

## **HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEES**



### **Minutes of the joint meeting of the Health and Adult Social Care Scrutiny Committees held on Thursday, 25th August, 2011 at 6.00 p.m. in the Civic Offices, Telford, Shropshire**

#### **PRESENT:**

Councillors C.R. Turley (Chairman of the Adult Social Care Scrutiny Committee), D. R. White (Chairman of the Health Scrutiny Committee), V.A. Fletcher (Health), J. Loveridge (Health and ASC), J.M. Seymour (Health and ASC), Scrutiny Co-optees, D. Davies, J. Gulliver, R. Shaw, M. Viney.

Also Present: Cllr. R. Overton, Deputy Leader with responsibility for Public Health and wider Health Services; Paul Taylor, Social Care Specialist; Stephanie Jones, Interim Scrutiny Group Specialist; Tracy Clarke, Scrutiny Officer.

#### **HSC-1      APOLOGIES FOR ABSENCE**

Councillors E.J Greenaway, F.M. Bould, J C Minor.

#### **HSC-2      DECLARATIONS OF INTEREST**

None

#### **HSC-3      NHS REFORMS PLUS OTHER SOCIAL CARE ISSUES**

The Social Care Specialist presented a report on the proposed NHS reforms and social care issues and the possible implications for Local Authorities. The following points were highlighted:

##### **1. Introduction**

The proposals will have a significant impact on the Council and the people of Telford & Wrekin.

- The distinction between health and social care has blurred as more care is provided at home by non-clinical staff and it is more difficult for the public to distinguish between them. Most people requiring social care do so because of ill health or disability and the level of the condition impacts on care and reablement needs.
- There is a good relationship with the PCT and some services are already jointly commissioned.
- Local authorities will take on responsibility for public health and already work closely with the PCT on services which impact on the health of local residents, such as environmental health and leisure.

##### **2. The abolition of Strategic Health Authorities (SHA) and Primary Care Trust (PCTs).**

A key element of the reforms is the abolition of the SHAs and PCTs. T&W has a good strong relationship with T&W PCT but there is a risk of a lack of focus on

Telford and Wrekin specific health and social care needs as the PCT commissioning structures for Telford & Wrekin and Shropshire merge as a result of reduced capacity and as commissioning is overseen by the wider Cluster arrangements.

3. Commissioning of NHS services

From April 2013 PCTs will no longer exist and NHS commissioning will be done by 2 organisations – the National Commissioning Board (NCB) which will commission services not commissioned locally (e.g. secure psychiatric services) and which may have a regional presence – and Clinical Commissioning Consortia (CCC) which will commission local services. There had been positive discussions with the CCC in Telford and Wrekin which was in shadow form with an elected Board. It is essential that the CCC is supported so that is ready to take on the commissioning role from 1<sup>st</sup> April 2013. If it is not ready, the NCB, through its regional presence, would take over commissioning which could lead to a lack of focus on Telford and Wrekin. It is important that the Council develops a strong relationship with the CCC so that health and social care services are integrated and joint commissioning developed.

4. Health and Wellbeing Board

The reforms place democratic accountability for health outcomes on local authorities. Authorities will have a statutory duty to set up a Health and Wellbeing Board to oversee local NHS and social services for adults and children. The Board will oversee the development of an agreed strategy for health based on the Joint Strategic Needs Assessment, and monitor performance of the CCC against the strategy. Membership and progress on the development of the Board is described in the report.

5. Creation of Public Health England

A new health body - Public Health England (PHE) - will be created to oversee public health arrangements nationally and responsible for public health functions which cannot be sensibly organised locally. Local authorities will have a statutory duty for improving the health of the population and there will be a ring-fenced grant from PHE to commission local health improvement services. The local authority will be accountable to PHE for public health improvement outcomes and use of the grant.

Areas of concern are the functions that the PHE will be responsible for, and the proportion of the budget it may consume. The general view is that the level of funding for PHE should be kept to a minimum with the greater proportion allocated to local authorities.

