



Joint Health
Overview and
Scrutiny Committee

24 March 2014

4.00 pm

Item

3A

Public

**MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MEETING HELD ON 24 MARCH 2014
4:00PM**

Responsible Officer: Martin Stevens

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Present

Councillors Gerald Dakin (Co-Chair), Derek White (Co-Chair), Tracey Huffer, Simon Jones, Veronica Fletcher, John Minor, David Beechey (Co-Optee), Ian Hulme (Co-Optee) and Dilys Davis (Co-Optee)

Fran Beck (Executive Lead Commission T & W CCG)

Fiona Bottrill (Scrutiny Officer – T & W Council)

Stephen Chandler (Director of Adult Services)

Paul Cooper (Commissioning and Service Redesign Lead - Mental Health and Learning Disabilities – Shropshire CCG)

Lesley Crawford (Director of Mental health Services – South Staffordshire and Shropshire Healthcare NHS Foundation Trust).

Julie Davies (Director of Strategy and Service Redesign – Shropshire CCG)

Peter Herring (Chief Executive Shrewsbury and Telford Hospital NHS Trust)

Chris Needham (Director of Estates and Facilities - