, Ms T Biggs, Anne Hingley, Mrs F S Smith and Mrs N Wood-Ford

Also attended:

Mr J H Smith, Cabinet Member with Responsibility for Health and Well-being

Simon Trickett, NHS Redditch and Bromsgrove, Wyre Forest Clinical Commissioning Groups (CCG)
Dr C Ellson, South Worcestershire CCG
David Mehaffey, South Worcestershire CCG
Sue Harris, Worcestershire Health and Care NHS Trust
Chris Tidman, Worcestershire Acute Hospitals NHS Trust
Julian Berlet, Worcestershire Acute Hospitals NHS Trust
Lisa Thomson, Worcestershire Acute Hospitals NHS Trust

Dr Frances Howie (Director of Public Health),
Simon Mallinson (Head of Legal and Democratic Services) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for agenda items 5 and 6 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 26 September 2016 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

811 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Committee members Councillors Brian Cooper and Mary Rayner.

812 Declarations of Interest and of any Party Whip

Councillor Amos declared an Other Disclosable Interest as a relative was employed by Worcestershire Acute Hospitals NHS Trust.

Cllr Frances Smith declared an interest in Agenda Item 7, as her husband was the Cabinet Member for Health and

813 Public Participation

Well-being and Chairman of the Health and Well-Being Board. She would therefore withdraw from that item and not participate in the discussion and holding to account of Cllr John Smith (Agenda Item 7 – Proposals for Change and Reform to Support the Medium Term Financial Plan: Public Health). Councillor Frances Smith left the meeting before Item 7 and was not present for it.

Dr Sylvia Chandler, a member of the public who was also a retired GP and member of Keep Our NHS Public, addressed the Health Overview and Scrutiny Committee about the Herefordshire and Worcestershire Sustainable Transformation Plan (STP), and asked the following question:

'Simon Stevens, Chief Executive Officer of the NHS, said at the NHS England Annual General Meeting on 25 October 2016, that STPs were to be published 'in the next few weeks' in order to go out to public consultation. Has the HOSC seen or requested to see the full Herefordshire and Worcestershire STP and if not when will it do so?'

Dr Chandler also urged scrutiny of the STP, including the current strain on services, emphasis on community care, and how the ideas would be financed.

Mr Bryan McGinity, Non-Executive Director of Worcestershire Acute Hospitals NHS Trust (WAHT), asked the question:

"The WAHT is determined to improve its communication and relationship with residents and stakeholders. What guidance would the Committee give to the Board to assist in this aspiration?"

The Chairman thanked Dr Chandler and Mr McGinity for their contributions and invited them to stay on to hear the HOSC's discussion of these two areas.

814 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 26 September 2016 were agreed as a correct record and signed by the Chairman.

815 Sustainability and Transformation Plans

In attendance for this discussion were:

Worcestershire Clinical Commissioning Groups (CCG):
- Simon Trickett, Chief Operating Officer (Wyre Forest CCG, Redditch and Bromsgrove CCG)

- Carl Ellson, Chief Clinical Officer (South Worcestershire CCG)
- David Mehaffey, Director of Strategy (South Worcestershire CCG)

Worcestershire Health and Care NHS Trust - Sue Harris, Director of Strategy and Business Development (and STP Communications and Engagement Lead)

Worcestershire Acute Hospitals NHS Trust (WAHT) – Chris Tidman, Interim Chief Executive

Simon Trickett, Chief Operating Officer, gave a presentation to provide further information on Sustainable Transformation Plans (STPs) – the concept, focus, challenges, targets, next steps and plans for communication and engagement.

Following comprehensive spending reviews, STPs were long-term five year transformational and collective plans to look at available funding, and what changes were needed to sustain services. STPs were strategic planning footprints covering the whole of England, of which there were 44 nationally, with a range of populations. Herefordshire and Worcestershire was a relatively simple footprint with only two Health and Well Being Boards and one of the smaller areas in population. However it had one of the larger areas in terms of geography and one of the biggest financial challenges, particularly as both acute trusts were in special measures.

The STP required a single budget and approach, and had the triple aim of identifying how to close the gaps in health and well-being, whilst improving care and quality, within the financial allocations available.