The Department of Health (DH) intends to publish shadow funding allocations by the end of the year. Each PCT must provide a return identifying current spend to DH by 16<sup>th</sup> September and there is an expectation these will be done in partnership with the local authority, and that the LA will sign-off the return. Funding for 2012/13 will go to the PCT and from 2013/14 onward to the local authority. The shadow allocations will help PCTs to prioritise spending for 2012/13 and local authorities to plan for their new responsibilities. It is expected that there will be a period of consultation around the funding options.

6. The Local Authorities will commission a local HealthWatch to represent the views of the patients, carers and Public

The proposals extend democratic responsibility for oversight of the NHS by creating HealthWatch England as a committee of the Care Quality Commission, independent of government, which will support the establishment of local HealthWatch. T&WC is working with the local LINK (funded by the authority) to support its transition into HealthWatch. HealthWatch will also take responsibility for services currently provided by PALS and ICAS (funded by the PCT) and will be represented on the Health & Wellbeing Board.

The Department of Health is currently consulting on the timeframe for the transition of LINKs to HealthWatch and the funding options for HealthWatch. The consultation is due to close on 18<sup>th</sup> October.

The proposal is that the funding that currently goes to PCTs to fund ICAS and PALS will go to the local authority along with the LINK funding. The options range for PALS is £67k-79k and ICAS is £41k-46k depending on the funding formula.

Cllr. Seymour requested information about how this compared to current funding.

7. Healthcare providers to become independent trusts by 2012 and Foundation Trusts by 2014

Mental Health Services were already delivered locally by the South Staff and Shropshire Healthcare NHS Foundation Trust. The provider arms of Telford and Wrekin and Shropshire PCT have been brought together as a separate Community Trust which delivers community health services on a county-wide basis. The key issue is to ensure that the CCC commissions the right services for Telford and Wrekin and that the services commissioned locally are delivered locally.

8. NHS budgets

Some changes are being driven by the savings agenda. The NHS QIPP plan is looking to take £132m out of the Telford & Wrekin and Shropshire health economy by 2015. Financial pressures on health services are likely to result in even greater pressure on local authority social care budgets. For example, a reduction in the number of acute hospital beds and shorter hospital stays could mean that the Council funds the care of patients at home who would otherwise be in hospital. A real concern highlighted was the continued tightening of the way the PCT are implementing the criteria for eligibility for Continuing Health Care funding which had already displaced significant costs to the local authority's social care budget. A saving for one organisation did not necessarily result in a net saving in the overall health and social care economy.

The new proposals above are all reliant on the passage of the Health and Social Care Bill by government.

The following information was provided in response to members' questions:

- The position on HealthWatch advocacy services was not clear in terms of funding, management and staffing requirements. There is a regional meeting on 19<sup>th</sup> September with Department of Health officials to discuss what needs to be established in order for local authorities to ensure that what is put in place is fit for purpose. The authority currently commissions specialist advocacy services and there are strict regulations and monitoring of services. It is possible that some roles could be undertaken by volunteers with specialist training, and there could be an opportunity to join up advocacy services. There have been a series of meetings with the LINK about the transition.
- With regard to the lack of clarity around responsibilities for adult care, the Law Commission reviewed adult social care law recently and has published proposals for the modernisation and rationalisation of legislation for older people, disabled people, people with mental health problems and carers. The proposals would give clarity around NHS and local authority responsibilities for care, and what would be free and what would be means tested. The Dilnot Commission has made recommendations on the future funding of adult care. The government is due to publish a White Paper late in 2011 to take the recommendations forward.
- Grant reductions mean that new ways of delivering services are being looked at. There are some very good services delivered locally and the aim is to enhance rehabilitation and enablement programmes so that people are encouraged to do more for themselves and do not develop dependencies by receiving too much support too early. The Council was allocated £2.1m of new funding this year by the Department of Health routed via the PCT to support people to live in the community, particularly through reablement and enablement support. The PCT also received a further £488k to directly develop rehabilitation services. A report is due to go to Cabinet in September about the proposals for rehabilitation provision. Preventative measures also need to be considered.
- The Joint Strategic Needs Assessment (JSNA) is in the process of being refreshed and will include social factors affecting health. This is important because it is the document that the Health and Wellbeing Board will use to develop the health and wellbeing strategy against which the CCC will commission and be monitored.
- The actions arising from the Care Quality Commission inspection of safeguarding and Choice and Control Inspection for older people is monitored through the Adult Safeguarding Board.

