

Agenda

Health Overview and Scrutiny Committee

Tuesday, 8 October 2019, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844965 or by emailing democraticservices@worcestershire.gov.uk

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 Tuesday, 8 October 2019, 10.00 am, County Hall

Membership

Worcestershire County Council Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr C B Taylor

District Councils

Mr M Chalk, Redditch District Council
Ms C Edginton-White, Wyre Forest District Council
Mr J Gallagher, Malvern Hills District Council
Mr M Johnson, Worcester City Council
Mrs F Smith, Wychavon District Council
Mrs J Till, Bromsgrove District Council

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 Head of Legal and Democratic Services 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 7 October 2019). Enquiries can be made through the telephone number/email address below.	
4	Quality of Acute Hospital Services - Update	1 - 22
5	Worcestershire Acute Hospitals NHS Trust Clinical Services Strategy	23 - 34
6	Health Overview and Scrutiny Round-up	35 - 36
7	Work Programme 2019/20	37 - 40

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors_and_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Monday, 30 September 2019

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

8 OCTOBER 2019

QUALITY OF ACUTE HOSPITAL SERVICES - UPDATE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from representatives of Worcestershire Acute Hospitals NHS Trust (the Trust) following the publication on 20 September 2019 of the Trust's latest Care Quality Commission (CQC) report.
2. In that report, the CQC inspectors highlighted a wide range of quality and safety improvements that have led them to lift the Trust's overall rating to 'Requires Improvement' from its previous rating of 'Inadequate'.
3. In addition to the improved overall rating, the Chief Inspector of Hospitals has also recommended that the Trust exits special measures once a system-wide support package from NHS England/Improvement is agreed and in place.
4. HOSC Members will be aware from previous discussions, most recently on 9 April 2019, of the Trust reporting significant improvements in quality achieved through the roll-out and delivery of priorities set out in the Quality Improvement (QI) Strategy, although until this most recent inspection the Trust had been rated as Inadequate and in special measures since November 2015.

Background

5. The latest published CQC inspection report dated 20 September 2019 referred to inspections carried out in May and June 2019.
6. The CQC inspects services by asking five key questions:
 - Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive?
 - Is it well-led?
7. The CQC's latest report shows improved ratings in 41 out of 79 categories rated, including double rating uplifts in nine areas, across a wide range of clinical services inspected at the Alexandra Hospital in Redditch, Evesham Community Hospital, Kidderminster Hospital and Treatment Centre and Worcestershire Royal Hospital.
8. In their overview, the inspectors point to improvements in areas including medicines management, infection control, incident reports and sharing learning. They add "Local and divisional leadership had improved and staff were engaging with the Trust's improvement journey."

9. Among the most significant improvements highlighted were:

- Every single service across all hospitals now rated at least 'good' for caring.
- At the Alexandra Hospital, an overall rating of 'Good' for outpatient services (up from 'Inadequate' in 2017) and the highest rating – 'Outstanding' in the caring category for diagnostic imaging (up from 'Good' in 2017).
- At Kidderminster Hospital, an overall rating of 'Good' (up from 'Inadequate' in 2017).
- At Worcestershire Royal Hospital an overall rating of 'Good' for services for children and young people (up from 'Requires Improvement' in 2017).

10. The Trust has also been told it must make several improvements, including:

- Ensuring staff complete required training, including for safeguarding and life support
- Assessing patient clinical need and delivering care within defined timescales, including ensuring cancer patients receive their first treatment within 62 days of an urgent GP referral
- Maintaining suitable fit-for-purpose environments in all premises
- Staffing all departments adequately
- Completing mortality reviews within 30 days
- Ensuring ambulance handovers are timely and effective, and that patients are assessed in a timely manner
- Ensuring staff comply with hand hygiene and personal protective equipment guidelines, and infection prevention and control best practice
- Reporting all mixed sex breaches
- Maintaining confidentiality in patient records.

11. The full report can be seen on the CQC website - www.cqc.org.uk/provider/RWP

12. The Trust will now develop and implement an action plan to address the issues highlighted in the report. A verbal update on that plan, and any further developments on a decision regarding special measures, will be given to HOSC members at the meeting.

Scrutiny to Date

13. HOSC Members have received regular updates on the Quality of Acute Hospital Services, as part of their role to monitor the impact of ongoing pressures experienced by the Trust, such as increased activity, greater complexity of patient needs and financial constraints.

