Agenda

Health Overview and Scrutiny Committee

Wednesday, 10 September 2014, 1.30 pm County Hall, Worcester

All County Councillors are invited to attend and participate

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کور دی سنر رانی. ندگسر ناتوانی تنیدگدی له نارهر زکی نم بهلگدیه و دهستت به هیچ کس ناگات که وجیبگیزیتموه بزت، تکابه تطغیز بکه بنز ژمارهی 765765 09105 و دارای ړینیزینی بکه. (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਜ਼ਮੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)



DISCLOSING INTERESTS

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

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

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

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

WHAT MUST I DO WITH A DPI?

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

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

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

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

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

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

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

Not normally. You must withdraw only if it:

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

DON'T FORGET

- If you have a disclosable interest at a meeting you must disclose both its existence and nature - 'as noted/recorded' is insufficient
- Declarations must relate to specific business on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5.000 and disqualification up to 5 years
- Formal dispensation in respect of interests can be sought in appropriate cases.



Health Overview and Scrutiny Committee Wednesday, 10 September 2014, 1.30 pm, County Hall

Membership

Councillors:

Mr A C Roberts (Chairman), Mr W P Gretton, Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Prof J W Raine, Ms M A Rayner, Mr G J Vickery, Dr B T Cooper, Mr M Johnson, Ms J Marriott (Vice Chairman), Mrs F M Oborski, Mrs F S Smith and Mrs P Witherspoon

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 Director of Resources 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 9 September 2014). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting (previously circulated)	
5	Constitutional Matters	1 - 2
6	Community Stroke Rehabilitation Services in North Worcestershire	3 - 4
7	Wyre Forest Integrated Intermediate Care Programme	5 - 8
8	Health Overview and Scrutiny Round-up	9 - 10

Agenda produced and published by the Director of Resources, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston telephone: Worcester (01905) 76 6619, Kidderminster (01562) 822511 or minicom: Worcester (01905) 76 6399 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website at http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agenda.aspx

Date of Issue: Wednesday, 3 September 2014





CONSTITUTIONAL MATTERS

Summary

1. To consider the selection of a Vice Chairman for the Health Overview and Scrutiny Committee (HOSC).

Background

2. Given that the statutory power of health scrutiny rests with the County Council, the Chairman of the HOSC is a County Councillor, Andy Roberts. To reflect the partnership approach to health scrutiny in Worcestershire, the County Council's constitution states that the Vice Chairmanship should be allocated to one of the District Council members.

Next Steps

3. District Councillors are invited to select a Vice Chairman for the Health Overview and Scrutiny Committee. The nominee agreed by the District Council representatives will be formally appointed by Worcestershire County Council on 18 September 2014. In the event that the District Councillors cannot agree on an appointment, the County Council will appoint one of the 6 District Councillors to the position at the County Council on 13 November 2014.

Contact Points

County Council Contact Points

Worcester (01905) 763763, Kidderminster (01562) 822511 Or Minicom: Worcester (01905) 766399

Specific Contact Points for this Report

Emma James and Jo Weston, Overview and Scrutiny Officers, Resources Directorate (Ext 6627); Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Resources) the following are the background papers relating to the subject matter of this report:

Worcestershire County Council's Constitution





COMMUNITY STROKE REHABILITATION SERVICES IN NORTH WORCESTERSHIRE

Summary

- 1. The purpose of this paper is to provide the Health Overview and Scrutiny Committee (HOSC) with an update on the county wide stroke work programme, which is now focussing on the development of equitable specialist community stroke services in north Worcestershire. The aim of the proposed changes is to address historic differences between provision in the northern and southern areas of Worcestershire and ensure equitable service provision across the county.
- 2. Representatives of local Clinical Commissioning Groups have been invited to the meeting, as well as from the service providers, the local Life After Stroke Association and Healthwatch.

Background

- 3. The HOSC has had a number of discussions in the last two years about stroke services. The most recent presentation to the HOSC on 4 September 2013 came after the centralisation of acute stroke services at Worcestershire Royal Hospital in July 2013. The HOSC's discussion in September also covered the establishment of the local Stroke Work Programme and included representatives from the Worcestershire Stroke Association and Healthwatch.
- 4. In terms of context, figures show approximately 40% of patients require a period of inpatient stroke rehabilitation following their discharge from hospital. Currently this is offered across approximately 50 beds in 4 bases in Worcestershire.
- 5. However due to historical commissioning arrangements only the 2 bases in the south of the county (Timberdine and Evesham Hospital) provide specialist stroke rehabilitation. The 2 in the north (Lickey ward in the Princess of Wales Community Hospital (POWCH) and Cookley ward in Kidderminster) only offer general rehabilitation for In Patients.
- 6. It is important to note a specialised stroke service is very different to general rehabilitation or a stroke inpatient unit. The NHS Midlands and East Regional Stroke Services Specification defines specialised stroke as a much higher level of specialised care that enables stroke survivors to develop a greater quality of life and independence following stroke.