Various views and concerns were expressed by members:

- That the aim of the White Paper was to bring about better integration of health and social care services and there should not be a divide in the funding.
- The hope that the Health and Wellbeing Board would work closely with the Clinical Commissioning Consortia to bring better health and social care outcomes and that there should be elected member representation on both.
- The need to ensure that services commissioned in Telford & Wrekin are delivered in Telford & Wrekin.

- There were concerns about costs passing from acute services to community hospitals and community services.
- There were concerns about support for patients discharged from hospital back home
- The continuing need to support voluntary organisations that support elderly people, particularly those at risk of social isolation, to prevent health impacts.

**HSC-4      WORK PROGRAMME**

The members considered the suggestions in Appendix 1 of the report on the 2011/12 Work Programme and agreed which items would be scrutinised by the Health Scrutiny Committee, or the Joint Health Scrutiny Committee, which would be scrutinised by the Adult Social Care Committee and which would be jointly scrutinised by both Committees.

**RESOLVED – that the suggestions be allocated to the Scrutiny Committee, or Scrutiny Committees, as shown in Appendix 1 of these minutes or otherwise dealt with as shown.**

The next meeting of the Health Scrutiny Committee will be at 6.00pm on 22<sup>nd</sup> September. The next meeting of the Adult Social Care Scrutiny Committee will be held at 6.00pm on 27<sup>th</sup> September. Other meeting dates would be agreed with the Committee by e-mail.

The meeting ended at 7.40 p.m.

**Chairman:** .....

**Date:** .....

## Appendix 1

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

	Suggestion	Committee	Type of Review
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

# Progress on the Modernisation of Mental Health Services

Michael Bennett  
Lead Joint Commissioning and Contracting Manager

September 2011

# Summary of presentation

- Mental Health Strategy and Action Plan
- Modernisation programme – work-streams update
- Update on wider work programme
- Governance and assurance

# Mental Health Strategy

- Principles include that more people:
- will have good mental health
- with mental health problems will recover
- with mental health problems will have good physical health
- will have a positive experience of care and support
- Fewer people will suffer avoidable harm or experience stigma and discrimination
- Action Plan monitored in Commissioning Partnership Board

# Modernisation Programme

- Three phased on modernisation developed. Phase One complete. Phase Two until March 2012
- Five work-streams progressing
- Phased increasing of staffing and reductions of beds on-going
- Recruitment and redeployment processes are underway aligned with the phased inpatient/community changes
- The Redwood Centre on target
- Modernisation Sub-Committee in place
- Innovations taking place such as e-clinics

# Primary Care work-stream

- Longden House base for all psychological therapies and clinical pathway developed
- Self referral pilot for SW Shropshire GP practices.
- PWP top up training has now been completed and clinical pathway to be fully implemented
- ‘Learning the lessons’ event held and session planned to focus on the way that teams work together
- SSSFT Trust wide Psychology Strategy being developed
- Work-stream lead chairing the Health Economy wide Mental Health Liaison Task and Finish Group

# Community Mental Health

- Continued liaison with Shropdoc over out of hours service
- Reviewed Operational Policy for CR/HT
- Meetings held with Telford and Wrekin Council and the MH Foundation Trust to further develop integrated working and future governance arrangements
- Plans for revised working hours and duty arrangements being developed.
- E-Clinics set up and being piloted in Telford and under consideration in Shropshire

# Dementia

- Care Pathway developed and developing primary care pathway for Dementia
- Steering Group for implementation of the NDS focussing a priority areas
- Decision made that locality team resource would be allocated according to population, referral rate and need.
- Dementia Awareness programme agreed with four Telford Schools (DARE Project)
- Investment in Care Home Liaison
- Additional staff appointed
- Memory Clinic staff aligning to CMHTs
- Audit of the use of anti-psychotic medication

