

## **HEALTH SCRUTINY COMMITTEE**

### **Minutes of the meeting of the Health Scrutiny Committee held on Thursday, 22<sup>nd</sup> September 2011 at 6.00 p.m. in the Civic Offices, Telford, Shropshire**

#### **PRESENT:**

Councillors D. White (Chairman), V. Fletcher, J. Loveridge, J. Seymour, C. Turley.  
Scrutiny Co-optees, D. Davies, J. Gulliver, R. Shaw.

Also Present: Michael Bennett, Lead Joint Commissioning and Contracting Manager;  
Stephanie Jones, Scrutiny Group Specialist.

#### **HSC-5      MINUTES**

The minutes of the previous meeting held on 25<sup>th</sup> August 2011 were agreed as an accurate reflection of the meeting and signed by the Chairman.

Members requested further information on the proposed funding options for HealthWatch compared to the current equivalent allocations, and an update on the submission of the PCT return to the Department of Health on spending on public health.

#### **HSC-6      APOLOGIES FOR ABSENCE**

None

#### **HSC-7      DECLARATIONS OF INTEREST**

None

#### **HSC-8      MENTAL HEALTH SERVICES**

Michael Bennett, Lead Joint Commissioning and Contracting Manager, gave a presentation on progress on the modernisation of mental health services.

The presentation was to update members on progress and the PCT was keen to get feedback. The presentation covered 4 key areas:

1. The Mental Health Strategy and Action Plan
2. The modernisation agenda and work streams
3. The wider programme of work outside modernisation
4. Governance and assurance

The presentation provided a detailed summary, and in addition the following key points were highlighted:

- The Mental Health Strategy had been based on the draft strategy initially developed in response to the previous government's New Horizons Strategy and which had been consulted on extensively. Following the introduction of the coalition government's No Health without Mental Health Strategy, the strategy

had been added to and made more robust, and an Action Plan had been developed to meet local needs in line with the national strategy.

- The strategy looks at how to meet the needs of all people with mental health issues, addressing stigma, links between issues such as housing and employment with mental health, and links to Dementia and CAMHS services. It had been identified that for 50% of people with mental health problems, the problems had started before age 14 which highlighted the need to address problems for young people. The Action Plan would take all these issues forward.
- The modernisation programme was being implemented in three phases. Phase 1 was complete and phase 2 due to be completed in March 2012. The recruitment, redeployment and training of staff to the community was underway to enable the phased closure of beds. The Redwood Centre (phase 3) was due to be completed in August/September 2012. There were five interlinked work-streams within the programme: Primary Care, Community Care, Acute Care, Dementia Care and Rehabilitation.
- The IAP team and all psychological therapies had been brought together in Longden House. There had been a lot of work on crisis resolution and home treatment. Discussions with TWC and the Foundation Trust about the further integration of services were on-going and mental health services had been integrated into First Point. E-clinics were being piloted in Telford to make better use of resources and to speed up response times.
- A primary care pathway for dementia was being developed and a Steering Group had been set up to oversee the local implementation of the National Dementia Strategy. Work was being done to analyse local populations and the number of referrals to determine locality team resources for each area based on need. Staffing and referral rates would be monitored so resources could be adjusted.
- Rehabilitation was not a work-stream within the modernisation programme but was an issue that needed to be addressed and there were discussions regarding integrated services and links to rehabilitation and re-ablement services. Modelling had been done to identify the likely demand for rehabilitation support. The death of supported accommodation was being looked at, and options for a community rehabilitation team and small support unit in Telford and Wrekin or Shropshire were being considered.
- The introduction of the functionalisation model in 2010 had brought about a significant change in acute care. Two dedicated consultants worked on a rotational basis and a discharge co-ordinator had been recruited. This had reduced the number of acute admissions and length of stay which had reduced the demand for beds.
- The wider work programme included further liaison with the acute hospitals to develop care pathways, a review of CAMHS services (especially tier 3) resulting in a number of recommendations around improving early intervention and broadening accessibility, work on suicide prevention, and a West Midlands peer

review of the service's self-assessment which would make recommendations for improvement.

- Much work had been done on health promotion campaigns and programmes with little funding. The Lifestyle Risk Management team at First Point had seen 46,000 people last year which it was hoped would make a big difference over time.
- The Autism Strategy would be developed by December 2011 and the Action Plan by March 2012 to implement the Rewarding and Fulfilling Lives strategy. A key issue was the statutory requirement to train staff who provide services to adults with autism. The Trust was working with a national expert on adult social care on this.
- A Modernisation Sub-Committee had been set up to monitor quality and performance. A recent CQC inspection showed the Trust had done well in some areas. Shelton had been a potential risk area but the CQC standards had been met.
- Key areas for further development included dementia primary care and services and consultation with dementia sufferers; to complete the CAMHS review especially around tier 3; complete the ASC strategy and action plan; effective communication.

