

Agenda

Health Overview and Scrutiny Committee

Monday, 29 January 2018, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be made available in other formats (large print, audio tape, computer disk and Braille) on request from Democratic Services on telephone number 01905 728713 or by emailing democraticServices@worcestershire.gov.uk

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 Monday, 29 January 2018, 10.00 am, Council Chamber

Membership: Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr R P Tomlinson, Mr T Baker, Mrs A Hingley, Mr C Hotham, Mr M Johnson, Mrs F Smith and Mrs N Wood-Ford

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation 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 26 January 2018). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Herefordshire and Worcestershire Sustainability and Transformation Partnership - Update	1 - 4
6	Quality of Acute Hospital Services - Update	5 - 22
7	Health Overview and Scrutiny Round-up	23 - 24

Agenda produced and published by Simon Mallinson, Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Emma James / Jo Weston, Overview and Scrutiny Officers on 01905 844964/ 01905 844965, scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Friday, 19 January 2018

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 29 JANUARY 2018

HEREFORDSHIRE AND WORCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - UPDATE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) following its publication on 5 July 2017. It is available at www.yourconversationhw.nhs.uk
2. Lead Officers involved in the development of the STP have been invited to the Meeting.

Background

3. For the benefit of new HOSC members, STPs are aimed at transforming health services across the country – to meet the needs of population increases and people living for longer. There are 44 'footprint' areas covering all England, where local NHS organisations and local councils are drafting plans to improve health and care in the areas they serve. STPs are at the heart of the drive to greater efficiency and improvements in quality across health and care systems. They are designed to build upon local transformation work already in progress, and in Worcestershire this is through the Future of Acute Hospital Services in Worcestershire, Well Connected and other local transformation schemes.
4. The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim Gaps:
 - **Health and Well Being** - The main focus of this work is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.
 - **Care and Quality** - The main focus of this work is on securing changes to enable our local provider trust to exit from the CQC special measures regime and to reduce avoidable mortality across the system through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.
 - **Finance and Efficiency** - The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

5. Progress with the STP has been overseen by the Health and Well-being Board and the STP is currently undertaking a refresh of the financial model to understand the current position financial gap to 2020/21. This will enable a review of the transformation programmes that underpin the delivery of the STP Plan.

Scrutiny to Date

6. At its meeting on 16 November 2016, HOSC received a report which outlined the background and purpose of STPs nationally and to inform Members of the process and emerging themes locally. In addition there was the opportunity to comment on proposed engagement plans for Spring 2017 and Members went on to suggest groups to be consulted with and possible alternative venues, which were subsequently actioned.

Developing Accountable Care across Herefordshire and Worcestershire

7. An Accountable Care System (ACS) is a place-based system which will take collective responsibility for managing performance, resources and the totality of health. This opens up possibilities for easier and more effective integrated working with local authorities, in particular with regard to public health and social care services. Local Authority statutory duties remain unchanged within an ACS, but there are new opportunities to improve delivery of the statutory duty of collaboration. Once an ACS is approved they will receive greater freedoms and flexibilities from NHS England and NHS Improvement.

8. The STP held a workshop for the STP Partners in November 2017, to review the approach to delivering Accountable Care in Herefordshire and Worcestershire.

Legal, Financial and HR Implications

8. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed, if required to do so, they will be reported to HOSC in a timely manner.

Equality and Diversity Implications

9. There are no specific issues to highlight at this stage.

Purpose of the Meeting

10. Members are invited to consider and comment on progress of the Herefordshire and Worcestershire STP – and may wish to consider the following points:

- What will be done differently?
- What is likely to change for patients and access to services?
- What are the main challenges for Herefordshire and Worcestershire?
- How will stakeholders, including HOSC be involved and consulted as plans are formed? – and how will plans be held to account?
- How can HOSC support the implementation of the STP?

Contact Points

County Council Contact Points

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

Supporting Information

A full copy of the plan and summary plan can be accessed through

www.yourconversationhw.nhs.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 16 November 2016 – available on the County Council's website [here](#)
- Agendas and Minutes of the Health and Well-being Board are available [here](#)

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 JANUARY 2018

QUALITY OF ACUTE HOSPITAL SERVICES - UPDATE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from the Chief Executive of Worcestershire Acute Hospitals NHS Trust (the Trust) on the quality of hospital services, and in particular, further progress to address improvements required by the Care Quality Commission (CQC), England's independent regulator of health and social care.
2. HOSC Members will be aware, from the previous update on 17 October 2017 that the Trust has been in special measures since November 2015.

