



<u>Committee and Date</u>

<u>Item No</u>
Public

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TASK AND FINISH GROUP MEETING HELD ON 23 SEPTEMBER 2013

3.30 P.M. – 5.06 P.M.

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Present

Shropshire Council:

Gerald Dakin (Chairman) and Simon Jones and Co-opted Members Ian Hulme and Mandy Thorn (Minute no. 8 – 11)

Telford and Wrekin Council:

Derek White, Veronica Fletcher, John Minor and Co-opted Members Dilys Davis and Richard Shaw

In Attendance

Dr Geoff Watts, Head of Mental Health Services, SSSHFT
Fran Beck, Executive Lead for Commissioning, Telford & Wrekin CCG
Dr Caron Morton, Accountable Officer, Shropshire CCG
Dr Mike Innes, Chairman, Telford & Wrekin CCG
Adrian Osbourne, Director of Communications (SaTH)
Maggie Bayley, Deputy Chief Executive, Community Hospital NHS Trust
Julie Thornby, Director of Governance & Strategy, Community Hospital NHS Trust
Dawn Wickham, Director of Operations & Delivery, NHS England
Barry McKinnon, WM Area Manager, WMAS
Fiona Howe, Committee Officer, Shropshire Council (SC)
Fiona Bottrill, Scrutiny Officer, Telford and Wrekin Council (TW)

8. APOLOGIES FOR ABSENCE

Apologies were received from Tracey Huffer (SC) and co-opted members David Beechey (SC) and Jean Gulliver (TW)

9. DISCLOSABLE PECUNIARY INTERESTS

Councillor Simon Jones declared a pecuniary interest minute 12 as an employee of the Community Health NHS Trust.

Mandy Thorn declared a pecuniary interest in minute 12 as a manager of a care home which provides NHS services.

10. MINUTES

RESOLVED:

That the minutes of the meeting held on 8 August 2013 be confirmed as a correct record.

11. MENTAL HEALTH SERVICES

The Head of Mental Health Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust, was in attendance and presented an overview of service provision available across the county at the current time.

Concerns had been raised over the temporary closure of Castle Lodge in Telford and the impact this would have on the remaining facilities. Members were advised that the levels of Occupied Bed Days was low for Telford and Wrekin and the annual performance for acute beds including Castle Lodge was 1379 below target with Dementia bed use 547 below target and in terms of overall use it represented inpatient activity of 85% for planned bed use for acute services and below 70% for Dementia beds.

Falling inpatient bed numbers had been due to a marked increase in options for patients receiving appropriate home treatment, which had been strengthened over recent months and had reduced the length of stay for users across the services. The improvements in home treatment activity had seen a reduction in the number of service users requiring step down admissions from the Redwoods Centre. It was confirmed that as of September 2013 there were only 2 inpatients at Castle Lodge.

Members were advised that the Trust had agreed a 6 month closure at Castle Lodge to enable the need for the service to be scoped, and 6 beds had been opened up at the Redwoods Centre site on a temporary basis to cope with an impact.

The Trust provided an overview of areas of monitoring including use of Out of Area Beds, GP satisfaction, complaints, user and carer experience, and crisis home treatment. Members were assured that the Trust would not send Shropshire county patients to Out of Area facilities unless there was a clinical need.

Concern was raised over the temporary closure of Castle Lodge and the lack of consultation undertaken over the decision with the Joint HOSC. Members highlighted the excessive pressures the teams were under, with patients receiving a reduced provision which was inappropriate. Cllr. White said he was extremely concerned about the provision of community mental health services following discussions with local organisations in Telford and Wrekin. It had been reported that only the most urgent cases were be managed and that the preventative and low level support was not working. It was stressed that the Trust was required to inform the

Joint HOSC when they had issues in order to consider the appropriate actions to resolve them. It was also raised that there appeared to be some contradictory information between the visit to the Redwood Centre the previous week and the presentation to the Committee. Why is it necessary to open 6 additional beds at the Redwood Centre if there had only been 2 patients at Castle Lodge and the monitoring figures showed that the CCG contracts were underperforming

In response to a question, the Executive Lead for Commissioning at Telford & Wrekin CCG confirmed that they had been in agreement with the proposals to temporarily close the in-patient facility with immediate effect, but stressed that the move would not pre-empt the outcomes of a full review to consider the long term provision and that all options needed to be investigated fully. The CCGs monitor the quality of performance of the services provided by the Trust and there had been some concerns about outreach and community services, but there has been an improvement in services. If Members of the Joint HOSC has further information about the quality of services it would be helpful to share this information with the CCG. Members confirmed that they understood the need to move quickly, but highlighted the lack of consultation with the Joint HOSC and the need for scrutiny to be involved in all future consultations in regards to changes to service provision.

