

## Health Overview and Scrutiny Committee

### Tuesday, 7 February 2017, County Hall - 10.00 am

#### Minutes

#### Present:

Mr A T Amos, Mrs J L M A Griffiths, Mr A P Miller,  
Mrs F M Oborski, Mrs M A Rayner, Mr G J Vickery,  
Mr T Baker, Mrs A T Hingley, Mrs F S Smith and  
Mrs N Wood-Ford

#### Also attended:

Mr J H Smith, Cabinet Member with Responsibility for  
Health and Well-being  
Mr D Summers, Herefordshire Council  
Dr C Ellson, South Worcestershire Clinical  
Commissioning Group  
Mari Gay, South Worcestershire Clinical Commissioning  
Group  
Claire Austin, Future of Acute Hospitals in Worcestershire  
Programme  
Caragh Merrick, Worcestershire Acute Hospitals NHS  
Trust  
Dr Andrew Short, Worcestershire Acute Hospitals NHS  
Trust  
Gareth Robinson, Worcestershire Acute Hospitals NHS  
Trust  
Tim Carter, Worcestershire Acute Hospitals NHS Trust  
Stephen Collman, Worcestershire Health and Care NHS  
Trust  
Sue Harris, Worcestershire Health and Care NHS Trust  
Dr Bill Spice, Worcestershire Health and Care NHS Trust  
Tracy Furlow, Worcestershire Health and Care NHS Trust  
Peter Pinfield, Worcestershire Healthwatch

Samantha Morris (Overview and Scrutiny Officer) and  
Jo Weston (Overview and Scrutiny Officer)

#### Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for Future of Acute Hospital  
Services in Worcestershire – Update, Winter Plans  
- Review of Urgent Care and Sexual Health  
Services (circulated at the Meeting)
- C. The Minutes of the Meeting held on 13 December  
2016 and 11 January 2017 (previously circulated).

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

#### 833 Apologies and

Apologies had been received from Cllrs Biggs, Cooper,

		Grove and Hill.
		The Chairman thanked everyone to the meeting, especially Cllr Summers from Herefordshire Council who was invited to participate in the discussion.
<b>834</b> <b>Declarations of Interest and of any Party Whip</b>		Cllr Frances Smith declared an interest in Agenda Item 7 (Sexual Health Services), as her husband was the Cabinet Member for Health and Well-being and Chairman of the Health and Well-Being Board. She would therefore withdraw from that item and not participate in the discussion and holding to account of Cllr John Smith
<b>835</b> <b>Public Participation</b>		<p>Mr Neal Stote, a member of the public and campaigner from Redditch addressed the Committee in relation to Item 5 (Future of Acute Hospital Services in Worcestershire – Update) and Item 9 (Quality of Acute Hospital Services).</p> <p>He expressed concern that in the two years since his last public participation at the Health Overview and Scrutiny Committee (HOSC) little had changed in relation to the position of Worcestershire Acute Hospitals NHS Trust and it was now not only in special measures but the Care Quality Commission had served a Section 29a Warning Notice on the Trust.</p> <p>Aside from Doctor shortages and lack of available beds, Mr Stote stated that the County Council had a greater role to play in supporting patients, especially the elderly, outside of any hospital setting.</p> <p>Mr Stote also raised concerns about the consultation proposals in general, especially given the huge financial challenges the Trust has and he felt that there was a missed opportunity to engage with other providers in order to help alleviate capacity problems.</p> <p>The Chairman thanked Mr Stote for his participation.</p>
<b>836</b> <b>Confirmation of the Minutes of the Previous Meeting</b>		The Minutes of the Meetings held on 13 December 2016 and 11 January 2017 were agreed as a correct record and signed by the Chairman.
<b>837</b> <b>Future of Acute Hospital Services in</b>		<p>Attending for this Item were:</p> <p><u>Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme</u></p>

## Worcestershire - Update

Dr Carl Ellson, Chief Clinical Officer of South Worcestershire Clinical Commissioning Group  
Claire Austin, Communications and Engagement Lead for FoAHSW

Worcestershire Acute Hospitals NHS Trust (WAHT)  
Dr Andrew Short, Acting Chief Medical Officer

Members were reminded that the review of acute hospital services had been progressing for over five years and that it was a relief for everyone concerned to have approval from the NHS England Investment Committee to go out to consultation.

