

Future of Acute Hospital Services in Worcestershire

Patient, Public & Stakeholder Sub Committee – Actions & Agreement Log

Redditch Town Hall

10th March 2014, 16.00pm

Action Notes

1. Welcome	
Attendees	
The following members attended the Patient, Public & Stakeholder Sub Committee:	
<ul style="list-style-type: none">▪ Colin Beardwood OBE (CB), <i>Chair</i>▪ Margaret Jackson (MJ), <i>Vice-chair</i>▪ Judy Adams (JA), Lay member / Patient, Public Involvement, Redditch & Bromsgrove CCG▪ Stephen Howarth (SH), Non-Executive Director, Worcestershire Acute Hospitals NHS Trust▪ Paul Crawford (PC), Patient Representative, Worcestershire Acute Hospitals NHS Trust▪ Neal Stote (NS), Chair, Save the Alex▪ Steve Brown (SBr), Chair, Kidderminster Hospital Alliance▪ Richard Quallington (RQ), Chief Executive, Community First▪ Simon Angelides (SA), Programme Director, Arden CSU▪ Sarah Makin (SM), Communications and Engagement Lead – Projects, Arden CSU▪ Bobby Hayer (BH), Programme Support, Arden CSU▪ Cllr Roger Hollingworth (RH), Leader, Bromsgrove District Council▪ Peter Pinfield (PP), Chair, Worcestershire Health Watch▪ Sarah Harvey-Speck (SH-S), Lay member / PPI, South Worcestershire CCG▪ Cllr Pat Witherspoon (PW), Councillor, Redditch District Council▪ Claire Austin (CA), Communications and Engagement Lead▪ Kerry Scott (KS), Mott MacDonald	
Apologies	
<ul style="list-style-type: none">▪ Cllr Bill Hartnett (BH), Leader, Redditch District Council▪ Cllr Marcus Hart (MH), Chair, Health & Wellbeing Board / Worcestershire County Council▪ Cllr Tom Wells (TW), Councillor, Malvern Hills District Council▪ Fran Oborski (FO), Chair, Wyre Forest District Council▪ Cllr Liz Smith (LS), Councillor / Cabinet Member, Worcester City Council▪ Phil Street (PS), Manager, Worcestershire Council for Voluntary Youth Services▪ Stella Baldwin (SBa), Lay member / Patient, Public Involvement (PPI), Wyre Forest CCG▪ Cllr Ron Davis (RD), Councillor, Wychavon District Council	
1. Introductions – new members and declaration of interests	
1.a. CB welcomed MJ to the group as vice-chair and noted everyone has	

filled in the declaration of interest form.	
3. Minutes from last meeting	
<p>3.a. RQ noted that his role was not Chair but Chief Executive.</p> <p>SM updated the group for previous action 7.a.1 the website is not ready yet, waiting on registering domain name nhs.uk.</p> <p>SBr asked that his name was correctly abbreviated as it incorrect in some instances.</p>	
4. Programme Update	
<p>4.a. SA provided an update to the Sub-Committee. Simon highlighted the following. Dr Jonathan Wells (Chair of R&B CCG) will taking over as Chair of the Clinical Sub-Committee taking over from Martin Lee (NHS England). Similarly Paul Sheldon and Mark Dutton were to jointly Chair the Finance Sub-Committee taking over from Brian Hanford (NHS England), in addition an Activity Modelling Task and Finish Group would be established at the point when further engagement was required with other providers. SA reported that the Programme Board had decided to move the functions of the Operations and Delivery Sub-Committee to a newly formed Executive Team and this Sub-Committee would now be disbanded. Finally SA reported that Jo Newton had been appointed as an Independent Chair for the Programme Board. Further changes would be made to the members so with a broader membership, but with less representation from the existing membership.</p> <p>SA noted the assurance process has been clarified and the reconfiguration will need to proceed through two NHS England assurance panels. SA outlined that the first panel will be primarily look back at the decision making process for the option selection. The second panel will focus more strongly on how the option will be implemented. The options would also need to be considered by HOSC and Health and Well-Being Board prior to public consultation.</p> <p>NS raised question to the group if the Women’s and Children’s Hospitals and UHB will be involved. SA noted modelling activity has commenced involving the Trust and Central Midlands CSU. This workstream is looking at validating the hypothesis generated, then taking it to UHB, Birmingham Women’s and Children’s Hospitals and SWFT. SA noted there would need to be a common set of papers, which will detail the implications for all organisations.</p> <p>SM noted to the group that she wrote the website content and it was written in plain English with minimum use of acronyms. SA noted that the website will be tested to ensure the general public can understand the content. RQ suggested that we put when key decisions are being made and who will be involved on the website.</p>	<p>4.a.1 Action – SA to provide the group a flow chart of the organisations and dependencies</p>

