

# Agenda

## Economy and Environment Overview and Scrutiny Panel

Wednesday, 18 May 2016, 10.00 am  
County Hall, Worcester

All County Councillors are invited to attend and participate

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# 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 3<sup>rd</sup> 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.

## **Economy and Environment Overview and Scrutiny Panel Wednesday, 18 May 2016, 10.00 am, County Hall, Worcester**

### **Membership**

#### **Councillors:**

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

### **Agenda**

<b>Item No</b>	<b>Subject</b>	<b>Page No</b>
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> <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 17 May 2016). Enquiries can be made through the telephone number/email address below.</i>	
4	<b>Confirmation of the Minutes of the previous meeting</b> Previously circulated.	
5	<b>Transport and Access to Hospital</b>	1 - 18
6	<b>Major Infrastructure Schemes</b>	19 - 20
7	<b>Overview &amp; Scrutiny Work Programme 2016/2017</b>	21 - 22

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. For general enquiries: 01905 763763 Worcestershire Hub: 01905 765765  
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Date of Issue: Tuesday, 10 May 2016

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## **ECONOMY AND ENVIRONMENT OVERVIEW AND SCRUTINY PANEL 18 May 2016**

### **TRANSPORT AND ACCESS TO HOSPITAL**

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#### **Summary**

1. The Economy and Environment Overview and Scrutiny Panel is to consider plans for transport and access to Worcestershire's hospitals, as part of the Programme to review the future of acute hospital services in Worcestershire.
2. Representatives have been invited from the 'Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme and the Council's transport commissioning team.

#### **Background**

3. Access and transport to hospitals in Worcestershire is a necessary part of the ongoing review of acute hospital services in Worcestershire – which is called the Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme.
4. Initiated in 2012, the review programme was prompted by a number of needs, including national evidence that certain services can be provided to a higher standard if they are centralized, a lack of doctors specializing in certain services and the increasing challenge of meeting the needs to an ageing population with more complex and long-term conditions.
5. Now in its final stages, part of the proposed model of care involves centralising some services at Worcestershire Royal Hospital and providing more planned care at the Alexandra Hospital, which will lead to more patients and their carers travelling to Worcester and Redditch for some aspects of care – and a consequential need for more transport and access facilities such as public transport and parking. The plans do not affect outpatient appointments or diagnostic tests and 95% of patients will continue to receive their treatment at the same hospital as they do now.
6. The Health Overview and Scrutiny Committee (HOSC) has raised the need for consideration of transport and access planning, and has asked the Economy and Environment Overview and Scrutiny Panel to look further at plans to address the issues involved. HOSC Members have also been invited to attend, and the Vice-Chair of this Panel is a member of both scrutiny bodies.
7. Reconfiguration plans for Worcestershire's acute hospital services sit with Worcestershire's NHS commissioners, however plans to address hospital access and transport will involve partnership working, including with Worcestershire County Council, which is responsible for transport planning.

## **Hospital Access and Transport Planning**

8. In order to be in a position to assess transport issues arising from the proposed re-configuration of acute hospital services in Worcestershire, an independent report was commissioned from Mott MacDonald. The Integrated Impact assessment and pre-engagement consultation meetings carried out by Mott MacDonald clearly demonstrated that transport and accessibility issues are of particular concern to stakeholders, in particular for vulnerable groups.

9. Subsequently, the FoAHSW Programme Board established a Transport Task and Finish group 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.

10. The role of the group was therefore to:

- Explore transport issues arising from the proposed reconfiguration;
- Consider the mitigations proposed by Mott MacDonald and make a formal recommendation to the Programme Board on actions to be taken;
- Recommend how issues around transport and accessibility should be approached during the public consultation.

11. The Task Group report has now been considered by the FoAHSW Programme Board, and a further report by the Board sets out its recommendations to address the needs identified.

12. It is important to note that the Group could only look at how the FOAHSW proposals would affect transport in the county and not transport issues as a whole. The Panel will be aware that transport planning is a county council responsibility – therefore the work to respond to the recommendations for hospital transport and access will involve partnership working.

13. The Summary points and recommendations from the Task Group's report and the FoAHSW Programme Board's response and recommendations will be presented at the meeting. A copy of both documents is attached at appendices 1 and 2.