A lot of work had taken place so far. Some of the key challenges were already known to commissioners, such as the gap between life expectancy and healthy life expectancy. The significant challenges for Herefordshire and Worcestershire STP were around finance, care and quality, including NHS constitutional standards for Urgent Care, Planned Care and Mental Health. The financial challenge was already well known.

There were lots of areas which the STP would seek to enable as part of the overall transformation priorities to:

- maximise the efficiency and effectiveness of back office functions and infrastructure

- prevention approach and supporting more self-care
- out of hospital care – home not hospital
- reviewing use of specialist services – how and when

Total spend across Herefordshire and Worcestershire would rise from £1.168billion, to £1.327billion by 2021, but if services stayed as they were now, an extra £250million would be needed. The presentation showed a summary table of funding areas and indicative funding share.

The full draft STP would be published on 22 November, available online and discussed at Board meetings of Redditch and Bromsgrove CCG and South Worcestershire CCG on 24 November. More detailed operational plans for 2017/18 and 2018/19 were also being developed – the majority of which would already be known to HOSC members, as priorities built on previous activity and engagement, although this would not be the same everywhere nationally.

Public engagement and discussion of the STP and Operational Plan would take place from January to March 2017, with implementation beginning in April.

Sue Harris, STP lead for communication and engagement explained that engagement on the principles and emerging themes of the STP had taken place throughout 2016 and would increase through the new website www.yourconversationhw.nhs.uk .

A lot of work on engagement and co-production was taking place, involving drop-in sessions via a mobile bus, events, forums and use of different communication channels. The Plan would be published on the CCG websites and on the designated STP website.

Feedback and key themes would be collated at the end of February, and formal consultation would take place on any changes required.

Main discussion points

- It was clarified that although the concepts of the Plan were not new, the point of the STP was to bring all agencies together, not just commissioners - as part of a single plan, and collective direction of travel

- The draft Plan published on 22 November would focus on priorities and principles. There would be areas of service change which would require specific consultation
- When asked why HOSC members had not yet seen the Plan, the Chief Operating Officer advised that across the country, only a few Plans had been published (or leaked) and most would be published the following week
- The Plan was still draft, was subject to input from the public and it would be a good while before the detail was finalised
- When asked whether communications would include reasons and explanation rather than just principles, the CCG Chief Operating Officer highlighted the accessibility of the public-friendly version of the Plan.
- It was confirmed that the aim was not to cut services, but to focus on available resources, outcomes and efficiency
- Whilst supporting a self-care approach, a HOSC member pointed out that this was less easy for those who were old and sick. It was acknowledged that self-care covered a broad spectrum and that views on self-care varied amongst the STP partners. Signposting was important and more work was needed to map what worked well and how it could be embedded.
- For some services, such as Stroke Services, collaboration with other areas would be necessary, and some providers would feature in more than one STP.
- More certainty and structured planning would help staff recruitment and reduce the need for costly agency staff
- Shared buying power would be important and STPs would also improve the health and social care interface
- Several HOSC members spoke about their pride in the NHS, and why this made them concerned for health care in the future, and motivated their constructive criticism of plans
- Contribution was invited from Cllr Johnson, a Worcester City Councillor present, who asked how confident were commissioners that the bid submitted for acute services as part of the Future of Acute Hospital Services in Worcestershire review, would be successful, and what was the plan otherwise? This was bearing in mind that the bid was central to the STP, and there were

continued pressures from demand, year on year efficiency requirements, and the fact that all STPs would be competing for capital. Commissioners were confident of the bid's success, although nothing was guaranteed and the WAHT Interim Director acknowledged that 'Plan B' would be a 'nightmare scenario', and mean continuing with the temporary emergency changes already implemented. Investment was needed to ensure planned care, as well as emergency care and across the country the STP was being used as a mechanism for more strategic working

- Comments were invited from the Healthwatch Worcestershire Chairman, who advised that Healthwatch, which was independent and not part of the NHS, met regularly with the Health officers present. He pointed out that it was NHS England which was responsible for plans not being made public earlier, although he agreed there was nothing new for Worcestershire – the operation and the detail would be interesting, and merit HOSC involvement
- Healthwatch had recently held an open meeting, at which many of the issues raised today had been discussed – the weblink would be circulated.

The Chairman thanked everyone for a useful discussion, and a further update would be planned. HOSC members welcomed the information and looked forward to more involvement. Suggestions for groups to consult and locations for the consultation bus were also encouraged.