A discussion ensued around care and support of Dementia patients and Members were assured that the issue was a priority for the Health and Wellbeing Boards across the county. There had been an ambitious increase in diagnosis on the back of historical case law, and there was an ongoing national debate over diagnosis risk which was problematic. Where people have memory deficiency they were referred to memory clinics, but there were people who had cognitive improvement who fell between the gaps, and monitoring needed to be developed even though there was national uncertainty over the way forward. Members confirmed that there needed to be an indepth discussion and ensure services were right for the future.

Cllr. White thanked the CCG for the assurance that a full consultation would be undertaken before any decisions were made about the service. He raised concerns that he was aware of 5 cases in Telford and Wrekin in which patients at the Redwood Centre were about to be discharged but did not have suitable accommodation.

In response to questions, Members were advised that care packages were funded through CCG Commissioners and social care depending on the level of need. It was noted that following the temporary closure of Caste Lodge inpatient facility, staff had been moved to other areas where there was capacity.

The Chairman thanked Mr Watts for his attendance and for making arrangements for the recent site visit to the Redwoods Centre.

RESOLVED:

That South Staffordshire and Shropshire Healthcare NHS Trust provide written responses to tabled questions, a copy of which is attached to the minutes.

The Telford & Wrekin Chairman will meet with the Executive Lead for Commissioning, Telford & Wrekin CCG to discuss how the service review will be carried out.

12. SUSTAINABLE CLINICAL SERVICES STRATEGY: ENGAGEMENT PROCESS

Dr Innes, Chairman Telford & Wrekin CCG, addressed the meeting advising that in July 2013 'Call to Action' was rolled out across the country to commence a national conversation and public debate on health services. The aims were ambitious but it was a realistic and necessary debate, and it was important for the health community to contribute and understand the need for a joined up approach.

It was important to recognise that the system wasn't broken but that public expectation had changed over the last decade which had led to unsustainable demand for services in the current form, and the challenge was to provide a modern provision for a modern world. The county already had an aging population with long term health conditions, but faced high numbers of people with diabetes, increases in obesity, 24/7 access to services, and limited resources. Nationally the thinking was to shift from buildings to services, understand personal needs, transparency over changes and provision post the Francis report, and the importance of understanding what the health economy and public want to change, and it was essential to achieve this through an honest and realistic debate. The Committee was reminded of the 'Nicholson Challenge' which identified that there would be a shortfall in NHS funding of 20 billion between 2010-2020. It is important that change to NHs services are made in a transparent way. There must be a discussion about what services we want the NHs to provide, what the cost of these services will be and what services will not be provided.

The Call to Action was a rapid engagement process that would inform commissioning for the next 3 – 5 years. It was important to stress that the changes would not be about privatisation as services needed to remain free at the door. The changes were about getting the right services in place for a modern population.

Dr Morton, Accountable Officer Shropshire CCG, confirmed that they understood the local demographic of Shropshire and Telford and Wrekin, with Shropshire being a far more rural area, with a higher density of older people with higher life expectancy in general, however, there were still health inequalities. Telford and Wrekin had a younger population who had greater health and socio economic disadvantages, and although there had been improvements there were still risks with a quarter of children living in poverty. Both CCGs understood the challenges and proposed to address them through urban and rural modelling. Shrewsbury and Telford had similar issues, whilst the rural areas had pockets of deprivation and isolation, with challenges around transport, lifestyle and employment that needed to be addressed.

The national framework needed to ensure that improvements were made on premature deaths, quality of life, better recovery, a positive expectation of care and a safe treatment environment. The health economy was mindful of issues affecting Mid Staffs, and wanted to ensure they had a stable, high quality workforce and ensured that they listened to feedback from clinicians and acted if necessary.

There were already great pressures on health service providers, especially the acute provider with consultant led services such as ITU, stroke services, and A&E needing

to see better outcomes. In addition to the service pressures there was also a national shortage in consultant specialties which had exacerbated the staff issues facing those front line services. It had been recognised that there was a need to make greater use of the community hospitals across Shropshire and provide patient care closer to home.

Members were assured that the 'Call to Action' process would allow them to listen and understand public expectation, and it was seen that the journey was an opportunity to improve clinical outcomes with single site services. There were issues over systems and services not being integrated, more help was needed to attract staff, financial resources were needed to invest in the latest equipment, and there was a need for radical solutions to make it work.

