Committee and Date	Item
Joint Health Overview & Scrutiny Committee 27 March 2013 10.30 a.m.	3 Public

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 Wednesday, 28 November 2012 at 10.00 am at the Business Development Centre, Stafford Park 4, Telford

PRESENT – Councillor D White (TWC Health Scrutiny Chair) (Chairman), Ms K Ansell (SC), Mr D Beechey (SC), Councillor G Dakin (SC Health Scrutiny Chair), Councillor V Fletcher (TWC), Mrs J Gulliver (TWC) and Mr R Shaw (TWC)

Also Present –
Cllr J Seymour (TWC)
Mr P Herring – Chief Executive, Shrewsbury & Telford NHS Hospital Trust
Mr N Griffiths - Advanced Paediatric Nurse Practitioner, Shrewsbury & Telford NHS Hospital Trust
Mr C Needham – Associate Director of Estates, SaTH
Mr A Osbourne – Communications Director, SaTH
Ms K Shaw – Programme Manager, SaTH
Mr W Bartlett – West Midlands NHS 111 Project Director
Ms F Beck – Director of Commissioning, Telford & Wrekin Clinical Commissioning Group
Mr D Evans – Chief Officer, Telford & Wrekin Clinical Commissioning Group
Ms C McInnes - Head of Programmes and
Service Redesign, Shropshire Clinical Commissioning Group
Mrs J Graham – Group Manager Care & Wellbeing, Shropshire Council
Mrs F. Bottrill (Scrutiny Group Specialist, TWC)
Ms F Howe (Committee Officer, SC)
Mr P Smith (Democratic Services Team Leader, TWC)

JHOSC-1 APOLOGIES FOR ABSENCE

Councillor K. Calder (SC), Ms D Davis (TWC), Councillor T Huffer (SC) and Ms M Thorn (SC)

JHOSC-2 DECLARATIONS OF INTEREST

None

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JHOSC-3 MINUTES

RESOLVED – that the minutes of the meeting held on 9 July 2012 be confirmed as a correct record.

JHOSC-4 NHS 111 SERVICE

Wayne Bartlett (West Midlands NHS 111 Project Director) gave a presentation on the introduction of the new NHS 111 call service, which was due to go live in March 2013.

NHS 111 was being introduced as part of the wider revisions to the urgent care system to make it easier for patients to access the right service. It was not a replacement for the 999 emergency call system, but would allow patients to access healthcare services when they needed medical help for non-life threatening situations. It would be a free call service, available 24 hours 365 days a year. The aim of the service was to get the patient to the right place first time, and to help take the pressure off the 999 emergency service and local A&E departments. Mr Bartlett then explained the process for how calls would be handled by fully trained advisors, supported by experienced nurses. Everything would be dealt with on the first phone call without the need for a call back. Where possible, the caller would be transferred to the people they needed to speak to, or an appointment booked for them. If the caller needed an ambulance this would be sent just as quickly as if the caller had dialled 999. The successful implementation of NHS 111 meant ensuring that all primary care services were aligned around it. The University of Sheffield had undertaken an evaluation of a number of pilot sites for the 111 service. This had found very high satisfaction ratings for the service, although they had not delivered the expected benefits. However, it was felt that it would take time for the benefits to be achieved, given the context of all the other changes currently going on in the Health Service. Within the West Midlands, NHS Direct had been commissioned to deliver the service.

Members then asked a number of questions, and expressed a number of comments, including:

Would the new 111 service be cost effective compared to the current arrangements?
Response – it was anticipated that there would be significant benefits over the 5 years of the contract with NHS Direct – it was being seen as a longer term return on the investment.

How would the service work locally, and how would it link with the SaTH urgent care review?

Response – Fran Beck (Telford & Wrekin CCG) advised that a joint Shropshire/Telford & Wrekin Board was working on the introduction of the 111 service and how it would integrate with Shropdoc and other urgent care providers. They were working very closely with the Clinical Commissioning Groups, and were happy to come back once the different options had been evaluated. David Evans (Telford & Wrekin CCG) added that the CCG was very clear that they needed to work with SaTH and other providers to ensure that all local work underpinned the 111 service. The GP out of hours service would continue, and the option to retain call handling at Shropdoc would be considered the introduction of 111 in order to provide some reassurance in case of teething problems with 111 or while the public got used to the new service. This benefits of this will have to be balanced against the additional cost since 111 will provide a call handling service.

Concern that 111 would not be as responsive as Shropdoc for those patients with long term conditions.
Response –this has been identified as someting for the service specification for Shropshire and Telford and Wrekin.If someone rang 111,the system will show that there is a care plan in place.. Work was being undertaken to look at ensuring that records were up-to-date. One of the clear objectives of the 111 service was to join-up and integrate existing services, and it was believed that 111 would provide a very responsive service for patients.