## **Equality and Diversity Implications**

14. The Integrated Impact assessment by Mott MacDonald found that some issues had the potential to impact disproportionately on some 'protected' and vulnerable groups.

## **Purpose of the Meeting**

15. Following the discussion, the Scrutiny Panel is asked to:

- agree any further information required
- agree any comments to inform the Council's health scrutiny function in its ongoing scrutiny of plans for reconfiguration of hospital services
- agree any comments to be passed to the Cabinet Member for Highways.

16. In doing so, Panel Members are referred to the following issues from earlier scrutiny discussions:

- the need to consider access to hospitals across Worcestershire (not just from Redditch areas to Worcestershire Royal Hospital)
- how to mitigate the impact on more vulnerable groups
- use of community transport
- co-ordination of planning between partners involved
- communication plans
- how access and transport will be monitored?

### **Supporting Information**

Appendix 1 - Report of the Transport Group

Appendix 2 - Future of Acute Hospital Services in Worcestershire Programme Board response to the Final Transport Report

### **Contact Points**

County Council Contact Points

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Worcestershire Hub: 01905 765765

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Specific Contact Points for this report

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

Email: [scrutiny@worcestershire.gov.uk](mailto: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
- Overview and Scrutiny Performance Board
- Economy and Environment Overview and Scrutiny Panel

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## **FoAHSW Transport Task and Finish Group**

### Summary Report for consideration by FoAHSW Programme Board

#### **Purpose and Scope of the Group**

The FoAHSW Transport Task and Finish group was 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. The Integrated Impact Assessment (IIA) conducted by Mott MacDonald and the pre-engagement consultation meetings clearly demonstrate that transport and accessibility issues are of particular concern to stakeholders. The IIA also found that these issues have the potential to impact disproportionately on some "protected" and vulnerable groups.

The role of the group was therefore to:

1. Explore transport issues arising from the proposed reconfiguration;
2. Consider the mitigations proposed by Mott MacDonald and make a formal recommendation to the Programme Board on actions to be taken;
3. Recommend how issues around transport and accessibility should be approached during the public consultation.

It was agreed that ambulance transfers (including both Patient Transport Services and 999 conveyances) would be outside of the scope of the work of this group.

It is important to note that the Group can only look at how the FOAHSW proposals will affect transport in the county and not transport issues as a whole.

The Group can make recommendations to NHS organisations, the County Council and providers of public transport but it has no authority to enforce those recommendations.

#### **1. Transport issues arising from the proposed reconfiguration**

##### **1.1 Findings of the Integrated Impact Assessment**

The IIA undertaken by Mott MacDonald identified that a number of groups with protected characteristics are likely to be disproportionately affected by the proposed service reconfiguration including: children, young people, pregnant women, older people, those with a disability, and people belonging to Gypsy, Roma Traveller communities, as well as those from socio-economically deprived communities. Their report also stated that those who do not have access to their own car will be affected to a disproportionate extent by proposed changes and this is likely to affect those from many of the equality groups listed above because they are traditionally less likely to have access to their own private transport when compared to other community groups.

In addition to this, Mott MacDonald suggested that the proportion of residents from BAME groups and deprived communities is generally higher in the areas most impacted on by the

reconfiguration – particularly by the increase in travel times - compared with the rest of the population.

Mott MacDonald reported that accessibility to hospital services was a topic frequently highlighted by stakeholders. The proposal to provide local urgent care, minor injury and PAU services was viewed positively by the stakeholders engaged as part of the IIA, as was the plan to consult on a Midwife Led Unit. However, particular negative impacts were highlighted:

On visitors of patients accessing emergency care (patients would be able to access services via ambulance.)

Children accessing overnight paediatric care who would have to travel longer distances to access services, particularly those from the north of the county.

Families of children who require an inpatient stay who may struggle to manage existing family commitments such as childcare for other members of the family.

Pregnant women who are considered high risk as they would have to travel further in an emergency situation.

Partners, birth supporters and visitors of women using the consultant led maternity services, especially if they are reliant on public transport.

Patients who have to travel further to access planned care services at particular hospitals.

As the list above suggests, stakeholders reported to Mott MacDonald that they were concerned for those who access services themselves (rather than by ambulance) particularly if they were reliant on public transport. The IIA considered this issue in some detail but also noted that analysis of existing travel patterns indicates low use of public transport modes to access all three hospitals in the county.

