

## **Economy and Environment Overview and Scrutiny Panel**

### **Wednesday, 18 May 2016, County Hall, Worcester - 10.00 am**

#### **Minutes**

#### **Present:**

Mr G J Vickery (Vice Chairman), Mr A A J Adams, Ms P Agar, Mr M E Jenkins, Mr T A Muir and Mr J W R Thomas

Mrs M A Rayner

#### **Also attended:**

Lucy Noon, Future of Acute Hospital Services in Worcestershire Programme  
Claire Austin, Future of Acute Hospitals in Worcestershire Programme  
James Longmore, Worcestershire Acute Hospitals Trust  
Peter Pinfield, Worcestershire Healthwatch

Paul Smith (Transport Commissioning and Logistics Manager), Nigel Hudson (Head of Strategy and Infrastructure), Jodie Townsend (Democratic Governance and Scrutiny Manager) and Emma James (Overview and Scrutiny Officer)

#### **Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for item 6 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 22 January 2016 (previously circulated).

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

#### **238 Apologies and Welcome**

Cllr Graham Vickery welcomed everyone to the meeting, which he would be chairing, as Cllr Paul Tuthill was away.

Apologies had also been received from Cllr Alan Amos.

Apologies had also been received from Ken Pollock, Cabinet Member for Economy, Skills and Infrastructure and from John Smith, new Cabinet Member for Health and Well-being.

#### **239 Declarations of Interest and of any Party Whip**

None.

**240 Public Participation**

None.

**241 Confirmation of the Minutes of the previous meeting**

The Minutes of the meeting held on 22 January 2016 were agreed as a correct record and signed by the Chairman.

**242 Transport and Access to Hospital**

In attendance for this item were:

Future of Acute Hospital Services in Worcestershire Programme:

Lucy Noon, Programme Director and Claire Austin, Communications and Engagement Lead

Worcestershire County Council Transport Commissioning  
Paul Smith, Transport Commissioning and Logistics Manager

Worcestershire Acute Hospitals Trust - James Longmore, Director of Asset Management

Healthwatch Worcestershire – Peter Pinfield, Chair

Cllr Vickery welcomed the representatives from the Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme Board.

Members of the Council's Health Overview and Scrutiny Committee had also been invited to the discussion, and Cllr Mary Rayner was present, in addition to Cllr Vickery himself.

Lucy Noon, Programme Director and referred panel members to the agenda report, which summarised the aim of the programme to re-configure acute hospital services in Worcestershire, a process initiated in 2012. The agenda included the report of the Transport Task and Finish Group and the response from the FoAHSW Programme Board.

A model of care had been found to be appropriate, and following considerable consultation, kindly supported by Healthwatch Worcestershire, was in its final stages of the NHS England assurance process. Part of the proposed model of care involved centralising some services at Worcestershire Royal Hospital (WRH) and providing more planned care at the Alexandra Hospital (AH), which would lead to more patients and their carers travelling to Worcester and Redditch for some aspects of care. The

plans would not affect outpatient appointments or diagnostic tests and 95% of patients would continue to receive treatment at the same hospital as they did now. Although births would be centralised at WRH, antenatal and postnatal care would continue to be provided locally.

The agenda included the report of the Transport Task and Finish Group, which had been established in November 2014 to explore how issues relating to transport arising from the proposed re-configuration of acute hospital services in Worcestershire could be mitigated. Part of this had involved an integrated equality impact assessment and looking at the particular groups affected. It was found that 90% of people travelling to hospital would do so by car.

It was recognised that hospital parking was at a premium, particularly at the Worcester site. However, work had been carried out including creation of capacity offsite at Sixways rugby ground, particularly for staff – and complaints had virtually disappeared.

There were no parking problems at the Redditch and Kidderminster hospital sites.

Park and ride facilities had been in existence for some time at Sixways. Commercial bus services had reduced significantly, therefore the regularity and service hours of park and ride services had been extended, and usage had steadily increased, mainly by staff and a small, regular group of patients. The buses were very good and were free for staff, which provided an incentive for use.

Members of the public using the hospital park and ride paid a nominal £1 fee. Hospital parking costs started at £2.50 for an hour, £3.70 for 2-3 hours, £4.50 for 2-4 hours, rising to £7.50 for the day.

