

Agenda

Health Overview and Scrutiny Committee

Tuesday, 13 December 2016, 9.30 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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كوردی سۆزانی. نەگەر نەتوانی تێبەگهی له ناوچەزکی نەم بەلگهیە و دەستت بە هیچ کەس نەگات کە وەبەگێزێتووە بەت، تەکنیە تەلەفون بەکە یۆ ژمارە 01905 765765 و داوای رێنۆینی بەکە. (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਮਸ਼ਹੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੋ ਸਕਦੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee Tuesday, 13 December 2016, 9.30 am, County Hall

Membership

Worcestershire County Council Mr A T Amos (Chairman), Mrs J L M A Griffiths,
Mr P Grove, Ms P A Hill, Mr A P Miller, Mrs F M Oborski,
Mrs M A Rayner, Mr G J Vickery and vacancy

District Councils

Mr T Baker, Malvern Hills District Council
Ms T Biggs, Worcester City Council
Dr B T Cooper, Bromsgrove District Council
Mrs A T Hingley, Wyre Forest District Council
Mrs F S Smith, Wychavon District Council
Mrs N Wood-Ford, Redditch Borough Council

Agenda

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1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation <i>Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 12 December 2016). Enquiries can be made through the telephone number/email address below.</i>	
4	Confirmation of the Minutes of the Previous Meeting <i>Previously circulated</i>	
5	Dentistry Services in Worcestershire	
6	Pharmacy Services in Worcestershire	
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Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston, Tel: 01905 844965, Email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors_and_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Monday, 5 December 2016

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 DECEMBER 2016

FAST FOOD OUTLETS AND HEALTH

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an overview from the Council's Director of Public Health on fast food outlets and health, following recent publication of Public Health England's (PHE) fast food outlet map.

Background

2. Environmental influences on diet often involve physical ease of access to food and drink, for example, from supermarkets for home consumption, from takeaways and from restaurants. As eating habits become more unstructured, the availability of and access to 'food on the go' is an important consideration in diet and obesity. Takeaway outlets primarily offer ready-to-eat, energy-dense foods that are associated with higher total energy and fat intakes. Frequent consumption of takeaway food has been associated with excess weight gain over time.
3. The number of takeaway food outlets has risen substantially over the past two decades, with a large increase seen in areas of socioeconomic disadvantage, according to a study carried out across Norfolk by researchers at the University of Cambridge.
4. A map showing the density of fast food outlets was published by Public Health England in October, to help in the fight against obesity.
5. The [map](#) is accompanied by data, showing the number of fast food outlets including burger bars, kebab and chip shops within each local authority area and how this compares to the population in each area.
6. Of 30 local authority areas in the West Midlands, Worcester City is listed with the third highest count of fast food outlets, with 100.2 rate per 100,000 of population.

Tackling Obesity

7. Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food.
8. Local authorities have a range of legislative and policy levers at their disposal, alongside wider influences on healthy lifestyles, which can help to create places where people are supported to maintain a healthy weight.

9. Local District Council planning authorities can influence the built environment to improve health and reduce the extent to which it promotes obesity. It is only in recent years that local authorities have started to use the legal and planning systems to regulate the growth of fast food restaurants, including those near schools. There is no clear evidence that can demonstrate a causal link between fast food outlet density and obesity at local small area level.

Purpose of the Meeting

10. Members are invited to consider and comment on the information provided regarding fast food outlets in Worcestershire, the impact on health, and the opportunities available to impact upon this area.
11. Following the discussion, HOSC Members are asked to consider whether any further information is required at this stage.

Supporting Information

Appendix 1 - News release from Public Health England 'Fast food outlet map published to help local authorities tackle obesity.'

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this Report

Frances Howie, Director of Public Health: Email: 01905 845533

fhowie@worcestershire.gov.uk

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of:

- Health Overview and Scrutiny Committee on 30 June 2016, available on the website [here](#)
- Cabinet on 16 July 2015, available on the website [here](#)
- Cabinet Member Decision on 20 November 2015, available on the website [here](#)



News Release

Friday 21 October 2016

Fast food outlet map published to help local authorities tackle obesity

A map showing the density of fast food outlets has been published by Public Health England (PHE) today, to help in the fight against obesity.