The travel survey conducted by Mott MacDonald found that the main mode of travel of both visitors and patients to all of the hospitals within the study area was by car, with 51% as car drivers and 34% as car passengers. Combined bus and train use accounted for approximately 5%. The key reasons for this preference for car use were stated as time savings (37%) and lack of (or unrealistic) public transport alternatives (30%).

The overwhelming reliance on the car to access hospital services led both the stakeholders consulted as part of the IIA and Mott MacDonald to highlight the potential implications for car parking of the reconfiguration proposals, particularly the centralisation of emergency services on the Worcestershire Royal site, although it was noted that there was unlikely to be a large impact on parking because the move of emergency patients from one hospital to another was likely to be offset by the move the other way of patients having planned operations.

## **1.2 Issues raised in pre-consultation engagement**

In October 2014, the FoAHSW Communications and Engagement Team attended a number of pre-consultation engagement meetings in order to capture the views of as many different groups as possible specifically including groups representing the nine protected characteristics included in the public sector equality duty and those most likely to be affected by the proposed changes.

A document with the full list of comments made in relation to transport was shared with the Transport Task and Finish Group who also received a presentation on the issues along with an opportunity to ask questions of the FoAHSW Communications and Engagement Team. The group noted the common themes:

- There is a concern that transport should be considered for visitors as well as patients
- Many people mentioned that transport may be more difficult for individuals from certain key groups in particular older people, disabled people, those on low incomes and those living in rural areas.
- There was a general lack of awareness of transport options and many people stated that they do not know what transport options are available.
- The most common theme mentioned was car parking, particularly at the Worcestershire Royal site, and around A&E and maternity. Concerns were also expressed about the cost of parking and the limited number of disabled spaces.
- There was a general lack of awareness of car parking concessions and many people felt they hadn't been made aware of these concessions.
- Transport options available often don't coincide with clinic times.
- Many vulnerable people (particularly elderly and disabled people) stated that they would like someone to accompany them to attend their appointment, including assisting them when inside the hospital.
- Gypsy, Roma and traveller groups felt that they were discriminated against when using public transport which was frequently not accessible where they live. They would prefer to travel to appointments with someone they know and said they would not feel comfortable using taxis.
- Disabled access around the hospital sites can be difficult.
- Patient transport needs to be improved as it is not available at the times when it is needed and patients have to wait.
- Signage to and inside the hospitals is often difficult to follow.

### **1.3 Other issues considered by the Task and Finish Group**

Most of the issues considered by the Task and Finish Group were covered by either the IIA or were raised in the pre-consultation events. However, the Group noted a tendency in both the IIA and the public comments to focus on transport issues for those travelling from the Redditch area to the Worcestershire Royal Hospital and on patients from groups protected under equalities legislation.

While the Group acknowledged these in its work, they also recognised:

- **Transport challenges for patients travelling from South Worcestershire to Redditch**

While transport from the Redditch area to Worcestershire Royal could be a challenge for some (families visiting children, women who are due to or have recently given birth, and patients admitted in emergency circumstances), transport is equally likely to be an issue for patients and their visitors travelling from the south of the county to visit patients who have had elective surgery at the Alexandra hospital in Redditch.

The small increase in elective cases at Kidderminster Hospital and Treatment Centre may also pose transport challenges for patients who are not accustomed to accessing services from this site.

- **Transport challenges for patients and their visitors who do not belong to any of the Protected Groups.**

The Group noted that transport issues are also likely to arise for patients and visitors who are not members of groups protected under equalities legislation and agreed their needs should be considered. This was felt to be most significant for those who do not have access to their own car.

## 2. Potential Mitigations

### 2.1 Consideration of proposals by Mott MacDonald

Transport issues were mentioned throughout the Integrated Impact Assessment produced by Mott MacDonald but a summary of the key recommendations was included in section 9.2. The Task and Finish Group considered each of these, incorporating some into the formal recommendations from the group and discounting others. The table below summarises the Task and Finish Group’s views on each of the proposals from Mott MacDonald.