In broad summary, proposals would see more elective surgery and treatment being undertaken at the Alexandra Hospital in Redditch and the Kidderminster Hospital and urgent care being available at Worcestershire Royal Hospital. The temporary emergency centralisation of certain services would become permanent; however, those temporary moves had already seen improved outcomes for patients affected.

The consultation began on 6 January 2017 and will run for 12 weeks until 30 March 2017. Findings will then be analysed and a final report will be taken to the 3 Worcestershire Clinical Commissioning Groups' Governing Body meetings at the end of May 2017 for decision. Due to County Council elections on 4 May 2017, no decision can be taken until after that date.

At the 4 week point, there had been:

Number of Meetings and Drop In Sessions	22
Number of People Attending	650
Number of questionnaires returned	654

The engagement team had attended or were due to attend a variety of groups, spanning all age groups and abilities and drop in sessions were being held in public venues, such as hospitals and libraries to hear a wide range of views.

From the responses received to date and discussions already held, transport was an overarching concern. This was of no surprise and the Programme Board was already working with community transport providers to investigate possible solutions. In addition, WAHT was

trialling a minibus service between the Worcester and Redditch Hospital sites on an hourly basis until mid April.

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

- The age profile of respondents varied, with Drop In sessions tending to be those more elderly, yet by attending young people's groups a broad range of views was already being achieved
- It was clarified that for the vast majority of patients, care on their usual site would continue and all diagnostic and outpatient appointments would also be scheduled on the usual hospital site. In context, it was expected that 90% of adults and 80% of children would be cared for as now
- The mini bus trial had just started therefore it was too early to assess the impact, however, increased publicity on all available transport options was suggested by Members
- Redditch Borough Council had recently held a week long health commission before formulating a District Council response to the consultation, however, it had learned that the trial mini bus would not pick up along the route between the two hospital sites and there was immediate concern about the negative impact that would have on a named commercial bus operator
- Councillors hoped that a partnership approach to transport planning would be achieved across all stakeholders
- Some Members questioned the use of the term 'consultation' when in fact some decisions had already been taken through emergency provisions. It was reported that the temporary measures had been taken to answer concerns and outcomes for patients had improved. Interestingly, the consultation feedback to date had not focused too heavily on the temporary changes
- When asked whether residents in South Worcestershire were aware of the potential impact of the proposals, it was reported that there was a good response and it was pleasing that media coverage of the proposals was Countywide
- Members heard that a review of outpatient appointments was underway to look at the feasibility of fitting appointments around transportation options, however, it was understood that some patients are advised not to travel on

**838 Winter Plans -  
Review of  
Urgent Care**

public transport after certain procedures. Members suggested the Trust advise the public on transport options, including Park and Ride, when writing to patients about upcoming appointments

- In relation to the level of knowledge available at drop in sessions or events, it was reported that the vast majority of questions could be answered immediately.

The Chairman of Healthwatch Worcestershire was invited to comment on the discussion and reported that Healthwatch had a role in promoting the consultation and associated events and had representation at many of them as it was important to know whether the communication was wide and effective. He was encouraged by what had taken place already and the responses received.

Councillor David Summers from Herefordshire Council thanked the HOSC Chair for inviting him to contribute to the discussion and agreed that there was no surprise that transport concerns was a recurring theme.

Attending for this Item were:

South Worcestershire Clinical Commissioning Group  
Mari Gay, Interim Chief Operating Officer

Worcestershire Health and Care NHS Trust  
Stephen Collman, Director of Operations

Worcestershire Acute Hospitals NHS Trust  
Gareth Robinson, Interim Chief Operating Officer  
Andrew Short, Acting Chief Medical Officer

Members were reminded of the increased pressure on urgent care providers during the Christmas/New Year period which led to a decision by health economy commissioners and providers to close some of the Minor Injuries Units (MIU) across the County and transfer staff to the A&E departments in Worcester and Redditch.

The severity of the situation in A&E and the lack of patients presenting at MIUs meant that this was possible, in order that Acute Trust staff could support the sickest patients; it was a decision that was not taken lightly.

