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Health Overview and Scrutiny Committee
Thursday, 27 June 2019, County Hall - 10.00 am

Minutes

Present:

Ms P Agar, Mr G R Brookes, Prof J W Raine, Mrs M A Rayner, Mr A Stafford, Mr M Chalk, Ms C Edginton-White, Mr J Gallagher, Mrs F Smith and Mrs J Till

Also attended:

Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing
Mark Docherty, West Midlands Ambulance Service NHS Trust
Paul Brennan, Worcestershire Acute Hospitals NHS Trust
Mari Gay, Worcestershire Clinical Commissioning Groups
Tom Grove, Worcestershire NHS Clinical Commissioning Groups
Sarah Adderley, Stroke Association
Lorraine Wright, Stroke Association

Sheena Jones (Democratic Governance and Scrutiny Manager) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. Presentation handouts for Item 6
C. The Minutes of the Meeting held on 9 April 2019 (previously circulated).

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

921 Apologies and Welcome

The Committee Vice-Chairman, Cllr Frances Smith explained that she would be chairing the meeting as the Chairman was unable to attend. As Chairman, she welcomed everyone in particular three new members (Cllr Jo-anne Till from Bromsgrove District Council, Cllr Calne Edginton-White from Wyre Forest District Council and Cllr John Gallagher from Malvern Hills District Council).

Apologies had been received from Cllrs Mike Johnson, Chris Rogers and Peter Tomlinson.

922 Declarations of

None.

	Interest and of any Party Whip	
923	**Public Participation**	None.
924	**Confirmation of the Minutes of the Previous Meeting**	The Minutes of the meeting on 9 April 2019 were agreed as a correct record and signed by the Chairman.
925	**Vice Chairman**	The Democratic Governance and Scrutiny Manager explained that the HOSC Vice-Chairman is a role allocated to one of the Committee's district council members, to reflect partnership working. The district council members had nominated Frances Smith to continue as Vice-Chairman, and this nomination would now be put to Council for approval.
926	**West Midlands Ambulance Service Update**	In attendance for this item were: West Midlands Ambulance Service University NHS Foundation Trust: Mark Docherty, Director of Clinical Commissioning and Strategic Development / Executive Nurse Worcestershire NHS Clinical Commissioning Groups: Mari Gay, Chief Operating Officer and Lead Executive for Quality and Performance Worcestershire Acute Hospitals NHS Trust: Paul Brennan, Chief Operating Officer and Deputy Chief Executive West Midlands Ambulance Service University NHS Foundation Trust (WMAS) had been asked to provide an update and the Director of Clinical Commissioning and Strategic Development/Clinical Nurse outlined the following key points from an information pack which had been circulated to HOSC members (available on the website). • The organisation centred on strong values. • This year's Quality Account had been published and summarised WMAS achievements during the year and priorities for 2019/20, for example improving the performance for the National Ambulance Clinical Quality Indicator for Sepsis, a life-threatening condition. • WMAS served a population of 5.6 million, and a large geographical area which was 80% rural and

which generated more than 4000 999 calls a day.

- The fleet of over 1000 vehicles was the newest in the country.
- WMAS had no vacancies and had the lowest sickness rate in the country, whereas nationally there were 2500 paramedic vacancies. This was attributed to having its own academy to train and develop staff.
- WMAS had been working towards having a paramedic on every ambulance, which this year had been achieved.
- WMAS was rated outstanding by the Care Quality Commission (CQC).
- Many other initiatives were in progress, such as supporting anti-knife crime, aspiring to be paperless through use of electronic records and partnership work with universities to help establish the Ambulance Service as a graduate entry profession.
- Efficiency and effectiveness were very important and WMAS was the highest performer in almost all metrics in two recent national reports (Lord Carter's Report and the National Audit Report) including cost and productivity.
- The Service was keen to regain the NHS111 service, so that it could be integrated with 999 calls and ideally reach a level where 20% of calls were emergency and 80% responded to at a slightly slower rate.
- The Patient Transport Service had been focused on this year and was performing well although Worcestershire's rural nature presented problems.
- Ambulance handover delays at hospitals in Worcestershire were not a good news story however and WMAS was working with colleagues at Worcestershire Acute Hospitals Trust and the CCGs; this was an area where patients were being let down.
- WMAS's digital journey continued using electronic patient records to integrate with other organisations, and the Emergency Department could see all electronic records of patients likely to be taken there, allowing pre-assessment and liaison.
- A Directory of Services supported clinicians, call handlers, commissioners and patients and included every service and was integrated with NHS pathways and electronic records.
- Work was also taking place on a plan for patient flow through additional clinical input, which aimed

to ensure patients were routed to the right place.