The map is accompanied by data, showing the number of fast food outlets including burger bars, kebab and chip shops within each local authority area and how this compares to the population in each area.

The density of fast food outlets in local authorities ranges from 24 to 199 per 100,000 of the population. The average rate for England is 88. In the West Midlands region there are around 4,756 fast food outlets in total, ranging from a rate of 119.9 outlets per 100,000 head of population in Stoke-on-Trent, to 36.1 per 100,000 people in South Staffordshire.

Collecting this information is important because there is a growing body of evidence on the association between exposure to fast food outlets and obesity, despite some studies showing conflicting results. Fast food is likely to be high in saturated fat and salt, of which the population exceeds official recommendations.¹ Data from the National Child Measurement Programme shows there are more overweight or obese children in poorer areas.

Dr Lola Abudu, director of Health and Wellbeing at PHE West Midlands, said: “Having fish and chips or a curry is part of Britain’s culture, however over a fifth of adults and children eat takeaway meals at home more than once a week, which is contributing to the nation’s obesity epidemic. Some local authorities are already trying to limit new takeaways, particularly around schools and we understand a number of councils in the West Midlands region are looking to do this, in order to discourage children from swapping their healthy school dinners for fast food. PHE encourages all councils to follow in their footsteps, as a healthy environment is a core element in tackling childhood obesity.

“We hope this data will prove useful to local authorities, to inform their planning processes, approving and licensing takeaway outlets and help with their long-term approaches to tackling obesity.”

Local authorities can use this data to target resource to help tackle overweight and obesity levels. PHE published a briefing for local authorities in 2014 on introducing fast food outlet exclusion zones around schools to help reduce children’s exposure to foods and drinks that are high in fat, salt and calories.

PHE also published a joint briefing with the Town and Country Planning Association and Local Government Association to support local authorities to plan and design healthier weight environments.

Not all fast food is unhealthy. PHE will be working with the out-of-home sector, which includes restaurants, cafés and fast food outlets, to reduce the amount of sugar, saturated fat, salt and calories in the food and drink they serve and increase the range of healthier options they offer. This will help to tackle overweight and obesity in children as part of the government’s Childhood Obesity Plan.

The map also underlines PHE’s call for the population to follow a healthy, balanced diet, based on the new Eatwell Guide, which includes eating a minimum of 5 portions of a variety of fruit and vegetables per day and increasing consumption of oily fish and fibre. Foods and drinks that are high in fat, salt or sugar should only be consumed occasionally and in small amounts.

For more information contact PHE West Midlands press office on 0121 232 9223/4

Notes to Editors

1. Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Website: www.gov.uk/phe Facebook: www.facebook.com/PublicHealthEngland
Follow us on Twitter @PHE_UK @PHE_WestMids

2. The terms ‘fast food’ and ‘takeaway’ are used interchangeably within this document and mean food that is available quickly, therefore it covers a range of outlets that include, but are not limited to, burger bars, kebab and chip shops and sandwich shops.
3. The map is available at: <https://www.noo.org.uk/visualisation>

4. Fast food outlets in the West Midlands region

Local Authority	Count of outlets	Rate per 100,000 population
Stoke-on-Trent	301	119.9
Sandwell	362	114.3
Worcester	101	100.2
Cannock Chase	98	99.4
East Staffordshire	112	96.8
Birmingham	1,058	96.1
Wolverhampton	242	95.7
Walsall	257	93.7
Newcastle-under-Lyme	113	89.6
Wyre Forest	85	85.9
Coventry	282	83.6
Dudley	258	81.7
Warwick	110	78.9
Shropshire	233	75.1
Telford and Wrekin	127	75.0
Rugby	74	72.2
Bromsgrove	68	71.2
Redditch	60	71.0
Staffordshire Moorlands	69	70.6
Tamworth	54	70.0
Nuneaton and Bedworth	85	67.4
North Warwickshire	41	65.6
Stafford	85	64.3
Wychavon	69	57.6
Stratford-on-Avon	69	57.0
Herefordshire	103	55.0
Solihull	114	54.3
Lichfield	51	50.0
Malvern Hills	35	46.1
South Staffordshire	40	36.1