Proposal from Mott MacDonald	View of Task and Finish Group
<p>Continuing, publicising and developing the services at the Sixways Park and Ride (Mott MacDonald estimated cost, recognising more detailed work needed, of £350-400k per annum).</p>	<p>While Mott MacDonald reported that most patients and visitors currently travel by car, the Task and Finish Group concluded that the implications for parking demand as a result of the reconfiguration will be limited. This is because car parking is not generally a problem at the Alexandra Hospital and the pressure at the Worcestershire Royal site is largely during the day as a result of out-patient appointments. The number and location of out-patient appointments will not change under the reconfiguration as patients will continue to access these appointments locally. Car parking is not normally an issue during visiting hours in an evening.</p> <p>The group agreed that the Park and Ride is likely to remain an expensive option that will require considerable subsidy in the medium term.</p> <p>Having noted the high cost of the Park and Ride and the limited implications of the reconfiguration for car parking demand, the group agreed it did not wish to support this option as a potential mitigation to the FoAHSW reconfiguration.</p>

Improved promotion of car-sharing and development of these initiatives (e.g. guaranteed ride home) for Acute Trust staff to ease pressure on parking on the Worcestershire Royal site.	The group considered this proposal and felt that car-sharing has been shown to work well within other organisations and concluded that this should be promoted.
Increase car parking capacity at Worcestershire Royal site.	The reconfiguration is likely to have a limited impact on car parking demand and the Acute Trust is already progressing work to improve car parking at the Worcestershire Royal site. The group, therefore, recommends that no action is taken around this although it suggests that the FoAHSW programme consider including a summary of the acute trust work on car parking in the consultation document for information, including an explanation of car parking charges given that this is an issue frequently raised by the public.
Increase the availability of Patient Transport Services (PTS) for Black and Minority Ethnic and other equality groups who will experience increased travel times, with an emphasis on support for maternity and paediatric care patients.	<p>The group noted that PTS operated according to strict eligibility criteria that are set by the Department of Health and the group did not feel it is appropriate to focus specifically on BAME groups.</p> <p>The group did, however, recommend that the FoAHSW programme considers utilising the 12 week consultation to ensure that those eligible for PTS are aware of this.</p> <p>The group also discussed how the transfer of services from the acute sector to primary care and other settings has the potential to deprive individuals who are eligible for PTS of this option. The FoAHSW Programme Board is asked to consider this issue carefully if this should take place as part of the reconfiguration.</p>
Extend the 350 bus-operated service between Worcester and Redditch to provide a regular and predictable service that is suitable for staff, patient and carer use	The group recommends that a proposal to improve the current 350 bus service to a regular hourly 'clock face' service be included in the consultation document to seek public views (see more detail below under the recommendations from the group).
Improving the bus services in other areas	Given the high cost of improving bus services, and the fact that this proposal from Mott MacDonald does not relate directly to the reconfiguration, this proposal was discounted by the Task and Finish Group.
Acute Trust review of standard travel plan in light of the proposed re-configuration and	This recommendation was supported.

<p>the scale of change including:</p> <ul style="list-style-type: none"> <li>• Promotion of public transport</li> <li>• Encourage staff and visitors to walk and cycle</li> <li>• Improve transport information and communication</li> </ul>	
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**2.2 Formal recommendations from the Task and Finish Group to the Programme Board for actions to be taken to mitigate any negative transport impacts of the proposed service reconfiguration**

**Task and Finish Group Recommendation 1: Improved promotion of car-sharing and Acute Trust review of standard travel plan in light of the proposed re-configuration and the scale of change including:**

- Promotion of public transport
- Encouraging staff and visitors to walk and cycle
- Improved transport information and communication

This is in line with the Mott MacDonald recommendations (see above).

**ACTION: Worcestershire Acute Hospitals NHS Trust to promote use of car sharing, public transport, cycling and walking and to improve transport communication and information.**

**Task and Finish Group Recommendation 2: Extend the 350 bus-operated service between Worcester and Redditch to provide a regular and predictable service that is suitable for staff, patient and carer use**

This is in line with the Mott MacDonald recommendation. The Task and Finish Group concluded that, given the high cost of delivering public bus routes, this was generally not a cost-effective solution. However, the group recognised that the proposed reconfiguration has the potential to have a negative impact for those wishing to visit patients who do not have access to a car. This would particularly affect those travelling from the Redditch area to Worcestershire Royal (to visit children, women who have recently given birth, patients admitted in emergency circumstances, patients travelling from the south of the county for surgery and visitors of patients who have had elective surgery at the Alexandra hospital in Redditch).