Community Stroke Services

- 7. In order to address the current inequity in service provision, two strands of work are being actively progressed.
 - a) Robust capacity modelling is taking place using a variety of data sources including provider activity and Public Health England demographic statistics, so the required number of beds for both the north CCGs can be identified. It must be noted modelling for specialised stroke rehabilitation is complex,

- not least as there is no national or regional guidance or formulas to follow and geographical factors as well as resources have to be factored in.
- b) 8 specialist stroke rehabilitation beds have been formally commissioned from Worcestershire Health and Care Trust (WHACT), as this is the minimum number that can be commissioned under the NICE Safer Nursing Tool. These beds located within Lickey Ward in POWCH, will serve as a resource for north patients from 1st April 2014.
- 8. Further modelling will lead to a variety of options and recommendations being presented, before the required processes for the full cohort of patients can be put into place.
- 9. Those involved are supportive of the work programme to implement an equitable service across the county, as it will ultimately provide a gold standard service and enhance current service provision, whilst addressing the onward flow of patients in the north of the county which is currently an issue.
- 10. The financial envelope for implementing this enhanced service is Better Care Funding totalling £470,000.

Purpose of the Meeting

- 11. Members are invited to consider and discuss the proposal for community stroke services and agree whether any further scrutiny is required at this stage. In doing so, members may wish to explore:
 - How patients and public are to be engaged in the development of services
 - The timescales for changes

Contact Points

County Council Contact Points

Worcester (01905) 763763, Kidderminster (01562) 822511 Or Minicom: Worcester (01905) 766399

Specific Contact Points for this Report

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Email: ejames1@worcestershire.gov.uk / jweston@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Resources) the following are the background papers relating to the subject matter of this report, all of which are available on the Council's website at:

http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agendas.aspx

Health Overview and Scrutiny Committee agenda and minutes of 4 September 2013, 24 January and 22 May 2012, 19 July and 18 October 2011



WYRE FOREST INTEGRATED INTERMEDIATE CARE PROGRAMME

Summary

- 1. The purpose of this paper is to provide the Health Overview and Scrutiny Committee (HOSC) with information on the Wyre Forest Integrated Intermediate Care Programme, which is a multi-agency programme established to identify new models of Intermediate Care for the population of Wyre Forest.
- 2. Representatives of Wyre Forest Clinical Commissioning Group (CCG), Worcestershire Hospitals Acute Trust (WAHT) and Worcestershire County Council (WCC) (including Social Care) have worked in partnership to develop a number of options for intermediate care which are included in the draft final Business Case.

Background

- 3. Intermediate Care services are designed to provide time-limited interventions at points in a person's life where this will restore or avoid a loss of independence and confidence, or reduce the risk of hospital admission (or longer stay in hospital).
- 4. The programme focused on Intermediate Care services provided in Wyre Forest by: the Wyre Forest Community Unit and Cookley Ward (both located on the Kidderminster Treatment site and ran by WAHT), and, in part, the Grange (Worcestershire County Council).
- 5. The programme was established due to a number of reasons namely:
 - i Intra-organisational discussions have identified a golden opportunity to look at integrated working for the benefit of patients and service users
 - ii Implications of potential decisions regarding the Grange
 - iii Future changing demographic
 - iv Potential duplication in resource usage
- 6. The programme, led by the CCG, consisting of a multi-agency Steering Group and chaired by the Chair and Clinical Lead of Wyre Forest CCG, is delivered through clinical and operational workstreams which focus on: Clinical Pathways, Finance and Estates and Facilities. Each workstream has a lead who sits on the Steering Group to ensure that the outcomes identified in the original project initiation document are achieved.

