HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 7th August 2012 at 4.30 p.m. in the Civic Offices, Telford, Shropshire

PRESENT:
Councillors D. White (Chairman), J. Loveridge, A. Meredith, J. Minor, R Picken, J. Seymour, C. Turley
Co-optees D. Davis, R. Shaw, M. Viney, J. Gulliver

Also Present: Cllr. Richard Overton, Chairman of the Shadow Health & Wellbeing Board and Deputy Leader with responsibility for public health and wider health issues; Dr. Mike Innes, Chairman of the Telford & Wrekin Clinical Commissioning Group; Paul Taylor, Social Care Specialist; Steve Peak, Interim Chief Executive Shrewsbury and Telford Hospital NHS Trust, Adrian Osborne, Director of Communications Shrewsbury and Telford Hospital NHS Trust , Tracy Jones, Representative of Telford & Wrekin CCG Stroke Review, Sharon Smith, NHS Telford and Wrekin, Fiona Bottrill, Scrutiny Group Specialist.

HACSC-32 MINUTES

RESOLVED that he minutes of the previous meetings of the Health Scrutiny Committee held on 1st May 2012 and the Adult social Care Scrutiny Committee held on the 17th April 2012 be agreed as an accurate reflection of the meetings and signed by the Chairman.

HACSC-33 APOLOGIES FOR ABSENCE

Councillors V. Fletcher, C. Turley

HACSC-34 DECLARATIONS OF INTEREST

None

HACSC-35 WORKING WITH THE HEALTH AND WELLBEING BOARD

The Chairman welcomed Cllr. Richard Overton, Chair of Telford and Wrekin Shadow Health and Wellbeing Board. Cllr. Overton outlined the role of the Board and stated his support for the continued role of the Health and Adult Care Scrutiny Committee in scrutinising Health and Adult Services, holding commissioners and providers to account. Members were informed that the Board support the continuation of the Health Scrutiny function through the Health and Adult Social Care Scrutiny Committee following the implementation of the Health and Social Care Act (2012) which conferres the health scrutiny powers on the Local Authority. Cllr. White confirmed he had discussed these arrangements with Cllr. Overton and that the role of the Health and Adult Care Scrutiny Committee will include holding the Health and Wellbeing Board to account. He stated it will be important for the Scrutiny and the Board to work together to avoid duplication and to look where Scrutiny can be involved in the early stages of policy development.

D. Davis expressed some concern that if the powers for health scrutiny now rest with Council that the Scrutiny Committee may loose its independence. The Chair responded that the committee will remain independent, and that the Committee and Executive have held different views in the past.

Cllr. J. Seymour referred to Item 7 on the agenda on the consultation on health Scrutiny regulations. Her view is that Scrutiny must retain its independence but this does not preclude working in co-operation with the Board.

Cllr. Overton informed the Committee that the Health and Wellbeing Board also included the Clinical Commissioning Group (CCG). The Shadow Board is currently consulting on its priorities until the end of August. There is so much work to undertake regarding health and adult care and that the Scrutiny committee must continue its excellent work.

F. Bottrill, Scrutiny Group Specialist outlined the two parts of the report 1) for Members to consider the consultation on the Health and Wellbeing Boards priorities 2) to ask Members to agree a way that the Scrutiny Committee and Board can work independently but avoiding duplication.

P. Taylor referred to the consultation document attached as appendix 1 to the report. Members of the Scrutiny Committee had attended a workshop to consider the draft priorities for the Health and Wellbeing Board. The 10 proposed priorities have been drawn from the Joint Strategic Needs Assessment (JSNA). Following consultation on these priorities it is intended that the Board will consider the feedback from the consultation and agree its priorities at the board meeting on the 12th September.

The Chair commented on the need to include alcohol as a priority for the Board. This view was supported by Cllr. Seymour who also commented on the need to address substance misuse more generally.

P. Taylor informed Members that the issue of alcohol has been raised during the consultation and this will be raised with the Board.

Cllr. Seymour suggested that outcomes around alcohol could be included within the draft priorities for example Emotional Wellbeing or to extend the priority for smoking to include alcohol.

Cllr Picken commented that there is a risk that the Scrutiny Committee and Health and Wellbeing Board could ‘compete’

The Chair clarified that the changes to Scrutiny and the establishment of the Health and Wellbeing Board are a result of legislation – we have to make it work. However there is scope to decide locally how we will implement the legislation and this provides an opportunity to ensure that we work together to ensure the best services for local people.

Cllr. Minor questioned how achievable the priorities of the Board will be. For example supporting people with dementia – what level of support will be provided? It is important not to raise people’s expectations. The priorities must be financially and

socially achievable.

The Chair agreed that it is important to be clear how the priorities will be achieved. For example it is important to identify people with autism at an earlier age and so prevent more serious difficulties later on.