This is a particular issue given that the weakest link in the current Worcestershire public transport network is between Redditch and Worcester: the 350 bus service which runs between the two towns is irregular and, therefore, poorly used. The group recommends that a proposal to improve the current 350 bus service to a regular hourly 'clock face' service be included in the consultation document to seek public views.

The group recognised that this would require initial pump-priming of £206,300 per annum and would take a number of years (up to 6) to become self-sustaining.

**ACTION: Worcestershire County Council to scope the option for improving the 350 bus service**

### **Task and Finish Group Recommendation 3: Utilise Community Transport**

Having reviewed the options available, the Task and Finish Group recommends that Community Transport be considered as an option for those patients from vulnerable groups who may struggle to attend hospital appointments as a result of the changes brought about by the reconfiguration.

Public feedback during the pre-consultation engagement on community transport has been overwhelmingly positive and, given the high cost of bus solutions, the Task and Finish Group felt that this bespoke door-to-door service would be cost-effective.

There would, however, be costs associated with an extension of existing community transport provision. Depending on need, some schemes would be able to support the reconfiguration of acute hospital services with additional activity between hospitals, but would require some 'pump-priming' funding in order to recruit and reimburse the volunteers as well as to cover the additional management time required for induction / training / on-going support and supervision etc. (i.e. full cost recovery). This transport could be provided using volunteers driving their own cars making 1 or 2 journeys with 1 or 2 passengers or, if there is greater demand, an MPV could be used to transport 5 – 6 people – slightly less if there is a client in a wheel-chair. Depending upon the specific requirements (including number of passengers, time required for transport to be available and type of vehicle), the community transport scheme can respond /providing costs accordingly.

It is noted that Stoke/Stafford hospitals run a community transport service between the two hospitals. Patients are able to book a place on a community bus. There is a small charge for using the service.

**ACTION: Worcestershire Acute Hospitals NHS Trust, through its transport and car parking working group, to be asked to scope the possibility of providing an 'on-demand community bus' similar to the Stoke/Stafford model.**

### **Task and Finish Group Recommendation 4: Scheduling of Appointments**

The Acute Trust be asked to consider how the scheduling of appointments can be made more responsive to a patient's transport options. For example, appointments for those reliant on PTS, public or community transport to be scheduled taking account of transport operating times.

**ACTION: Worcestershire Acute Hospitals NHS Trust to be asked to scope the potential for rescheduling clinic start and finish times to enable people to attend using public transport.**

### **Task and Finish Group Recommendation 5: Car Parking**

While the Task and Finish Group did not consider it necessary to develop specific mitigations about car parking, the group agreed it would be would be beneficial to use the consultation over the reconfiguration as an opportunity to publicise car parking concessions and explain car parking charges across all three hospital sites (in particular how they are set to ensure

that money is not taken away from clinical care). It may also be worth highlighting that charges are comparable with other hospitals elsewhere.

**ACTION: Worcestershire Acute Hospitals NHS Trust to promote concessionary schemes and to provide more information on car parking.**

**Task and Finish Group Recommendation 6: Communication about transport options**

This could include action to ensure that patients are aware of eligibility for PTS, community transport and the Health Care Travel scheme.

The Task and Finish group also recommends that consideration is given to the production of Hospital Travel Maps.

- **Hospital Travel Maps** that provided patients with information on transport options to each of the hospitals have been successfully used in Worcestershire in the past. These are now outdated but, given that communication and information are issues being raised, the Group felt it would be worth producing new up to date Hospital Travel Maps following the implementation of the reconfiguration.

**ACTION: Worcestershire Acute Hospitals NHS Trust to update its hospital travel maps.**

### **3 Responding to transport and accessibility issues in the public consultation**

Given that there is limited information about the potential take up of services, the Group felt that the formal twelve week consultation should be used as an opportunity to test the public response to the proposed mitigations outlined above and that these should be reviewed and refined based on the feedback from patients and stakeholders.

In terms of specifics to be included in the consultation the Group recommends that:

- The consultation document includes information on typical journey times.
- Details around the proposed transport mitigation be as detailed and specific as possible and ideally include costings.
- The 12 week consultation be used as an opportunity to share information on transport including sharing information on potential travel options, the rationale behind hospital car parking charges, eligibility for parking concessions, the PTS service, Community Transport, and the Health Care Travel Cost Scheme.