It was noted that overall attendance at A&E departments had not increased and in fact attendances were lower; however, the increase in complex frail elderly admissions

was driving bed occupancy rates and significant delays in patient flow. Many patients also had severe respiratory problems.

Winter plans had been developed well in advance; however, the events that led to this decision were unpredictable to that extent.

In order to influence future planning, a number of actions had been developed or had already been implemented across all health partners, including:

- Work with NHS 111 to ensure a reduction in inappropriate A&E attendances
- Identify and work with Care Homes who have high levels of A&E attendances
- Pilot a frailty unit at Malvern Community Hospital
- Monitor the quality of A&E patient care more frequently
- Redesign 'front door' processes at A&E departments
- Create capacity to assess and potentially avoid admission
- Increase bed capacity over the winter period with extra wards and reduce elective care
- Focus more on patient flow, with WAHT creating a 'SAFER' approach designed to reduce waits and improve flow
- Have flexibility to increase capacity of community hospital beds
- Develop the domiciliary care market to reduce delays
- Work with the Ambulance Service to look at alternative pathways.

The known challenges to some of these actions included a lack of available workforce across all sectors and the capacity to make the changes required.

During the discussion, the following main points were made:

- Members felt that closing the MIUs had a negative effect, as residents were now confused about the offer available at an MIU or whether in fact it was open. Previously there had been a lot of publicity around 'Is A&E for Me' and if messages like this were to be reinforced, closing the MIUs was wrong
- It was agreed that the communication around the

closure was not ideal and left many residents confused. Strategies for communication were being developed and could span across all health partners

- Although unfortunate, Members agreed that the clear message of cancelling all elective surgery until the end of January was a better option than a patient discovering the day before surgery that no bed was available
- An increase in rehabilitation beds would hopefully ease patient flow
- When asked about the level of Care Home attendances and admissions, it was reported that advice, guidance and leaflets are given to each Home and residents can be directed by either a GP, NHS 111 or by the Home themselves. In addition, a Nurse Practitioner is attached to every Care Home
- A piece of work was underway to look at speeding up the discharge process, especially on the day and in relation to, for example, take home medication
- The Chairman of Healthwatch Worcestershire commented that at present it is confusing for patients to understand which provider is responsible for a particular service and any joined up health messages were welcome.

**839 Sexual Health Services**

Attending for this Item were:

Worcestershire County Council (Commissioner)

Frances Howie, Director of Public Health

Liz Altay, Public Health Consultant

Worcestershire Health and Care NHS Trust (Provider)

Sue Harris, Director of Strategy & Business Development

Dr Bill Spice, Clinical Director, Sexual Health Service

Tracy Furlow, Clinical Services Manager – Sexual Health and Dental Services

By way of presentation, the Committee was updated on the background, commissioning process and new arrangements for sexual health services in Worcestershire.

Since the Health and Social Care Act of 2012, public health is a duty of Local Authorities and the transfer of responsibility for commissioning began in 2013. To facilitate a full tender process, existing contracts were extended until 30 September 2016.

A needs assessment had already been undertaken and recommendations were made, which in summary resulted in the desire to modernise the delivery model across the whole system and that provision should match need and access to services should be more equitable.

Following in year national reductions to the Public Health Ring-Fenced Grant (PHRFG), the Cabinet Member decision on 25 November 2015 announced the budget for the recommissioned Integrated Sexual Health Service had been reduced by 12.5%. In addition, a further provider efficiency of 2% of budgets would be applied.

The new Integrated Sexual Health Services (ISHS) contract was awarded to Worcestershire Health and Care NHS Trust (WHCT) from 1 October 2016 for a period of 3.5 years with an option to extend for up to a further 2 years.

The new model enables a shift from treatment to prevention and this in turn should reduce demand and costs over time. Although all existing clinic locations will remain and the possibility of booked and walk in appointments will continue, there will be a reduction in the length or number of some clinics.

Better use of technology and engaging with young people in a number of settings, including developing sex and relationships education in schools were also ways of expanding the integrated service. In addition, working more closely with Primary Care, Pharmacies and other stakeholders would enable more community engagement and outreach.