The Chairman invited questions and the following main points were made:

- HOSC members praised the information provided and the continued high performance of WMAS. When asked what kept the organisation consistently ahead of the field, the Director believed the most significant factors were a consistent and strong management team which worked well together, an ambitious, forward-looking and efficient culture, supported by staff who wanted to get things done.
- It was agreed that WMAS running NHS11 would be a positive move and a HOSC member asked about the vision for this service. The Director could only speak in broad terms at this stage but referred to the value of more experienced call handlers in avoiding unnecessary ambulance despatch – current levels were 15% compared to 7% under the previous NHS 111 contract with WMAS. He suggested that WMAS' strong public brand would also instil public confidence. Members agreed that integrated call handling would be very helpful.
- When asked about the success of NHS campaigns to educate the public about where to go for medical help, the Director felt that campaigns tended to increase demand and it may be better to structure pathways based on how people wanted to use services.
- A member asked about the effectiveness of triage and was advised that it was working but that there was more to do, for example regarding underuse of the frailty unit at Redditch.
- The Chairman referred to previous updates and asked whether issues around hospital handover delays were being responded to, and the Director confirmed that discussions with the Acute Hospitals Trust were ongoing, although it was not just the Acute Trust which could solve the issue; what was needed was to look at different ways of managing patients and a more risk-confident culture with older people. Currently too many people were going through the Emergency Department. More conversations were needed as the situation could not carry on and all partners had a part to play, but he emphasized that everyone involved was working very hard to find solutions.

- Cllr Rayner, the HOSC's lead member for WMAS, reported her continued admiration for the organisation but asked how WMAS was managing increased acts of violence against staff. The Director agreed that whilst he could accept the world in which his staff worked could be difficult, violence was unacceptable. Use of body cameras was now being piloted, which was regrettable but may help gain custodial sentences for offenders which would hopefully be a deterrent.
- In response to a query about the availability of air ambulances and pilots including airtime and downtime, it was explained that this service was provided by two charities, with pilots being employed by a specific business. Any technical issues were quickly fixed so that downtime would only really be due to poor weather. The Air Ambulance Service was a fantastic asset, and one which WMAS did not have to pay for.

The Chairman thanked everyone for their attendance and reiterated praise to WMAS for its outstanding service.

927 Acute Stroke Services

In attendance for this item were:

Worcestershire NHS Clinical Commissioning Groups: Mari Gay, Chief Operating Officer and Lead Executive for Quality and Performance
Worcestershire Acute Hospitals NHS Trust: Paul Brennan, Chief Operating Officer and Deputy Chief Executive
Stroke Association – Sarah Adderley, Head of Support for Central England and Lorraine Wright, Support Manager for Worcestershire

The HOSC had requested an update on stroke services provided within acute hospital settings when a patient first requires diagnosis and hospital treatment.

The Worcestershire NHS Clinical Commissioning Groups (CCG) Chief Operating Officer (COO) referred to the report included in the agenda and advised that stroke services for Worcestershire were centralised at Worcestershire Royal Hospital (WRH), and rehabilitation was centralised at Evesham Community Hospital. This meant a much better patient flow however currently, acute stroke services across Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) were challenged by workforce shortages, and therefore unable to meet the clinical

standards for 7-day services. This situation reflected the national picture.

As part of an STP programme, a number of potential models had been looked at with partners, with focus on alternative workforce models with less consultant focus whilst remaining safe. The preferred option was a centralised acute stroke service for Worcestershire and Herefordshire at WRH site, however this was no longer feasible due to capital constraints at a national level. Therefore, the STP Programme Board had been tasked with developing an alternative service model that would deliver outcomes of 7-day working. Two options were being worked through and commissioners would be happy to return to HOSC for further discussion.

Following recruitment campaigns, the workforce situation was at its strongest point yet for a number of years but it remained a struggle to ensure a 7-day service. A lot of stroke prevention work was also taking place however a significant increase in strokes was predicted in the 75 plus age group in the next ten years.

The Worcestershire Acute Hospitals NHS Trust (WAHT) Chief Operating Officer (COO) advised that within Worcestershire, performance against the Stroke Sentinel National Audit Programme (SSNAP) had improved from level D to C, A being the aspiration. Currently there were 5 consultants employed and 6 were needed to be able to aspire to the 7-day service model. In summary it was a picture of improvement but with issues around staffing and 7-day services.

The aim was to have a single service across Herefordshire and Worcestershire, with acute stroke services on one site and rehabilitation on another. Recruitment was being targeted at joint appointments across the two Trusts, which could reduce the travel to work distance for consultants and bring variety to their work through delivering a service at two sites. The current stroke ward was too big for need meant that it was used by other patients. During the Autumn wards were due to be moved around so that the stroke ward would be adjacent to A&E and radiology, improving flow and service score.