How would the triage service work under 111?
Response – Fran Beck reported that the plan was for most triage call handling to be dealt with by NHS Direct from their centre in Dudley. There would a dedicated team at Dudley dealing with calls from the Shropshire, Telford & Wrekin area. However, the local project Board was looking at an option of having a call handling centre in Shropshire, Telford & Wrekin, and was currently assessing the benefits/risks of this model.

The principle of the 111 service is good – but it has been reported that the service could increase demand for A&E services by 6-9%
Response – David Evans replied that both CCGs recognise that the 111 service cannot have an adverse effect on A&E. It is imperative that we make this service work and this is why Shrop Doc has been commissioned for another year. Fran Beck added that NHS Direct will manage 6 call centres. Call from Shropshire and Telford and Wrekin will go to the Dudley call centre where there will be a team for this area. There are discussions about the advantages and disadvantages of having the team based in Dudley or locally.

What measures were being taken to ensure the public was fully educated about the 111 service before its introduction? It was important that patients groups were involved. It was also raised that there is a lot owf work to be completed in the next 3 months.
Response – Wayne Bartlett reported that there would be national and local/regional campaigns – with every household getting a leaflet plus national advertising campaigns etc. Focus groups were being used to work on getting the right messages across for the campaign. Locally, discussions were

starting to take place with stakeholders on how best to manage and advertise the service. The detail of this was still being sorted out.

The fact the 111 service is free is to be commended and that it will be a first point for all advice. But concerns were expressed about how this will fit with the rest of the system.
Response – Nathan Griffiths responded that for clinicians and the public the perception of an emergency can be different and than inappropriate 999 calls can be referred to the 111 service. Wayne Bartlett added that the integration with local services and the 999 service is key. It was also recognised that when taking a call the call handlers will be trained to follow the system – they are less likely than clinicians to deviate from the algorithm.

It is important that this service is promoted properly. Is there a risk that people will phone 111 when they should have called 999?
Wayne Bartlett responded that all emergency calls will be responded to . In the North East pilot there was evidence that at least 24 people were alive that used the 111 service who had not contacted their GP or 999..

Members welcomed the likely retention of Shropdoc for the next twelve months while the new 111 service "bedded in", and it was suggested that the introduction of the service in Shropshire, Telford & Wrekin should be monitored, with a review after 12 months operation. It was recognised that the 111 service could help to ease the pressure on emergency services, but there were some concerns about how the referrals would be handled. It was also discussed how Patient Groups can help to get information out about the service. Members indicated that they would like to visit the NHS Direct call centre at Dudley, and Mr Bartlett agreed to facilitate this. It was also agreed that the Scrutiny Committees in the pilot areas would be contacted.

JHOSC-5 CREATING BETTER HEALTH & CARE SERVICES

Adrian Osborne (Communications Director, Shrewsbury & Telford NHS Hospital Trust) presented an update on a review of urgent care services at SaTH. The Trust was looking at the processes that should apply to such services in order to have full confidence in them, and would be engaging with patients and the public about what was important to them; and with clinical and professional staff about the safety of current services.

A four step process was being proposed for the review:

Step 1 – what does "good" look like? - identifying the outcomes and standards that services should be delivering
Step 2 – how are we doing? – assessing how we are doing against these outcomes and standards
Step 3 – what does this mean? – identifying gaps that need to be addressed, and discussing and developing a range of options for doing this
Step 4 – what action do we need to take? – agreeing recommendations for ensuring safe and sustainable services.

Mr Osbourne then outlined a number of challenges facing emergency department care, and listed the aspirations for the service.

An initial engagement event had been held on 17 October 2012, which was focussed on the first two steps above, as well as looking at what practical steps might be needed to ensure “better health and care” in local emergency departments. Details of the feedback and views received at the event were included with the agenda papers. An Urgent Care Network had been established to oversee the development of an urgent care strategy. As part of these wider arrangements, an A&E Steering Group, including patient, clinical and managerial representatives from Shropshire, Telford & Wrekin and Mid Wales, had been set-up – a copy of the Group’s terms of reference was included with the agenda papers. It was proposed to hold a follow-up stakeholder engagement event in January/February 2013, and the Trust was keen to work together with all partners in developing its vision for the future.