14. Links to the Agendas and Minutes of these discussions are available in the Background Papers section of this report.

15. The Trust's updates to the HOSC have focused on the CQC inspection findings and progress to date, priority work streams and plans, as well as the negative impact of the on-going delay to the reconfiguration of acute hospital services in Worcestershire, which were finally approved in July 2017.

Purpose of Meeting

16. HOSC Members are invited to comment on the progress being made to improve the quality of services at the Trust and:

- consider whether any further information is required
- identify any specific elements for potential scrutiny at this stage.

Supporting Information

Appendix 1 – Presentation Slides

Care Quality Commission report on Worcestershire Acute Hospitals NHS Trust (20 September 2019) – available electronically on the website:

www.cqc.org.uk/provider/RWP

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Donna Wark, Worcestershire Acute Hospitals NHS Trust

Email: d.wark@nhs.net (Donna Wark, Executive PA)

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 9 April 2019, 26 November, 5 July and 29 January 2018, 19 July and 17 October 2017, 27 April, 19 July and 26 September 2016, 16 September and 9 December 2015, 27 April and 16 November 2016
<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?CommitteId=141>
- Care Quality Commission reports:

(September 2019)
https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ3438.pdf

(June 2018)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAH2451.pdf

(January 2018)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0798.pdf

(June 2017)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf

(December 2015)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7712.pdf

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Our CQC Report

**Presentation to HOSC
8 October 2019**

**Matthew Hopkins
Chief Executive**

Today

- Our latest CQC Report
- **Next Steps**
- **Clinical Service Strategy**

CQC Inspection 2019 Timeline & Activities

19th Feb-12th March
Routine Provide
Information
Request

Page 7

WAHT provided an overview of our services, performance, activities and general assurance

14th May-11th June
Core Service
Inspections &
Interviews

- Children & Young Peoples Services
- Diagnostics
- Medical Care
- Outpatients
- Surgery
- Urgent & Emergency Care

19th-21st June
Well Led
Reviews

35 Interviews conducted with Execs, NEDS, Staff Side, corporate leads & public representatives

9th-23rd August
Draft Report
Factual Accuracy

Over 1000 pages of information carefully checked by Divisions and corporate teams for accuracy.

408 Data Requests responded to

CQC Report

- Latest CQC Report published 20 September
- Our overall rating up to **requires improvement**
- Recommended removal from Special Measures (with system-wide support in place)

- Improvements across 41 of the 79 domains rated across 6 core services, with 9 of these going up two ratings. Maintained previous ratings in 35 domains.
- Surgery and outpatients received double ratings uplift in ‘well-led’
- Every single service across all hospitals now rated at least **Good** for caring.
- At the Alexandra Hospital, an overall rating of **Good** for outpatient services (up from Inadequate in 2017) and the highest rating – **Outstanding** in the caring category for diagnostic imaging (up from Good in 2017)
- At Kidderminster Hospital, an overall rating of **Good** (up from ‘Inadequate’ in 2017)
- At Worcestershire Royal Hospital an overall rating of **Good** for services for children and young people (up from ‘Requires Improvement’ in 2017)

Improvement examples - 1

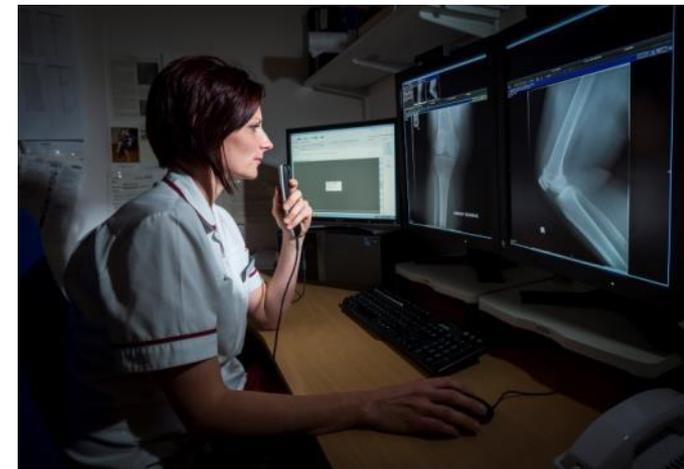
Children and Young People

- Mandatory training provided to all staff and the majority of staff had completed
- Enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Managed patient safety incidents well.