Comment was invited from the representatives present from the Stroke Association and the Head of Support for Central England reported that she was pleased to be working as part of the STP, met regularly with the CCG COO and endorsed the picture given of stroke services.

The situation was concerning, since timely access to experienced expertise was a key factor in this medical emergency situation.

The Chairman invited questions and the following main points were made:

- In response to a query, the WAHT COO clarified that stroke services were provided 24 hours a day, 7 days a week; it was on site consultant cover which was currently not available 7 days a week, although consultants were always on call out of hours
- When asked about the advantages of a centralised model as opposed to maintaining services in both Worcestershire and Herefordshire and how great were the issues of staffing and funding, the CCG COO pointed out that the aim was to build resilience for the future and a 7-day service on both sites would require significant capital. Recruitment drives had now brought some success and it must be remembered that a vast group of clinical practitioners were involved in the acute phase of stroke services, who fulfilled a lot of the care for patients. For the next 2 to 4 years the focus would be on delivering services across both sites with flexible staff and telemedicine links. It was confirmed that agency staff costs were not an issue. The capital costs of the centralisation option were confirmed as £46 million.
- The CCG and Acute Trust COOs were asked to clarify where stroke patients were taken from across the county and it was explained that the ambulance would go directly to WRH. A very small percentage may be taken to the Alexandra Hospital if it was unclear the patient was having a stroke. Patients needing further rehabilitation would be transferred to Evesham Community Hospital. Feedback from patients had been very positive.
- A HOSC member asked what treatment was given at specialist acute stroke services, and it was explained that for suspected strokes, patients would have a scan. For some strokes it may be possible to dissolve the blood clot with amazing results; thrombolysis was possible in around 2-3 patients a day but it needed to be timely, hence the importance of the FAST campaign, and unfortunately many strokes occurred while people were asleep. The system was designed to treat

patients as soon as possible and give improved outcomes.

- It was confirmed that if commissioners and providers reached the point of being able to proceed with a centralised model, then consultation would take place.
- It was explained that the chart (page 11 of Agenda) included the mechanisms to assess the different pathways for stroke.
- A HOSC member said that she felt reassured by the information provided and was very pleased that staff were being trained to look after people with strokes. Whilst the current situation was not perfect, it appeared much better.
- A HOSC member queried what care someone having a stroke on a Saturday would receive and was advised that they would be taken to WRH by ambulance and then scanned. Weekend care was the same except a consultant would not be on site, but would be on call to provide specialist advice.
- When asked about the impact of hospital handovers on stroke patients, where timely treatment was so important, the WAHT COO explained that the ambulance would alert the Emergency Department (ED) before arrival and there was a specific ED response for these instances.
- When asked how services would extend to 7 days given overall recruitment problems, the WAHT COO emphasised that stroke services *were* provided across 7 days (with the exception of a consultant being on site 24/7). In order to provide on-site consultant cover 24/7 Worcestershire required two more consultants but the situation for Herefordshire was more challenging and all aspects and functions of the workforce were being looked at.
- In response to a question, it was confirmed that recruitment drives extended to overseas and 73 nursing staff would start over the next six months, whom it would be important to support and help settle. It was confirmed that all NHS partners had been required to consider their plans for Brexit.
- A HOSC member asked about plans to improve scanning pinchpoints and whether staff could be trained to the radiology role, and the CCG COO acknowledged the challenges but advised that WAHT had a very strong diagnostic improvement plan and there was work to try and highlight the profession to schools and to attract staff to the

area. The Stroke Association representative referred to meetings of the West Midlands Programme Board and advised that every Trust was in the same position.

- Key points for the CCG and WAHT COOs were the preference in the long-term for a centralised model, the fact that workforce issues would remain therefore building resilience was important. Additionally, they emphasised the importance of prevention work to mitigate the stroke predictions for the future.
- The Chairman asked about care for patients while options were being worked through and referred to stroke performance statistics from the recent WAHT Board papers for June which indicated that 35.7% of stroke patients were admitted to the stroke ward within 4 hours and that only 43.3% had their CT scan within 60 minutes. The CCG COO referred back to the problem of the stroke ward beds not being ring-fenced causing problems with bed availability when stroke patients were admitted (5 to 7 a day), and the plan from September for a smaller ward with ring-fenced beds. Additionally, work was needed to ensure the pathway from the ED front door to the scanner worked consistently, which the work to increase the workforce was designed to help. If the required capital became available for the long-term model, all the work done towards this model remained on the table and in the meantime from August there would be some sharing of workforce across the Herefordshire and Worcestershire sites. The big risk was if consultants were to leave.

