Future of Acute Hospital Services in Worcestershire

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

Wildwood, Worcester

14th April 2014, 4pm

Action Notes

1. Attendees

The following members attended the Patient, Public & Stakeholder Sub Committee:

- Colin Beardwood OBE (CB), *Chair*
- Margaret Jackson (MJ), *Vice-chair*
- Judy Adams (JdA), 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
- Sarah Makin (SM), Communications and Engagement Lead – Projects, Arden CSU
- Cllr Roger Hollingworth (RH), Leader, Bromsgrove District Council
- Cllr Pat Witherspoon (PW), Councillor, Redditch Borough Council
- Cllr Liz Smith (LS), Councillor/Cabinet Member, Worcester City Council
- Phil Street (PS), Manager, Worcestershire Council for Voluntary Youth Services
- Claire Austin (CA), Communications and Engagement Lead
- Fran Oborski (FO), Chair, Wyre Forest District Council
- Jan Adams (JA), substitute for Stella Baldwin, Wyre Forest CCG
- Jo Newton (JN), Chair, Programme Board
- Simon Adams (SAd), substitute for Peter Pinfield, Healthwatch
- Zoe Cookson (ZC), Programme Lead, Arden CSU
- Bobby Hayer (BH), Programme Support, Arden CSU

Apologies

- Sarah Harvey-Speck (SH-S), Lay member / PPI, South Worcestershire CCG
- Peter Pinfield (PP), Chair, Worcestershire Health Watch
- Cllr Bill Hartnett (BH), Leader, Redditch Borough Council
- Cllr Marcus Hart (MH), Chair, Health & Wellbeing Board / Worcestershire County Council
- Cllr Tom Wells (TW), Councillor, Malvern Hills District Council
- Stella Baldwin (SBa), Lay member / Patient, Public Involvement (PPI), Wyre Forest CCG
- Cllr Ron Davis (RD), Councillor, Wychavon District Council
- Simon Angelides (SA), Programme Director, Arden CSU

2. Introductions – new members and declaration of interests

2.a. CB welcomed JA to the group and she was asked to complete a declaration of interests form.	
3. Minutes from last meeting	
3.a. ZC noted for action 4.a.1 she will speak to SA and have it circulated to the group. CB noted actions 5.a.1, 5.a.2 and 5.a.1 are complete. ZC noted for action 5.a.4, the report has not been produced but she hopes to have the report by May. The group was not sure if action 6.a.1 was carried out, ZC will speak to SA. ZC noted for action 6.a.2 the heat maps are still not available. CA noted for action 7.a.1 the intention was to have a map which includes Worcestershire and surrounding counties which details hospitals, GP surgeries and Urgent Care Centres. ZC noted she will ensure the outstanding SA actions will be picked up for the next meeting. CB noted action 8.a.1 is complete.	**3.a.1 Action – ZC**, speak to SA re: outstanding actions.
4. Programme Update	
4.a. ZC provided an update to the Sub-Committee. In December last year NHS England issued a set of guidance on reconfiguration. The report can be interpreted in a number of different ways. The programme team sent a formal letter on the 31st March to NHS England for more clarification and they replied on 7th April. We now have a better understanding between ourselves, the local area team and regional team about what the expectations are. ZC explained there are two stages in the approval process before consultation, the first being panel 1 – the strategic sense check. The items that need to be covered for the 1st panel are: strategic context, explain what the health service need is, explain the governance of programme, explain how the options were developed, update on the modelling and finance, the engagement that has happened to date, plans for public consultation and other programme items. Zoe noted the programme team must produce this for the panel on the 16th May. The panel will consist of the regional board of NHS England as the local area team has been very active in the programme to date. ZC noted depending on the outcome of the first panel and other items of work that we are hoping to go to the 2nd panel in July. Zoe explained for the 2nd panel items of work to be carried out include: Mott MacDonald transport study and results of the interviews with the public, a clinical sub-committee established with 3 task and finish groups – planned care, emergency care and women's and children's – working up the specification of the ICRP outcomes by end of May and then signed off by the 3rd June. Zoe noted that it is a very ambitious timescale. ZC noted the finance sub-committee has met once and the major piece of work for this group is the activity modelling. Mott MacDonald is modelling the 'as is' situation and mapping Acute Trust data to show where patients come from. They are also collecting data from each of the	**4.a.1 Action – ZC,** circulate new NHS England guidance and summary. **4.a.2 Action – ZC,** circulate items needed for both assurance panels to group **4.a.3 Action – ZC,** circulate report from transport study at /before next meeting.