Diagnostics

- Diagnostic and imaging equipment was tested and serviced regularly to ensure it was safe to use (KTC)
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness (WRH)
- Staff delivered care to a very high standard and routinely went above and beyond their duties to provide an individualised service (ALX)



Medical care (incl. older people's care)

- Documented vision and strategy for what staff wanted to achieve, in line with trust's quality improvement strategy (KTC)
- Staff supported patients to make informed decisions about their care and treatment (WRH)
- An open culture where patients, their families and staff could raise concerns without fear (AGH)



Outpatients

- Controlled infection risk well (KTC)
- Treated concerns and complaints seriously, investigated them and shared lessons learned with all staff (WRH)
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Records were clear, up-to-date, stored securely and easily available to all staff providing care (ALX)



Surgery

- Safe systems and processes were in place for the management of patients' medicines (ECH)
- The service took account of patients' individual needs (KTC)
- Clearly defined governance structure in place (WRH)
- Staff supported patients to make informed decisions about their care and treatment (ALX)



Urgent and Emergency Care

- Improvements made in all core services inspected to address most concerns from last inspection (KTC)
- Managed patient safety incidents well (WRH)
- Staff cared for patients with compassion and kindness (ALX)



Further improvements recognised

- Medicines management
- Infection control
- Incident reporting and sharing learning across the Trust
- Staff engagement with the Trust's improvement journey
- Local and divisional leadership



Are our services well-led?

- Leadership team focused on driving improvements
- Clear strategy, vision and values underpinning a culture that is patient centred
- The Trust collected, analysed, managed and used information to support its activities
- Understanding of financial challenges and evidence of ownership of cost improvement schemes
- Staff recognised incidents and reported them
- Investigations carried out to time and evidence of shared learning cascaded



2017

Worcestershire Acute Hospitals NHS Trust

Alexandra Hospital



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Medical Care (including older people's care)	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Surgery	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Outpatients	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Diagnostics	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

2017

Worcestershire Acute Hospitals NHS Trust Kidderminster Hospital and Treatment Centre



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires Improvement	Inadequate	Good	Good	Inadequate	Inadequate
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Diagnostics	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

2017

Worcestershire Acute Hospitals NHS Trust

Worcestershire Royal Hospital



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Inadequate	Good	Good	Inadequate	Inadequate	Inadequate
Medical Care (including older people's care)	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Children and Young People	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Outpatients	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Diagnostics	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Inadequate	Inadequate	Inadequate



Overall Trust Rating 2017-2019



2017 Worcestershire Acute Hospitals NHS Trust



	Safe	Effective	Caring	Responsive	Well-led	Overall
Ratings for the whole Trust	Inadequate	Requires Improvement	Good	Inadequate	Inadequate	Inadequate

- Staff briefings - Full House
- Public & Partner Response
- Social Media
- Staff Impact

Page 20



4 Requirement Notices covering 38 Must Do's

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements. For more information on things the provider must improve, see the [Action for improvement](#) section above.

Please note: Regulatory action relating to primary medical services and adult social care services are reported against the separate reports on individual services available on our website [www.cqc.org.uk](#).

The guidance: See [page 45](#) of [CQC's guidance](#) and how providers and managers can meet the regulations. These include the [fundamental standards](#). The standards below which care must meet are:

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 (MCA) Regulations 2014 Safe Care and Equipment
Diagnostic and screening procedures	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 (MCA) Regulations 2014 Staffing
Diagnostic and screening procedures	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 (MCA) Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 (MCA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	

- Manage patient flow effectively to ensure all patients have access to the right care at the right time
- Not yet fully demonstrable, sustainable improvements in the quality of all patient care and treatment over time.
- Financial management requires consolidation and improvement
- Mandatory Training Compliance
- Safeguarding Training

- Develop our detailed action plan
- **Regulated Activity Improvement Tool (RAIT)**
- Quality initiatives (eg Path to Platinum Accreditation Programme)
- **Work on key service/capacity developments (eg HomeFirst Worcestershire)**
- Financial recovery and workforce transformation plans
- **Developing our Clinical Services Strategy and supporting the STP**
- Decision on Special Measures.....?

