

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 Thursday 24th March 2011 at 6.30 pm in the Ironbridge Suite, Park Inn Hotel, Forgegate, Telford Town Centre, 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), Ms J Gulliver (TWC), Ms R Manger (SC), Councillor A McClements (TWC), Mr D Saunders (TWC) and Ms H Thompson (SC).

Officers – F Bottrill (Scrutiny Manager, TWC), D Dorrell (Scrutiny Officer, SC) and A Roberts (Democratic Services Officer, TWC).

JHOSC-17 APOLOGIES FOR ABSENCE

Councillor T Huffer (SC).

JHOSC-18 DECLARATIONS OF INTEREST/PARTY WHIP

None

JHOSC-19 MINUTES

RESOLVED – that the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 11th March 2011 be confirmed and signed by the Chairman.

A number of Members stated that they wished to comment on the presentation that had been received from representatives from the West Midlands Ambulance Service (WMAS). Dag Saunders commented that he felt that the WMAS representatives could only answer a few questions that had been raised by the Joint Committee. He felt that in the circumstances another invitation should be submitted for the WMAS representatives to attend at a future meeting.

JHOSC-20 DEVELOPING HEALTH & HEALTHCARE – PROPOSALS AIMED AT KEEPING VITAL HOSPITAL SERVICES IN SHROPSHIRE SAFE AND SUSTAINABLE

The Chairman of the meeting Councillor V Fletcher referred the meeting to the papers that had been published in advance of the meeting. She wished to thank all Members for all of their work and invited comments and questions.

Fiona Bottrill reported to the Committee of the decisions that had been confirmed at the meetings of the Shrewsbury and Telford Hospital Board

(SaTH), the Shropshire County NHS Primary Care Trust Board and the NHS Telford and Wrekin Primary Care Trust Board that took place earlier in the day. Members were informed that the decision of the SaTH Board was to confirm the proposals that were outlined in the consultation document *Keeping it in the County – Securing the Future of Hospital Services in Shropshire, Telford and Wrekin*.

The decision of the SaTH Board was confirmed at the subsequent meetings of both the Shropshire County NHS Primary Care Trust Board and the NHS Telford and Wrekin Primary Care Trust, which would lead to the development of more detailed implementation plans. However, the meeting was requested to note that at both PCT meetings a request had been approved seeking the SaTH Trust to lead discussions with the Ambulance Services to further improve Ambulance response times, to identify other means of mitigating travel times, to progress discussions with partners in Shropshire and Wales to further strengthen service provision in the local community and to continue the development and risk assessment of clear care pathways.

It was further agreed that the SaTH Trust to work with partners to develop clear communication to parents and their carers to promote an understanding of what care would be provided where and to allay individual concerns. It was also expected that the Trust would ensure continuous quality improvement of services through and beyond a period of redesign change.

The PCTs had also committed themselves to work with the Trust and hold it to account on these issues, oversee and assure progress and make any continued support conditional on such progress.

The Chairman then invited the members of the Committee to comment on the decisions that had been made at the previously held meetings of the SaTH Trust and the two PCT Board meetings. She reminded Members that at the conclusion of any discussion the Committee would be required to decide as to whether the proposals should be referred to the Secretary of State for Health.

Whilst the majority of the Members commented on the excellence of the presentations that had been received and the depth of the comments and responses that had been provided, a number of Members expressed concerns in relation to the perceived transportation issues that would arise together with concerns in relation to whether the present service provision could be implemented by the Ambulance Service. A number of Members also wished to recognise the initiatives that were being shown for negotiations to be entered into between Shropshire Council and Telford & Wrekin in order to ensure that there was sufficient transport provision. The Chairman of the Committee commented that this evidenced the current joint working and co-ordination between both Councils in order to achieve a common solution.

