TELFORD & WREKIN COUNCIL/SHROPSHIRE COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Friday, 11 February 2011 at 10.00 am at AFC Telford Learning Centre, Wellington, Telford

PRESENT – Councillor V Fletcher (TWC Health Scrutiny Chair) (Chairman), Councillor G Dakin (SC Health Scrutiny Chair), Councillor K Calder (SC), Councillor R Chaplin (TWC), Ms D Davis (TWC), Councillor T. Huffer (SC), Ms J Gulliver (TWC), Councillor A. McClements (TWC), Ms P Paradise (SC) and Mr D Saunders (TWC)

Also Present - Councillor J Seymour (TWC Cabinet Member: Adult Care & Support), Councillor S Jones (SC Portfolio Holder for Adult Services)

Officers – F Bottrill (Scrutiny Manager, TWC), D. Dorrell (Scrutiny Officer, SC), P. Smith (Senior Democratic Services Officer, TWC)

JHOSC-17 APOLOGIES FOR ABSENCE

Ms R Manger (SC) and Ms H Thompson (SC)

JHOSC-18 DECLARATIONS OF INTEREST/PARTY WHIP

None

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JHOSC-19 MINUTES

RESOLVED – that the minutes of the meeting held on 13 December 2010 be confirmed as a correct record, subject to the inclusion of Cllr R Chaplin (TWC) in the list of those Members present at the meeting.

As the Chief Executive of the Shrewsbury & Telford Hospital NHS Trust was delayed in getting to the meeting, the Chairman proposed that the order of business as set out on the agenda be varied. It was therefore agreed that Agenda item 6 be brought forward on the agenda.

JHOSC-20 NEXT STEPS FOR MENTAL HEALTH CARE IN SHROPSHIRE, TELFORD & WREKIN

This item was presented by Michael Bennett (Lead Joint Commissioning & Contracting Manager). A paper providing an update on the proposals for the modernisation of mental health services and feedback on the formal public consultation had been circulated to the Committee.

Following formal public consultation between September and December 2010 (which the Joint Committee had considered and taken part in), South

Staffordshire & Shropshire Healthcare had produced a Full Business Case (FBC), working closely with commissioners to appraise options and affordability. The FBC was fully aligned with local Mental Health Strategies, and was also consistent with the vision set out in the new national mental health strategy – 'No Health Without Mental Health'. The FBC had been forwarded to Monitor, who regulated Foundation Trusts, for their approval.

Documents on the proposals were available throughout the consultation period, and a series of more than 40 public events had taken place across the county. People broadly supported the need to modernise services through strengthening community-based support and replacing Shelton with a new modern in-patient facility. 137 responses to the questionnaire were received – 69.4% of respondents strongly or mostly agreed with the proposals; 14.5% were not sure or neutral; and 16.1% strongly or mostly disagreed. The report also set out the factors that respondents saw as most important for both community services and in-patient services, as well as some of the other feedback from the events and consultation meetings. The strongest concerns voiced during the consultation focused on the proposal to close Beech Ward at Whitchurch Community Hospital. As a result, the FBC included a commitment that community teams were in place and working effectively prior to any reduction in capacity of inpatient services. This included a specific commitment to establish a review group for the Whitchurch area to oversee the community developments before any change to Beech Ward. Statements of support for the modernisation proposals had been received from partner organisations and stakeholders.

In terms of governance arrangements, the implementation of the proposals would be taken forward by a Sub-Committee established with delegated powers by the PCT Boards. The Sub-Committee would monitor performance and quality of service provision under the modernisation plan, and would formally agree any bed closures once assurance had been received that the community services were in place and the bed reductions could be safely made. The Foundation Trust had already started to make service improvements in line with commissioning intentions, and since Christmas there had been a significant reduction in the number of beds being used, mainly through earlier and better interventions in the care process.

Members asked a number of questions about the proposals contained in the FBC, and the feedback received from the consultation exercise, including:
- what arrangements were there currently at Shelton for patients needing intensive care, and how would this be provided in the new in-patient facility?
<u>Response</u> – at present, there was a small area just off the main ward. However, this was quite a confined space, and sometimes patients had to be sent to a specialist unit at Stafford or elsewhere. In the new facility, one of the wards would be designed to allow a higher dependency level of care (including greater staffing provision). In some circumstances, there might still be a need to use specialist facilities elsewhere.