Members asked a number of questions and the following information was provided:

*How is the purpose-built new facility (the Redwood Centre) being funded, and will there be sufficient bed-capacity to meet needs?*

The new build is funded by contributions from Shropshire and Telford & Wrekin PCTs and by the Foundation Trust from reserves and loans. The 2 PCTs agreed the model as part of the full business case. As part of its Foundation Trust application, the Trust had satisfied Monitor of its financial robustness and the project had been signed-off by Monitor as part of this process. The funding is held by the PCTs and transferred to the Trust as required. The funding was deemed secure except that 0% had been built in for inflation and the impact of inflation had to be built into the model. Staffing was being closely monitored to identify efficiencies that needed to be made.

There will be 5 pods of 16 beds in the facility and 22 beds will be commissioned for people of Telford & Wrekin. It was anticipated that there would be enough capacity within the facility to commission extra beds if needed, especially as Powys was decommissioning beds. There would also be space on-site to build a 6<sup>th</sup> pod if necessary.

*How is the programme of bed reductions and the deployment of community teams progressing?*

The Foundation Trust had developed a Change Management Plan for modernisation which mapped out detailed staffing needs, grades and work force development plans for the community teams. Training was on-going so that staff could be put in place before beds were closed.

The programme was progressing well and earlier delays in the redeployment of staff to the community had been addressed with staff now moving into post. Bed and ward closures would be managed through a phased approach so that closures would only happen once teams were trained and in place to support people in the community. There had been concerns that this had not happened with the closure of Lime Ward, some of which were due to a lack of communication.

Beech Ward in Whitchurch hospital had now closed. A Review Group of local stakeholders and GPs had been set up as consultees and had met regularly throughout the process. The introduction of the Discharge Co-ordinator had had a big impact on reducing the number of hospital admissions and only 2 beds on Beech Ward were occupied when it was closed. Alternative provision was available in the community or beds were available at Shelton. The Review Group and the Healthy Communities Scrutiny Committee in Shropshire had agreed that the beds in Beech Ward were no longer needed and it was felt there had been no impact from the closure.

*Have any potential issues been identified?*

There was some pressure on older people and male adult beds, and some patients from Staffordshire had been admitted to Shelton because of service pressures in Staffordshire. The position was being tracked daily so that there was a good understanding of what was needed and actions could be put in place to address any issues.

*Do you consider and monitor the overall financial stability of the Trust when contracts are let, and do you receive good monitoring information from the Trust?*

The Trust's full AGM accounts had been scrutinised. The Trust had also provided financial information to Monitor as part of the Foundation Trust application process. For the Modernisation programme, information about staff posts and grades and costs of services had been provided to the PCT and scrutinised by the finance team, by the Strategic Health Authority and by Monitor. There was also now a better understanding of the Trust structures and who to go to for information so that when information was requested it was usually provided.

*Is service provision driven by the PCT and how do you address areas of underperformance?*

Service provision is driven by the PCT and any loopholes identified are filled. The Foundation Trust produces a regular Price Activity Matrix which is monitored and used to monitor the cost of services and any areas of underperformance. An assurance group receives monthly reports on the five work streams so areas of underperformance can be picked up and addressed.

*Are mental health services represented on the Clinical Commissioning Group (CCG)?*

The Lead Joint Commissioning and Contracting Manager had given a presentation to the CCG Board and the Professional Executive Committee GP lead provided a link to the CCG so there is a flow of information. A learning event had been held with GPs to improve their understanding of anxiety, personality disorders and mental health issues and about voluntary and support organisations that work with people with mental health issues.

*There are currently 2 admiral nurses in Telford & Wrekin. Are there any plans to increase this?*

A clinical psychologist for older people and a clinical psychologist for people with speech and language disorders will be recruited and the skills specifications are being developed.

*Do staff in the acute hospitals receive mental health training?*

The Delayed Transfer of Care teams had identified an issue with the lack of mental health experience of general nurses and this was now being looked at. The liaison team had done training with junior doctors. This was an along-standing issue and although there has been little progress in the past the hospital was now receptive to the issue and it was felt that things were moving in the right direction.

A member of the Committee made the point that a Royal College of Nursing report had raised the issue of the lack of practical experience in nursing training.