ⁱ The latest [National Diet and Nutrition Survey](#) and [press release](#) were published on 9 September 2016.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

13 DECEMBER 2016

STROKE SERVICES – COMMUNITY SPECIALIST REHABILITATION

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from Worcestershire Health and Care Trust (WHCT) and the three Worcestershire Clinical Commissioning Groups (CCGs) on Community Specialist Stroke Rehabilitation across Worcestershire.
2. The Care Quality Commission is due to revisit the Trust in late November 2016.
3. Representatives from service provider WHCT and the CCGs have been invited to the meeting.

Background

4. The Herefordshire & Worcestershire Sustainability and Transformation Plan (STP), published on 22 November 2016, clearly identifies the health economies aspiration to strengthen the capacity and opportunity for home based care and reduce the reliance on bed based care across the two counties.
5. As part of its Integrated Recovery Programme, the three Worcestershire CCGs and other key partners have been reviewing the current use of “recovery beds” and considering the role they should play in the health and social care economy, how capacity in key community services is increased to support delivery of the county’s “Home first” principle and how stroke rehabilitation provision remains safe, effective and sustainable long-term within the county.
6. The HOSC will be aware of previous NHS work to bring more equitable specialist stroke rehabilitation cover across Worcestershire as a whole and the Committee was updated in September 2014.
7. Stroke rehabilitation is a multidimensional process, which is designed to facilitate restoration of, or adaptation to the loss of, physiological or psychological function when reversal of the underlying pathological process is incomplete. Rehabilitation aims to enhance functional activities and participation in society and thus improve quality of life. Key aspects of rehabilitation care include multidisciplinary assessment, identification of functional difficulties and their measurement, treatment planning through goal setting, delivery of interventions which may either effect change or support the person in managing persisting change, and evaluation of effectiveness.
8. The National Stroke Strategy (2007) states that individuals affected by stroke and their relatives need to receive good-quality, appropriate, tailored and flexible rehabilitation, (which) will affect long term recovery and reduce long-term

disability.....focus (in) on rehabilitation, to help them improve and recover, and support to help manage the disabling factors caused by a stroke that may continue long-term

9. WHCT currently deliver a critical part of the care pathway for Stroke Services, and are commissioned to provide 32 specialist stroke rehabilitation beds, split across community units at Princess of Wales Community Hospital in Bromsgrove (8 beds), Timberdine Community Unit in Worcester (8 beds) or Evesham Community Hospital (16 beds), before being discharged home.

10. NICE guidance for stroke rehabilitation in Adults June 2013 states that specialist Stroke Rehabilitation units need a consultant physician with Stroke experience and expertise to be part of the Multi-Disciplinary Team and provide the medical leadership. Consultant cover is being sourced under a Service Level Agreement from Worcestershire Acute Hospitals NHS Trust (WAHT) for the beds at Evesham and Timberdine, and South Warwickshire NHS Foundation Trust (SWFT) at the Princess of Wales (POWCH).

Challenges and Risks

11. WHCT and WAHT have highlighted the increasing difficulties experienced in securing sufficient Stroke Consultant cover to support the three specialist units providing stroke rehabilitation. Nationally, hospital stroke services are suffering from an increased shortage in qualified staff which has been widely reported in the press and highlighted in the third annual report from the Sentinel Stroke National Audit Programme. Locally, WAHT have been out to recruit for Stroke Consultants several times over the last couple of years to increase their establishment to fulfil community commitments and provide 7 day TIA 'mini stroke' services. This has not been possible and subsequently, they have had to rely heavily on locums which doesn't provide long term sustainability as they are expensive and the market is competitive.