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

8 OCTOBER 2019

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

CLINICAL SERVICES STRATEGY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from representatives of Worcestershire Acute Hospitals NHS Trust (the Trust) on the development of their Clinical Services Strategy.
2. The aim of the Strategy is to set out:
 - Detailed plans to deliver further immediate improvements to quality, safety and efficiency of services
 - An ambitious vision of what local hospital services could and should look like in five years' time
 - An outline of how that vision could become a reality
 - A commitment to ensuring that the Trust's hospitals sit at the heart of a network of joined up, high quality, sustainable health and care services that meet the changing needs of people in our local communities now and in the future
 - A guide to how the Trust will ensure that its strategy aligns with, and supports, key local and national health and care policies and plans - including those set out by the national NHS Long Term Plan (LTP) and the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP).

Background

3. The Trust is currently developing a Clinical Services Strategy in line with its strategic purpose of 'Putting Patients First' and to support its overall strategic objectives of:
 - Best services for local people
 - Best experience of care and outcomes for patients
 - Best use of resources
 - Best People.
4. The aim of the Strategy is to help secure the safest, highest quality, sustainable hospital services for patients from across Worcestershire and neighbouring counties
5. Many of the drivers for change will already be well known to HOSC Members and are consistent with challenges faced by many parts of the NHS, including: more people living longer; more patients living for many years with complex and/or multiple long term health conditions; a shortage of doctors and nurses, particularly in some

highly specialised areas; a continuing financial challenge, with additional pressure coming from the rapid development of new treatments, techniques and medicines.

6. The Trust also recognises a number of opportunities which will inform the development of the strategy, including: the availability of new technology; the chance to develop innovative roles and ways of working; a growing recognition among all health and care organisations that future success, security and stability will come from collaboration, not competition.

7. The development of the strategy began in the summer of 2019 with extensive engagement with clinical teams. Those teams were then supported to set out a detailed vision for the future of their services.

8. Alongside ongoing engagement with clinical teams the Trust has also sought the views of partner organisations and other stakeholders (including thorough discussions at an engagement event in August) and patient groups (through an engagement event in September).

9. Feedback from this engagement activity is being used to help shape an outline strategy document for further discussion by the Trust Board

10. Although that document is still being drafted, there are a number of themes/priorities which have already been widely discussed and which will feature in the Strategy; these include:

11. The need to develop a comprehensive and responsive urgent and emergency care system:

- To reduce the number of patients attending Emergency Departments (EDs) who do not need acute specialised support, the Trust will work with partners to review alternative pathways and ensure that EDs have the necessary support to direct patients to the most appropriate services and pathways both inside and outside of hospital
- Patients and the public have shared their views on how difficult they find it to navigate the current system and there is a clear need for urgent and emergency care to be better coordinated in the future.

12. A clear and substantial role for the Trust's hospitals - maximising capacity to deliver safe and responsive services on a countywide footprint:

- Each of the Trust's sites will have its own clearly defined role and range of services - some services will be anchored on one, others will have different elements on different sites (such as emergency treatment on one site and elective on another) while others may be provided across all three sites.

13. Integrated care:

- The Trust aspires to be a trusted and effective partner in delivering solutions to some of the critical challenges faced by the local health and care system, for example supporting people living with frailty and patients nearing the end of their lives
- The Trust will support the development of primary care at scale to deliver integrated care ensuring that across a range of long-term conditions, the right care is in place at the right time.

14. The developing document will be discussed by the Trust Board later this month.

15. Further engagement with clinical teams will take place to enable them to refine the specialty-specific plans which will underpin the strategy.

16. The Trust is also committed to engaging with partners, stakeholders and patients and the public as it develops detailed implementation plans to support the objectives of its strategy.

Purpose of Meeting

17. HOSC Members are invited to consider and comment on the discussion and determine whether any further information is required at this stage.

Supporting Information

Appendix 1 – Presentation Slides

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Donna Wark, Worcestershire Acute Hospitals NHS Trust
Email: d.wark@nhs.net (Donna Wark, Executive PA)

Background Papers

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<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=141>
- Care Quality Commission reports:
 - (September 2019)
https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ3438.pdf
 - (June 2018)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAH2451.pdf
 - (January 2018)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0798.pdf
 - (June 2017)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf
 - (December 2015)
http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7712.pdf