It was important to note that transport planning was much wider than bus services, and considerable work was underway with community transport providers, who were very keen to be involved.

Commissioners were also working with ambulance services and additional ambulances had been commissioned, which was working well. Other patient ambulance services were also being looked at, which provided transport, for example to outpatient appointments.

Health partners had been concerned about potential

transport issues for patients using Maternity Services, following changes made around six months ago, to centralise births at WRH, to ensure patient safety and respond to staffing shortages. The remainder of maternity services remained available locally. The situation would remain under review, but feedback from parents had been very positive, and they liked being able to access services locally, before and after their child's birth. Consultation with expectant mothers, including those too young to drive, indicated that those without access to a car would be likely to ask a friend or relative – however, additional ambulance capacity had been commissioned, 24 hour/7 days a week, which had proved to be more than sufficient. In a few instances, mothers in labour had presented at the AH, who had then been transported by ambulance to WRH.

The Council's Transport Commissioning Manager explained the Council's involvement in the original scoping of the review initiated in 2012, the main issue being travel from north to south and vice versa. Community transport options were the most viable option, since from a commercial perspective, passenger numbers were small. The Council was keeping 'a watching brief', in particular regarding the 350 (Redditch to Worcester) bus service.

#### Main discussion points

Approximately 250-280 hospital staff used the hospital park and ride service each day, and the Panel congratulated the Acute Hospitals Trust (The Trust) on the significant success of the scheme.

The Trust's success could provide insight for the County Council's staff travel patterns, and a panel member flagged up the need for direct bus services to the County Hall campus, rather than via Worcester city centre.

The Trust and Programme Board were happy to promote public transport to the public, providing services were regular and reliable, however those attending hospital were often dealing with sensitive circumstances, and it was felt inappropriate to discourage car travel.

Efforts to schedule appointments around bus services had proved very complicated, although commissioners would continue to look at this.

For bus services to be attractive and practical, they needed to be frequent and reliable with coverage across

the day and evening; members reported that bus services between Redditch and Worcester and also connecting services from Kidderminster were occasional and lacked evening services.

Could patients' use of the 350 (Redditch to Worcester) service be encouraged by a voucher system, perhaps linked their appointment letter? Commissioners were aware of similar schemes elsewhere – however patients would continue to access outpatient treatment from their current local hospital, since these services would not be affected by the proposed reconfiguration model.

The representatives present were unable to comment on the role of past hospital transport, since they had not been working with the Trust at this point, over 15 years ago – they would look into the availability of historical data. It was believed that initial popularity had tailed off, which could have resulted from many reasons such as changes in preference and staff moves. Taking the recent example of maternity service users, where a shuttle bus had been available initially when births were centralised at WRH, numbers had dropped off and the service had therefore been replaced with a taxi request service. Comparison elsewhere revealed similar a trend.

An unfortunate consequence of public sector budget reductions was that long-term, bespoke transport services were no longer viable, and commissioners pointed out that commercial routes needed higher passenger usage; car travel was popular because of its flexibility.

The Trust acknowledged problems with displaced parking on residential roads around WRH, and Cllr Agar, county councillor for Nunnery made a plea for further assistance with this issue.

The Panel full supported promotion of community transport providers, in particular for rural areas – the representatives reported that providers were enthusiastic and proud of their door to door service, although a drawback was that services needed to be booked in advance. The Programme Board would be more than happy for member input to its work with providers, alongside the County Council, and more was needed to share projects. Additionally there was clinical evidence of improved outcomes for patient wellbeing by use of regular drivers during treatment.

The Trust's Director of Asset Management undertook to look at more promotion of transport routes to hospitals,

**243 Major Infrastructure Schemes**

including community transport services, for example through appointment letters; the public needed to have confidence in the available solutions and it was so important to avoid unnecessarily long and costly journeys for people who may be already distressed.

The Chair of Healthwatch Worcestershire, reported very good involvement of service users and carers in the reconfiguration programme, with evidence of issues being taken on board. In general users and carers were realistic and practical, and cost was a realistic factor. Whilst there was no 'one-off' solution to the transport problem, which concerned the whole of Worcestershire, today's discussion had been constructive; improvement would come from partners working together.