### **4 Next Steps**

The Programme Board should be asked to consider the recommendations of the Task and Finish Group and to then specify what additional information they wish to be provided before the programme progresses to formal public consultation. This may include more information on particular mitigation proposals or more detailed costings for specific transport options.



## **Future of Acute Hospital Services in Worcestershire**

### **Programme Board response to final Transport Report**

**April 7<sup>th</sup> 2016**

#### **1. Background**

Worcestershire is a rural county and its three hospitals are all between 18 and 20 miles apart. Any changes to existing services which alters the site at which a service is delivered will have an impact on travel for staff, patients and visitors.

The Future of Acute Hospital Services in Worcestershire Programme understands that it has a responsibility to understand the impact the changes it is proposing will have with regard to transport and to propose mitigations.

Public transport links between the three acute hospital sites are poor. There is a train service between Worcester and Kidderminster, but the Worcestershire Royal Hospital is on the outskirts of the city and is 1.4 miles from Worcester Shrub Hill station. The number 350 bus runs between the bus depots in Redditch and Worcester and serves both the Alexandra and Worcestershire Royal hospitals but the service only runs three times a day in each direction and therefore does not meet the travel needs of staff travelling between the two hospitals for work or patients and visitors trying to access services at specific times.

All three hospitals have large public car parks but it is recognised that at peak times car parking can be an issue for the public and for staff, particularly at the Worcestershire Royal site.

Access to a private car or van varies across the county but research by the RAC in 2012 shows that 77.6% of households in Worcester; 79.7% of households in Redditch and 81.6% in Wyre Forest have access to a private car or van.

The most frequent reason for visiting a hospital is for an outpatient appointment or diagnostic test. Under the proposed clinical model all outpatient appointments and diagnostic tests will continue to be delivered from the same hospital site as now. It is expected that even if all the changes outlined in the proposed clinical model are made 95% of patients will continue to access all their treatment in the same hospital as now. It is accepted that children needing inpatient care, and their families, will be impacted by any centralisation of inpatient facilities but even with the changes proposed under the new clinical model 80% of children who currently access the Alexandra Hospital will continue to receive their care in Redditch.

It is important to note that although the Programme Board can make recommendations to NHS organisations, the County Council and providers of public transport, it has no authority to enforce those recommendations and the NHS is not funded to provide public transport.

#### **2. Developing the transport solution**

To understand how the planned changes would impact on travel The Future of Acute Hospital Services in Worcestershire Programme commissioned Mott MacDonald to undertake an Integrated Impact Assessment. The Assessment concluded that transport and accessibility are of particular concern to stakeholders and have the potential to impact disproportionately on some "protected" and vulnerable groups.

As part of the Impact Assessment Mott MacDonald undertook a survey of patients and visitors to identify their existing travel arrangements. The survey showed that the main mode of travel of both visitors and patients to all of the hospitals within the study area was by car, with 51% as car drivers and 34% as car passengers. Combined bus and train use accounted for approximately 5%. The key reasons for this preference for car use were stated as time savings (37%) and lack of (or unrealistic) public transport alternatives (30%).

Members of the programme team met with representatives from protected and vulnerable groups as part of pre-consultation engagement. The representatives were asked about how they currently travel to hospital and how they would want to travel in the future.

The overwhelming reliance on the car to access hospital services led both the stakeholders consulted as part of the IIA and Mott MacDonald to highlight the potential implications for car parking of the reconfiguration proposals, particularly the centralisation of emergency services on the Worcestershire Royal site, although it was noted that there was unlikely to be a large impact on parking because the move of emergency patients from one hospital to another was likely to be offset by the move the other way of patients having planned operations. It was also recognised that outpatient and diagnostic tests, which account for the majority of visits to hospital, would be unaffected by the proposed changes and therefore would have no impact on parking.

The Programme Board established a transport Task and Finish Group which consisted of representatives from the CCGs, acute trust, Worcestershire County Council, community transport providers and the public and voluntary sectors, under an independent lay chair. The role of the group was to:

- Explore transport issues arising from the proposed reconfiguration;
- Consider the mitigations proposed by Mott MacDonald and make a formal recommendation to the Programme Board on actions to be taken;
- Recommend how issues around transport and accessibility should be approached during the public consultation.