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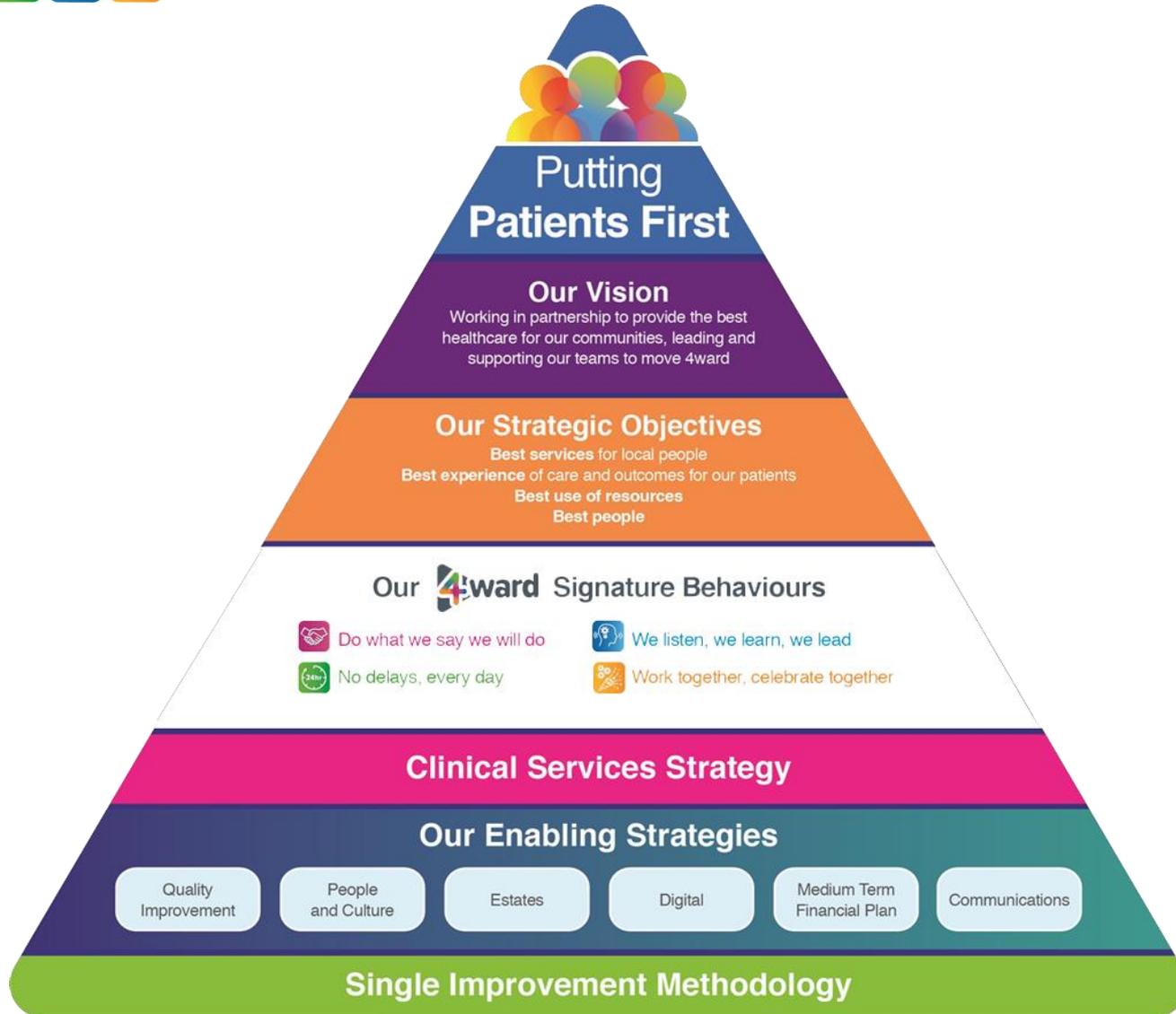
Clinical Services Strategy

**Presentation to HOSC
8 October 2019**

**Matthew Hopkins
Chief Executive**



Developing our Clinical Services Strategy





Clinical Services Strategy



Worcestershire
Acute Hospitals
NHS Trust

Our five year plan to put the safest, highest quality hospital services at the heart of a network of excellent, sustainable, future-proof health and care services for the people of Worcestershire and neighbouring counties.