The Chairman thanked those present for their attendance and praised the success of the rehabilitation side of stroke services, which was highly thought of.

928 Proposed Merger of Worcestershire and Herefordshire NHS Clinical Commissioning Groups

In attendance for this item were:

Worcestershire NHS Clinical Commissioning Groups: Mari Gay, Chief Operating Officer and Lead Executive for Quality and Performance and Tom Grove, Head of Communications, Engagement and Organisational Development

The Chief Operating Officer (COO) and Lead Executive for Quality and Performance summarised the journey of the three clinical commissioning groups in Worcestershire. Over time this had become more co-

ordinated, with a shared management team which designed pathways and made decisions for the whole of Worcestershire, taking into account the differences of the three areas. The NHS Long-term Plan and more integrated systems had brought on this way of working and a proposal was being put through the NHS governance system for one CCG to span the Herefordshire and Worcestershire STP area. There was already one Accountable Officer for the 4 CCG's. Maintaining a place-based structure, with joint commissioning, would be important.

Engagement with the public was taking place although the proposal was not about service change. Participation had been low, but regarding the options of whether to proceed with the merger now or take more time, the preference was to 'get on with it'. The CCG representatives said that questions from the public had included querying whether local engagement would continue, which it would, and whether services would change, which they would not.

The Chairman invited questions and the following main points were made:

- A member queried the low number of responses (119) and the Head of Communications, Engagement and Organisational Development explained that consultation was still taking place using a combination of drop in meetings, online channels and posters – while more responses would be good the low numbers may reflect the lack of proposed service change where greater response would be expected. Derbyshire had only received 101 responses.
- It was confirmed that the legal status of the proposed CCG model would be one statutory body from the current four.
- A HOSC member asked whether this was another step to Integrated Care Organisations and the CCG COO advised that this would depend on central government but was debateable and would be challenging in her view. For now there were still individual organisations but they were all trying to integrate pathways and work as a network to use NHS services better and more efficiently.
- A HOSC member asked how the local aspect would be retained under the proposed merger and whilst acknowledging this concern the CCG COO advised that staff could be assigned to work on

specific areas and specific issues and local forums and networks would remain unchanged. She also referred to frustrations from service providers about working with different CCGs.

- A HOSC member asked how the merger would affect lower levels of staff and was advised that director level was clear, while the next tier down was being looked at and the structure would be based on delivering the strategic function but also the operational one.
- When asked about drug purchasing the CCG COO advised that procurement would be more cost effective across a larger system and she advised that best practice and NICE guidance was looked to.
- A HOSC member commented that the low level of response to the engagement was to be expected since the issue at hand would not mean much to the public. He asked what had been learned from the engagement, and was advised that feedback had been valuable in highlighting the importance of maintaining local relationships and networks. The CCGs had considered including in the consultation a third option of not merging but it was important to only include options which were realistic to deliver.
- The Wychavon District Council HOSC member asked why a drop-in meeting had not taken place in Wychavon, and issues of resources and director presence were referred to, although this feedback would be taken on board for the future. It was pointed out that the drop-in sessions had not included new presentations but were more for questions.
- It was confirmed that there were no plans to change reporting arrangement to the Health Overview and Scrutiny functions for Worcestershire and Herefordshire.
- The Chairman sought assurances that Worcestershire would not be ‘pushed out’ and the CCG COO pointed out current ways of working would not change in this respect, with a focus on maintaining and continuing to grow local structures, whilst coming together for decisions affecting both counties. She viewed the change as more administrative and the organisation would be a bit leaner but continue its work.
- When asked whether economies would be sought from reducing leases on separate CCG buildings, members were advised that staff bases would still be needed and separate sites would facilitate the

		place-based focus.
929	**Health Overview and Scrutiny Round-up**	The Chairman invited any updates or news about NHS organisations or local news and the following main points were made: Cllr Chalk reported that Redditch was doing work to improve walking groups and a task group had started on suicide, which he would report back on. Cllr Raine planned to attend the July Board meeting of Worcestershire Acute Hospitals NHS Trust (as lead HOSC member for this organisation) and would report back.
930	**Work Programme 2018/19**	HOSC members were content with the current work programme and suggestions for the new work programme would be sought following the meeting. Cllr Edginton-White's asked for information about Kidderminster Hospital and the presence of a doctor there on a more permanent basis. The scrutiny officers would gather initial information to enable HOSC to determine if more work was needed.

The meeting ended at 12.05 pm

Chairman …….