

## Health Overview and Scrutiny Committee

Wednesday, 10 September 2014, County Hall - 1.30 pm

### Minutes

#### Present:

Mr A C Roberts (Chairman), Mr W P Gretton,  
Mrs J L M A Griffiths, Mr P Grove, Mr A P Miller,  
Ms M A Rayner, Mr M Johnson, Mrs F M Oborski,  
Mrs F S Smith and Mrs P Witherspoon

#### Also attended:

Mr J W Parish

Emma Prichard, Dr Simon Rumley, Chris Davies, and  
Heather McDonald - Wyre Forest Clinical Commissioning  
Group

Amanda Kimpton, Worcestershire Health and Care Trust  
Julie Briggs, Worcestershire Acute Hospitals NHS Trust

Bernice Jones, Stroke Association Worcestershire  
Peter Pinfield, Worcestershire Healthwatch  
Judy Adams, Worcestershire Association of Carers

Anne Clarke (Head of Adult Social Care),  
Suzanne O'Leary (Overview and Scrutiny Manager) and  
Emma James (Overview and Scrutiny Officer)

#### Available papers

- A. Agenda papers (previously circulated);
- B. Presentation handouts
- C. Minutes of the previous meeting (previously circulated).

A copy of documents A and B will be attached to the  
signed Minutes.

#### **696 Apologies and Welcome**

Apologies had been received from Dr B Cooper, Mrs P A  
Hill, Mrs J Marriott and Prof J W Raine.  
The Chairman welcomed everyone to the meeting.  
Members of the Adult Care and Well-being Overview and  
Scrutiny Panel had also been invited to attend the  
discussion, and Cllr Jim Parish from the Scrutiny Panel  
was welcomed to the table.

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

None.

**698 Public Participation**

None.

**699 Confirmation of the Minutes of the Previous Meeting**

The minutes of the meeting held on 15 July 2014 were confirmed as a correct record and signed by the Chairman.

**700 Constitutional Matters**

The Overview and Scrutiny manager advised that Mrs J Marriott had been nominated by District Council representatives as the Vice Chairman of the Health Overview and Scrutiny Committee. Mrs Marriott would be formally appointed by Worcestershire County Council on 18 September 2014.

**701 Community Stroke Rehabilitation Services in North Worcestershire**

Attending for this item were:

Emma Prichard, County-wide Commissioning Manager for Stroke Services

Amanda Kimpton, Community Care Locality Lead for Redditch and Bromsgrove, Worcestershire Health and Care Trust

Bernice Jones, Deputy Head of Operations for the West Midlands Stroke Association

Emma Prichard, County-wide Commissioning Manager for Stroke updated the Committee on the county stroke programme, which was now focussing on establishing equitable specialist community stroke services in north Worcestershire, with the aim of addressing the historic imbalance between provision in the north and south of the county.

It was important to note that specialist stroke services were very distinct from general rehabilitation or stroke inpatient units. The nature and level of specialist stroke care was much more intensive and therefore beneficial for the patient.

In terms of context, figures indicated approximately 40% of patients required a period of stroke rehabilitation following discharge from hospital. Currently this was offered across approximately 50 beds in four bases in Worcestershire (two in the south, with specialist provision, and two in the north without).

In order to address the current imbalance, two strands of work were underway – capacity modelling, using a variety of data sources to identify required capacity for

the north area and the addition of eight stroke rehabilitation beds from Worcestershire Health and Care Trust. It was pointed out that modelling for specialised stroke rehabilitation was complex as although data from local and Public Health England was available, there was an absence of national formulae.

Current provision totalled 42 bed capacity across four units. From 1 April 2015, eight additional specialist stroke beds would be available to the north area (within the Lickey Ward at the Princess of Wales Community Hospital in Bromsgrove), which was the minimum number that could be commissioned under the NICE Safer Nursing Tool. The modelling work and discussion with colleagues would determine where to locate other bed capacity and staffing structures.

Implementation of the changes would be provided from the Better Care Fund, at a total of £470,000.

#### Discussion Points

Cllr Witherspoon had been very impressed by the Life After Stroke Centre in Bromsgrove which she had visited and heard about from residents. It was clarified that this centre was run by the Stroke Association and was separate to the Lickey inpatient ward.

The Commissioning Manager confirmed that there was potential to look at linking overall stroke resources in Worcestershire for sufferers of stroke as well as other conditions.

It was confirmed that health and care teams worked together closely in assessing a patient's needs for transfer home or to an alternative setting.