12. As a result, in order to ensure patient safety, admissions to stroke specialist rehabilitation beds have had to be restricted on several occasions during the last few months, adding additional pressure on to the system as patients are unable to transfer from the Acute Stroke Unit (ASU) at Worcestershire Royal hospital in a timely manner. Since April 2016, Timberdine has been closed to admissions for 2 weeks on three occasions and Evesham Community Hospital has been operating with 4 less beds. Currently, WAHT can only provide one session per week for the 12 beds at Timberdine and SWFT is continuing to provide cover for the POWCH 8 beds and 8 beds at Evesham; an overall reduction in county wide provision of 4 beds from what has been commissioned.

13. As stakeholders including the HOSC were informed on 18 November 2016, the County's Stroke Strategy Forum have considered the issues and support the WHCT's view that urgent action is required in order to ensure safe stroke specialist rehabilitation services remain available within the county. Having explored a number of options, the Stroke Strategy Forum has recommended that all stroke specialist rehabilitation beds are centralised on one site (see proposal below).

Proposed Changes

14. In response to the Stroke Strategy Forum's recommendation WHCT has undertaken an options appraisal (See Appendix 1), including an assessment of the available estate, and have proposed that the stroke specialist rehabilitation beds are centralised at Evesham Community Hospital (ECH). The rationale for this is:

- Appropriately qualified Consultant support at a single site with the appropriate number of weekly sessions has the greatest opportunity to be secured
- Centralisation of stroke rehabilitation staff to a single site will provide increased opportunities for the development and delivery of specialist care
- The site is large enough to accommodate the 32 beds required, in addition to being able to provide sufficient numbers of general rehabilitation beds for local patients
- Freeing up the beds at Timberdine and POWCH will increase much needed general rehabilitation capacity for local patients
- Equitable and consistent approach to stroke rehabilitation and recovery delivered by a single team in a dedicated setting.

15. The proposed pathway would have the community stroke team and/or stroke rehabilitation specialist staff attend the ASU MDT and identify patients that can go home with them; or those who need care within the specialist rehabilitation inpatient unit. Following a period of intensive stroke rehabilitation at the specialist centre at Evesham, patients will normally be supported to return home. Patients who require on-going inpatient rehabilitation will be offered the choice to transfer to a community bed closer to home. Specialist support will continue to be provided, where appropriate, on an in-reach basis by the Community Stroke Service.

16. The 8 stroke specialist rehabilitation beds currently provided at Princess of Wales Community Hospital and the 8 beds currently provided at Timberdine Community Unit, will no longer provide stroke specialist rehabilitation but will remain available to provide general rehabilitation in those localities. This will also ensure people continue to be able to access non-stroke specialist community beds as close to home as possible.

17. Evesham Community Hospital is recommended as the preferred site for the specialist centre as it offers the most opportunity to retain an appropriate number of general rehabilitation beds in each locality. A review of current admissions identified that a number of patients from the Redditch & Bromsgrove and Worcester localities have previously been admitted to ECH due to a lack of available beds nearer to home. The proposed change to the stroke beds creates an opportunity for this to be addressed, allowing for an increase in the number of general rehabilitation beds available at POWCH and Timberdine. A corresponding reduction in general rehabilitation beds will be made to beds available on William Astley ward at ECH.

18. The intention is to go live with the full 32 bed service at ECH from mid-February 2017, with admissions to POWCH and Timberdine stopping at the end of January 2017. New admissions would be taken into the Evesham service whilst the bed numbers reduce in Timberdine and POWCH as the patients are discharged.

19. In order to mitigate the risks of reduced capacity over the winter months as a result of these changes, the CCGs intend to commission 8-12 surge beds at ECH

and up to 3 surge beds at Tenbury. WHCT is also considering the potential to reinstate the 4 beds lost at POWCH when the stroke unit was established, and this will be confirmed shortly.

