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 Friday, 13 December 2013 at 1.00 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 S Jones (SC), Cllr J Minor (TWC) and Mr R Shaw (TWC Health Scrutiny Co-optee)

Also Present –

Shrewsbury & Telford Hospital NHS Trust
Mr P Herring – Chief Executive
Dr E Borman - Medical Director

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

Shropshire Community Health NHS Trust
Ms J Thornby – Director of Governance & Strategy

NHS Commissioning Board (Shropshire & Staffordshire)
Ms D Wickham

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

JHOSC-13 APOLOGIES FOR ABSENCE

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

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JHOSC-14 DECLARATIONS OF INTEREST

None

JHOSC-15 MINUTES

RESOLVED – that the minutes of the meeting held on 23 September 2013 be confirmed as a correct record.

JHOSC-16 CALL TO ACTION

David Evans (Telford & Wrekin CCG) presented a report which updated the Committee on the local response to the national NHS 'Call to Action'.

An engagement pack had been developed by the Clinical Commissioning Groups (CCGs), which was available on-line (with a feedback form) and was used at a series of face-to-face presentations to key strategic local groups and stakeholders across the county. There was also a You Tube video; use of conventional and social media; and a number of roadshows in town centres or supermarkets. A full list of all the engagement activity was appended to the report. Also appended to the report was a summary of the feedback that had been received from the on-line Call to Action Survey (approximately 3000 responses had been received to date) and from a similar survey among clinicians across the care sectors. There was a correlation between issues raised in both surveys in terms of positives, negatives and opportunities. In order to provide an opportunity for the survey feedback to be shared with the public, and for further discussion and debate to take place, the CCGs arranged a whole day event at Telford International Centre on 25 November 2013. This was attended by over 300 delegates, and there was a clear message coming out of the discussions that there was a need for change within the local NHS and for the planning of long-term safe and sustainable health services. Edwin Borman (SaTH) added that this also reflected the view of clinicians about planning for the next 10-20 years.

The Committee then asked a number of questions and put forward comments on the response to 'Call to Action' within Shropshire and Telford & Wrekin:

If reform of primary health care was done well, this would have a positive benefit on acute hospital services. In particular, a lot more could be done at GP level, and it was essential that people saw real improvements at a local level before any further reform was attempted. It is also necessary to look at how we use Community Hospitals. This was borne out by responses in the on-line survey, which showed that access to primary care services was a concern for the public.
Response – David Evans advised that both CCGs were working on a strategy to deliver more services locally through various parties/agencies. One approach might be to build teams around GP practices in order to ensure that good quality acute care was available at a local level. Edwin Borman said that when people talk about access to health care they are usually talking about primary care, they have less concerns about access to secondary care. Dawn Wickham added that NHS England was rolling out a strategy for primary care, with further guidance likely in January 2014. This was a national approach that could be tailored to local circumstances and so would tie in with any initiatives in Shropshire and Telford & Wrekin. Julie Thornby stated that the

links between general and specialist community teams needed to be got right, and work was being undertaken to look at the options for ways in which people were treated in the community.

What lessons needed to be learned from previous NHS initiatives/re-structures?
Response – Dawn Wickham stated that 'Call to Action' was a good starting point. However, time was needed to work up proper solutions – experience had showed that rushing things did not lead to good outcomes. There also needed to be a strong clinical case for any changes to the way services were to be delivered. It was very important to have all partners involved to test out options to see if they will work in practice.

Were any proposals for future models of care that might arise from the 'Call to Action' going to be deliverable financially?
Response – David Evans stated that there would not be any extra funding, and that a solution needed to be delivered within the resources currently available. Not everything was going to be achievable resource-wise, and so dialogue needed to continue with local communities to identify priorities and find a sustainable solution.

What was the timescale for taking the Commissioning Strategy forward, and how would the JHOSC be involved?
Response – Paul Tulley advised that there were two main streams of work arising from 'Call to Action' – a clinical services review, and operational plans being produced by the CCGs by June 2014. These would include a shared plan and vision for the next 5 years. There would be discussions with partners before the plans went to the CCG Boards for consideration.

Members welcomed the amount of engagement that had already taken place as part of the 'Call to Action', and noted that the Committee would be kept informed of further progress on the Sustainable Clinical Services Strategy. It was commented that doing nothing is not an option. One co-optee expressed strong views at the impact on NHS staff of constant change, and questioned the need for further wholesale changes to services before previous re-configurations had had time to "bed down". There was also a need to educate the public about the implications of maintaining services on both hospital sites. The Chair added that hospital services were already highly scrutinised – it was important that money was spent on services not 'chasing awards'. He gave the example of the Mid Staffordshire hospital which had achieved Foundation Trust status but where patients had been neglected.

RESOLVED – that the report be noted.

JHOSC-17 CLINICAL SERVICES REVIEW

David Evans (Telford & Wrekin CCG) presented an update on the review of clinical services, and circulated a briefing paper.

The first meeting of the Programme Board overseeing the Review had recently taken place. A list of the organisations represented on the Programme Board was appended to the briefing paper. A number of work streams had been established to look at specific issues/services, with the aim of analysing in detail how services were currently used and comparing that with the best clinical practice. The Board had also agreed that there should be partnership working between clinicians and patients for more collaborative care. The aim was to put forward outline improvement plans by Autumn 2014. An outline timetable for the Programme was included in the briefing paper. It was a challenging timetable, but there was a clear aspiration to stick to it.