Consistent with, and supports, aims of Long Term Plan and STP

Five year vision underpinned by three year and 12 month plans

Important Points

- This is NOT about closing sites or services
- It is about making the most of our hospitals and focussing on the services that are best provided for patients by us
- Our health and care services have to change to meet the changing needs of our local population
- Some activity/services currently provided in our hospitals could be better provided closer to home for our patients
- Some highly specialised care (e.g. some complex cancer surgery) are better managed as part of a network /partnership. This might mean (for example) patients travelling to a specialist centre for their operation, but receiving the rest of their care locally

- June / July 2019
 - Specialty teams produce five year vision for their services
- August 2019
 - Stakeholder engagement around emerging themes (including event at Chateau Impney)
- September 2019
 - Public and patient engagement event
 - Trust Board development sessions
- October 2019
 - Discussion of Clinical Services Strategy document by Trust Board
- November 2019 onwards
 - More detailed service plans developed, supported by implementation plans phased over 12 month/three year/five year timescales

We will play a principal and ambitious role in delivering:

- A comprehensive and responsive urgent and emergency care system across Worcestershire
- Dependable, high quality acute and specialist planned care from all our hospital sites, alone or in partnership
- Integrated care across acute and community teams in Worcestershire

Our imperatives include:

- Frailty – achieving better outcomes for people living with frailty and multi-morbidities
- Access – transforming the way our residents interact with healthcare services and reducing unnecessary time spent in hospital
- Cancer – delivering access to high quality cancer care
- End of life care – working with partners to respond to patients' needs and choices



Thank You

Any questions or comments?

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 8 OCTOBER 2019

HEALTH OVERVIEW AND SCRUTINY 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 Health Overview and Scrutiny Committee

Background

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

County Council Activities in Relation to Health

3. 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 HOSC.

District Council Activities in Relation to Health

4. 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.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

NHS Board Meetings

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each HOSC.

Consultations in Worcestershire

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "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".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. 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 Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the HOSC'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 the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to this report:

- Worcestershire County Council Procedural Standing Orders, May 2017 [which can be accessed here](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

8 OCTOBER 2019

WORK PROGRAMME 2019/20

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2019/20 Work Programme has been developed by taking into account issues still to be completed from 2018/19, the views of Overview and Scrutiny Panel and HOSC Members and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health)
5. The current Work Programme was agreed by Council on 12 September 2019.

Dates of Future Meetings

- 25 November 2019
- 29 January 2020
- 24 March 2020
- 27 May 2020
- 20 July 2020
- 23 September 2020
- 16 November 2020

Purpose of the Meeting

6. The HOSC is asked to consider the 2019/20 Work Programme and agree whether it would like to make any amendments. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.

Supporting Information

Appendix – Health Overview and Scrutiny Work Programme 2019/20

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of Council on 12 September 2019 – available on the Council website [here](#)
- Agenda and Minutes of OSPB on 24 July 2019 - available on the Council website [here](#)

2019/20 SCRUTINY WORK PROGRAMME: Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
25 November 2019	Public Health – Ring Fenced Grant Update	16 November 2016	
25 November 2019	Public Health - Smoking Cessation Update	19 July 2016 (E-cigarettes)	
25 November 2019	Audiology Services	-	

TBC	Access to GP Services	5 April 2017	
TBC	New development and how this is factored into NHS plans for the future (could link with Access to GP Services)		
TBC	Mental Health (all age groups) Mental Health Care waiting times		
TBC	Update on proposal to form one NHS CCG		
TBC	Recruitment and development of Staff in the health sector		
TBC	Effectiveness of vaccination schemes		
Ongoing	West Midlands Ambulance Service Annual Update	27 June 2019	
Ongoing	Substantial NHS Service Changes requiring consultation with HOSC		
Ongoing	Quality and Performance of the Acute Hospitals (including capacity and preparations for winter pressures)	9 April 2019 26 November 2018 5 July 2018 29 January 2018	
Ongoing	Public Health (holding the Health and Wellbeing Board to account as appropriate and specifically updates on smoking cessation and funding arrangements)		

Ongoing	STP - ongoing workstreams (including updates on Neighbourhood Teams and Maternity Systems) / communication strategies / structure and governance (balance between the 2 Counties) / role of community hospitals / capital programme / capacity	November 2018 (member briefing) 29 January 2018	
	In co-operation with Adult Care and Well Being Overview and Scrutiny Panel <ul style="list-style-type: none"> • Financial Monitoring • Performance Monitoring • Budget Scrutiny Process 		
Standing Items	Performance Monitoring (Public Health) Budget Scrutiny Process (jointly with Adult O&S Panel) Quality Accounts		