There were no plans to reduce specialist provision at the two units in South Worcestershire and the plans to establish an equitable service were backed by all three clinical commissioning groups. It was important that the work to address the imbalance of service in north Worcestershire did not lead to variations in other aspects in the future.

In response to concern expressed about current outcomes for patients in the Cookley Ward and how this compared with national standards and expectations, the HOSC was advised that the current provision at the Cookley Ward could not be benchmarked against the same criteria as a specialist stroke unit. Specialist stroke

rehabilitation services would be 7 days a week, 24 hours a day and stroke consultant led. There would be clearer goals for each patient and more intense physiotherapy and occupational therapy, with the aim being a reduced length of stay.

Contracts and commissioning for the four current units were very different. It was confirmed that contracts were commissioned against performance standards (not just bed numbers).

There was some concern as to how service equity could be established and financed without penalising provision in South Worcestershire, and concern was expressed about the increasing needs of the northern, which had a large and increasingly elderly population.

The Commissioning Manager advised that modelling work was nearing completion, the detail of which would therefore be available within two to three months.

The Chairman invited feedback from the representatives of the Stroke Association and Worcestershire Healthwatch.

Bernice Jones, Deputy Head of Operations for the Stroke Association (West Midlands) felt that the addition of only eight specialist beds was still to be welcomed, as was any improvement for stroke sufferers and she highlighted Worcestershire's advantage in already having some specialist stroke rehab services. The outcome of the modelling work would reveal whether eight beds would be sufficient. Several patient engagement activities had taken place. She asked how the flow of patients between north and south facilities would be managed, as although it was preferable to be closer to home, it was more important to ensure people got the care they needed. The Commissioning Manager advised that this would be part of future discussions.

Peter Pinfield, Healthwatch Worcestershire Chair spoke about the long journey which had taken place for Stroke Services in Worcestershire, with the south Worcestershire service now recognised as being the standard to work to. Looking towards the next phase, he was keen for on-going, joined up engagement with a broad sector of the community and the Commissioning Manager gave reassurance that a comprehensive communications strategy was in place.

The Chairman summed up that in general HOSC

**702 Wyre Forest  
Integrated  
Intermediate  
Care  
Programme**

members were impressed by the vision for Stroke Services and the patient engagement so far, which it would be important to continue as the programme moved forward. As identified through the discussion, there were other areas where the full detail was still emerging, including the financial sustainability and the county/north view - which the Committee would be keen to revisit in the next scheduled update.

Attending for this item were:

Wyre Forest Clinical Commissioning Group

Heather McDonald – Head of Business Development and Operations

Dr Simon Rumley – Chair and Clinical Lead

Chris Davies – Integrated Intermediate Care Project Manager

Worcestershire County Council - Anne Clarke – Head of Adult Social Care

Worcestershire Acute Hospitals Trust – Julie Briggs, Kidderminster Business Development Manager

Dr Simon Rumley, Chair of Wyre Forest CCG and Programme lead, set out the context for the Wyre Forest Integrated Intermediate Care Programme – the nature of NHS care was changing and was very much focused on working to minimize the length of time patients spent in hospital, with the effect that the bridge between health and social care was in transition.

Chris Davies, Project Manager gave a presentation on the Programme's focus, structure, outputs and options. In January 2014 a multi-disciplinary team (including Wyre Forest CCG, Worcestershire Acute Hospitals Trust and Worcestershire County Council) had been set up to look at how existing intermediate care provision could change in Wyre Forest, prompted by the:

- 'Golden opportunity' to look at integrated working practices for the benefit of patients and carers
- Potential implications from the County Council's consultation on the future of the Grange
- Potential replication in resource usage
- Future changing demograph

The aim of the Programme, which had a sixth month timescale, was to propose options for Intermediate Care Services within Wyre Forest, which would deliver

improved benefits for patients and service users and be good value for money. The Programme had benefitted from a good balance of clinical, patient and managerial representation.

Currently intermediate care was based around three units, all of which had some similarities in patient types, approaches and staffing profiles:

- Wyre Forest Community Unit (Worcestershire Acute Hospitals' Trust, WAHT) – 20 beds
- Cookley Ward, Kidderminster (WAHT) – 17 beds
- Grange, Kidderminster (Worcestershire County Council) – 28 + 6 beds

The draft business case and two shortlisted options for delivery were considered by the Wyre Forest CCG Board on 19 August. Model 1 was for the CCG to commission a provider to deliver Intermediate Care Services and Model 2 was to redevelop an existing empty space on the Kidderminster Treatment Centre site (KTC). Both options were given the go ahead for further investigation and agreement was reached on the model of care and (to a lesser degree), on the number of beds to be commissioned. Conclusion of work on finances would then enable a decision to be made on the preferred option.