# Rehabilitation

- Commissioning intentions confirmed for new NHS rehabilitation unit
- Ongoing discussions regarding integrated care pathways and links to reablement and rehabilitation strategies
- Premises being identified with affordability and Health and Safety assessments being undertaken
- Rehabilitation group in place developing options for community support
- Reviews of individuals currently in out of area placements with regards to repatriation undertaken

# Acute Care

- Functionalisation model since September 2010
- Discharge Co-ordinator in place
- Training programme commenced including rotational work experience
- Rotational posts being developed as a result of learning from Phase One
- Wards successfully phased out within agreed timescales
- Learning from successful liaison with nursing home to inform clinical practice and liaison roles
- Name of new unit 'The Redwood Centre' agreed following consultation with service users and carers
- Daily updates on PICU and Out of Area placements being provided to commissioners

# Wider work programme

- Mental Health Liaison and Delayed Transfers of Care
- Review of CAMHS
- Employment Projects
- Suicide Prevention strategy national consultation
- West Midlands Quality Review

# Health Promotion

- Emotional Health and Well-Being (EHWB) for young people includes Rubberband Project at TCAI and sessions in schools
- Green Gym
- Something More (women with low self esteem)
- Forward Mission (volunteer mentoring programme)
- Lifestyle Risk Management based at First Point
- CVD screening linking to delaying onset on Dementia
- Health Information and campaigns

# Autistic Spectrum Conditions

- Implementation of 'Rewarding and Fulfilling Lives' (2009)
- Strategy by December 2011
- Action Plan by March 2012
- Shropshire and Staffordshire- wide partnership Board and local Steering Group
- Work programme in place

# Governance and Assurance

- Modernisation Sub-committee
- Quality and Performance Monitoring
- CQC Responsiveness reviews positive
- Commissioning Partnership Boards and Steering Groups in place
- Joint Scrutiny feedback
- Whitchurch Review group
- Risk issues identified and mitigated
- West Midlands Quality Review in October

# Future actions

- Maintain effective governance arrangements related to work-stream and wider programmes
- Review of Primary Care Liaison for Dementia
- Review early onset Dementia provision
- Consultation with people with Dementia about services
- Governance arrangements between Council and Foundation Trust
- Complete CAMHS review
- Complete ASC strategy and action plan
- More effective communication

**TELFORD & WREKIN COUNCIL****REPORT TO HEALTH SCRUTINY COMMITTEE – 22<sup>nd</sup> SEPTEMBER 2011****BACKGROUND INFORMATION ON PREVIOUS SCRUTINY OF THE WEST MIDLANDS AMBULANCE SERVICE MAKE READY AND ESTATES REVIEW****REPORT OF THE SCRUTINY GROUP SPECIALIST****Background to WMAS Make Ready and Estates Review**

This is an informal briefing note to summarise scrutiny work done during 2010/11 relating to the West Midlands Ambulance Service (WMAS) Make Ready and Estates review. The note was written by the Scrutiny Group Specialist who supported the work during 2010/11 and the aim is to bring members of the Health Scrutiny Committee up to date with previous work.

**Meeting with Nick Henry (General Manager for West Mercia) 1<sup>st</sup> November 2010**

I arranged an initial meeting with Nick Henry to meet him and introduce myself. The main issue on the Active Lifestyles Scrutiny committee work programme related to the WMAS Foundation Trust application process. I also talked to Nick about the work of the Joint HOSC in the reconfiguration of acute services and the role of the WMAS in addressing concerns about transfer of critically ill patients between PRH and RSH.

During the discussion Nick also talked about the introduction of the Make Ready system and the estates review. It appeared that these were two policies that were linked together.

- Make Ready – to enable paramedics to use their skills most effectively staff would be employed to clean response vehicles and maintain stock etc.
- Estates Review – The WMAS intended to establish a single hub for Telford and Wrekin and Shropshire.

Nick said that this was work in progress at that stage but more information would be available in the New Year. I asked if the WMAS intended to consult on the proposals - Nick responded that this was not considered to be a substantial variation in service – but an operational change. The WMAS was therefore not intending to consult. I said that from my perspective it would be helpful if the members of Telford and Wrekin HOSC could have a briefing on these proposals as it is ultimately the role of the HOSC to determine the level of consultation required. I said I would try to arrange this before Christmas.