Cllr. Overton responded that the detailed outcomes will be agreed after the priorities are decided. The role of the Scrutiny Committee will be to hold the Board to account "you said you were going to do X, have you done this?" The Board must have a strategy in place by April 2013.

Dr. Mike Innes, Chair of the Telford & Wrekin Clinical Commissioning Group (CCG) added that in identifying the priorities the Board has considered how to achieve value for money. Alcohol is a big issue - but is it the biggest health risk compared to reducing smoking and heart attacks. This highlights the importance of considering the importance of social and other factors as well as health outcomes.

J. Gulliver supported the inclusion of dementia as a priority for the Board. Telford and Wrekin LINk have reported following enter and view visits that it is important that nurses are trained to care for people with dementia.

Cllr. Seymour requested that the members of the Scrutiny committee receive the minutes of the Health and Wellbeing Board and vice versa.

RESOLVED

- **The Committee agreed Principles and Ways of Working Document .**

RECOMMENDED

- **The Committee recommend that the principles and Ways of Working Document is considered by the Health and Wellbeing Board.**

- **The Committee recommend that work is undertaken with the Health and Wellbeing Board to develop a full protocol.**

HACSC-36 UPDATE FROM SaTH

The Chairman welcomed Mr. Steve Peak, Interim Chief Executive at the Shrewsbury and Telford Hospitals NHS Trust. Mr. Peak gave a presentation on the Trusts plans to improve services through a review of urgent care services (not just accident and emergency services) and stroke services. He out lined the '4 step' approach that the Trust will use to review these services. The four stages in this process are to identify:

- What does good look like?
- How are we doing?
- What does this mean?
- What action do we need to take?

Mr. Peak set out that there will be engagement on a regular basis and that the Trust

needs to ‘get these services right’ but recognising financial and practical constraints.

Cllr. Seymour asked how the Trust defines ‘Good’? The outcome of the review will depend on definitions. Sometimes a ‘Good’ service means it is only adequate.

Mr. Peak responded that in some areas there is best practice but some service areas the definition of good is more intangible. What the review must identify is what is good for this population. Mr. Peak also stated that where there is a safety issue a service may need to be suspended or changes immediately without going through this review process. On the rare occasions this is required the change is usually temporary. The example was given that if 2 or more consultants were to leave the A and E service.

M. Viney gave an personal example of the service received at PRH where he had been called to an assessment at short notice after a consultant had left. Mr. Peak responded that if he is given details of this after the meeting he can follow this up.

Mr. Peak set out that the reviews should be completed in 3 to 4 months. Much of the information is already available but it is important to plan enough time to talk to local people. The stroke review is being led by the Midlands and West Strategic Health Authority. The review for urgent care is in response to the challenges the services faces. Mr. Peak set out the principles for the provision of urgent care:

- Services are provided as close to home as possible and are as easy as possible for patients and carers to access by public or private transport
- Services achieve the best possible clinical outcomes and the best possible experience for patients and their carers
- Services are responsive to the needs of patients and carers, and provide information and support for patients and their carers at all stages of the patient’s care
- Services are provided by staff with appropriate competences, who work in good facilities with the equipment and support services that patients need
- The treatment and care of patients follows evidence-based guidance which includes prevention of complications, risk factors or other illnesses in the patient and, if appropriate, their family
- Services are sustainable, cost-effective and provide good ‘value for money’.

In addition the service will be compared to national and regional guidelines. The performance data for the service will also be part of the review. The Trust recognised that during the consultation on the service reconfiguration between the PRH and RSH there had been a lot of discussion around urgent care. Members were informed that the changes agreed in the reconfiguration will not change the fundamental challenge for both Accident and Emergency departments.

The Chair responded that there had been rumours for the last 9 months that Accident and Emergency services were at risk. The outcome of the reconfiguration has been the commitment to maintaining Accident and Emergency services on both hospital sites 24hours 7 days a week. The previous SaTH Chief Executive had made this commitment. The Committee and Joint HOSC supported the reconfiguration which has resulted in PRH losing some services – this review opens the potential to loose more services.

Mr. Peak responded that it is important to undertake the review process which will involve the services at both PRH and RSH. He assured Members that the Trust have not reached a conclusion about the provision of urgent care – it is not the obvious conclusion that there will not be 24/7 A and E on both sites.

The Chair stated that the Committee do not oppose all change but recognise that there is one hospital across two sites and there is one And E service provided across 2 the two sites.

Mr. Osborne put the review on the context of the wider NHS – that the Trust must always strive for best practice. Other bodies that assess and regulate the NHS, the Care Quality Commission and Monitor will need to see that the Trust has been through this review process. Mr. Peak said it is important that the decision about these services is not left to the Trust but communities must be involved at all stage of the review. Mike Innes, the Chair of Telford and Wrekin Clinical Commissioning Group is chairing a group which will oversee a review of the Accident and Emergency Departments within SATH as part of the larger review of unscheduled care in Shropshire and Telford and Wrekin.