816 Quality of Acute Hospital Services - Update

In attendance from Worcestershire Acute Hospitals NHS Trust (WAHT) were:

Chris Tidman, Interim Chief Executive
Julian Berlet, Divisional Medical Director
Lisa Thomson, Director of Communications

Chris Tidman, WAHT Interim Chief Executive updated the HOSC on progress since the last discussion - including the Trust's vision, priorities and progress in the areas rated as inadequate by the CQC in July 2015, as well as future challenges. The CQC was due to revisit the following week.

Key facts of note were that WAHT employed 5,935 staff and 600 volunteers, had 968 beds, 3 hospitals, 19 operating theatres and served a large geographic graphic area, with an older demograph.

WAHT had been through a long, painful journey to deliver clinical sustainability as part of the review of Worcestershire's acute services, which had been contentious and led to uncertainty. Emergency, temporary changes had been necessary for Maternity and Paediatric Services. Public consultation on reconfiguration plans was due in December, and it was hoped that the future vision for the Trust was brighter. It was important to note that 95% of all patients would be treated at the same hospital as now.

'Buddy' arrangements with other trusts had helped strengthen governance and staff engagement and a Leadership Development Plan were in place.

Changes to Women's and Children's Services had led to improvements for those around the service, and feedback from patients and families around centralisation of Paediatric Inpatient Services, was very positive. These services had been the main reason for the CQC's inadequate rating, and the Trust's self-assessment in October 2016 was 'requires improvement'.

There continued to be incredible pressures on Worcestershire Royal Hospital's (WRH) Emergency Department (ED), especially from older patients, however triage times had improved, staffing had increased, equipment monitoring was tighter and there was a separate paediatric area. Expansion of ED was due to be completed in December and work going forward aimed to find new ways to manage demand and a less traditional 'bed-based' approach.

The Interim Chief Executive updated the HOSC on further progress and learning for radiology Services, following the Committee's recent discussion of the CQC's disappointing inspection of Radiology in August 2016. Staffing for extra radiologists had started and the inspection had been a catalyst for a new approach,

Emergency Surgery at the Alexandra Hospital was another area rated inadequate by the CQC in 2015. Since then, complex surgery had been transferred to WRH and serious incident and mortality rates had reduced. Options were being considered, with the need to identify more beds at WRH.

An update was provided of work against the key areas of question used by the CQC, used to assess whether services were safe, effective, caring, responsive to people's needs, and well-led.

Future challenges for the Trust included:

- Emergency Department overcrowding
- Medical and staff engagement
- Addressing workforce issues – specific focus on Medicine Division
- Committed to reduce hospital mortality rates
- Service improvement – fractured neck of femur, stroke, radiology, outpatients
- Future of Acute Hospital Services in Worcestershire (FoAHSW) Review and partnership working via the Sustainable Transformation Plan
- Reputation building
- Stabilising finances without impacting on quality and safety.

The Interim Chief Executive was acutely aware of pressures on the Emergency Department. Public consultation on FoAHSW and clarity on investment would help address workforce issues. He believed that the CQC would find progress had been made when it revisited the following week.

Main discussion points

- The HOSC Chairman sought assurance that there were no other areas of concern, such as the recently revealed backlog within Radiology. The Trust's representatives did not envisage similar shocks elsewhere and explained that preparation for the CQC visit had been very thorough
- The experience with Radiology Services had been a significant shock, and staff learning had been shared
- The associate nurse role referred to, as part of work on safety, was an intermediate role, which could also facilitate assistants wanting to train up to become nurses
- Cllr Vickery, a HOSC lead member for WAHT, appreciated the honest, straight presentation, visible progress and new exemplar approach to public engagement at public Board meetings – issues remained and winter pressures were still to come, but there was visible progress, which the STP would also help with
- The Interim Chief Executive acknowledged that progress against the Patient Care Plan arising from the CQC visit, had not been as sufficient as had been hoped. However, sustained improvements would be possible, which was

being driven by smarter working, addressing the '999 access point' and stronger diagnostics at the 'front door', to get people home and mobile