The Chair noted that the original timetable had slipped by six months, but that this was acceptable as long as it enabled a full and proper consultation exercise to be undertaken which gave people a clear rationale for the Review and the options available. Cllr Dakin added that any case for change in the way services were currently provided needed to be clearly spelt out to local people. Peter Herring (SaTH) stated that the Review was not a 'fait accompli'. The process would be transparent, and there needed to be a mature debate about the options and solutions available for providing long term high quality and sustainable patient care.

The NHS representatives were asked for reassurances that the current service was safe and 'fit for purpose' while the Review was taking place. Mr Evans replied that both CCGs were satisfied that hospital services were safe at the present time. It was possible some services might be jeopardised if the Review experienced a significant slippage in its timetable. In response to a question about why social care providers were not represented on the Programme Board, Mr Evans explained that the Board was already large and there was a risk of it becoming unwieldy if more representatives were added. However, other groups/organisations could be involved in some of the workstreams. A question was asked about how the Trust and CCGs respond to individual incidents for patients e.g. falls. Peter Herring responded that the the Clinical Service Review was a strategic review. However, when things do happen this would be looked into. Edwin Borman added that he would rather know when incidents happen and learn from them. If there was culpability this would be pursued. Members also wanted to know how the JHOSC would be kept informed of progress and involved in the process. Mr Evans advised that the Programme Board would be meeting regularly and there would be regular feedback directly to the JHOSC, and indirectly via newsletters etc.

The update and briefing paper were noted.

JHOSC-18 UPDATE ON STROKE SERVICE

Dr Edwin Borman (Medical Director, SaTH) provided an update on the performance of the hyper acute and acute stroke services following their temporary transfer to the Princess Royal Hospital (PRH), Telford in July 2013.

On most measures against both local targets and national performance standards, the service was now doing better, and was now above the national

average. From an analysis of patients coming from Powys, there did not appear to be any incidences of delays or missed treatment for thrombolosis. The experience over the last five months showed that this was potentially a model that demonstrated that better care for stroke patients could be provided by reconfiguring services.

The Chair remarked favourably on his visit to the stroke services unit at both hospital sites prior to the temporary transfer. In relation to patient admission, Dr Borman was asked whether they now go straight to the ward for scanning rather than being admitted through Accident & Emergency. Dr Borman advised that more patients were coming directly to the ward, although some were still coming in via A&E. There was still room for improvement in terms of the target for patients receiving a scan within one hour.

Cllr. Dakin asked if the improvement in service had been publicised through the press. Edwin Borman responded that the Trust had spoken to the press and a press release would be issued on Stroke Day.

JHOSC-19 NHS 111

Fran Beck (Telford & Wrekin CCG) presented a briefing paper on the current position regarding provision of the NHS 111 service to improve access to non-emergency urgent care.

Since West Midlands Ambulance Service had stepped in to run the Dudley Call Centre, the performance of the service had improved significantly. Assurance could be provided that the transition to the new provider had gone well, and that the Centre was now a very different place to before. Patient representatives on the CCG Board had visited the Call Centre, and were satisfied that it was now meeting demand. There had been no clinical incidents in the last 2-3 weeks. One or two technical issues had arisen, but had been dealt with through contingency planning. Capacity would be increased over the Christmas period to meet any additional demand.

NHS England had announced plans to re-procure 111 from 2015, and it was anticipated that there would be more focus on an integrated service between 111 and Out of Hours. In the meantime, there was a requirement to offer a 24/7 NHS 111 service that was fully compliant with national service specification. West Midlands Ambulance Service was the only provider able to deliver this at this time, and, after careful testing, the 111 divert from Dudley to Shropdoc was taken off on 26 November 2013. However, the Shropdoc number was still live, and so local callers could either call 111 or the Shropdoc number directly.

A pan-Shropshire project board, including both clinicians and patients, had been established to oversee the procurement of the new 111 service from 2015. In due course, the CCGs expected to report to the JHOSC on recommendations for a future model.

Members praised Shropdoc for the excellent job they had done in stepping in to the breach following the initial problems with 111. Fran Beck reassured the JHOSC that people could still ring Shropdoc directly. In response to a question about whether there was any difference in the response times between the Dudley 111 Call Centre and Shropdoc, Ms Beck stated that she did not have that detailed information. However, both providers were meeting targets and providing a very rapid response. Dawn Wickham (NHS England) added that the expertise of the Ambulance Service was now being applied to the 111 pathway, and the Call Centre was operating much better.

The Committee noted the report, and were satisfied that the 111 service was currently 'fit for purpose', and that contingencies were in place for any additional demand over the Christmas and winter period.

JHOSC-20 CHAIRS' UPDATE

Further to the item on Mental Health Services at the last meeting, the Chair reported on on-going concerns regarding the provision of mental health services, and the lack of consultation on apparent changes that were being made to the "blueprint" for the delivery of these services. Following a meeting with the Director of Commissioning at Telford & Wrekin CCG, it was agreed that the Telford & Wrekin Health & Adult Social Care Scrutiny Committee would be involved in a workshop to look at whether current services were 'fit for purpose', what needed to be improved and how this would be measured. There also needed to be an understanding of how this linked to the wider Clinical Services Review.

JHOSC-21 JOINT HOSC WORK PROGRAMME

The Chair reported on the items yet to be completed on the Committee's work programme. There was still some work to be done on monitoring of changes arising from the last re-configuration of hospital services, including the move of Women and Children's Services to the PRH and the Travel & Transport Plan. For the next meeting, it was agreed that there should be a "Holding to Account" session.

It was reported that this would be Fiona Howe's last meeting, as she was moving to a new position within Shropshire Council. Members thanked Fiona for the all the work she had done in supporting the JHOSC. Martin Stevens would be replacing Fiona as Shropshire Council's Committee Officer for health scrutiny.

The meeting closed at 2.17 pm

Chairman……..……

Date……..……