Background

3. The CQC served a section 29A notice on the Trust in January 2017, requiring significant improvement by 10 March 2017. The CQC conducted a focussed assessment in early April to assess progress against the s29A notice and the results of that assessment were released in July 2017.
4. The CQC served a further section 29A notice on the Trust as a result of this assessment, which required significant improvement by 30 September 2017.
5. The CQC conducted core service reviews of four services and a focussed assessment on governance in November 2017. The report from that inspection was released on 17 January 2018.
6. The CQC inspects services by asking five key questions:
 - Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive?
 - Is it well-led?

Scrutiny to Date

7. The HOSC has received regular updates on the quality of acute hospital services, as part of its role to monitor the impact of ongoing pressures experienced by many hospital trusts, such as increased activity, greater complexity of patient needs and financial constraints. Within Worcestershire, a further pressure has been the delay in finalising a reconfiguration of acute hospital services, which, although now agreed, has resulted in an on-going period of uncertainty for the Trust.
8. Links to the minutes of these discussions are available in the background information section of this report.

9. The Trust's updates to the HOSC have focused on the inspection findings and progress to date, priority work streams and plans, as well as the negative impact of the on-going delay to the reconfiguration of acute hospital services in Worcestershire, which were finally approved in July 2017.

Progress on Quality Improvement

10. The Care Quality Commission (CQC) published its report on Worcestershire Acute Hospitals NHS Trust on the 18 January following their inspection in November 2017. The inspection assessed the core services of urgent and emergency care and medical care (including older people's care) at the Alexandra and Worcestershire Royal Hospitals.

11. The report shows that all four of the core services inspected have improved from 'inadequate' to 'requires improvement' in the safe domain, urgent and emergency care at the Worcester site now rated 'good' in the effective domain and three of the four services have improved their overall rating from 'inadequate' to 'requires improvement'.

12. Given that only four of the twenty-two core services were rated in this inspection, there have been no changes to the overall ratings of the hospitals individually or the Trust overall as a result of this inspection.

13. The CQC identified outstanding practices in this review including medicines safety work by the Pharmacy Team in the Emergency Department (ED) at Worcestershire Royal Hospital, and care for patients with mental health conditions in the ED at the Alexandra Hospital. Evergreen Ward at Worcestershire Royal Hospital, which provides a rehabilitation area for inpatients waiting for discharge, was also singled out for praise for its outstanding work in promoting holistic care and timely discharge of patients.

14. The CQC also identified areas that the Trust needs to continue to improve. This includes further improvement in the levels of mandatory training, VTE risk assessments at 24 hours post admission, improved responsiveness by specialist doctors for patients in the Emergency Departments, timeframes for resolution of complaints and risk management processes.

15. The CQC will return over the next six weeks to conduct more core service reviews. They have not identified which services will be reviewed, but they need to inspect all core services that are rated as 'inadequate' annually. These services are surgery at the Alexandra Hospital, children and young people at the Worcestershire Royal, urgent and emergency care (MIU) at the Kidderminster site and outpatients and diagnostic imaging at all three sites. They can, of course, inspect any other core services. The CQC have also advised that they will conduct a 'well-led' review at the end of February 2018.

16. The Trust's Quality Improvement Plan, which the HOSC reviewed on 19 July, will be refreshed following this report.

17. The attached presentation includes detail from the report.

Winter Pressures

18. The health economy has a detailed winter plan. For the Acute Trust, this included opening additional beds, implementation of the county wide frailty pathway and implementation of the expanded ambulatory emergency care at the Worcestershire Royal. In addition, the health economy received winter funding totalling £2.6M in the middle of December to support further enhancement of the county wide winter plan.

19. The hospitals have seen increased activity this winter when compared to last winter. For the period 22 December to 16 January, an additional 418 patients have presented to the A&E departments at the two acute hospitals. There have also been 264 more ambulances over this period compared to last winter. The Trust has also seen many people affected by influenza and norovirus. Having patients with these infections, on top of the increased demand, adds additional pressure as often they need to be cared for in side rooms, which can require significant bed movements, and contacts need to be cohorted in bays together.

