

**THE ALEX – A COUNCIL COMMISSION**

To consider establishing a Council Commission in order to respond to the Joint Services Review proposals.

Relevant Portfolio Holder	Cllr Debbie Taylor, Portfolio Holder for Local Environment and Health
Portfolio Holder Consulted	Yes
Relevant Head of Service	Kevin Dicks, Chief Executive
Wards Affected	All Wards
Ward Councillor Consulted	N/A
Non-Key Decision	

**1. SUMMARY OF PROPOSALS**

- 1.1 Cuts to the Alex are as serious as it gets for the people of Redditch. This is clearly evidenced by the petition submitted by the “Save the Alex” Campaign – with over 53,000 signatures. Redditch Borough Council wants to give people the chance to comment on the shortlist 'options' once released by Worcestershire NHS.
- 1.2 Due to the delay in the Joint Services Review, (which needs to identify savings of £200 million over the next 4 years) it is likely that people will have a limited time to respond to the latest options for the Alex. It is therefore proposed that the Council establish a Commission to which it will invite residents, NHS staff, local groups, organisations and businesses to give their feedback on the proposals.
- 1.3 The Commission will be cross party and comprise of all members of the Executive. The views gathered will be compiled into a report and presented to Worcestershire NHS for their consideration as part of their consultation. The Council wish to give a voice to those who have not been heard on this important issue, which the Council will use as basis of their view on the shortlist options.
- 1.4 The Commission would work as follows (proposed Terms of Reference are attached):
- Councillor Hartnett as Leader of the Council to Chair.
  - All Executive Committee members will form the panel.
  - A publicity campaign will be undertaken to make people aware of the opportunity to attend the town hall and give 'evidence' on the short listed proposals.
  - The dates of the hearings (suggested 2 dates) will be finalised once the timetable is clear.

- As people attend they will be asked if they wish to speak, if so they will be given a number. Alternatively they can submit their written comments.
- Each number will be called in turn giving the person up to 10 minutes, at the Chair's discretion, to voice their views to the panel on the shortlist options.
- Notes will be taken and the "hearing" tape recorded in order to ensure full transparency.
- Only questions of clarification to witnesses may be asked by the panel.
- Press would be welcome to the open sessions.
- It is not proposed that elected members should be allowed to give evidence to the commission – this is purely about hearing from members of the public.
- RBC will seek to work with the Save the Alex campaign to promote the hearing to local people.

**2. RECOMMENDATIONS**

**The Council is requested to RESOLVE that**

**the Executive Committee is set up as a Commission to examine the Joint Services Review and in particular the proposals affecting the Alexandra Hospital and to use the evidence gained to inform the Council's response to the Consultation as well as form the basis of a report to Worcestershire NHS for consideration as part of their consultation.**

**3. KEY ISSUES**

**Financial Implications**

- 3.1 There are no direct Financial Implications arising from the report. However, the eventual outcome of the Joint Services Review will impact on the people of the Borough which may have a direct or indirect impact on the Borough Council in the future.

**Legal Implications**

- 3.2 None specific to the report.

**Service/Operational Implications**

- 3.3 In early 2012 the NHS in Worcestershire launched the Joint Services Review which "is looking at ways to provide high quality, safe and affordable hospital services into the future." The NHS "wants to

understand how they might be able to provide the right care in the right place at the right time.”

- 3.4 The main focus of this review is acute hospital services, from the Alexandra, Kidderminster and Worcestershire Royal Hospitals, and specific acute services that are provided at some of the community hospitals. The NHS is also looking at the wider health and care system, particularly the links between acute hospitals, community services and GP surgeries.
- 3.5 Clinicians have been looking at how some of the current acute services might be organised with these new approaches. Clinical Working Groups, made up of GPs, consultants, nurses, therapists and health and social care staff, have been working together to look at hospital services in four areas:
- Medicine for Older People (including all hospital services providing care to the elderly)
  - Emergency care (including A&E and emergency admissions)
  - Planned care (including planned admissions, day case and outpatients)
  - Women and Children’s Services (including gynaecology, paediatrics, maternity services and related emergency services)
- 3.6 The models put forward in June 2012 were as follows:

Model	Description
A	No change (Three sites - fully staffed medical rotas)
B	<ul style="list-style-type: none"><li>• Two acute hospital sites (each with full A&amp;E dept)</li><li>• Women and children’s services brought together</li><li>• onto one site</li><li>• One hospital treatment centre with MIU</li></ul>
C	<ul style="list-style-type: none"><li>• One acute hospital site (with a full A&amp;E dept)</li><li>• One acute site with Urgent Care Centre</li><li>• One hospital treatment centre with MIU</li></ul>
D	<ul style="list-style-type: none"><li>• One acute hospital site (with a full A&amp;E dept)</li><li>• One hospital site providing planned surgery</li><li>• One hospital treatment centre (includes planned surgery) with MIU</li></ul>
E	<ul style="list-style-type: none"><li>• One acute hospital site (with a full A&amp;E dept)</li><li>• One hospital site providing planned surgery with MIU</li></ul>
F	<ul style="list-style-type: none"><li>• One acute hospital site (with a full A&amp;E dept)</li></ul>

3.7 The original timetable (from hereon in) was as follows:

Model	Description
August 2012	The option (s) are presented at public consultation.
October - December 2012	The short-list of options is considered in further detail.
December 2012	<ul style="list-style-type: none"><li>• Response from the public consultation considered.</li><li>• Decision on preferred option.</li></ul>

3.8 On 12th September 2012 the following statement was made with regard to the Joint Services Review “More work needs to be done before a short-list of healthcare options can be finalised prior to further public engagement and consultation. That was the conclusion following a meeting of NHS Worcestershire’s Joint Services Review (JSR) on Wednesday 12 September.”

3.9 This will obviously have implications for the timetable but as yet a revised timetable has yet to be published – it is therefore felt to be imperative that the Council gain as much information and feedback from members of the public to inform its response, on behalf of the people of Redditch, to the Joint Services Review.

**Customer / Equalities and Diversity Implications**

3.10 There are no identified Equality and Diversity implications specifically from this report however the proposed Commission will seek to take these into account as part of their work.

**4. RISK MANAGEMENT**

4.1 Nothing specific to this report however the Joint Services Review will have to fully assess the risks associated with the implementation of any of the models.

**5. APPENDICES**

None

**6. BACKGROUND PAPERS**

Joint Services Review

**AUTHOR OF REPORT**

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