20. In conclusion, due to the increasing difficulties experienced in securing sufficient Stroke Consultant cover to support the three specialist units providing stroke rehabilitation, it is being proposed to centralise provision on one site, in Evesham from mid-February 2017.

Engagement

21. Discussions with affected staff took place in late November, with all being offered the opportunity to remain at their current work place, unless they preferred to transfer to a role elsewhere within WHCT.

22. A series of engagement activities are scheduled to take place during the next 6 weeks, where WHCT will share details of the option appraisal and seek views from existing patients and families and from the wider community. The aim of this engagement will be to share details of this change with patients, their carers and their families, and patient representatives, and to hear their feedback, comments, thoughts and concerns. The particular focus of the engagement work will be around understanding what impact the proposed changes will have and what actions or reasonable adjustments can be undertaken to reduce this impact.

23. The engagement will involve talking through a briefing paper which will outline the main issues. It will make clear the options that have been explored and rejected, together with the reasoning for this. WHCT will then enter into a discussion focused on some key questions around impact and actions that could help to reduce or mitigate this where possible. The activities which will take place over the next 6 weeks include:

- Worcestershire Health and Care NHS Trust, Worcester City Locality Forum
- Worcestershire Health and Care NHS Trust, South Locality Forum
- Worcestershire Health and Care NHS Trust, North Locality Forum
- South Worcestershire CCG Patient Forums
- Redditch & Bromsgrove CCG Patient Forums
- Wyre Forest CCG Patient Forums
- Visit to Timberdine Community Unit
- Visit to Princess of Wales Community Hospital
- Further engagement sessions currently being scheduled with partners

Purpose of Meeting

24. HOSC members are invited to consider and comment on the information provided in respect of current challenges and risks, and the consequent proposed changes to ensure patient safety, which were communicated to stakeholders in November 2016.

25. Following the discussion, HOSC Members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny.

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this Report

Susan Harris, Director of Strategy and Business Development (Worcestershire Health and Care NHS Trust).

Email: susan.harris2@nhs.net

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 10 September 2014, which are available on the Council's website [here](#)

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Options Appraisal

	Option 1 - Status quo, which includes closing the beds to new admissions when consultant cover is unavailable	Option 2 - Patients stay longer in the acute hospital, but with extended community services being available	Option 3 - Centralisation of stroke rehab beds to one site model – Evesham Community Hospital	Option 4 - Reconfiguration of stroke rehab beds to a two site model – south/north
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 13</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Advantages</p>	<ul style="list-style-type: none"> • Patients can be cared for as close to home as possible, subject to a bed in their local ward being available at the time of transfer • Patient choice as there are 3 sites • Closer transport links for families • Current staffing maintain essential clinical skills (job satisfaction) • Large number of single rooms available, particularly at Timberdine 	<ul style="list-style-type: none"> • Patient and family satisfaction may increase (recovery at home) • Patients would go home earlier following their stroke • Patients can be cared for at home • Better patient quality outcomes – reducing risk of hospital acquired infections and social isolation 	<ul style="list-style-type: none"> • Greater ability to secure appropriate level of consultant cover for one site in terms of experience and frequency; reduced travelling time for consultants • Consultant support already secured from SWFT for 18 beds; WAHT has indicated they will be able to provide cover for the remaining 14 patients • Current community hospital medical model at ECH engaged and supportive • Centralisation of specialist staff providing a consistent offer of care • Greater opportunities to optimise staff skill set • Greater opportunities for community stroke service to attend the MDT on a single site, supporting patients to be discharged earlier • The offer of a specialist unit, located on a single site will be a more attractive offer for future staff recruitment • Evesham already has a multi-disciplinary team who were previously delivering stroke rehab for 16 patients • Releasing the beds at Timberdine and POWCH will provide more general rehab beds in the Worcester and Redditch and Bromsgrove localities • Sufficient capacity for local patients who require general rehab can still be provided within the bed base 	<ul style="list-style-type: none"> • Patients have more choice about being cared for closer to home where possible, subject to a bed in their local ward being available at the time of transfer • Patient choice as there would be 2 sites • Closer transport links for families • Current staffing at 2 sites maintain essential clinical skills (job satisfaction)

