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, 8 August 2013 at 1.30 pm at the Business Development Centre, Stafford Park 4, Telford

PRESENT – Councillor D White (TWC Health Scrutiny Chair) (Chairman), Councillor G Dakin (SC Health Scrutiny Chair), Mr D Beechey (SC Health Scrutiny Co-optee), Ms D Davis (TWC Health Scrutiny Co-optee), Cllr T Huffer (SC), Cllr S Jones (SC), Cllr J Minor (TWC), Mr R Shaw (TWC Health Scrutiny Co-optee), Mrs M Thorn (SC Health Scrutiny Co-optee)

Also Present –

Shrewsbury & Telford Hospital NHS Trust
Mr P Herring – Chief Executive
Dr E Borman - Medical Director
Ms D Vogler – Director of Business and Enterprise
Mr A Osborne – Director of Communications

Telford & Wrekin Clinical Commissioning Group
Mr D Evans – Chief Officer
Ms F Beck – Executive Lead Commissioning

Shropshire Clinical Commissioning Group
Mr P Tulley - Chief Operating Officer
Dr C Morton – Accountable Officer
Dr P Clowes - Clinical Director of Innovation

Shropshire Community Health NHS Trust
Ms J Bridgwater – Interim Chief Executive
Ms J Thornby – Director of Governance & Strategy

NHS Commissioning Board (Shropshire & Staffordshire)
Ms D Wickham - Director of Operations and Delivery

West Midlands Ambulance Service
Mr B McKinnon – WM Area Manager

Mrs F. Bottrill (Scrutiny Group Specialist, TWC)
Ms F Howe (Committee Officer, SC)
Mr P Smith (Democratic Services Team Leader, TWC)

JHOSC-1 MINUTES

RESOLVED – that the minutes of the meeting held on 27 March 2013 be confirmed as a correct record.

JHOSC-2 APOLOGIES FOR ABSENCE

Cllr V Fletcher (TWC), Mrs J Gulliver (TWC Health Scrutiny Co-optee), Mr I Hulme (SC Health Scrutiny Co-optee)

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JHOSC-3 DECLARATIONS OF INTEREST

Cllr T Huffer - employed by a GP practice in South Shropshire
Mrs M Thorn - Director of Shropshire Partners in Care and a trustee of another company providing services to the NHS.

JHOSC-4 SUSTAINABLE CLINICAL SERVICES STRATEGY

The Chair welcomed the NHS representatives to the meeting. It was clear that there were many challenges in the NHS, and the purpose of this item was to hear from health bodies and organisations in Shropshire, Telford & Wrekin about how they were going to work together to find solutions to the problems and provide safe sustainable services for the future. The Chair set out that the Francis Report has criticised health scrutiny for not asking the right questions and that this Joint HOSC will not be subject to the same criticism. The Committee recognise that this will involve making difficult decisions.

Cllr Dakin agreed with the introductory comments made by the Chair and highlighted that the Joint HOSC want to see what is best for the whole County.

Dawn Wickham (representing NHS England) informed Members about the NHS 'Call to Action', a national conversation about the future of the National Health Service - the challenges it faced, how future healthcare needs could be met sustainably, and how quality of care could be improved. She stressed that NHS England welcomed the public debate and engagement on developing sustainable services for the future. The public need to involved in these difficult decisions. A copy of the "Call to Action – the NHS belongs to the people" document was appended to the agenda. Among the challenges were the increasing numbers of people living longer with long term conditions; increasing expectations about standards of care; and the increasing costs of providing care against a background of constrained resources. The NHS was on track to find £20 billion of efficiencies by 2015, but funding in the future was likely to remain flat and therefore more needed to be done with the money available. It was recognised that doing nothing was not an option, and that there now needed to be a new approach to delivering services and making them sustainable. In national terms, this was likely to mean:

- Shifting the focus from buildings to services;
- Meeting the needs of an ageing population, many of whom are living with multiple long term conditions, through strengthened care closer to home.
- Changing, not charging.
- Openness and transparency about where we get it right and where we get it wrong.

