

Health Overview and Scrutiny Committee

Tuesday, 3 March 2015, County Hall - 10.30 am

Minutes

Present:

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, Mrs M A Rayner, Mr G J Vickery, Dr B T Cooper, Ms J Marriott (Vice Chairman), Mrs F M Oborski and Mrs P Witherspoon

Also attended:

Sue Harris, Worcestershire Health and Care NHS Trust
Bernie Coope, Worcestershire Health and Care NHS Trust
Hilary Thorogood, Worcestershire Health and Care NHS Trust
Jenny Dalloway, Worcestershire County Council
Harry Turner, Worcestershire Acute Hospitals Trust
Penny Venables, Worcestershire Acute Hospitals NHS Trust
Chris Tidman, Worcestershire Acute Hospitals Trust

Suzanne O'Leary (Democratic Governance and Scrutiny Manager) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 21 January 2015 (previously circulated).

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

730 Apologies and Welcome

Apologies had been received from Mr M Johnson and Prof J W Raine.

731 Declarations of Interest and of any Party Whip

None.

732 Public Participation

Mr Neal Stote, Chair of the Save the Alex campaign addressed the Committee and raised the following main points, specifically in relation to Item 6:

- The Chairman and Chief Executive of

Worcestershire Acute Hospitals NHS Trust had taken some time to speak out following the news of five A&E Consultants resigning and when eventually doing so, would not discuss the reasons why. This lack of communication was concerning and fuelled the discussion that there was an unacceptable management structure at the Trust

- Mr Stote, along with MP's and Council Leaders, attended a meeting with the Secretary of State for Health and the Chief Executive of the Trust Development Authority on 23 February and informed them of some concerns, including:
 - WAHT was not financially sustainable, neither historically nor at present, with the forecast that this financial year, a deficit of £25million would be posted
 - there were staffing issues, including widespread allegations of bullying. In addition, it was suggested that staff fear patient safety due to being overstretched, having to work extra shifts and some nurses working outside of their usual area. The number of vacant posts was around 250 and the agency spend was estimated to be overspent by around £8million
 - quality was a concern, with many targets being missed, including key cancer targets. A&E targets at Worcestershire Royal Hospital had not been met in over twelve months and staff reported treating patients in corridors was commonplace
 - the January 2014 Independent Review Panel report stated that Worcestershire Royal Hospital and University Hospitals Birmingham had no capacity if the Alexandra Hospital in Redditch were to close.

Mr Stote also added that Worcestershire Healthwatch had reported that residents from the wider Redditch area were unsettled with recent events, especially as Worcestershire Royal Hospital had been running under extreme pressure for a number of months. The situation was unacceptable.

733 Confirmation of the Minutes of

The Minutes of the Meeting held on 21 January 2015 were agreed as a correct record and signed by the Chairman.

the Previous Meeting

734 Mental Health Services - Older People

Attending for this item were:

Worcestershire Health and Care NHS Trust (Provider)

Dr Bernie Coope, Clinical Director, Older Adult Mental Health Psychiatrist

Sue Harris, Director of Strategy and Business Development

Hilary Thorogood, Early Intervention Service Manager

Integrated Commissioning Unit (Commissioner)

Jenny Dalloway, Lead Commissioner – Mental Health and Dementia

The Committee (HOSC) had asked for an update on the provision of Older People's Mental Health Services within Worcestershire, including Dementia. This followed the HOSC's earlier overview of Mental Health Services and its discussion about the Mental Health Liaison Service. The aim was to extend HOSC's understanding of mental health services provided in the County, the policy changes (past and future), the importance of interagency working across the system and how progress will be made to parity of esteem between physical and mental health.

Representatives from the service provider, Worcestershire Health and Care NHS Trust, and from the Integrated Commissioning Unit had been invited.

Dr Coope gave a presentation outlining:

- What is dementia?
- Looking back – what has changed?
- What services are provided, who do they support, what do they do?
- Current challenges
- The future look

During the presentation he made the following main points:

In his view dementia was the single most important health issue affecting the County. Some of the facts around dementia were:

- One third of the UK population would develop dementia
- In the UK 1 in 14 people over 65 have dementia
- Up to 70% of people in a care home have a form

of dementia

- People with dementia stay in hospital, on average, 5 days longer than those without dementia
- The cost of to the UK is greater than heart disease, stroke and cancer combined, costing the UK economy over £26 billion per year
- It was a condition whose diagnosis was feared more than cancer
- Worcestershire has an estimated 8500 people living with dementia and this is forecast to increase by 40% over the next 12 years
- Just over 50% of the local population with dementia have received a formal diagnosis

The most important question was what could be done to help a person living with dementia live as well as possible. The focus was on:

- Earlier access to services: there was investment in early diagnosis and advance care planning
- Support for carers: Improvements made in carer involvement and support
- Choice and integration: Importance of different support options including Home based care, respite, supported activities

People needed to be at the centre of decision making and it was essential to work together across professional and organisational boundaries, including voluntary and community groups and private sector providers; dementia was everyone's business and a system wide approach was needed.

The aim was for one care plan, a named care co-ordinator and care plans agreed in advance. Dr Coope stressed the importance of early diagnosis, which was mostly carried out by the Early Intervention Dementia Service. This could be challenging as some patients could not recognise that they had symptoms.

There were a variety of solutions across sectors to support people with dementia, including dementia care in acute hospital settings, assistive technology, home care solutions (including different housing options), and training for care home staff. Access to specialist services such as the community mental health teams was also key.

A County-wide dementia strategy that clearly supports the "everyone's business" approach, and dementia awareness and training across the system were needed.

There were a number of challenges, including ensuring parity of esteem and embedding dementia care in physical health delivery, liaison in the acute setting and supporting care home staff to manage difficult/escalating behaviours.

The vision for the future was to build a dementia friendly community, have more accommodation and home based support options and increase capacity for out of hospital care.

During the ensuing discussion the following main points were made:

- Members highlighted the difficulties for those caring for people with dementia, especially if there were long travel times to assessment and dementia units. It was clear a diverse range of resources to support people were needed
- In response to a question about why the numbers of people with dementia were increasing it was confirmed this was due to the increasing numbers of people living longer
- The amount of care provided outside the NHS was highlighted, for example the Dementia Advisor service provided by Age UK. It was noted that specialist mental health services were only needed by a small percentage of dementia sufferers, the bulk of support would come from other organisations
- It was noted that loneliness and depression were also issues for older people and that mental health services were provided for these
- Following diagnosis of dementia the GP would be able to closely monitor the patient, who would also have access to dementia advisers
- There was some discussion about how Worcestershire compared with others and whether current provision and funding was adequate. Worcestershire was further ahead in some areas – such as the Early Intervention Service, which started in 2010 and sees approx. 15 people per week – but there were no comparable performance data to benchmark against nationally. In relation to budgets, it was only possible to specify monies allocated for specialist mental health services – expenditure on people with dementia by care homes or domiciliary care providers was harder to calculate
- There were some gaps in the system but care pathway planning was good

**735 Worcestershire
Acute Hospitals
NHS Trust -
Update**

- The funding challenges across the NHS were highlighted; the Trust's Cost Improvement Plan was needed as funding reduced across all areas of business by 4% p.a.
- Members suggested that dementia awareness training was needed by all care home staff, and the example of Denmark and the Netherlands' dementia friendly communities were highlighted.
- It was essential that all organisations and sectors worked together.

The Chairman asked for a briefing note to be circulated after the meeting giving details of the services that were commissioned locally.

The meeting was adjourned for 10 minutes.

Attending for this item, from Worcestershire Acute Hospitals NHS Trust (WAHT), were:

Harry Turner, Chairman
Penny Venables, Chief Executive
Chris Tidman, Director of Resources/Deputy Chief Executive

The HOSC Chairman explained that he had invited representatives to the meeting following the announcement that five Accident and Emergency (A&E) consultants had resigned en masse. He also reminded the Committee of its role in relation to this item, which was to look at the clinical safety, clinical sustainability and financial ramifications.

The WAHT Chief Executive summarised the position and the following main points were made:

- there had been some issues vocalised in private conversations, however, everyone concerned was entirely focussed on clinical safety and clinical sustainability
- the recruitment process, to replace colleagues, was already underway and statutory interview requirements would be undertaken
- all Consultants had committed to working their notice and would not leave before May 2015. Discussions had taken place to determine if anyone would work longer
- the Trust acknowledged that organisations and individuals would have concerns, however, after eleven days, it was too early to answer every query

- other local Trusts were working proactively with WAHT to provide assistance.

In the ensuing discussion, the following main points were raised:

- the Trust had agreed with the Consultants that they would not discuss the reasons for the resignations in public, although one Member understood the Consultants were happy for their reasons to be shared
- different views were expressed in the resignations and discussions had taken place, but no one had suggested bullying or harassment as reasons
- the Trust had successfully recruited to 32 Consultant posts recently and all appointments were now across all sites in Worcestershire, rather than being site specific. This working practice was now the same for all Anaesthetists
- the ongoing work on the future of Acute Services in Worcestershire would continue and all contributors would ensure patient safety and sustainability was in place
- in relation to the financial implications, there continues to be a national picture of hospitals reporting a deficit, the latest figure suggesting 75% of Foundation Trusts doing so. WAHT is no different
- the Trust has faced many pressures over the winter period and delayed discharges and cancelled operations have implications for income generation
- the next three years for integration of health and social care would hopefully provide some stability and a platform for cost improvements. Everyone was in agreement that all elements of the health economy were vital to an improved position
- in relation to other Trusts providing assistance, the range of support had ranged from immediate offers to opportunities for partnership working both in the short term and medium term
- One Member commented that staff morale seemed very low with suggestion that senior management was not listening. When asked whether there was a structural issue and what steps would be taken to rebuild relations, the Chief Executive stated that recruitment in Theatres had been recently successful, A&E Nursing roles had been enhanced and a model, where skills were developed, had been adopted. There had been a number of engagement events

but it was imperative that consultation on the future not be delayed any further.

In summary, the Chairman thanked everyone present for their attendance and participation. HOSC was reassured that services were clinically safe and normal service continues. In addition, quality and assurance was monitored on a regular basis. In relation to clinical sustainability, at present HOSC was reassured, however, it awaits the outcome of the West Midlands Clinical Senate report into the Future of Acute Hospital Services in Worcestershire (FoAHSW) and was mindful that there was a risk that there would need to be a reconfiguration before the official recommendations were published.

736 Health Overview and Scrutiny Committee Round-up

The Chairman deferred this item until the next meeting.

The meeting ended at 1.15 pm

Chairman