CCGs in Worcestershire and surrounding areas to cross check against the Acute Trust data to understand where the current patient flows are. Zoe explained once we have this and the clinical model another piece of modelling needs to be done which looks at where people are likely to go in the future. Zoe noted we are working with Central Midlands CSU on the future modelling. ZC noted Jo Newton has been appointed as independent chair of the programme board, which has met twice with the wider membership. An Executive Team has also been established which meets in between the programme board meetings. Zoe noted that the programme board would like this group to advise on when we will go to consultation. PW raised her disappointment to the group on the continued absence of the heat maps which were requested 3 meetings ago. Also a better picture of the finances is needed well before consultation. ZC noted the lack of heat maps is due to the delay of getting information from some CCGs. SAd doesn't want the delay in producing the heat maps to delay the process and offered to put pressure on the CCGs via his contacts at Healthwatch in other areas. NS emphasised that the sooner we have the heat maps the better. It was discussed that this group should have wider membership from outside Worcestershire and South Warwickshire was mentioned in particular. JdA asked what questions were asked by Mott MacDonald and which areas were covered. CA noted Mott MacDonald was on site for 6 days and spent 3 days each at Kidderminster Hospital, Worcestershire Royal Hospital and the Alexandra Hospital. ZC added that 500 people were interviewed. SBr asked how people were selected and CA responded that Mott MacDonald were free to interview whoever they wanted to. RH and NS expressed their concerns over not having a clear picture of what the finances are and if the clinical model is affordable. SAd echoed the need for heat maps and a financial model. JN noted the programme team is working on the detail for these questions as part of the project plan and assurance panels.	**4.a.4 Action – ZC,** find out if Central Midlands CSU can attend a future meeting to provide a presentation on the modelling work **4.a.5 Action – CA,** circulate Mott MacDonald questionnaire to group
5. Update from Programme Board Chair	
5.a. JN explained her background to the group; she has been in the NHS since 2000 as a non-executive director, has been chair of organisations for 10 years, worked on a lot of service changes and worked in West Midlands special commissioning. JN noted her last role was cluster chair for the PCTs. JN noted to the group that the programme has moved forward but she understands it's not necessarily quickly enough. However Jo noted we reached a significant point in January when a clinical model was agreed. JN asked the group for guidance on when we should go to consultation and how long the consultation should last. RH raised a concern that the north east of the county is often not included and FO also asked that the whole north of the county isn't left out	

particularly Tenbury. RH commented that we also need to involve surrounding areas, for example, Stratford-on-Avon. NS and RH believed the south of the county in Worcestershire needs more engagement in terms of how the programme will affect them. It was noted that there was no representation from either Malvern Hills or Wychavon at the meeting. NS asked if Birmingham providers who could be affected have been included in any of the programme board meetings. JN noted they have not but stated there is mechanism in place to ensure they will be engaged and included. ZC noted they have representation in the clinical subgroups. CA noted it was said in the last meeting that Solihull CCG was considering closing the midwife- led unit at Solihull Hospital. CA noted she spoke to Patrick Brooke (chief officer) and he confirmed there is no intention to shut the maternity unit. RQ asked if there is an overall programme plan. JN noted there is a high level programme plan.	**5.a.1 Action SM**, contact relevant representatives **5.a.2 Action ZC,** circulate programme board membership list to group **5.a.3 Action ZC,** provide organisational flow chart and a project plan with key issues, milestones and interdependencies
6. Consultation Update	
6.a. CA explained to the group the "Planning and Delivering Service Changes to Patients" guidance states that consultation can be between 2-12 weeks. CA noted the first assurance panel is on 16th May, then the second assurance panel will be around mid-July and we can't go to consultation until we have done these 2 panels. CA noted she has prepared a plan that we go to consultation either at the end of July or in September. CB asked individuals to give their views if they prefer to go to consultation in July or September: FO noted 8-9 weeks for consultation, in the September-October period and then the end of January to make the decision. She added that there's no point consulting in August. PW noted 12 weeks for consultation to ensure we are able to include all members of the public starting in September and finishing in November. JdA noted it should be 12 weeks starting in September. LS noted September would definitely be the best option and consulting in the summer isn't a good idea. She also raised a potential risk that two major consultations could happen at the same time with this programme and the South Worcestershire Development Plan in July/August. LS also noted the consultation should be as long as possible but 2 months should be ok. JA noted that if the consultation starts at the end of July the timescales are very tight. PC noted September would be the best time as this will give us more time to understand what it's about. PS raised concern about the period after consultation and if there is enough time for the decision-making process. CA noted there will be a report including the responses, which will go to the 3 clinical commissioning	**6.a.1 Action CA**, circulate latest guidance on duration of consultations.

group governing bodies for a decision and then will be approved by NHS England. PS noted if that is the case then front loading it would be a better option. SBr noted September would be better with a length of a minimum of 9 weeks and a maximum of 12 weeks. SH noted the sooner the better for the consultation. SAd noted a September start would be best and questioned whether you need the full 12 weeks to consult. He also commented that many community groups don't function in August and can't respond quickly. RH noted September would be best subject to a project plan with tight milestones. RQ noted the start of September and for 12 weeks. He was very keen to avoid a 2-3 week consultation if all of the information isn't ready. PW mentioned recent bad experiences of delivering a consultation in less than 90 days (Future Lives) due to not all of the relevant information being available and therefore a vague consultation document was produced. FO agreed that we need to do everything properly otherwise we might have to start again. SBr emphasised that everything needs to be ready at the start. MJ suggested that we could start to prepare people for a consultation starting in September in the summer and NS noted that we could do this through distributing information at family events/community fun days. JdA and FO agreed. CB noted there was a broad consensus from the group that September would be the preferred option to go to public consultation. JN noted to the group that we need to consider the interdependencies which may affect the length of the consultation. There was general agreement that the group would be happy with a 10 week consultation if it was necessary in order for a decision to be made before purdah and the general election in 2015 although a 12 week consultation would be preferred. CA noted that she would circulate draft consultation materials to the group including concept of designs and Word documents but that timescales for feedback were likely to be short.	**6.a.2 Action – CA** to circulate draft consultation materials to group when ready
7. AOB	
7.a. SAd noted to the group that Healthwatch has its annual conference at the end of June and extended an invitation for someone to attend to talk about the programme.. FO noted that Encl 3 does not include Droitwich and Hagley. Date of next meeting: Monday 12th May, 4-6pm, Kidderminster, Wyre Forest.	**7.a.1 Action – ZC,** to confirm representatives to attend Healthwatch conference.. **7.a.2 Action – CA,** update consultation document **7.a.3 Action – BH**, circulate next 3 meeting dates/locations

End