- An honest and realistic debate across the country about how the NHS will be shaped.

The 'Call to Action' was a programme of engagement that would allow everyone to contribute to the debate about the future of health and care provision. It was best to have these debates locally, with a view to reaching a consensus on solutions rather than having something imposed from outside.

David Evans (Telford & Wrekin CCG) then highlighted the specific issues facing Shropshire, Telford & Wrekin. There was an increasingly ageing population across the area, but also combined in Telford & Wrekin with an increase in younger families. In terms of commissioning, there was an opportunity to think differently about services by distinguishing between the urban populations in Telford and Shrewsbury and the rural population outside the main urban centres. This approach could help in tackling the specific health needs of different population groups, and in overcoming any barriers to access services and provide care for people with better outcomes and a positive experience

Peter Herring and Edwin Borman (SaTH) then outlined the issues faced by hospital acute services:

a) Workforce – in terms of providing the best care, there were increasingly moves towards consultant-led services, with appropriate levels of sub-specialisation. An example of this was in Stroke Services, where staffing shortages over the summer had resulted in a decision to temporarily unify hyper-acute and acute services at the Princess Royal site, rather than try and provide them at both hospital sites. This had actually resulted in improvements to the service in terms of outcomes and numbers of patients seen. There continued to be challenges in recruiting and retaining staff in key areas, such as Accident & Emergency. After the problems earlier in the year, A&E was now performing well and meeting targets, but it was known that there were not enough consultants to staff both sites. If the best service was to be provided, there needed to be a serious discussion about how that could be delivered and to think differently about how the workforce was deployed. It was identified that there are also issues regarding specialist consultant cover within the intensive care units. It is important to ensure that the Trust uses the work force differently to ensure that the workforce is used in the most efficient manner.

b) Infrastructure – the current A&E and critical care departments at both sites were not adequate, with constraints to expansion. There was also a need to replace radiology and imaging equipment, but that this was more expensive if there was duplication at both hospital sites. There was poor supporting infrastructure in a number of key areas.

c) Urban vs Rural – it was contended that the cost of investing in duplicated services at the two main hospital sites reduced the opportunity to invest in strengthening community services. Acute hospitals should be focussed on patients who needed specialist in-patient care. The NHS needed to deliver an integrated and distributed model of care that met both rural and urban needs.

It was considered that the unifying of acute services and removal of duplication would draw down a number of potential benefits for patients – in terms of improved clinical outcomes and reduced mortality – and for staff – in relation to less onerous on-call arrangements and reducing the disadvantages arising from split site working. Bringing teams together also provided an opportunity for more innovative forms of working – such as 7 day working.

Julia Bridgwater (Shropshire Community Health NHS Trust) advised that the challenges faced by the NHS required radical solutions. Community services were key to providing increased levels of care closer to the patient's home, and in reducing the need for acute hospital in-patient care. There was an opportunity to better integrate community hospitals and services with acute hospitals as well as with social care and the voluntary sector and remove duplication and co-ordinate efforts across the health economy. There is a need to ensure that effort is not duplicated. Mobile technology also provided opportunities for alternative ways of delivering services. It was clear that organisations within the NHS could no longer continue to work in "silos" and that all parties needed to tackle the problems together and find appropriate solutions.

Caron Morton (Shropshire CCG) then outlined the issues and questions that needed to be debated with local communities when setting out the case for change and for achieving the best models of care for people in both rural and urban areas. The aim was to deliver a safe and sustainable model of hospital services by 2016. A programme for engaging with patients, communities, health & care staff and partner organisations was being developed. This would allow the public to be fully engaged in debating the challenges and opportunities and to be involved in shaping future health services.

Members then had the opportunity to comment on, and question, the approach that had been set out in the presentation.

Dilys Davis (TWC co-optee) welcomed the recognition that boundaries between organisations and services in the NHS needed to be broken down. She agreed that it should be considered that some services should be unified. There should be a more radical approach to commissioning services and allocating resources – so that departments and Trusts were not operating in isolation to one another, but working together to provide a seamless service. It is essential that the services a focussed on the individual patient. It is also important to educate people how to use NHS services.