Overall the Committee concluded that the whole consultation process had been very effective. The Committee were also impressed with the Chief Officers of SaTH as to how open the consultation process had been and that the Committee had always ensured that the aim was to secure the best

provision within Shropshire as a whole. The Committee were keen to ensure that the excellent qualities of the consultation process were repeated in the future and that the elements of joint working should be continued in the future.

In conclusion, the Chairman stated that the consultation process had been excellent and she expressed the Committee's thanks to all of the Chief Officers, particularly at SaTH who had been open, transparent and detailed in the depth of their answers to any questions that had been raised. This ensured that the process that had been undertaken had been very professional.

The Committee were reminded that the SaTH Board would provide updated reports on the Outline Business Case in the week commencing 6th June, prior to it being agreed by the SaTH Board on the 30th June 2011. This would be followed by an update on the Final business Case which would be submitted to the JHOSC in the week commencing 3rd October before this was agreed by the SaTH Board on the 27th October 2011.

RESOLVED – that the consultation process conducted by the two PCTs supported by the Shrewsbury and Telford Hospital Trust, having fully involved clinicians, independent experts, members of the public and local council representatives had met the four “Lansley tests” and had further met the expectations of the Joint Health and Overview Scrutiny Committee for the process and further that there was therefore no need to refer the matter to the Secretary of State for Health at this stage. The Joint Committee await an update on the Outline Business Case in June for further scrutiny

The meeting closed at 7.15 pm

Chairman.....

Date.....

Joint HOSC Work Programme – June 2011

Reconfiguration of Services at PRH and RSH				
Service / Issue identified	Information to be monitored	Evidence from	Timescale for reporting to Joint HOSC	Part of OBC / FBC
Paediatric Services				
Safety and outcomes for children with trauma presenting at RSH out of hours when there is no in house paediatric support other than an on call team	Details of clinical pathway and role of WMAS	SaTH WMAS		
Provision of the PAU at RSH is based on clinical need	Evidence of clinical need for paediatric services	SaTH PCTs*		
Additional travel time to PRH for some children transported by car and ambulance	Mitigation of risks and role of WMAS in reducing response and transport times	SaTH WMAS		
Development of clinical pathways and mitigation of risks when transferring children between hospital sites	Reassurance from the WMAS that they are able to reach, stabilise and transport children safely	WMAS		
Paediatric staff work together to make proposals workable	Evidence of clinical engagement	SaTH		
Capacity of neonatal service to provide, where possible, services for premature babies in County	Service planning and commissioning intentions	SaTH PCTs *		
Development of paediatric oncology service at PRH with facilities at same	Service design, estate and facilities	SaTH		

standard or better than rainbow unit				
Those involved in fundraising for the rainbow unit to be invited to be involved in the design of the new paediatric oncology unit	Evidence of patient / public engagement and feedback on how this has influence service design	SaTH		
Further work with Commissioners to develop hospital at home service for children to avoid unnecessary hospital admissions	Commissioning intentions of PCTs and joint work with Community Trust	SaTH PCTs* Community Trust		
Evidence of work force planning and availability to support the proposals	Details of national guidance for work force planning mapped against demand / need and commissioning intentions	SaTH PCTs*		
Maternity Services				
Development of clinical pathways to mitigate risks for mothers who will have to travel further to services at PRH	Engagement, support and training with obstetrics team, community midwives, GPs and WMAS	SaTH GPs WMAS		
Further work with GPs and midwives to assess those considered at risk and action taken to ensure the safety of mothers and their unborn children.	Engagement, support and training with obstetrics team, community midwives, GPs and WMAS	SaTH GPs WMAS		
Continued engagement of the WMAS in the development of clinical pathways	Improved response times and details for routes to PRH from rural areas	WMAS		
Potential loss of midwives who do not want to move to PRH	Ongoing engagement with staff and work force planning	SaTH		
Acute Surgery				
Provision of AAA screening	Implementation timescales	SaTH		

Provision of angioplasty procedures	Implementation timescales	SaTH		
Maintaining existing services in the County and SaTH becoming a Centre of Excellence	Joint HOSC to be informed of any changes to services prior to implementation	SaTH		
Wider changes in NHS e.g. changes in commissioning resulting in services going out of County	Implications of Health and Social Care Bill	SaTH PCTs*		
Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole	Update on target and milestones to achieve implementation Risk management	SaTH		
Detailed workforce planning	Workforce planning against demand / need and national recommended guidelines	SaTH		
Patients who cannot be stabilised and transferred to be operated on at PRH	To be included in development of clinical pathways	SaTH		
Stroke Services / Urology				
Provision of thrombolysis on both sites	Implementation timescales	SaTH		
Evaluation of current provision against the National Stroke Strategy with indication from SaTH and Commissioners on how gaps will be met	Update report on issues identified	SaTh PCTs*		
Public Engagement				
Further discussions with patients, public and parents to listen to them and discuss their concerns and give further reassurance	Communication and Engagement strategy – <ul style="list-style-type: none"> How will SaTH resource and manage its role in this process How will partner organisations work 	SaTH PCTs* LINKs Local Authorities WMAS	Ongoing – update June 2011	OBC?

	<p>together to deliver this strategy</p> <p>Feedback from public engagement and how this has informed service development</p>			
SaTH does all it can to alleviate the concerns of those who have been opposed to the proposals	<p>Communication and Engagement strategy</p> <ul style="list-style-type: none"> • How will SaTH resource and manage this process • How will partner organisations work together to deliver this strategy <p>Feedback from public engagement</p>	SaTH	Ongoing – update June 2011	OBC?
Address concerns of Welsh colleagues who will be affected by the changes	Feedback from WAS, Powys Health Board and Welsh Assembly	SaTH	Ongoing – update June 2011	OBC?
Public are kept informed and patients informed of the implications for changes before they take place	<p>Communication and Engagement strategy</p> <ul style="list-style-type: none"> • How will SaTH resource and manage its role in this process • How will partner organisations work together to deliver this strategy <p>Feedback from public</p>	SaTH PCTs* LINKs Local Authorities WMAS	Ongoing – update June 2011	OBC?

	engagement			
Work force planning				
Planning to ensure that once the process of transferring services begins patient safety is not compromised	Capacity planning and risk management for implementation	SaTH		
Recruitment and training of paramedics by WMAS to support transport between sites	Details of recruitment and training of paramedics	WMAS		
New Issue: Report in press of reduction in staff numbers to make savings	Linking workforce planning with budget and savings targets	SaTH		
Finance and Estates				
Robust plans for all aspects of financial planning to ensure financial sustainability	Confirmation of loans to finance reconfiguration Details of costs to implement reconfiguration Details of ongoing running costs for reconfigured services Commissioning intentions of PCTs	SaTH PCTs*		
Additional cost of transfer between sites is taken into account	Cost of transfer arrangement for SaTH Cost of increased travel times for WMAS and implications for cost to commissioners	SaTH WMAS PCTs*		
Adequate parking at both sites	Plans for parking facilities	SaTH		
Transport				
Good transport to both sites	Feedback from discussions with Local Authorities and transport providers	SaTH		

Arrangements are made so staff, patients and visitors can move between sites as soon as services are relocated	Timescales for implementation	SaTH		
Implementation				
Joint HOSC request details of any changes prior to implementation	Update to Joint HOSC meetings	SaTH		

*PCT indicated the Commissioning body and includes the developing GP Commissioning arrangements