Regarding the Grange (a residential re-ablement and rehabilitation home), Anne Clarke, Head of Adult Social Care advised that work had started last year, through the Council's Recovery project, to look at current and future resources and approaches, which involved coming together with partners to look at how to do things differently and provide better treatment. The prospect of changing facilities with a high degree of community attachment, such as the Grange, could be difficult, but it was a journey which the Council was willing to start. On 17 July 2014, Cabinet had agreed to look at the Council's contribution going forward for integrated health and adult social care re-ablement and rehabilitation services.

A decision on the Grange had not yet been made and work with partners was on going.

The fact that there was little difference between the needs of some residents at the Grange and those in hospital, was 'not quite right' and it was also known that with the right community services, many of those at the Grange could have shorter stays – most people wanted to move home or to an alternative community setting, as long as it was safe to do so.

The planned timescale for the Programme was to report back to the Wyre Forest CCG in October, followed by a targeted consultation exercise over a 10-12 week period, which would include patient forums.

### Discussion Points

The Chairman asked for clarification on the distinction between rehabilitation and re-ablement, and was advised that this was indeed a key issue for on-going debate between social care and health colleagues. Nonetheless whatever term was applied, social care could be viewed as a continued journey beyond medical treatment, aiming to help people regain as much independence as possible.

The WAHT representative explained how Model 2 could be accommodated at the Kidderminster Treatment Centre site.

The Programme had involved analysis of activity modelling, models elsewhere and also visiting wards and speaking with patients, service users and staff – which had provided constructive challenge. There had been some 'easy wins' in terms of reducing duplication.

It was not possible at this stage to attribute figures to the two shortlisted options, although financial appraisal was nearing conclusion, having been preceded by assessment of the benefits and access. The financial modelling would include projected savings.

Members asked how it would be known that services and outcomes had improved. There were tools available to measure the quality of outcomes for patients. An existing, basic measure used by the Council was whether or not someone continued to live independently 90 days after the intervention. The number of hours of domiciliary care was also an indicator, as was readmission within 30 days. Outcomes were also identified with each individual, for example being able to get dressed in the morning.

A member pointed out that many people were concerned about early discharge from hospital, especially those who lived alone or did not have family nearby.

The Wyre Forest District Council Member praised a new 100 bed capacity extra care housing facility which had been granted planning permission in Wyre Forest, and which would provide a huge additional facility and really help people who may not be able to return to their

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previous home setting. The Head of Adult Social Care agreed that this was an example of partners looking at Worcestershire-wide care, rather than pockets of development.

The representative from Worcestershire Association of Carers present (Judy Adams, Carer Engagement and Involvement Lead) was asked to contribute any comments and she also welcomed the aforementioned additional facilities. People wanted a holistic package of support and it was important to take family carers into account, many of whom were not able to fulfil the role of dedicated carer. She was confident that family carers would be part of any future engagement, as a close relationship existed with the CCG.

The Healthwatch Worcestershire Chairman praised the process so far adding that it would be appropriate for the HOSC to review further progress.

In summary, from the information and feedback provided, the Committee Chairman felt that those affected were aware of plans, and that the scrutiny officers would verify an appropriate time for the Committee to review progress of the Integrated Intermediate Care Programme.

At this point the Overview and Scrutiny Manager reported that apologies had just been received from Dr B Cooper who had been unable to park at County Hall.

In Redditch a serious arson attack had taken place in Abbeyvale, on housing occupied by elderly and vulnerable people. Residents had been left very frightened and the local Clinical Commissioning Group was looking at the situation.

The Wyre Forest District Council member reported on the positive development of the new 100 bed capacity extra care housing facility which had just been granted planning permission in Wyre Forest.

The County Councillor member for Bromsgrove was aware of news reports about concerns from a group of Redditch GPs about the review of hospital services.

In Wychavon there were concerns about the amount of new housing and how to sustain health services. It was suggested this would be something for the Health and Wellbeing Board to consider.

The Chairman would circulate information to the



Committee about the numbers of young people attending  
Accident and Emergency.

The meeting ended at 3.25 pm

Chairman .....