During the ensuing discussion, members of the JHOSC expressed concern at the consequences of the Review for current A&E provision, given that there had previously been a clear expression of public support for the retention of 24/7 A&E facilities at both hospital sites, and assurances given by the Trust in 2011 that A&E services were safe and sustainable. The Joint HOSC had supported the reconfiguration proposals on the basis that there would be 2 fully staffed A&E departments open 24/7 Peter Herring (Chief Executive, SaTH) stated that the Trust was in the early stages of exploring options. There were challenges, and there was concern that the Trust was not currently providing the best emergency service that we can. But no definite plans or solutions had been finalised, and it was important that this was looked at in the context of all urgent care provision within the local health economy. In response to a question as to whether the Review was financially driven, Mr Herring added that this process was not about saving money. But given that the NHS was ever-changing, the Trust had to constantly keep its services under review and to look at alternatives to the current model. Adrian Osborne added that there is a national problem with the recruitment of A&E doctors and that there is a role for the commissioners and Health and Wellbeing Board

What had changes since March 2011 when the reconfiguration of services had been agreed. The changes had been agreed by the Assurance Panel and the Joint HOSC. It was recognised that the reconfiguration was a compromise and the Joint HOSC could have referred the decision to the Secretary of State but did not.
Response - Adrian Osborne responded that these were the right decisions for Women’s and Children’s Services and Acute Surgery. However these changes do not happen in isolation and the Trust has to continue to respond to these changes.

Are the decisions financially driven?
Peter Herring responded taht the Trust does have to take financial decisions but that finances do not drive these changes. There are different alternatives

that can be put to the community. We have got the wrong model – it is too bed based but I have no doubt that there will be urgent care facilities on both sites.

The point was also made that the demographics of Telford and Wrekin need to be taken into account. As a new town it attracted a population who are now in their 60s and 70s so there is a increasing aging population but there also an increasing number of children.

Cllr Dakin expressed a fear that the current A&E model may become unsafe or unviable, and felt that more information was needed on current usage of the service.

JHOSC-6 STROKE REVIEW

Carol McInnes (Head of Programmes and Service Redesign Shropshire CCG) updated the Joint Committee on the review of stroke services across Shropshire, Telford & Wrekin, which formed part of a regional review of stroke pathways. Further information on the regional review was attached to the agenda. A local project board had been established to co-ordinate the review, and a number of project groups were looking at current provision and to identify where there were gaps in the service and how they could be addressed. The key areas that had been identified were:

- A review of the whole pathway had shown that a lot of good improvements had been made;
- For the first 72 hours of care, the best outcomes were where there was dedicated support from stroke specialists. However, there were currently not the volumes of patients to make this viable;
- An early supportive discharge system – this had been piloted in Shropshire, and had improved outcomes, although more needed to be done. Telford & Wrekin were looking at a different model.

The next stage was to look at how the gaps in provision could be filled, and views were being sought from patients, clinicians etc. The outcomes of the review would be reported back to the Regional Board in January 2013.

How will the review take into account end of life care and early discharge from hospital? How does the Trust ensure that patients have capacity to give consent?
Response - Carol McInnes replied that there are quality markers for end of life care. These are not specific to stroke services. David Evans added that the CCG is very clear that patients and family should be involded as much as possible. And that dignity and care is a priority.

How will the WMAS be engaged as part of the Stoke Review? There are areas in Shropshire where they fail to meet response time targets.
Response – David Evans responded that it is important to recognise the improvements the WMAS has made. As a CCG we need to look at this – there is currently one lead commissioner 0 but this is not the best model for commissioning. The commissioning process needs to take into account local

Geography – but even the best ambulance service will struggle to meet the 30 minute target in remote areas.

Will TIA clinics continue on both sites
Response – Carol McInnes responded that they will.

The Joint Chairs asked about using community facilities e.g. in Shropshire using the Community Hospitals and in Telford and Wrekin working with Care Homes.
Response – Carol McInnes responded that there are limitations to the services that can be provided in the community as they cannot provide an acute service.
The Joint Chairs referred to the visit that JHOSC members had made to the Stroke Units, and that there appeared to be a strong case for concentrating all the services on one or other of the hospital sites. However, there was some concern that the decision about a particular site would be taken at a regional level. Mrs McInnes advised that the views of clinicians locally as well as local data on travel times/access etc would be taken into account. The Hospital Trust representatives added that the best clinical model might be for hyper-acute (first 72 hours) and acute (post 72 hours) services to be co-located on the same site to provide better continuity of care. However, any final decision was subject to further appraisal of options etc.

JHOSC-7 CHILDREN'S SURGERY

Kate Shaw (Programme Manager, SaTH) provided an update on the changes to surgical services for children.

In September, it became clear that there were challenges, following the resignation of some clinical staff, in providing unplanned surgical care for children at the Princess Royal Hospital. The lead clinicians had decided that the safest option for the care of these children was to temporarily transfer such cases, which amounted to one or two a week, to the Royal Shrewsbury Hospital. The pathway was now in place, and children who needed unplanned surgery and presented at the PRH were being transferred safely to the RSH. The intention was that by summer 2014 all planned and unplanned children's surgery would take place at the Princess Royal Hospital, as originally envisaged.