In response to questions, Members were advised that the CCG would ensure that Clinicians right through to the public would be asked their views on the future of the health service in the county. There needed to be a joined up understanding of what the challenges were over the next 5 years, and where the blockages and opportunities were. It was confirmed that the timetable for the process would run throughout the winter months and conclude in April 2014. The Committee confirmed the need to ensure a more diverse range of groups were included in the engagement process. There was also a request for the CCG to liaise with Shropshire Association of Local Councils to develop engagement events in the town and parish areas across the county. Members stressed the need to liaise with both Local Authorities and utilise their communications groups to inform the public and achieve greater involvement.

At this juncture Councillor White confirmed that Telford and Wrekin Council had considered a motion to support the retention of A&E services at Princess Royal Hospital, but stressed that members of the Joint HOSC had abstained from the consideration of and voting on the motion, and assured those present that they would remain impartial throughout the process.

In a response to a question, it was confirmed that discussions were ongoing to address the need to bring in additional manpower and expertise to manage the development of the clinical services strategy. It was confirmed that there were no plans to have this work done externally, and it was their intention to appoint a manager to develop the project.

Dawn Wickham, Director of Operations & Delivery NHS England, confirmed that their role was to support and guide CCGs and provide some oversight to their work. They would work through the impact the different options would have on Shropshire, stressing that regard needed to be given to the impact the changes would have outside the county, as well as the impact any changes in other areas would have on the county.

There needed to be external challenge to the developing models through relevant testing criteria as well as feedback coming through the consultation process. There also needed to be an assessment over the robustness of the proposals, ensuring that the process was being carried out correctly, and it was essential that the Joint HOSC had involvement in the process. It was confirmed that external challenge would also

come through the colleges and that an Assurance Panel would be set up to assist with the process.

In response to a question, Dr Morton confirmed that both CCGs were working alongside social care to identify how funding could be used to best provide services for the county, and an integrated care pilot was being launched with Shropshire Council looking at a long term model.

Dawn Wickham reassured the meeting that the process was very much a joined up approach being led by the CCG. She stressed there was no point to consult on options at this point, but rather work with partners to get it to work better. The demand for services out-stripped resources and the only way to address this was to provide services in a better way and free up funding to enable the changes to happen. Discussions needed to happen on what the options could be, an understanding of the impact, and a direction of travel for the changes needed to be agreed in the New Year. Members were advised that it was a painful process happening nationwide, but learning was being shared across the regions.

Shropshire Council's Director of Public Health, Prof Rod Thomson, indicated that although focus was needed on linked acute and community services, more needed to be done to improve prevention, and a conversation needed to be had with the public on what could be done to help this agenda. Consideration also needed to be given to the inappropriate use of services and what steps the health economy was going to take to resolve the growing problem.

Adrian Osborne, Communications Director SaTH, stated that it was reassuring to hear positive and joined up discussions of how to provide the best care for the county in the best place. There was more to be done to support people in their own homes, and provide patients with better outcomes and as a result a longer and healthier life. He stressed that the Call to Action conversation was essential before discussions started on more detailed options. Members reiterated the need for all services to be joined up and work together, remove duplication, provide for patients needs, and work towards improving prevention.

Julie Thornby, Director of Governance and Strategy Community Hospital NHS Trust, echoed the comments of the acute provider, stating that the Call to Action had created an opportunity to encourage people to give their views and experiences to help develop an integrated picture. Maggie Bayley, Deputy Chief Executive Community Hospital NHS Trust, confirmed that the Chief Officers Group was working collaboratively to strengthen the process and identify challenges. The health economy needed to take brave decisions to provide the best services collectively.

Barry McKinnon, WMAS Area Manager, confirmed that the ambulance service had been included in the process and partnership working to provide appropriate services across the county. In response to a question, Members were advised that paramedics were in place to treat patients and stop them accessing acute services inappropriately. This was working well in some areas and training was continuing across Shrewsbury and Telford working with Shropdoc to find alternative treatment.

The Chairman thanked all those present for attending and providing an update on progress to date.

RESOLVED:

- (a) That Call to Actions leads report back to the Joint HOSC following the final consultation event to feedback on the responses and confirm the next steps to firm up service options.
- (b) That CCG leads liaise with SALC, Shropshire Council and Telford and Wrekin Council to develop their communication and engagement protocols.

Chairman:.....

Date:.....