

# Future of Acute Hospital Services in Worcestershire

## Patient, Public & Stakeholder Advisory Group– Actions & Agreement Log

### Redditch Borough Council, Redditch

17<sup>th</sup> June 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*
- Claire Austin (CA), Communications and Engagement Director
- Simon Hairsnape (SH), Chief Officer Wyre Forest and Redditch & Bromsgrove CCGs
- Phil Street (PS), Manager, Worcestershire Council for Voluntary Youth Services
- Peter Pinfield (PP), Chair, Worcestershire Health Watch
- Cllr Ron Davis (RD), Councillor, Wychavon District Council
- Diane Jones MBE (DJ), Lay member patient and public involvement, Herefordshire CCG
- Cllr Pat Witherspoon (PW), Councillor, Redditch Borough Council
- Neal Stote (NS), Chair, Save the Alex
- Judy Adams (JdA), Lay member patient and public involvement, Redditch & Bromsgrove CCG
- Jan Adams (JA), Board lead for PPI, Wyre Forest CCG
- Prof Ron Amey (RA), substitute for Sarah Harvey-Speck, South Worcestershire CCG
- Cllr Liz Smith (LS), Councillor/Cabinet Member, Worcester City Council
- Steve Brown (SBr), Chair, Kidderminster Hospital Alliance
- Richard Quallington (RQ), Chief Executive, Community First
- Simon Angelides (SA), Programme Director, Arden CSU
- Bobby Hayer (BH), Programme Support, Arden CSU

##### Apologies

- Fran Oborski (FO), Chair, Wyre Forest District Council
- Paul Crawford (PC), Patient Representative, Worcestershire Acute Hospitals NHS Trust
- Stephen Howarth (SH), Non-Executive Director, Worcestershire Acute Hospitals NHS Trust
- Stella Baldwin (SBa), Lay member patient and public involvement, Wyre Forest CCG
- Sarah Harvey-Speck (SH-S), Lay member patient and public involvement, South Worcestershire CCG
- Charles Goody (CG), Lay member patient and public involvement, South Warwickshire CCG
- Margaret Sherrey (MS), Leader, Bromsgrove District Council
- Sarah Makin (SM), Communications and Engagement Lead – Projects, Arden CSU
- Cllr Bill Hartnett (BH), Leader, Redditch Borough Council
- Cllr Marcus Hart (MH), Chair, Health & Wellbeing Board / Worcestershire County Council

<ul style="list-style-type: none"> <li>▪ Cllr Tom Wells (TW), Councillor, Malvern Hills District Council</li> </ul>	
<b>1. Introductions – new members and declaration of interests</b>	
<b>1.a.</b> CB noted there are no new members to the group in today’s meeting	
<b>3. Terms of Reference</b>	
<b>3.a.</b> CB stated the Terms of Reference has been revised to reflect the wider membership of the group and they serve as a timely reminder of the group’s advisory role.	
<b>4. Minutes from last meeting</b>	
<p><b>4.a.</b> SA said for action 4.a.2 and 5.a.1 there is no formal project plan due to the dynamics of the programme and the changing timelines. For Action 5.a.3, the heat maps are being validated and will be circulated in due course. SA explained that there was a need to have an explanation with the heat maps due to the activity being based per square kilometre rather than being based on a town or district.</p> <p>SA said the transport survey revealed that most people travel to hospital by car. NS said the expert on transport from the council should be invited to attend consultation events to explain the county council’s position on public transport. CA confirmed the researchers had concentrated on surveying people who were using the services most likely to change given the recommendations from the ICRP report. The group asked whether transport was a factor in some did not attends (DNAs).</p> <p>PS asked if there are any mitigation strategies if the programme finds itself unable to meet the current deadlines. He also asked for reassurance on how the programme proposes to approach difficult to reach groups and young people. CA said the paper on approach to consultation tabled at an earlier meeting details the approach to hearing from the quiet voices and difficult to reach groups.</p> <p>The group agreed that FOAHSW-PPS_Meeting_7_ENC 2_Minutes_12_05_14 is an accurate record.</p>	
<b>5. Programme Update</b>	
<p><b>5.a.</b> SH explained to the group that work has been undertaken to turn the ICRP report into more detailed clinical specifications which are compliant with Mr Nigel Beasley’s recommendations. SH believes they are close to completing this work and is confident there will be clinical agreement on all the major changes.</p> <p>SH said we have completed the 1<sup>st</sup> stage of a two-stage NHS England Assurance process. The 1<sup>st</sup> stage is called a Strategic Sense Check where questions raised included do we have clear clinical proposals; are they financially viable; will they pass the four NHS tests and are we likely to have public support in the public consultation. The Strategic Sense Check took place on the 16<sup>th</sup> May and SH said the feedback was positive around</p>	

the progress made so far but highlighted there is still significant work to do before we go to consultation. SH agreed to circulate the Strategic Sense Check letter to the group.