A question was asked about what impact this review would have on local authority care services. Dawn Wickham advised that the review needed to address some fundamental changes in the delivery of health and care services, and this could not be done without working and engaging with all relevant agencies including Adult Services, Children's Services and the West Midlands Ambulance Service .

M. Thorne (Shropshire Co-optee) said it was good the see the NHS coming together and that the Committee had heard about the medium and long term issues but she asked for assurance that the services provided now are safe.

Dr Borman replied that mortality rates had reduced in the last 2-3 years, and were now at roughly the national average comparator. As mentioned earlier, the situation in Accident & Emergency was now much better. A lot of work was being undertaken to improve the quality of care on the wards (eg: in reducing instances of pressure ulcers), and while some progress had been made there was more still to do.

He assured the Committee that an issue that the Trust identified would be addressed through robust and meticulous care. Peter Herring added that the Trust is providing safe services, but if changes are not made this will not be the case in the future. The Trust will work with partner organisations to address this including social care, voluntary organisations and social care providers.

Paul Tulley (Shropshire CCG) added that in the light of the Francis Report into the failure of care in Mid Staffordshire, NHS England had set up a monthly Quality Surveillance Group SaTH and CCG Boards were now receiving regular monitoring reports and information on all aspects of the performance of services, and the levels of care being provided. He said it is important to be open about quality issues and how we are dealing with them.

David Evans highlighted the fact that all the NHS organisations had come together for this work and stressed the fact that the issues the NHS faces are ‘’everyone’s problem’. A Chief Officers forum has been set up to ensure that the health and social care organisations are working together.

Cllr. Dakin said that he wanted to see the two hospitals developed as two centres of excellence and that there may be opportunities to repatriate services. He also recognised that the Community Hospitals can do more.
Concern was expressed that local community hospitals and the needs of rural communities would be forgotten about, and what reassurances could be given that money would not be diverted away from facilities and services in rural areas? Peter Herring replied that SaTH was there to serve both urban and rural areas and that it is important that people are only admitted to hospital when necessary. Caron Morton advised that there was a commitment to providing community services, but there was a need, as part of looking at the bigger picture, to examine how community hospitals were currently structured and to explore if there were better ways in which these facilities could be used. Dawn Wickham said it is important that every option should be explored and that community hospitals were not out of bounds.

The Chair thanked the NHS representatives for attending, and welcomed the fact that there appeared a willingness to work together in developing this Strategy. He said that the Boards of the different organisations will be involved in this discussion. The Committee would require updates and feedback on the process, and would be looking to ensure that all sections of the community had been involved in the consultation/engagement process. A

request was also made for the Committee to have observer status at the chief Officer meetingsand consultation meetings during the course of the Review. The chair said that there is a real opportunity that Shropshire and Telford and Wrekin will be an area that is looked to, not looked at.

JHOSC-5 UPDATE ON 111 SERVICE

Fran Beck (Executive Lead, Telford & Wrekin CCG) presented an update on the provision of the NHS 111 call service in Shropshire, Telford & Wrekin, following its introduction in April 2013.

There had been significant problems in implementing 111 in the West Midlands within hours of going “live”. As a result, it was agreed locally for Shropdoc to take back responsibility for out-of-hours calls, with the in-hours calls being dealt with by the call centre in Dudley. Nationally, the 111 service had worked quite well in some areas, and there was political will for the service to continue. So the priority was to get the service right for this area. Many of the initial problems had been ironed out, and the Dudley call centre was now working well. However, the service as it was currently being run did not comply with the national service specification for 111. This needed to be addressed in the short term, and plans would be presented to the CCGs for approval. In the longer term, the service would have to be re-tendered because NHS Direct had withdrawn from providing the 111 service. However, this would provide an opportunity to procure a service that really worked for the area.