**Briefing Meeting on the 12<sup>th</sup> January 2011**

Nick was not able to attend the next meeting of the Active Lifestyles Scrutiny Committee on the 1<sup>st</sup> December 2010 but a separate briefing meeting was held on the 12<sup>th</sup> January 2011. The meeting was attended by Veronica Fletcher, Joy Francis, Jean Gulliver, Rosemary Chaplin, Clive Mason and Ian Fletcher. (Apologies were received from Karen Blundell and Dag Saunders.)

Nick Henry outlined that the WMAS planned to implement that Make Ready system that has been in operation in Staffordshire for 10 -15 years. The Estates Review will also look to reduce the number of sites managed by the WMAS from 59 across the region to 15 operation bases. The current proposal for the West Mercia region is that there would be a single hub based near Shrewsbury. Ambulance stations would be replaced with Community Response Sites.

All paramedic staff would report to the hub at the start of the shift. The shifts will be staggered throughout the day. The response vehicles and ambulances will move during the day to strategic stand by points to be near the areas where data has shown that the need is greatest. Members were informed that under this system the West Mercia region would have more vehicles to cover the area.

Members questioned why there would not also be a hub in Telford and Wrekin as it is a significant population centre – it was reported that the make ready system would not be viable if there were 2 hubs in the region. The hub would include vehicle maintenance and it would not be viable to set up these facilities in both areas.

Members recognised the benefit of using paramedic time more efficiently but had concerns about reducing the number of ambulance stations and that it was proposed that there would not be an ambulance station in Telford and Wrekin. Members requested further information on the following issues:

- Figures that explain the how the make ready system will increase the availability of ambulances in Telford and Wrekin based on the provision of one hub near Shrewsbury
- Analysis of the current down time resulting from travel to and from the existing stations at the beginning and end of shifts and when a vehicle has to be changed after a job for the Telford and Wrekin area
- How the WMAS will manage the increased travel time to and from work for staff
- The rationale from the WMAS for not consulting on the changes and the decision that this is not a substantial variation in service.

### **WMAS Board Meeting 26<sup>th</sup> January 2011**

The WMAS Board approved a report on the planning and implementation of the Make Ready Scheme across the region.

### **Regional Health Scrutiny Chairs' Forum**

At the meeting in Dudley on the 27<sup>th</sup> January 2011. Members received a presentation on the WMAS Foundation Trust application. During the discussion Members asked questions about the introduction of the Make Ready System. An invitation was extended to all HOSC to visit the existing system in Staffordshire.

### **Shropshire and Telford and Wrekin Joint HOSC 24<sup>th</sup> March**

As part of the evidence received during the consultation on the reconfiguration of acute services at PRH and RSH the Joint HOSC received a presentation on the Make Ready system at the meeting held in Shrewsbury on the 11<sup>th</sup> March 2011. Telford and Wrekin Members requested a response to the issues raised by Members at the briefing meeting on the 12<sup>th</sup> January.

## **Response to Issues Raised by Telford and Wrekin Members**

The response was received on the 20<sup>th</sup> April (see below).

### **Visit to Make Ready system at Staffordshire WMAS**

Members of Telford and Wrekin HOSC and the Cabinet Members for Adult Care and Support visited the WMAS make ready centre in Staffordshire at Toll Gate. The visit was hosted by Lee Washington the General Manager for Staffordshire and Martin Minard the Logistics Manager.

It was explained that the make ready system in Staffordshire was established following visits to emergency services in America in Pirella and California. Three key issues were identified that would improve the service in Staffordshire following this visit:

1. The need to develop an emergency control centre with an operations plan
2. Ambulance stations are not needed but response posts are required (In Staffordshire these cost between 1p and £2,000 per year to maintain)
3. Development of superstations (In Staffordshire these are in Stoke on Trent, Stafford and Lichfield).