Other Issues in Work Programme

Service / /Issue	Information to be monitored	Information Provided by	Timescales for reporting to Joint HOSC
Modernisation of Mental Health Services	Phased reduction of inpatient service to ensure that there are sufficient and appropriate community resources Support for family and carers	PCTs South Staffordshire and Shropshire Mental Health Foundation Trust	
National Review of Paediatric Cardiac Services	National consultation February – July 2011	NHS Specialised Services Website: http://www.specialisedservices.nhs.uk/ Contact: Chris Capewell at West Midlands Commissioning Team 0121 695 2583 Chris.Capewell@wmhc.nhs.uk Other West Midlands specialist Commissioning officers: Karen Helliwell	Public consultation March – July 2011 Information on CfPS website that HOSCs / Joint HOSCs can submit responses following the consultation until October 2011

		Karen.Helliwell@wmsc.nhs.uk and Janice Cunningham Janice.Cunningham@wmsc.nhs.uk	
Implementation of Improving Outcomes Guidance for Gynaecological Cancer	Findings of the audit of service to be circulated to Members of the Committee for information	Greater Midlands Cancer Network	
Development of Community Trust	Update	Community Trust	
Terms of Reference for Joint HOSC	Annual review		
Make Ready System	Implementation of the system across Telford and Wrekin and Shropshire	WMAS	

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 16.06.2011

PAEDIATRIC CARDIAC SURGERY SERVICES REVIEW

REPORT OF SCRUTINY OFFICER

1.0 PURPOSE

- 1.1 To inform Members about the national consultation on Paediatric Cardiac Surgery Services to enable them to decide whether this should be included in the Work Programme with a view to responding to the consultation.

2.0 RECOMMENDATION

- 2.1 To agree whether the paediatric cardiac surgery services review should be included in the work programme of the JHOSC, or what further information the Committee would like to help them decide.

3.0 BACKGROUND INFORMATION

- 3.1 Safe and Sustainable is consulting on proposed changes to paediatric cardiac surgery services in England. The proposal is to reduce children's heart surgery centres from 11 to 6 or 7. The rationale is that clinical expertise is spread too thinly over 11 sites, that only the larger centres can achieve excellence and there is a risk that some children's heart services may become neither safe nor sustainable in the future.
- 3.2 There are four options being consulted on: two for 6 centres outside London and two for 7 centres outside London. All options include 2 centres in London. The consultation document can be accessed at http://www.specialisedservices.nhs.uk/safe_sustainable/public-consultation-2011 which includes a summary of the proposals.
- 3.3 Telford & Wrekin PCT has confirmed that most children are sent to Birmingham Children's Hospital or Alder Hey, with some being seen at Great Ormond Street. Information about the numbers of children affected has been requested.
- 3.4 All options under consultation include keeping Birmingham Children's Hospital, Alder Hey and Great Ormond Street so it is likely that these centres will be retained. However, each option proposes closing Leicester hospital which would place additional pressure on Birmingham

Children's Hospital and members may wish to consider whether this would have an impact on children in the county.

- 3.5 No decisions will be made about the future of any of the centres until after the consultation.

4.0 THE CONSULTATION PROCESS

- 4.1 There is four month public consultation period ending on 1st July.
- 4.2 *Safe and Sustainable* will report the key findings of the health impact assessment during the consultation to OSCs in August 2011 to inform their responses to the consultation.
- 4.3 An independent report on the outcome of the consultation will also be shared with OSCs in August 2011.
- 4.4 The OSCs will then have until **5th October** to make submissions.
- 4.5 A decision on the proposals is expected in November 2011 and it will be made by the Joint Committee of Primary Care Trusts (JCPCT) on behalf of local commissioners. Once the JCPCT makes a decision on the future configuration of children's congenital heart services in England, *Safe and Sustainable* will share it with the overview and scrutiny committees. This is expected to take place in November 2011.
- 4.6 The review will be discussed at the next Regional Health Scrutiny Chairs' meeting in Sandwell on 29th June when the group will discuss:
- (a) whether individual HOSCs consider the issue to be a substantial variation in service delivery
 - (b) whether any joint committees or a regional committee needs to be established to respond to the consultation.

Report prepared by Stephanie Jones, Scrutiny Officer 01952 383114