Proposed Kidderminster

7. Whatever the final form of the service is, there are a number of functionalities that it needs to fulfil namely:

Integrated Intermediate Care Options

- Provider rehabilitation, re-ablement and promote independence
- Provide semi / sub-acute care
- 8. The project has identified potential benefits to patients and their carers by considering new models of Intermediate Care. The results of a recent audit highlighted similar needs of patients on the Cookley Ward and the Grange i.e. rehabilitation and re-ablement. There were also patients on the Wyre Forest Community Unit who required rehabilitation / re-ablement, but they had sub-acute care needs as well. This would lead to an assumption that the skills and knowledge of the Healthcare teams are compatible for the patients across the three units.
- 9. In order to take forward plans for Intermediate Care service integration, six options have been considered, two of which have been further developed and presented to the CCG Board in August 2014. These two options, option 1 undertake a tender process to identify a provider, and option 2 redevelop an existing empty space on the Kidderminster Treatment site were both given the go ahead at the CCG Board for further investigation. At this meeting there was also agreement on the numbers of beds required (29) and the clinical model which would be advocated i.e. Nurse Led with GP support.
- 10. The Directorate of Adult Services and Health has reviewed the internally provided services which can be described as intermediate care, however no decision has been made yet about the shape of future services.
- 11. On 17 July 2014 Cabinet authorised the Cabinet Member for Health and Well-being, in consultation with the Director of Adult Services and Health, to discuss and agree with each Clinical Commissioning Group (CCG) and the local NHS the details of the specifications for integrated heath and adult social care re-ablement and rehabilitation services, what costs can be met from the Better Care Fund, and how providers should be procured. Decisions about the Grange will be taken within the parameters of this Cabinet decision.
- 12. Pending these decisions, the Grange continues to provide residential re-ablement services. However, in light of another decision taken by Cabinet on the 17 July about Council provided day care and respite for older people, the Grange is no longer taking new referrals for day care (it does not provide respite care).
- 13. A communications approach for the overall Kidderminster Integrated Intermediate Care Programme has been developed which includes staff and public consultation. It should the noted that lay members sit on the Steering Group and as part of the Clinical Pathways Work stream.
- 14. The outline business case for this programme is available at Appendix 1 (Hard copies have been provided to HOSC and will be available at the meeting.)

Purpose of the Meeting

15. Members are invited to consider and discuss the programme and identified options for Health Care in Wyre Forest and agree whether any further action or information is required at this stage.

16. In doing so, HOSC members may want to consider factors including:

- What will be different for patients and their carers under the new proposed model?
- Timescales?
- How will consultation be carried out and results incorporated into plans?

17. Councillors from the Adult Care and Well-being Overview and Scrutiny Panel, who are responsible for scrutiny of Adult Social Care, have also been invited to this meeting.

Supporting Information

<u>Appendix 1</u>: Wyre Forest Integrated Intermediate Care Programme Outline Business Case – Hard copies have been provided for HOSC members and will be available at the meeting.

The document is available online as part of the Agenda for 19 August 2014 Wyre Forest CCG Board meeting:

http://www.wyreforestccg.nhs.uk/about-us/publicboardmeetings/

Contact Points

County Council Contact Points

Worcester (01905) 763763, Kidderminster (01562) 822511 Or Minicom: Worcester (01905) 766399

Specific Contact Points for this Report

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Background Papers

In the opinion of the proper officer (in this case the Director of Resources) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of Wyre Forest Clinical Commissioning Group on 19 August 2014

http://www.wyreforestccg.nhs.uk/about-us/publicboardmeetings/

Worcestershire County Council Cabinet Agenda and Minutes on 17 July 2014

http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Cld=13 1&Year=0

Worcester News press release from 19 June 2014:

http://www.worcesternews.co.uk/archive/2014/06/19/11285843.Shake_up_could_close_Kidderminster_care_home/





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 Scrutiny Committee.

Background

- 2. In order to ensure that Members of the Scrutiny Committee 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 Scrutiny Committee to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items.
- 3. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

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

District Council Activities in Relation to Health

- 5. 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.
- 6. Recognising that the work of the District Councils will be of value and interest to the wider Health Overview and Scrutiny Committee, an oral update will be provided on such activities by District Councillors at each meeting of the Scrutiny Committee.

NHS Board Meetings

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

Consultations in Worcestershire

Urgent Health Issues in Worcestershire

- 8. The Health Overview and Scrutiny Committee has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services.
- 9. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the Scrutiny Committee "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".
- 10. Additionally, Standing Order 9.4.2 allows for the Chairman of the Scrutiny Committee at any time to call a special meeting of the Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the Scrutiny Committee to requisition a special meeting of the Scrutiny Committee. 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 Resources. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

11. It is necessary that the Scrutiny Committee'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 Democratic Services Unit at least two weeks in advance of a scheduled meeting of the Scrutiny Committee.

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Background Papers

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 Worcestershire County Council Procedural Standing Orders and Access to Information Rules, September 2012