Research was also undertaken as to what transport solutions had been adopted in other areas where there had been similar changes to hospital services. The following are examples of transport schemes adopted by other providers undergoing change.

#### *Example A*

*Two hospitals 17.8 miles apart run an hourly bus service in each direction between 6am and 10pm on weekdays with a reduced service at weekends. Members of the public are charged £5 return. The service is predominantly used by staff (3,800 journeys per month) with just 21 public journeys per month. The cost to the NHS is £380,000 per year.*

### Example B

*Two hospitals 9.1 miles apart run an hourly bus service. Patients with an appointment letter can travel for free and members of the public are charged £5.20 return. The service is predominantly used by staff (2,820 journeys per month) rather than patients/public (190 journeys per month). The cost to the NHS is £138,000 per annum.*

## **3. Actions already being undertaken by Worcestershire Acute Hospitals**

### **3.1 Reducing staff demand for car parking on site**

The Trust is undertaking a number of initiatives to reduce the demand for on-site staff parking. This includes restricting the number of staff permits available and transferring more staff to the off-site Sixways Park and Ride scheme. The Trust actively promotes car sharing and alternative ways to travel to its staff and is also working with Worcestershire County Council on a potential joint solution for staff car parking.

### **3.2 Car parking**

There are currently 1,519 car parking spaces at the Worcestershire Royal and the Trust recognises that it has a current shortfall which needs to be addressed. The shortfall is primarily for staff parking. It has applied for planning permission for an interim solution which will increase the number of spaces available by 138.

### **3.3 Transport to support temporary emergency changes to maternity services**

The Trust ran a minibus for staff affected by the temporary emergency changes to maternity services. Demand for the minibus has dropped and it has now been replaced with a pre-bookable taxi service.

## **4. Transport Task and Finish Group Recommendations and FOAHSW response**

The Task and Finish Group made a number of recommendations which are printed here together with the response from the Future of Acute Hospital Services in Worcestershire programme.

### **4.1 Recommendation 1: Improved promotion of car-sharing and Acute Trust review of standard travel plan in light of the proposed re-configuration and the scale of change including promotion of public transport, encouraging staff and visitors to walk and cycle, improved transport information and communication**

FOAHSW Response: This has already been put in place by Worcestershire Acute Hospitals

Action: No further action required

### **4.2 Recommendation 2: Extend the 350 bus-operated service between Worcester and Redditch to provide a regular and predictable service that is suitable for staff, patient and carer use**

FOAHSW Response: Worcestershire County has scoped the possibility of providing an hourly service between WRH and the Alexandra Hospital and it would cost £180,000 per annum. Worcestershire County Council would need to understand how many passenger journeys would be undertaken before a decision could be taken on the feasibility of increasing the service.

Action: To include reference in the consultation document to whether there should be investment in extending the 350 bus service, recognising that this investment would have to come from within existing budgets.

#### **4.3 Recommendation 3: Utilise Community Transport**

Having reviewed the options available, the Task and Finish Group recommended that Community Transport be considered as an option for those patients from vulnerable groups who may struggle to attend hospital appointments as a result of the changes brought about by the reconfiguration. Public feedback during the pre-consultation engagement on community transport has been overwhelmingly positive and, given the high cost of bus solutions, the Task and Finish Group felt that this bespoke door-to-door service would be cost-effective.

FOAHSW Response: We will ask Worcestershire Acute Trust as part of its implementation plan, engage with providers of community transport to scope the feasibility of providing additional community transport which would have to be self-funding.

Action: Worcestershire Acute Hospitals to engage with providers of community transport to scope the feasibility of providing additional community transport.

#### **4.4 Recommendation 4: Scheduling of Appointments**

FOAHSW Response: The Acute Trust will be asked to consider how the scheduling of appointments can be made more responsive to a patient's transport options. For example, appointments for those reliant on PTS, public or community transport to be scheduled taking account of transport operating times.

Action: Worcestershire Acute Hospitals to consider scheduling of appointments as part of its implementation plan.

#### **4.5 Recommendation 5: Car Parking**

The Task and Finish Group did not consider it necessary to develop specific mitigations about car parking but agreed it would be beneficial to use the consultation over the reconfiguration as an opportunity to publicise car parking concessions and explain car parking charges across all three hospital sites (in particular how they are set to ensure that money is not taken away from clinical care).