- how many beds would be provided in the new facility, and what would be the likely turnover on length of stay?

Response – 58 of the 74 acute and organic beds would be commissioned by the respective PCTs. Based on current usage, this would equate to 36 beds for SCPCT patients and 22 beds for T&W patients. Patients from Powys would not be going to use the new in-patient facility, so there would be some additional capacity if needed. In terms of length of stay, this was currently high for older people (around 60 days). Through using community alternatives (eg: support for people to return to their own living environments as soon as possible) and better psychological interventions in wards, it was proposed to reduce length of stay to an average of under 30 days.

- was the financial viability of the FBC affected by the decision of Powys not to use the new in-patient facility as well as the likely implications of the Comprehensive Spending Review on health and care?
Response – The PCT Boards had looked at the proposals and were satisfied that they were viable in terms of their financial commitment. However, it was recognised that the modernisation programme had to be delivered against a backdrop of a difficult economic climate, and that some modifications might have to be made in order to ensure its delivery. The financial case would have to be approved by Monitor – the external regulator.

- who would be involved in the monitoring of the transition from inpatient to community based services?
the Sub-Committee of the PCT Boards would oversee the process. The Sub-Committee was chaired by one of the non-executive members of the SCPCT, and they were looking at the possibility of including Council Members/Officers on the group. The Chairman added that the Joint Committee would continue to monitor the situation.

- would there still be a consultant in Whitchurch?
Response – there would still be a consultant for the Whitchurch area, but they would not necessarily be based at the Community Hospital.

What assurances could be given that there were enough trained people available to meet the need for 88 additional staff working in community teams?
Response – a number of staff would move from in-patient settings to community services as part of the re-modelling of services. There were other trained people coming into the area, and the South Staffs & Shropshire Healthcare Trust had not indicated any concerns about potential recruitment problems.

The Chairman reminded Members that the Joint Committee would continue to monitor the modernisation programme. It was also suggested that the minutes of the PCTs' Sub-Committee meetings could be circulated to members of the JHOSC for information.

JHOSC-21 KEEPING IT IN THE COUNTY – CONSULTATION ON SECURING THE FUTURE OF HOSPITAL SERVICES IN SHROPSHIRE, TELFORD & WREKIN

Adam Cairns (Chief Executive, Shrewsbury & Telford Hospital NHS Trust), Leigh Griffin (Interim Chief Executive, NHS Telford & Wrekin), Julie Thornby (Shropshire County PCT) and Tim Porter (West Midlands Ambulance Service) were in attendance for this item.

The Chairman reminded the Committee of their role in the consultation process, which was due to end on 14 March 2011, and the duty they then had to examine any final proposals that were agreed by the Trust Boards, including applying the "Lansley tests" that had been set out by the Secretary of State for Health. There was therefore likely to be the need for two further meetings – one to finalise the Committee's response to the consultation document and one to scrutinise any final proposals. The Scrutiny Manager – T&W advised that a briefing note about the process would be circulated to Members.

Adam Cairns then responded to the issues and questions that had been circulated in advance of the meeting. These reflected comments from Members at previous meetings and questions that had been submitted by members of the public.

Maternity and Paediatric Services

There were a number of issues that had arisen during the consultation:

i) the risk to patients resulting from an increase in travel time from a midwifery unit to the proposed consultant-led unit at Princess Royal Hospital (PRH).
Robust plans were in place to manage these situations, and ways were being explored to shorten the time for an ambulance to arrive and get the patient to the PRH. There was a level of risk in the current model of service provision. The safest place for birth was as obstetrics unit, but many women chose to give birth at the midwife-led units. The existing service managed the risk, which could involve travel from the midwife-led units to the consultant-led unit if complications arose during labour. The Trust had experience of managing these risks, and managed them well. One alternative would be not to provide a midwife-led service.