SH said the final NHS England Assurance check is on 29<sup>th</sup> July. In the next few days we need to get the clinical model finalised and independently assessed by Mr Nigel Beasley and the West Midlands Clinical Senate. When the clinical model has been agreed the finance and capacity teams will work through it to ensure it is workable. In parallel to the clinical work progress is being made on the public consultation plans, the transport review by Mott MacDonald and legal advice from Capsticks. There will also be an Office for Government Commerce (OGC) review in July. SH said there are two possible outcomes from the final assurance check; yes you are fit to go to consultation or no you are not ready to go to consultation and further work is needed. SH said it is important to get through the last assurance check to keep up the clinical momentum because there is growing pressure on sustaining services and we need to get any changes implemented in a properly planned and coherent way.

LS asked if there is enough time after the consultation to analyse the responses and she also asked what would happen if the public disagreed with the proposals. CA explained we would be picking up key themes and analysing responses as they are received throughout the consultation. All analysis will be undertaken by an independent company. The independent company will also advise on the questionnaire.

NS raised concern to the group that during the consultation the public will need answers on specific services and he stated he did not have confidence the main topics will have been addressed. SH said the nature of consultation is that we can't answer all questions until the plan has been agreed. We can give the intentions of the choices and plans and some decisions can be agreed in principle. NS was concerned that a unit will be closed before alternative capacity has been agreed. SH replied that there will be no planned closures until alternative capacity is in place and is a viable choice for the public. NS queried if we will consult on the MLU at the Alexandra hospital. SH believes we will consult on the MLU but we would not be clear on who will provide it. SH said there is a key programme board meeting on the 14<sup>th</sup> July where we will give a run through of what we will be presenting on the 29<sup>th</sup> July to the second assurance panel.

CA said the tight timescale is a challenge and there will be little opportunity to undertake extensive pre-consultation engagement in the four weeks after the decision to proceed and before the consultation starts. The first two weeks of the consultation will be light on meetings because it is more about informing and getting information out. The team hope to be doing a Royal Mail postcard drop to every household in

**5.a.1 Action** – SA to circulate the Strategic Sense Check letter from NHS England to the group

<p>Worcestershire and the surrounding CCGs which are most affected publicising the meetings but the Royal Mail require a 5-6 week turnaround which makes the timings challenging. PP offered the support of the individual members' own group networks which can be used to publicise the consultation. CA said she was grateful for the support she was receiving from the Advisory Group, particularly the offer by NS to help with the Frequently Asked Questions. Other members of the group also offered their support to the development of the FAQs and CA agreed to circulate the questions which had already been suggested to the group.</p>	<p><b>5.a.2Action – CA to circulate FAQ's to group</b></p>
<p><b>6. Programme Timelines</b></p>	
<p><b>6.a.</b> SA explained FOASHW-PPS_Meeting 7_Enc_03_Timeline describes the plan and steps over the coming months highlighting; capacity modelling, legal review and financial review. Also there will be reviews from the National Clinical Advisory Team, the West Midlands Clinical Senate, Joint Health Overview and Scrutiny Committee and the Health and Wellbeing board, all aligned for the second assurance panel. The business case and consultation plan will need to be approved by the CCG governing bodies in September.</p>	
<p><b>7. Assurance Summary</b></p>	
<p><b>7.a.</b> SA provided an overview FOASHW_PPS_Meeting_7_Enc_04_Assurance_Summary document, which highlights the different assurance processes the programme has to pass through. One of the most important will be the involvement of, and assurance from, the Joint Health Overview and Scrutiny Committee which has the statutory responsibility for ensuring that the public consultation has been properly run and if they are not satisfied they can refer the programme to the independent reconfiguration panel.</p>	
<p><b>7. Communications and Engagement Plan</b></p>	
<p><b>7.a.</b> CA said FOAHSW-PPS_Meeting_7_Enc_05_Consultation_plan is a working document which gets updated regularly and includes all of the engagement work which needs to be done.</p>	
<p><b>8. Public Consultation Weekly Activity Schedule</b></p>	
<p><b>8.a.</b> CA said document FOASHW-PPS_Meeting_7_Enc_06_Weekly_Consultation_Plan assumes the public consultation will start in the first week of September. The first couple of weeks is deliberately light on meetings so the programme can concentrate on distributing information to the public and for the public to have time to read the information and formulate their questions before attending meetings with the programme team. Most of the dates in the plan have not yet been formally booked as we are waiting for the approval to proceed to public consultation The document only outlines the plans for Worcestershire as those CCGs outside Worcestershire which are affected</p>	

<p>by the programme are yet to decide if they want to be part of the consultation or be consulted. There was agreement from the last programme board meeting there will be representation from all three CCGs and clinicians at public meetings and events across the county. CA said there is a desire for a simple survey of current pregnant women at the Alexandra Hospital to get an understanding of where women would want to have their baby if there was no consultant-led service at the Alexandra hospital. This would include asking whether they wanted a home birth or to deliver in a midwife or consultant-led unit.</p>	
<p><b>9. Public Updates</b></p>	
<p><b>9.a.</b> CA said the stakeholder brief is going to an informed audience and in due course there will be more public facing newsletters and information for the general public once we have confirmed dates and plans. RQ asked if the website will host everything. CA said the website will store all documents including meeting papers and it will be used to get messages across to the public.</p>	
<p><b>9. AOB</b></p>	
<p><b>9.a.</b> None</p>	

End