In response to questions from Members regarding the staffing levels for Children's surgery at PRH, the SaTH representatives advised that all recruitment processes were now under way, and it was hoped to have replacement staff in post by early next year. It was also confirmed that children could be transferred back to the PRH following surgery at RSH.

JHOSC-8 SaTH TRAVEL & TRANSPORT PLAN

Chris Needham (Associate Director of Estates, SaTH) provided an update on progress on the production of a Travel and Transport Plan following the re-configuration of services.

The Trust was working closely with both Shropshire and Telford & Wrekin Councils on developing the Plan. In terms of access to the hospitals, each site had different issues and so there were likely to be different solutions. For example, at Shrewsbury an option for a park and ride service from Oxon was being explored. At Telford, additional car parking for patients and the public would be provided at the front of the site following the opening of a new staff car park on 10 December. A new camera based parking control system, together with the tiered tariff system, would come into effect in Spring 2013 for patients and visitors.

Other initiatives included working with both local authorities on the option of a shared Travel Plan Co-ordinator post, an agreement with Arriva to provide discounted season tickets for staff who commuted to work; and to make it easier for staff to contact each other and arrange shared lifts.

In response to a question regarding progress on a shuttle bus link between the two hospital sites, Mr Needham stated that this was one of the work streams being looked at in conjunction with the local authorities. It was also suggested by a Member that a shuttle bus could link to the Shelton hospital site.

The Joint Chairs commented that they were pleased with work that was being done jointly with the Local Authorities.

JHOSC-9 RE-CONFIGURATION OF HOSPITAL SERVICES - UPDATE

SaTH representatives gave an update on progress on certain aspects of the re-configuration proposals.

- Head and Neck services were now in place at Ward 8 at the Princess Royal Hospital. The out of hours provision was now incorporated within the Unit. There had been very positive feedback so far from staff and patients;

- The Trust Board was due to enter into a final contract with Balfour Beatty for the construction of the new Women and Children's Unit at the Princess Royal Hospital. It was hoped that work would start in mid December, with a formal "footings" ceremony in January 2013. Thanks were expressed to the Telford & Wrekin Council Mayor, who was raising money for the new Unit as part of his charity Appeal;

- The Trust was continuing to engage with patients and communities on the changes to the services;

- Following joint work with service users and their families of the Rainbow Children's Cancer Unit, there was now a plan for the vacated space at the RSH site to be used for clinical training and community use – thereby creating a legacy at Shrewsbury.

In response to a question about the recruitment of midwives for the new Women and Children's Unit at the PRH, Kate Shaw reported that the Trust was at early stages of consultation with staff on their preferred work location. It was hoped that most preferences would be able to be accommodated.

JHOSC-10 CORONER INQUESTS

Peter Herring reported on two "Rule 43" letters that had been received from the Coroner, which had recommended improvements in falls prevention. As a result, a number of issues had been identified which had resulted in improvements to risk assessment processes, to how patient information was shared at times of nurse handover, and to how patients with a high risk of falling were managed – including enhanced patient support where required. New arrangements about nurse handover were now being trialled.

JHOSC-11 CHAIRS' UPDATE

The Joint Chairs reported that from the evidence of a recent meeting they attended at the Community Health Trust, it appeared that not all parts of the health economy were working together. They had requested a meeting with the Chief Executive of SaTH to discuss the Trust's financial position, and were keen for re-assurance that the protection of individual organisational budgets was not resulting in a less joined-up way of working across the health economy.

JHOSC-12 JOINT HOSC WORK PROGRAMME

The report of the Scrutiny Group Specialist (TWC) was received, which updated Members on the Committee's work programme. Appended to the report was a draft work programme which set out the likely issues over the next 18 months relating to the planning and provision of services by the Shrewsbury & Telford Hospital NHS Trust. In addition to this, the Committee might wish to look at the modernisation of mental health services, community health updates, and the Foundation Trust application.

During the ensuing discussion, Members also raised the following issues:

- Review of the 111 service after 12 months of operation,
- Obtain further information on the outcomes from the 111 pilot projects and to speak to the health scrutiny bodies in those areas
- Visit to the NHS Direct call centre at Dudley
- Need to see the Strategy underlying the urgent care review
- End of life pathways
- Further discussions with the SaTH Chief Executive would help to determine the likely timing for any scrutiny of the Trust's application for Foundation status.

The meeting closed at 12.50 pm

Chairman……

Date……