- The Divisional Medical Director, who was not a member of the WAHT Board, praised the strength and joint working of the Board
- Regarding reports of ambulances being unable to locate call locations, HOSC members were advised that an update from west Midlands Ambulance Service had been arranged for January 2017
- An issue was also reported where a member's relative had been referred to the Queen Elizabeth Hospital for specialist cancer treatment, but could not get there and transport was unavailable as she lived out of area
- The Interim Chief Executive undertook to look into a HOSC member's reports of problems with the ultrasound at the Alex, and also issues around poor care of a member's elderly friend at A&E, which had been deeply distressing
- Contribution was invited from Caragh Merrick, the Trust's new Chairman, who said that she was grateful for the HOSC's interest and constructive feedback. She highlighted the recent news report of a patient's 57 hour wait on a hospital trolley; there was no room for complacency. She also referred to work in hand to stabilize the Board, and to drive patient safety and care. The forthcoming CQC inspection would be an informed, objective assessment, which would reveal what had improved and what had not.

The HOSC Chairman wished the Trust well in its progress, which the Committee would continue to support, with constructive criticism.

**817 Futurefit -
Proposals for
Change and
Reform to
support the
Medium Term
Financial Plan:
Public Health**

(HOSC member Councillor Frances Smith was not present for this item.)

As part of the Council's development of the 2017/18 budget, the Cabinet Member with Responsibility (CMR) for Health and Well-being, and the Director of Public Health have been invited to discuss the budget challenges facing services in 2017/18 and how these are being addressed. The CMR explained that the proposal relating to public health was one of a list which would be looked at by the Cabinet at its meeting the following day.

The Director of Public Health talked through the concepts

behind the Futurefit proposal 'Demand Management: Improving Public Health – Optimising the Use of the Public Health Ring-fenced Grant (PHRFG)".

The Council took on new duties for population health improvement, and from April 2015 new duties for prevention and wellbeing. The inheritance of public health duties was complex, including the new duties to improve population health having regard to health inequalities. A ring-fenced grant could only be spent on local authority public health functions, and could be spent in four different ways:

- Mandated, for example sexual health, NHS health checks
- Non-mandated inheritance, for example substance misuse
- Non-mandated NHS inheritance, for example primary mental health
- Non-mandated use in former base adult services budget since 2013, for example housing related support, advice and information.

There had already been cuts to the PHRFG, initially in 2015/16, with further cuts in 2020/21. A managed process of reduction was in place, and corporate strategy planning proposed reductions of £1million in 2017/18 and £0.5million in 2018/19. Currently there was national consultation on the future of specific grants, and further consultation expected on mandated areas.

From a £30.6million 2016/17 budget, approximate spend was 20% to adult social care services, 30% on children's services, 15% on drug and alcohol services, 15% on sexual health services, 10% on strategic direction, 2% on health checks, and 8% on prevention/initiatives such as health walks and social impact bonds.

The Futurefit concept paper would review all PHRFG spend systematically, ensuring statutory compliance, a systematic approach to prevention, preventing the escalation of problems and ensuring evidence based work which has an impact on the Council's public health duties – the key duties being to improve health and wellbeing, have regard to health inequalities and to co-operate on community safety.

In reviewing spend on public health, a series of key questions would be asked, for example to assess a service's effectiveness, contribution to prevention and value for money. It was important to remember that there was an appetite for change and innovation and a

question to be asked was how might public health work with other directorates to re-design services so as to maximise the health impact of spend and a one-council approach.

It was clarified that whilst Worcestershire's spend per head on public health may have compared very well with other areas previously, at the time when duties were transferred from the NHS, this was no longer the case.

In discussing the concept proposal, a HOSC member made a plea for the Cabinet to maintain public health, which he saw as one of the Council's main responsibilities; yes it was important to embed public health into all areas, and for residents to be self-reliant, but the public needed support to do so, and direct action was still needed.

The Cabinet Member for Health and Well-Being cautioned that the public purse had been reducing over a long time, but the Cabinet was committed to reaching those families and children most in need.

Summing up, the Chairman said that he was confident that Cllr Smith, the Portfolio holder, would fight "public health's" corner hard in his discussions on the budget.

The Chairman thanked everyone for their contribution.

The next HOSC meeting would take place on 13 December 2016, and an additional meeting had been arranged for 11 January 2017, to facilitate a discussion with West Midlands Ambulance Service.

The meeting ended at 4.15 pm

Chairman