It was explained that while local communities often feel strongly about ambulance stations – staff and vehicles are not usually there during the day but are in places where there is high demand. When the Make Ready system was implemented in Staffordshire in rural areas where there has been an ambulance station this was replaced by a 24 / 7 paramedic service. The introduction of the Make Ready system also enabled the ambulance service to rationalise the ambulance fleet from 75 to 55. (the target has been increased to 61 ambulances there are currently 59)

The vehicles are checked every shift and all vehicles are stocked to the same standards by Make Ready staff. Vehicles are stocked and cleaned to infection control standards 30 mins before the shift starts. Some of the vehicles are owned by WMAS and some are on lease. Paramedic staff report to the Hub at the beginning of the shift and are allocated a vehicle.

Shifts start at 15 min intervals at 6.00am and then hourly from 8.00 till 5.00. This takes into account that staff located at a distant response point may need to start travelling back to the hub 45 mins before the end of the shift. It was reported that the regular busy periods for the WMAS are 11.00 – 3.00 on Mondays and Fridays. This was a recognized pattern – after the week end people contact their GP and can be advised to contact the WMAS and also on Fridays many patients want to access services before the weekend.

Members were also informed that from April 1<sup>st</sup> the response standards had changed. In appropriate calls are still an issue for the WMAS. Currently 4% of call are 'triaged out' the aim is to increase this to 8% by December and 12% by June 2012.

The response cars do not come back to the Make Ready hub every day. In rural areas cars may respond to 6- 8 call a week and come to the hub every 2 or 3 days. In urban areas the response rate is higher and cars would go to the hub every day.

The make ready staff deliver a clean vehicle to the paramedic response point or if the paramedic has to bring the vehicle in the control centre will back fill. If a vehicle breaks down the make ready staff will bring out another vehicle so the paramedics can continue to respond to call rather than wait with the vehicle.

The Make Ready system has also helped to develop the planned special operations unit to support major events – e.g. V festival. The service also uses telemedicine – paramedics can use a scan to monitor the heart and send this to a hospital for a medical opinion.

The WMAS in Staffordshire has close links with the and has a well established Community First Responders Team. The service has learned a lot through the implementation of Make Ready – one key element to the success of the scheme was to form teams of 10 staff with had a team leader who would meet on a monthly basis with management to raise issues. Previously the management structure had been through ambulance stations of between 30-70 people. Staff were also able to see the benefits of the changes as savings were re-invested in training and new equipment.

While there are three hubs in Staffordshire currently there are discussions to reduce this to two hubs in the future. It was also reported that there have been no shortage of applications for paramedic staff or make ready staff.

### **Make Ready System**

There is a shift rota for make ready staff – there is 1 make ready staff providing cover 24/7. At Stafford there are 4 bays:

- 2 vehicle maintenance
- 1 make ready
- 1 wash

Crews do not choose vehicles – these are allocated by the make ready staff. Members were informed that there had not been a case where a critical incident had been caused by a mistake made by make ready staff. The make ready staff receive training and observe before starting the job after 3 months. The implementation of the system has also meant that equipment lasts for longer as faults are detected early and preventative maintenance is carried out.

## Response from WMAS Re: Make Ready and Estates Review

- Figures that explain the how the make ready system will increase the availability of ambulances in Telford and Wrekin based on the provision of one hub near Shrewsbury.

*Currently T&W PCT area has three standby points (two stations and a standby) and the new system will be replaced with four fully facilitated Community Ambulance Stations that can have cars and ambulances. The new hub will enable these points to be covered as part of the plan, giving more flexibility to enhance cover in the area when predicted. In the current arrangements there is less flex in the system to allow for this.*

- Analysis of the current down time resulting from travel to and from the existing stations at the beginning and end of shifts and when a vehicle has to be changed after a job for the Telford and Wrekin area

*Currently it is not possible to equate the time lost traveling to and from the existing stations as the ambulances are on station or with a patient or available, so no lost time for this. In regards to the lost time this information by station is not currently available in an automated report, it is only available by commissioning cluster. A new report is being created at the moment to cover this. I have completed a manual snapshot for the last 12 months for Donnington and Tweedale stations. The findings are attached and show that over 11 days were lost last year.*

- How the WMAS will manage the increased travel time to and from work for staff

*This process will be managed very sensitively with staff, we will shortly be setting up work groups for staff to review all the options and look to deal with each persons individual needs. There is a dedicated manager who will be working with staff to bring the changes through with full cooperation of staff.*

- The rationale from the WMAS for not consulting on the changes and the decision that this is not a substantial variation in service.