The Chair commented that this review process does not allow the changes from the service reconfiguration to 'bed in'. The NHS needs to be open and trust is key to the success of the review.

Cllr. Minor commented that the review should identify what services are 'bad' as well as the services that are good.

Mr. Peak responded that this is implicit in the question 'what does good look like?'. The Trust needs to be able to demonstrate that we have undertaken the review – the outcome may be that services stay the same. The review process needs to be open and honest not based on rumour.

M. Viney express concern that services seem to be moving from Telford to Shrewsbury.

Cllr. Picken questioned whether the NHS itself is 'broken'.

Mr. Peak responded that some elements of the health service around the county are not working well and that the Trust needs to review services on an on going basis.

Dr. Innes highlighted the role of the Joint Health overview and Scrutiny Committee with Shropshire when looking at services across the county.

Cllr. Seymour expressed the view that the review process is a good way forward – but that this process will need to be evaluated.

The Chair stressed the importance of the review process being open. Cllr. Minor also stressed the need for transparency as rumours can frighten people. When asked for suggestions as to how to ensure the review is open this Members commented on the role of the press and that the public meetings during the reconfiguration consultation

had been facilitated well.

Dr. Innes confirmed that the review of Stroke services is being led by the Strategic Health Authority but that the CCG in Telford and Wrekin also recognise the need to review this service. The Stroke review will include all stages of the care pathway for stroke patients – from prevention and early diagnosis through to end of life care. Some patients die following a stroke but for many the results of a stroke affect their quality of life and have implications for social care.

Members were informed that SHA region is a large area and there is variation in stroke services – as a region the outcome data showed that stroke services do need to improve but Members were also shown data for stroke services at SaTH which indicated that the Trust were performing well on the targets for stroke service. The timescale for this review aims to ensure that CCGs are able to pick up the outcome of the review when they take on the full role in April 2013. The process includes time for public consultation in January. Dr. Innes said it is important to engage with the wider population on this review but also with people who have experience of the service.

Members were informed that the threshold for providing hyper acute services is around 600 cases. This includes patients who present with stoke symptoms but have not suffered a stroke (stroke mimics). RSH stroke unit currently sees about 470 patients and PRH stroke unit about 425 patients. Some stroke patients from the east of the County go to Wolverhampton. One of the issues for local people to consider as part of the review is 'do they want one centralised service that is a centre of excellence or do they want a local service that is not necessarily 'the best' which they may risk losing?'

Cllr. Seymour proposed that the Joint HOSC undertake the scrutiny of the review of urgent care and stroke services. Members agreed that the Committee wants to support best practice and keep both hospital sites.

RESOLVED

- **That the Joint HOSC undertake the scrutiny of the review of urgent care and stroke services.**

HSCSC-37 2012-14 WORK PROGRAMME

The Scrutiny Group Specialist provided an overview of the report. Scrutiny Management Board had agreed to plan a two year work programme and allocated the scrutiny suggestions to the relevant Scrutiny Committees. The scrutiny suggestions for the Health and Adult Care Scrutiny Committee were set out in Appendix 1 of the report. As part of the process the Chairs of each Committee had made recommendations regarding the work programme. Members were asked to identify the issues the Committee want to include in the work programme and indicate the order in which the work would be carried out.

The Chairman stressed the importance of looking at the issue of Continuing Healthcare (CHC) funding. P. Taylor outlined the reduction in the number of patients who receive CHC funding and some of the financial implications both for individuals if

they are self funding and Adult Care services.

Cllr. Minor proposed that the Committee agree the issues as recommended by the Chairman in the report and it was agreed that the Scrutiny Group Specialist would draft a work programme and circulate this to Committee members.

RESOLVED

- **That the Committee agree the issues as recommended by the Chairman in the report and it was agreed that the Scrutiny Service Specialist would draft a work programme and circulate this to Committee members.**

HACSC-38 RESPONSE TO DEPARTMENT OF HEALTH'S CONSULTATION ON LOCAL AUTHORITY HEALTH SCRUTINY

The Scrutiny Service Specialist outlined the report which sets out the proposed change to regulations for Health Scrutiny. The Health and Social Care Act (2012) has already given the Health Scrutiny power to the Local Authority so it will be for Council to decide how to implement this. The consultation focussed on the Health Scrutiny power to refer issues to the Secretary of State for Health. The Committee agreed the draft response attached as Appendix 2.

RESOLVED

- **That the Committee agree the draft response to be submitted to the Department of Health.**

The meeting ended at 7.55 p.m.

Chairman: ....

Date: ....