*When consulting on dementia, will the families and carers of dementia sufferers be included in the consultation?*

This is being looked at with a view to including them.

*How much training and support do carers receive to look after people at home?*

The Lead Joint Commissioning and Contracting Manager is chair of the Carers' Partnership Board and will ask for feedback and provide a written report to the Committee.

It was suggested that if members had further questions relating to quality issues of commissioned services, the Lead Commissioner for Quality and Contracting could be invited to a future meeting.

## **HSC-9      WEST MIDLANDS AMBULANCE SERVICE**

An update on previous scrutiny of the West Midlands Ambulance Service Make Ready and Estates Review had been circulated to Members.

The Chairman reported that he had attended a Regional Health Scrutiny Chairs' meeting in Hereford on 20<sup>th</sup> September to receive a presentation from the West Midlands Ambulance Service (WMAS) on the Regional Make Ready System. This showed plans for an ambulance hub in Donnington in Telford and Wrekin. Members of the Committee warmly welcomed this news which allayed previous concerns about the lack of a hub within the borough. The presentation also covered the introduction of a new pathway for 999 calls (the Capacity Management System – Directory of Services) which aimed to improve efficiency for the ambulance service and patients by directing non-life threatening calls to other appropriate services to avoid inappropriate ambulance journeys. The system was being introduced through a phased roll out.

### **RESOLVED**

**That a representative from WMAS would be invited to the next meeting of the Committee to discuss the Make Ready system and the 999 pathway.**

**HSC-10      FORWARD PLAN**

Members considered the items on the Forward Plan.

The Chairman reported that a presentation had been given at the Regional Health Scrutiny Chairs' meeting in Hereford on 20<sup>th</sup> September on the national autism strategy "Fulfilling and Rewarding Lives" and the statutory guidance for implementation by local authorities and health bodies published in December 2010. The Chairman had been disappointed to note that the guidance did not apply to education. The Chairman recommended that the Autism Strategy should be included in the work programme and that the Development Manager from Autism West Midlands is invited to the next meeting and this was agreed.

**RESOLVED**

**That the agenda for the next meeting would include the WMAS Make Ready and pathway for 999, and the Autism Strategy and the date would be agreed by e-mail depending on the availability of attendees.**

The meeting ended at 8.00 p.m.

**Chairman:** .....

**Date:** .....

## Appendix 1

### Decisions on work programme items from meeting on 25th August 2011

	<b>Suggestion</b>	<b>Committee</b>	<b>Type of Review</b>
1	Hospital Reconfiguration	Joint Health Overview & Scrutiny Committee (JHOSC)	
2	PCT Clusters and Local Arrangements	Health and Adult Social Care (ASC)	Report to committees at joint meeting
3	Clinical Commissioning Group	Health and ASC	Suggested a meeting with GPs etc to hear their views
4	Health & Well Being Board	Health	Update report and discussion about aligning work programmes.
5	Public Health Funding	ASC	
6	SaTH FT Application	JHOSC	
7	Community Trust	Health	There has already been a report to the JHOSC, but need to pick up on issues specific to Telford & Wrekin
8	Mental Health Services	JHOSC	(Following the meeting, members agreed that issues specific to Telford & Wrekin should come to the Health Scrutiny Committee.
9	WMAS	Health and ASC	Some members felt there had already been scrutiny of the estates review and Make Ready system which should not be duplicated. Some members suggested receiving an update on implementation from Herefordshire and visit to hub in Staffordshire.
10	Cancer Services	JHOSC	
11	Health Outcomes		Not included in work programme
12	Stroke Services	JHOSC	
13	Discharge of Patients	Health and ASC	The Senior Citizen's Forum and Link is doing a survey of the discharge of patients and the report should be used to identify any areas of concern
14	G P Appointment System		Not included in the work programme.
15	Cost to Council from withdrawal of CHC funding	ASC	Identified as a priority.
16	Adult Social Care strategy/services	ASC	
17	Residential Care Homes	ASC	<ul style="list-style-type: none"> <li>• Public information about Southern Cross homes would be published next month</li> <li>• Review Care Quality Commission (CQC) inspection reports</li> </ul>
18	Chiropody Services	Health	Report from PCT or provider

19	Phase 2 Service Reviews	ASC	Phase 2 proposals launched on 13 <sup>th</sup> September for 90 days
20	Adult Safeguarding	ASC	
21	Ophthalmology		Report requested from Community Trust on behalf of JHOSC
22	Musculoskeletal		Report requested from Community Trust on behalf of JHOSC
23	Reablement services	ASC	Report to Cabinet in September on reablement proposals