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

- It was reported that with the known cuts to budgets, the new integrated model was still deliverable, but it would be some time before the benefits were realised
- All current clinic locations would remain in operation although the length of some clinics may change
- Outreach clinics would be developed across the County
- A mixture of booked and walk in appointments would continue to be available to suit individual need
- The increase in the use of social media and electronic communication was seen as an



effective tool for not only delivering key messages but also the first stages of screening and a Peer Mentor scheme was being developed to provide further help

- Expanding the sex and relationship education programme in schools was welcomed by Members who also learned that programmes will be run in youth centres and residential homes as well. It was noted that increasingly children are much more sexually aware at a younger age and technology had seen an increase in cases of sexting and pornography, yet the repercussions of such actions had not been fully thought through.

The HOSC Chair thanked those present for the update and useful discussion.

**840 Health Overview and Scrutiny Committee Round-Up**

The Chairman asked, and the Committee agreed, that this Item be deferred until the next meeting.

However, the Chairman asked Members whether they would wish to meet earlier than the scheduled meeting of Wednesday 5 April 2017, in order to consider the announcement by the Clinical Commissioning Groups in relation to the changes to knee and hip surgery. Members agreed that an earlier date would be preferable and asked Officers to investigate.

The meeting adjourned from 12:20pm until 12:40pm.

**841 Quality of Acute Hospital Services**

Attending for this Item were:

Worcestershire Acute Hospitals NHS Trust:  
Caragh Merrick, Chairman  
Tim Carter, Head of Executive Office

Cllr Miller had sent apologies for not being able to attend this part of the meeting.

The HOSC Chair thanked the WAHT Chair for attending at short notice, however, given the gravity of the situation felt that HOSC needed to have a discussion in public.

The Trust Chair reminded Members of her appointment in late September 2016 and her willingness to be open and transparent with the residents of Worcestershire about the Trust's affairs. The Care Quality Commission letter serving a Section 29A notice was received on 27 January and was published on the Trust's website within days. The notice was served following the announced inspection in November and subsequent unannounced

visits in early December 2016.

The Trust Chair reported that CQC feedback had been ongoing in the intervening period and although she could not talk about the Trust before her appointment, was in a position to report that the improvement plan was robust and was starting to tackle elements required. She acknowledged that the Trust had to improve and it was working with NHS England to encourage this, however, the CQC could only report on their findings during the Autumn and not the changes made since.

When the full CQC report was published at a later date, it would be seen that some elements of the Trust's work was positively received.

A number of Staff and Press briefings had taken place and the level of support was extremely encouraging. Permanent changes to the management structure had now been finalised and this stability was very helpful. It was unfortunate that some individuals could not start immediately, but that was due to existing employment contracts.

The Trust had until 10 March 2017 to demonstrate improvements had been made and the Trust Chair was confident that a step change towards this could be achieved. It had to be recognised that there was not one fix, but all health economy partners had a role to play, especially given the known increase in the frail elderly population of Worcestershire.

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

- The Trust has over 6,000 staff and the lack of quality substantive management had been a driving factor in the CQC determination. As temporary appointments were now being recruited to on a permanent basis, stability should occur
- Staff briefings had been positively received and staff morale was improving. The Trust Board had reached over 1,000 employees and was committed to engaging with them further as ways to improve patient experience often came from the front line
- Although some clinical areas had no issues in recruitment, it was recognised that other areas did. It was hoped that further work with University of Worcester would create medical staff locally in the future

- When asked about the skills of recent non-executive appointments, it was clear that there was a balance of appropriate experience, especially in relation to business, strategic and organisational development, accountancy and Information Technology
- Long waits in A&E was not acceptable. Everyone agreed that the available space was very small and work was already underway with the Ambulance Service and other health providers to investigate alternative ways of working
- Winter planning should be done earlier and improvements to patient flow was vital all year round
- Appropriate resourcing was required to ensure better use of the estate, such as improving theatres at the Alexandra Hospital, redesigning A&E in Worcester and making best use of Kidderminster Hospital
- When asked why the Trust was resistant to help from other health providers, it was reported that was not the case and there was active collaboration with specialised cases.

The HOSC Chair thanked the Trust Chair for her attendance and update. It was clear that the improvement needed was going to be a challenge in the timescales, but wished the Trust luck in showing progress.

The meeting ended at 1.50 pm

Chairman .....