Cllr Adams highlighted previous discussions with the Cabinet Member for Highways about possible funding for community transport, which the Panel agreed to follow up.

In concluding the discussion, the Chairman felt reassured by the work in hand, although ownership of transport and access provision would be important. He suggested more could be achieved through maximising use of infrastructure and the accessibility of hospital sites - which had been designed to enable bus access. The Sixways hospital park and ride provision was impressive, and it was acknowledged that it was not the job of the NHS to provide transport or car parking.

The Trust's Asset Management Director highlighted congestion problems at the Hastings Island entrance to WRH, and asked for members' interjection to look at widening access – as part of the current Worcester Woods planning application. The experience of bus operators was that access to hospital sites at busy times of the day was impractical.

The Director undertook to attend a meeting of the Redditch Transportation Group (in liaison with Cllr Vickery).

Nigel Hudson, Head of Strategic Infrastructure and Economy gave a presentation, which provided a brief update on major infrastructure schemes.

Rachel Hill, Strategic Commissioner for major projects was unable to attend.

Current pipeline schemes included:

- Southern Link Road Phase 4 – Carrington Bridge.

The construction programme was scheduled to be completed by 2020/21. Phase 4 would complete dualling of the A4440 to the Powick roundabout. The Directorate was optimistic that government funding would be forthcoming, and Worcestershire's scheme was the only one mentioned in budget papers

- A38 Corridor – included improvements by Highways England to junction 1. The £25million scheme was aimed at enabling planned growth
- Kidderminster Railway Station
- Local Transport Plan (LTP4)
- Pershore – Key Tech Link, designed to improve and relieve current congestion. The scheme links to Great Western Railway's own plans for Pershore station, which would eventually have more car parking
- M5 Works Junction 4-7 – junctions 4 and 7 were complete and all work was funded by Highways England. The Council's input was at junction 6, to maximise capacity of the infrastructure, with a bigger fix on the horizon
- A46 Improvement - Evesham

Examples of projects in delivery were:

- Hoobrook Link Road Phase 2 - £16million project, involving several funding sources, due for completion in Autumn 2016 .
- Cathedral Square – a redesign of the square would release more space for recreational and retail use, and had been very well received
- Worcester Southern Link Road Phase 3 – an important scheme around Whittington roundabout, since heavy traffic use was projected to increase by 20-30% by 2026.
- Worcestershire Parkway Regional Interchange – an exciting, key driver to improve accessibility to Worcestershire. A report was due to go to Council in July, and it was important to complete the project before HS2 started in 2019.
- Worcester Six Business Park: Offside Highways Project.

The Chairman thanked the Head of Infrastructure and Economy for the update.

The Democratic Governance and Scrutiny Manager updated the Panel on its 2016/2017 work programme, which had been discussed by Council on 12 May.

In approving the programme, two items had been removed:

- What are the benefits to Worcestershire of 20MPH speed limits and how does this link to residents' parking policy?
- How can the Council support retail whilst it is in transition and help support and retain retail employees

An updated copy of the Panel's work programme was circulated, which also included outstanding topics from the 2015/16 programme, and a refresh of the Corporate Plan.

The Vice Chair had consulted the Chair and panel members about a potential schedule, which the scrutiny officers would look to progress.

Section 106 and 278s were suggested for the next meeting, in particular to understand processes and obstacles around more efficient utilisation of funding from developers for infrastructure – which were of concern to several panel members and may merit further work.

Climate Change – the Panel was content that this would be picked up by the Overview and Scrutiny Performance Board (OSPB) work programme, which would like at whether the County Council could do more around environmental mitigation. Cllr Jenkins pointed out that climate change should be in the background of all scrutiny work.

Footways – work was nearing completion, including a pilot with a group of councillors. Panel members were content for the Task Group to report to the OSPB, which had approved the initial proposal. Panel members would be notified of the appropriate date, and were welcome to attend.

20MPH speed limits – some trials were underway, and panel members pointed out that schools could have advisory limits by installation of signs with flashing lights, which although not enforceable by the police, were reported to be successful. The Panel recommended future consideration of 20MPH speed limits by the OSPB, in view of the cross-cutting issues, such as benefits to public health and the need for public education.



The meeting ended at 12.10 pm

Chairman .....