	Option 1 - Status quo, which includes closing the beds to new admissions when consultant cover is unavailable	Option 2 - Patients stay longer in the acute hospital, but with extended community services being available	Option 3 - Centralisation of stroke rehab beds to one site model – Evesham Community Hospital	Option 4 - Reconfiguration of stroke rehab beds to a two site model – south/north
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 14</p> <p style="text-align: center;">Risks</p>	<ul style="list-style-type: none"> • Current model shows that there is not sufficient stroke consultant time available to cover 3 sites resulting in an overall reduction in the number of stroke rehabilitation beds currently available and quality of service. • Stroke rehabilitation beds will have to be closed to new admissions periodically when consultant cover is not available • Lack of consultant input impacts on patient outcomes, resulting in delayed decision making of on-going care and increased length of stay • Lack of downstream flow impacts on patient outcomes, as captured in SSNAP audit • Current bed occupancy data suggests that a large proportion of patients cannot receive stroke rehab care as close to home as possible as there are not enough stroke rehab beds available in the north of the county • Inability to meet existing LOS targets both on the ASU, and in community settings plus significant impact on direct admissions to ASU within 4 hours and 90% of stay in a designated Stroke unit targets • Organisational reputation 	<ul style="list-style-type: none"> • There are a cohort of patients that would not be safe in between visits and would still require 24 hour nursing care post stroke; there is no provision currently to care for this cohort of patients at home • Timeliness – not a short term solution as it would require significant financial investment and a corresponding workforce review and recruitment • Longer LOS on the ASU/acute base wards • Whilst patients would go home earlier, some of these patients would still require consultant input and there is no provision for this currently (virtual ward approach would need to be developed) • Lack of downstream flow impacts on patient outcomes, as captured in SSNAP audit • Inability to meet existing LOS targets plus significant impact on direct admissions to ASU within 4 hours and 90% of stay in a designated Stroke unit targets. • Greater risk of readmission without fully resourced workforce • Timely access to medical equipment in the community (e.g. PEG feeds etc.) 	<ul style="list-style-type: none"> • Reduced patient choice as only one site available • Reduced transport links for families • Patients may choose to step off the pathway if they do not wish to receive care at Evesham • Reduced single rooms available compared to current offer • Up-skilling of staff on Abbott ward will be required • Overall reduction in general rehab beds at ECH; however bed modelling indicates that sufficient numbers can still be provided on site for local patients 	<ul style="list-style-type: none"> • Current indication is that there is not sufficient consultant time available to cover 2 site, which may result in an overall reduction in the number of stroke rehabilitation beds currently available and quality of service. • Stroke rehabilitation beds will have to be closed to new admissions periodically when consultant cover is not available • Lack of consultant input impacts on patient outcomes, resulting in delayed decision making around on-going care and increased length of stay • Lack of downstream flow impacts on patient outcomes, as captured in SSNAP audit • The bed modelling data indicated that stroke rehab beds would need to be increased in the north of the county to meet demand; however the bed modelling also indicates that that there is not enough general rehab beds to meet demand, meaning that not all patients could be cared for closer to home • Inability to meet existing LOS targets both on the ASU, and in community settings plus significant impact on direct admissions to ASU within 4 hours and 90% of stay in a designated Stroke unit targets. • Organisational reputation at risk

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE
13 DECEMBER 2016****HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP**

Summary

1. To receive a round-up of information on:
 - County Council activities in relation to health
 - District Council activities in relation to health
 - NHS Board meetings
 - Consultations in Worcestershire
 - Urgent health issues in Worcestershire; and
 - Items for future meetings of the Health Overview and Scrutiny Committee

Background

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the HOSC.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

NHS Board Meetings

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

Consultations in Worcestershire

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Unit at least two weeks in advance of a scheduled meeting of the HOSC.

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 [which can be accessed on the Council's website here](#)

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