*As WMAS is looking to increase cover and improve the service that is required for patients it was felt that there was no need for a consultation. The operating model has remained the same in regards to cars and ambulances, its more that we are being more proactive in the way they are utilized and meeting the rest of the health community needs to deliver care appropriately nearer to patients home, with the aim of right treatment, right place, first time. This is a Department of Health aim. There's no change to service provision – only an enhanced provision within the market towns in particular.*

*Donnington & Tweedale Stations' lost hours (combined).*

	<b>DEFECTIVE EQUIPMENT</b>	<b>DEFECTIVE VEHICLE</b>	<b>REFUELLING</b>	<b>RESTOCKING CLEANING</b>	<b>Grand Total</b>
<b>Apr-10</b>	03:24:00	07:10:16	00:12:03	22:16:10	<b>33:02:29</b>
<b>May-10</b>	03:21:13	08:17:21	00:38:45	03:25:14	<b>15:42:33</b>
<b>Jun-10</b>	04:47:00	13:39:00	00:31:27	02:02:47	<b>21:00:14</b>
<b>Jul-10</b>	05:01:12	05:25:05	00:16:08	06:06:52	<b>16:49:17</b>
<b>Aug-10</b>	01:15:35	03:45:56	00:45:51	03:45:33	<b>09:32:55</b>
<b>Sep-10</b>	04:38:06	21:15:57	02:35:27	08:36:29	<b>37:05:59</b>
<b>Oct-10</b>	04:56:56	08:30:03	01:00:05	10:47:33	<b>25:14:37</b>
<b>Nov-10</b>	05:09:34	08:55:56	00:39:33	11:02:40	<b>25:47:43</b>
<b>Dec-10</b>	04:57:34	17:54:33	01:39:35	05:33:16	<b>30:04:58</b>
<b>Jan-11</b>	09:24:33	09:42:11	00:46:41	07:26:06	<b>27:19:31</b>
<b>Feb-11</b>	01:26:32	08:15:29	02:16:24	07:32:08	<b>19:30:33</b>
<b>Mar-11</b>	02:00:34	11:46:02	01:03:28	04:07:17	<b>18:57:21</b>
<b>Grand Total</b>	<b>50:22:49</b>	<b>124:37:49</b>	<b>12:25:27</b>	<b>92:42:05</b>	<b>280:08:10</b>

**Health Scrutiny Committee  
Forward Plan 2011/12**

<b>MEETING DATE</b>	<b>AGENDA ITEM</b>	<b>LEAD MEMBER/ OFFICER</b>	<b>ADDITIONAL ATTENDEES</b>
22 <sup>nd</sup> September 6.00pm Scrutiny Meeting Room			
<b>Forward items</b>			
PCT clusters and local arrangements – joint with ASC Scrutiny Committee			
Development of Clinical Commissioning Consortium – meeting with GPs to hear their views – joint with ASC Scrutiny Committee			
Health & Wellbeing Board – update and conversation about work programmes			
Mental Health Services – focus on issues for T&W (note this is also on the JHOSC agenda)			
Community Trust – follow-up to JHOSC meeting to pick up issues for T&W			
WMAS – estates review and Make Ready position report – possible visit to Staffordshire hub, update from Herefordshire – jointly with ASC Scrutiny Committee			
Discharge of patients – report on Senior Citizen’s Forum/LINK survey to identify issues for further work			
Chiropody services – request update from Community Trust/PCT			

**Suggestions for discussion with the JHOSC**

- Continued monitoring of hospital reconfiguration proposals (already on work programme)
- Mental Health Services (already on work programme)
- SaTH application for Foundation Trust status
- Stroke services
- Cancer services
- Follow-up on Ophthalmology and Musculoskeletal services