FOAHSW Response: Worcestershire Acute Hospitals is actively promoting its car parking concessions scheme.

Action: No further action required

#### **4.6 Recommendation 6: Communication about transport options**

FOAHSW Response: Worcestershire Acute Hospitals should update its hospital travel maps to ensure they have up-to-date information about transport options and costs.

Action: Worcestershire Acute Hospitals to update its hospital travel maps

## **5. Recommendations**

The Future of Acute Hospital Services in Worcestershire Programme Board is asked to NOTE and DISCUSS the transport report and AGREE the actions outlined in section four:

1. To include reference in the consultation document to whether there should be investment in extending the 350 bus service, recognising that this investment would have to come from within existing budgets.
2. Worcestershire Acute Hospitals to engage with providers of community transport to scope the feasibility of providing additional community transport.
3. Worcestershire Acute Hospitals to consider scheduling of appointments as part of its implementation plan.
4. Worcestershire Acute Hospitals to update its hospital travel maps

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## **ECONOMY AND ENVIRONMENT OVERVIEW AND SCRUTINY PANEL 18 May 2016**

### **MAJOR INFRASTRUCTURE SCHEMES**

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#### **Summary**

1. The Economy and Environment Overview and Scrutiny Panel will receive an update on major infrastructure schemes.
2. The Head of Strategic Infrastructure and Economy has been invited to the meeting.

#### **Background**

3. Worcestershire County Council and partners are investing in Worcestershire's infrastructure including improvements to the transport network to benefit those who live, work and visit the County as well as the overall economy. This includes the delivery of significant road and rail schemes as well as public realm and game changer schemes targeted at unlocking the potential of key employment and housing development sites.
4. The Head of Strategic Infrastructure and Economy will deliver a presentation to the Panel on a number of the major schemes. This will focus on those schemes in development and the game changer sites.

#### **Purpose of the Meeting**

5. Following the discussion, the Economy and Environment Overview and Scrutiny Panel is asked to:
  - agree any further information or scrutiny work required.

#### **Contact Points**

##### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

##### Specific Contact Points for this report

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**ECONOMY AND ENVIRONMENT  
OVERVIEW AND SCRUTINY PANEL  
18 May 2016**

**OVERVIEW & SCRUTINY WORK PROGRAMME 2016/2017**

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**Summary**

1. The Overview and Scrutiny Performance Board (OSPB) has agreed a suggested 2016/17 Work Programme to be considered by Council on 12 May 2016.
2. Once considered, the Economy and Environment Overview and Scrutiny Panel is asked to note the work programme.

**Background**

3. The work programme was developed following a wide public consultation exercise and over 3000 topic suggestions were received.
4. Scoring of these suggestions was undertaken and OSPB Members were invited to comment on the shortlist before the OSPB Chair and Vice Chair agreed a final set of topics for inclusion in the work programme.
5. For the Economy and Environment Overview and Scrutiny Panel, the following list was submitted to Council:

<b>Economy &amp; Environment Overview and Scrutiny Panel:</b>	
1.	<p><b>Annual review of the Worcestershire LEP's contribution to all sectors of Worcestershire's economy</b></p> <ul style="list-style-type: none"> <li>• Accountability, remit, resources and performance</li> <li>• Relationship with partners</li> <li>• Agriculture and Tourism economies</li> </ul>
2.	<p><b>How can WCC support Retail whilst it is in transition and help support and retrain retail employees?</b></p>
3.	<p><b>What are the benefits to Worcestershire of 20 MPH speed limits and how does this link to Residents Parking Policy?</b></p> <ul style="list-style-type: none"> <li>• Criteria for selection</li> <li>• Evidence of benefits</li> <li>• Analysis of current Residents Parking Policy</li> </ul>
4.	<p><b>How to improve getting around the County</b></p> <ul style="list-style-type: none"> <li>• Congestion</li> <li>• Roadworks</li> </ul>

- |  |
|--|
| <ul style="list-style-type: none"><li>• Cycling, footways, footpaths and bridle paths</li><li>• Public transport</li></ul> |
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## **Purpose of the Meeting**

6. Following the discussion, the Scrutiny Panel is asked to:
  - note the work programme

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

### Specific Contact Points for this report

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Email: [scrutiny@worcestershire.gov.uk](mailto: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:

- Council on 12 May 2016