<p>SA noted the tabled heat maps are taken from Trust data but now working on getting data from the 3 CCGs in Worcestershire and Herefordshire CCG. SA explained for South Central Birmingham CCG the implications are for the ambulance service and A&E. SA noted for Solihull CCG the implication is the midwife-led unit (note this is incorrect and should be A&E.) SA noted the transport study has commenced with Mott MacDonald and the first tranche is getting the data from the organisations. A question was raised about how we would engage with public and patients in Warwickshire. SM noted that she had already met with South Warwickshire CCG in relation to public engagement.</p> <p>A concern was raised whether the clinical model was affordable. SA noted the concern is valid and work needs to be done on the capital spend. SA noted the reconfiguration is complex and there is a need to be clear if the rest of the system has the capacity.</p>	
<p>5. Health Equality Impact Assessment</p>	
<p>5.a. Kerry Scott from Mott Macdonald explained to the group that the Integrated Impact Assessment is to inform the decision-making process. She outlined the remit is to look at 4 items: potential positive impacts on the way services are delivered, potential negative impacts on the way services are delivered, how to mitigate the negative impacts and spot any opportunities to maximise the equality of outcomes. KS confirmed that the impact assessment is not to recommend what should be done.</p> <p>KS noted the assessment covers 3 areas; health impacts, impact on community/vulnerable groups and travel/access impacts. She outlined the assessment will be undertaken in 2 phases with the first phase before public consultation with a draft report ready by May. She confirmed the second phase is reviewing the report from the findings of the public consultation.</p> <p>KS explained the work carried out so far is on activities, where patients are currently being treated. The work has started on substantial evidence review with communities and social and demographic profiling work has begun and engagement with strategic stakeholders. Work has commenced on the baseline travel analysis with public transport and car journey times. Preparation has begun for site assessments and a draft questionnaire for hospitals is ready for audit. Work has started on proposal for the engagement aspect of the Impact Assessment.</p> <p>KS noted an engagement forum will be set up where voluntary, patient and community groups will be invited. This will likely take place on week commence 28th April. 1:1 follow up meetings with groups will be set up for groups who wish not to join the forum or cannot attend the particular date. KS welcomed any recommendations from the group to add to the invitee list for the forum.</p>	<p>5.a.1 Action – BH, circulate to group KS presentation</p> <p>5.a.2 Action – BH, circulate invitee list in Word format and request responses by 17/03/14</p>

<p>SBr asked for a copy of the questionnaire to be circulated to his group.</p> <p>SA agreed to bring Motts back to the public and patient sub-committee before the consultation.</p>	<p>5.a.3 Action – BH, obtain questionnaire from KS and circulate</p> <p>5.a.4 Action – SA, organise for Motts to attend public and patient sub-committee after initial report produced.</p>
<p>6. Patient Flows/Heat Maps</p>	
<p>6.a. SA explained Encl 2 is work in progress and once all data from all of the CCGs is received it will go on the website. The report will be brought back to the next meeting. The Sub-Committee requested more detailed heat maps showing GP practices. SA agreed to produce heat maps by postcode area.</p>	<p>6.a.1 Action – SA, circulate Encl 2 in pdf format</p> <p>6.a.2 Action – SA, produce heat maps by postcode area when available.</p>
<p>7. Scrutiny</p>	
<p>7.a. CA explained to group the structure of how each organisation linked in terms of scrutiny.</p>	<p>7.a.1 Action – SA, bring large map to future meetings.</p>
<p>8. AOB</p>	
<p>8.a. Date of next meeting: Monday 14 April, 4-6pm, Wildwood, Worcester</p>	<p>8.a.1 Action – BH, circulate HOSC dates to group</p>

End