ii) the ability of the proposed paediatric assessment unit at Royal Shrewsbury Hospital (RSH) to deal with cases referred from A&E.
This was currently being tested, and information was being sought from hospitals that already had such arrangements.

iii) provision of acute paediatric surgery at PRH
It was proposed to have a team of four surgeons based at PRH who would carry out the most common procedures (eg appendix). This would be enhanced by having 3 teams of surgeons on call, one of whom would be able

to operate on the acutely ill child. Some reassurance had been provided on this model, which was being considered by the clinical assurance group. The Trust was confident about the proposed transfer arrangement from Shrewsbury to Telford. In the most serious cases, patients were already transferred to Birmingham Children's Hospital.

iv) management of change in paediatric oncology services
While it was proposed to relocate this service to the PRH, it was recognised that local people had contributed to the existing facility at RSH. Service users and staff at the current facility would be asked to help design the new facility.

In terms of the numbers of paediatric beds, there would be no reduction in the number of beds currently provided.

Stroke Services

Views had been expressed during the consultation for a 24-7 service to be provided at both hospital sites. It was hoped that this could be delivered by mid May, through the co-operation of staff and discussions with neighbouring Trusts for the provision of a telecare service.

Vascular Surgery

Considerable efforts had been made to retain the screening programme for aortic aneurysms in Shropshire, and there was a commitment from the Department of Health that the Trust would be in phase 3 of the roll-out of the national screening programme.

In terms of angioplasty procedures and surgery for widening the arteries around the heart, discussions were being held with specialist commissioners about SaTH being able to carry out any planned surgical treatment following an angioplasty procedure. At present, patients had to go to Wolverhampton or Stoke for such treatment.

Development of Clinical Pathways

Work was progressing really well, and clinicians were saying that they had found the exercise valuable in terms of identifying things that could be enhanced now or in the future, irrespective of the outcome of the consultation proposals.

Car Parking and Public Transport

Options were being looked at, and the feasibility of providing a shuttle bus service between the two hospital sites was currently being explored. It was projected that around 200 parking spaces would be lost at the RSH, and around 30 at the PRH, although the latter could probably be replaced.

Adam Cairns also confirmed that the Trust had responded to e-mails/letters received by the Chairmen of the Committee and forwarded to the Hospital Trust.

Members then questioned Mr Cairns on a number of issues :

- What were the capital costs for new maternity provision at either site, and was any additional money available from the Strategic Health Authority (SHA)?
Response – at the PRH site, use could be made of some existing space, and the cost of a package to deliver the provision would be in the region of £25-28m. At the RSH site, the existing maternity building was no longer 'fit for purpose' and would need to be replaced. The cost of this would be around £62m, which was not affordable at the current time. The maternity building at the RSH was a big liability for the Trust, because it was unlikely to meet new Quality standards and could compromise the Trust's move to Foundation status – as the Trust would need to demonstrate that its services were safe and sustainable. There was confidence that the money would be available for the capital works arising from the proposals, although it would be at the outer edge of what could be achieved. The costings for building work had been calculated in line with Department of Health guidelines. It was confirmed that the Trust was confident that the funding from the SHA would be available to support the proposed developments.

- Was "hospital at home" still being considered as part of the paediatric care pathway?
Response – no changes were proposed to the "hospital at home" service, and all of the outpatient services would be provided locally. The average length of stay of a child in hospital was one day.

- What was the timescale for the implementation of the national screening programme for aortic aneurysm screening?
Response – if the Trust was able to proceed, the Phase 3 timeline was October 2012. If it couldn't meet that target, it could go into Phase 4 (which was the final phase of the roll out)

- What opportunities did the West Midlands Regional Trauma Strategy present for SaTH?
Response – Shropshire would not be a regional specialist trauma centre, but it was hoped that the RSH would be designated as a "trauma unit". The PRH would continue to perform as a trauma hospital, but more complex, life-threatening cases would be taken to the RSH.