20. Unfortunately this has contributed to a deterioration of approximately 4% in the Emergency Access Performance at both sites and an increase in ambulance handover delays, which is very regrettable. Ambulance handover delays are particularly problematic when there are surges in ambulance activity. In partnership with West Midlands Ambulance Service, part of the additional winter funding will be used for a new ambulance position to be located in the health economy winter plan and assist in 'load balancing' across both sites.

21. Patient flow at the Worcester site has been, and continues to be, an issue of high focus for the Trust. It is pleasing to see that there have only been three 12 hour trolley breaches over this period of winter compared to 135 for the same period last year. This is resulting in patients spending 40% less time on the ED corridor than last year and 20% less time waiting for a bed, once the decision to admit has been made. It remains the Trust's goal to cease using the corridor completely. During early December, the corridor was clear for days at a time, however the increased activity has made this difficult to maintain through winter.

22. The Trust is also very pleased with the uptake of flu vaccination among staff with over 75% of staff being vaccinated.

Capital Expenditure Plans

23. HOSC Members will be aware that the outcome of the lengthy review of Acute Hospital Services in Worcestershire, finalised in July 2017, meant that the Trust was able to submit a bid for £29.6million of capital funding from the Department of Health. The funding would enable the works involved to be completed by May 2020.

24. The clinical model recommended from the Review was to enable continued delivery of services in Worcestershire and respond to national changes in the training of doctors and increasing staff shortages.

25. At its 17 October 2017 discussion with the Trust, the HOSC was pleased to learn that £29.6m capital had been allocated, however, it was understood that the funding would only be secured subject to a further business case.

26. Separate to these works, HOSC Members were also advised that part of the Trust's winter plan included an additional ward on the Worcester site, which would be an Ambulatory Emergency Care (AEC) Unit.

27. The new AEC Unit saw its first patients on 20 November 2017. The Unit, which adjoins the current A&E department, allows appropriate patients to be seen and treated more quickly, as well as helping to free-up space in the main A&E department.

28. The money for the AEC Unit is separate to the £29.6m and resulted from a bid from national funding to support Emergency Department streaming to Primary Care and other co-located front door services.

Purpose of Meeting

27. HOSC Members are invited to consider and comment on progress being made to address the quality of services at the Trust and progress made on their capital expenditure plans

28. In doing so, potential areas of enquiry may include:

- priorities for improvement
- how progress is being driven and managed since the 2016 inspections and the previous update to HOSC in October 2017
- winter pressures and how the Trust is coping with this particularly busy period
- other main issues or obstacles to improvement
- progress with bringing stability to the leadership team
- role of partnership working
- managing the impact on patients, families and staff.

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

Supporting Information

Appendix 1 – presentation re CQC findings.

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: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Michelle McKay, Chief Executive of Worcestershire Acute Hospitals NHS Trust

Email: d.wark@nhs.net (Donna Wark, Executive PA)

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 19 July and 17 October 2017, 27 April, 19 July and 26 September 2016, 16 September and 9 December 2015, 27 April and 16 November 2016
<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=141>
- Worcestershire Acute Hospital NHS Trust Press Release, 17 January 2018
<http://www.worcsacute.nhs.uk/news-and-media/689-response-to-cqcinspection-jan2018>
- Care Quality Commission reports on Worcestershire Acute Hospitals Trust:
(January 2018)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0798.pdf

(June 2017)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf

(December 2015)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7712.pdf

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CQC focused inspection reports

17 January 2018

Reminder of the CQC process

- Trust has been in special measures since December 2015
- Section 29A warning notice: 11 July 2017 requiring significant improvements by 30 September 2017
- 1 – 3 November 2017 – Urgent and Emergency Care and Medical Care (including older people's care) at Worcestershire Royal and Alexandra Hospitals – 4 of 22 core services
- 7 – 9 November 2017 – Governance part of the well-led domain
- Report from November inspections released today
- Unannounced inspection expected January 2018
- Announced inspection 26 – 28 February 2018 – well-led domain