A question was asked as to whether the costs of bringing back Shropdoc could be reclaimed from NHS Direct. Fran Beck advised that they were currently having discussions with NHS Direct and that it was hoped that some of the costs that were incurred in providing an alternative out-of-hours service would be recovered.

On behalf of the Committee, the Chair extended thanks to Shropdoc for stepping-in to ensure that a safe out-of-hours service was provided for local people.

JHOSC-6 UPDATE ON STROKE SERVICE

Adrian Osborne (Director of Communications, SaTH) provided an update on the temporary transfer of all hyper acute and acute stroke services to the Princess Royal Hospital (PRH), Telford.

Because of summer holidays and the consultant vacancy at Shrewsbury, it had been apparent that there would be difficulty in providing enough cover at both sites. A decision had therefore been taken, in the interests of patient safety, to locate all hyper acute and acute stroke services at PRH for two months over the summer. This did not pre-judge any future decision on the delivery of stroke services in the longer term.

The temporary arrangement had commenced at the beginning of July, and had gone very smoothly. Assurance about the new arrangements had been discussed at a recent review meeting. No serious concerns had been identified, and clinicians had indicated that there had been a significant improvement in the service to patients. Edwin Borman (Medical Director) added that the quality parameters in terms of patient outcomes and treatments had improved, and that this had been an unanticipated consequence of the move to a single site. There were lessons to be learned from this in relation to the preferred model for the delivery of the service in the future.

A question was asked as to whether there was any evidence that the temporary transfer of this service to the PRH had benefitted patients in the rural hinterland. Edwin Borman stated that the numbers of patients from Powys was very small – and at this stage there were not enough statistics to answer that question. Dr Borman was also asked whether thrombolosis was able to be given at both sites. He replied that while this was technically possible, it was not the preferred model.

Caron Morton (Shropshire CCG) advised that the CCG had been looking at the data, and had agreed that in the short term these services were best provided at the PRH. Barry McKinnon (West Midlands Ambulance Service) reported that having specialist stroke treatment on one site had given some stability. There was possibly a longer job cycle time, but more certainty about where to take patients. It was too early to say if there is any significant service impact for the WMAS but so fat this is working positively.
David Evans said that Telford and Wrekin CCG as a local commissioner concurred with the statement from Shropshire CCG regarding the continued provision of Stroke services on a single site at PRH. He confirmed that this would not predetermine the outcome of the Stroke Review.

In response to a question about what action was being taken about late presentation by patients in rural areas, Caron Morton stated that there had been national and local advertising campaigns about stroke symptoms and what to do. In addition, there might be some workshops locally to get the message across.

The Chair stated that he was not aware of any complaints about the stroke service since the temporary arrangement had started, and that it made sense for the hyper acute and acute services to be on one site if quality was improving. However, the Committee would need reassurance that no final decision had been taken on the permanent siting of stroke services at one or other of the hospital sites and the decision to retain a single hyper acute and acute service at PRH did not predetermine the decision for single site service provision

RESOLVED – that the current temporary transfer of all hyper acute and acute stroke services to Princess Royal Hospital be endorsed, and that this continues as necessary, as long as it does not pre-judge any final

decision on the location of stroke services arising from the on-going review.

JHOSC-7 JOINT HOSC WORK PROGRAMME

The Scrutiny Group Specialist (TWC) advised that there would be a lot of work for the Committee arising from the consultation on, and development of, the Sustainable Clinical Services Strategy. Given the other items in the work programme, there was a need for Members to consider prioritising their work.

During the ensuing discussion, Members reported on concerns about mental health services, and that it would be useful to receive an update and to opportunity to question representatives from the Healthcare Trust. The Scrutiny Group Specialist suggested that a mechanism for scrutinising NHS bodies was to hold an "accountability session".

RESOLVED – that priority be given to an update on mental health services, to be delivered through an accountability session with representatives from the Shropshire & Staffordshire Healthcare NHS Foundation Trust.

The meeting closed at 3.30 pm

Chairman…….

Date…….