- what were the risks if these proposals did not go ahead?
Response – The risks had been described in the consultation document. If a solution could not be agreed locally, then the Trust was unlikely to achieve Foundation Trust status on its own, and might have to become part of another Foundation Trust which could then make decisions about services in Shropshire and Telford & Wrekin. Under new arrangements, if the Trust did not get a licence from Monitor (the regulator) to perform certain services, then

these services would cease in the area. The Trust would also have to find efficiencies of 4-5% as part of the £20billion that the NHS had to save nationally.

- what work was being done to ensure there were effective clinical adjacencies under the proposed arrangements?
Response – further work was being undertaken by the clinical pathway groups to ensure that clinical adjacencies were as effective as possible.

- Do the Ambulance Service or Primary Care Trusts have any significant concerns over any elements of the proposals?
Response – Tim Porter advised that WMAS was working closely with the Steering Group on the proposals. There were no significant concerns at this stage. There was likely to be long-term commissioning of ambulance services, so that any requirements would be future-proofed. Leigh Griffin (NHS Telford & Wrekin) and Julie Thornaby (Shropshire County PCT) stated that the PCTs needed to be assured that these proposals were safe and sustainable, and that the consultation process had been robust. Work was continuing with SaTH on minimising any risks, and the most recent work would be considered by the Assurance Panel on 28 February.

The Scrutiny Manager also clarified that if the proposals went ahead, the implementation would take place in different phases. Some services would move location relatively quickly, while others would require further work, eg: outline and full business cases which might need further approval from the relevant Boards.

The Chairman thanked Adam Cairns and Tim Porter for their attendance.

Members then discussed potential dates for their next meetings. The Chairman requested that Committee Members be provided with the Assurance Panel's report before the Committee met to finalise its response to the consultation. It was suggested that Officers, in consultation with the joint Chairmen, prepare a draft response based on the comments and views expressed by members so far. This could then be brought to the next meeting as the starting point for agreeing a final response.

RESOLVED -

(a) **that the following meeting dates/times be approved:**
- the morning of Friday 11 March 2011, in Shrewsbury – to agree the final response to the consultation proposals;
- the afternoon of Friday 25 March 2011, in Telford – to consider the final proposals for hospital services in Shropshire, Telford & Wrekin (if agreed by the Trust Boards)

(b) **that the Scrutiny Officers be authorised, in consultation with the joint Chairmen, to draft a response to the consultation proposals for consideration at the next meeting on 11 March.**

JHOSC-22 TRANSFORMING COMMUNITY SERVICES – PROPOSALS FOR A NEW NHS TRUST TO PROVIDE COMMUNITY HEALTH SERVICES FOR SHROPSHIRE, TELFORD & WREKIN

This item was presented by Fran Beck and Julie Thornby (Shropshire County PCT) and Leigh Griffin (NHS Telford & Wrekin), who provided an update on the consultative proposals, which the Committee had broadly supported at their last meeting.

Julie Thornby reported on the outcomes of the public consultation exercise which ran up until Christmas 2010. From the responses and comments received, there was a strong level of support for the proposals to form a new Community Health Trust. The priorities for most people were maintaining access to local services, maintaining the quality of services, ensuring patients' views were heard, and that the services to be provided by the Trust would be "joined-up" with other health and care services/agencies. Dag Saunders (TWC co-opted member) advised that both patient LINks had been involved in the consultation process, and that it was considered that the consultation had targeted the right groups.

Julie Thornby added that Mike Ridley (who had a strong NHS background) had been appointed as the Interim Chair of the new Community Trust for a 12 month period until January 2012.

In terms of next steps, Fran Beck reported that the Business Plan was being revised and updated for submission to the respective PCT Boards and the Strategic Health Authority before going to the Department of Health on 14 March 2011 for final approval. If approved, it was aimed to have the new Trust in place by July 2011. There would be a lot of work to do in the interim, in terms of merging the two current organisations and devising new organisational structures. Leigh Griffin added that they were working closely with the local authorities in terms of effective re-enablement services for people coming out of hospital. In response to a question, it was confirmed that the new Trust would be subject to financial monitoring by the Department of Health.

The Chairman thanked the NHS representatives for their attendance.

RESOLVED - that the position be noted.

The meeting closed at 12.50 pm

Chairman……………………………………

Date……………………………………………