CQC ratings - August 2017

Urgent & Emergency Care

Domain	Safe	Effective	Caring	Responsive	Well Led	Overall
Worcestershire Royal	Inadequate	Requires Improvement	Good	Inadequate	Inadequate	Inadequate
Alexandra Hospital	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

CQC ratings - January 2018

Urgent & Emergency Care

Domain	Safe	Effective	Caring	Responsive	Well Led	Overall
Worcestershire Royal	Requires Improvement	Good	Good	Inadequate	Inadequate	Inadequate
Alexandra Hospital	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement

Urgent and emergency care – Worcestershire Royal

- Patient risk assessments were completed correctly and in a timely manner
- Administration of pain relief had improved from last inspection
- The service monitored the effectiveness of treatment and compared results with other services to improve
- All nursing staff had an appraisal in the last year
- Staff provided emotional support to patients to minimise distress
- Significant improvement in the number of patients waiting more than 12 hours to be admitted
- Hand hygiene best practice followed
- Local leadership team highly visible

Urgent and emergency care – Alexandra Hospital

- Care pathways and protocols based on NICE guidelines introduced
- Improvement in use of the sepsis guidelines
- Culture now focussed on teamwork and putting patients first
- Ambulatory care and frailty pathways operating effectively
- Nurses considered patients' emotional wellbeing during care and comfort rounds
- Patient flow through the hospital had improved
- Calm, quiet environments were provided for patients with dementia or a learning disability
- Local leadership team were highly visible

CQC ratings - August 2017

Medical Care (including older people's care)



Domain	Safe	Effective	Caring	Responsive	Well Led	Overall
Worcestershire Royal	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Alexandra Hospital	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

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CQC ratings - January 2018

Medical Care (including older people's care)



Domain	Safe	Effective	Caring	Responsive	Well Led	Overall
Worcestershire Royal	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Alexandra Hospital	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Medical care (including older people) – Worcestershire Royal

- Oversight of deteriorating patients and VTE assessment improved
- Patient safety incidents managed well with robust processes for the recording, escalation and sharing of learnings from incidents
- Nutritional support and pain management improved
- Medicine division dashboard and risk management processes were good
- Care and treatment provided based on national guidelines
- Staff felt supported, able to challenge, and felt listened to

Medical care (including older people) – Alexandra Hospital

- The service used safety monitoring results well, shared it with staff, patients and visitors and used information to improve
- Medical notes contained clear treatment plans
- Staff worked together as a team to benefit patients
- Pain management and nutritional support had improved
- Relatives said they felt well supported and communication with staff was open with clear explanations about treatment
- Governance had improved with frameworks in place from board to ward
- There was good collaboration with partner organisations

Outstanding practice

- Pharmacy team in the ED at Worcestershire Royal undertook medicine reconciliation and ensured safe prescribing
- WRH ED liaison group with local prison to reduce prisoner attendance
- Holistic care provided on the Evergreen ward and the focus on providing as normal a home environment as possible
- Alex ED staff worked with mental health liaison team to improve services for patients
- Improved mental health care for patients through alcohol detox therapy

CCQ ratings for Trust overall

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Domain	Safe	Effective	Caring	Responsive	Well led	Overall
Worcestershire Royal	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Alexandra Hospital	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Kidderminster H&TC	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Overall Trust	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Areas for improvement

- Ensure systems are embedded and operating fully effectively in order to assess and monitor the service
- Ensure divisional reporting of improvement plans to address gaps in care provide assurance that learning and improvement from the mortality review process is occurring
- Ensure the corporate risk register is comprehensive, graded, reviewed and includes mitigating actions or control measures
- Improving privacy for patients in ED corridor
- Ensure complaints are responded to in a timely way
- Improving mandatory training
- Improved timeliness for speciality doctor review of patients in ED
- VTE assessments post 24 hour rate is improved
- Variable dose medication are recorded correctly

Next steps

- Refresh the Quality Improvement plan based on findings
- CQC expected imminently to conduct other core service reviews
- CQC must inspect all services rated 'inadequate' annually
 - Services for children and young people – WRH
 - Outpatients and diagnostic imaging at all three sites
 - Surgery services at the Alexandra Hospital
 - Urgent and emergency services at Kidderminster
- Can inspect other services
- CQC well led review 26 – 28 February

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 JANUARY 2018

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 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/s' 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 Team 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 this report:

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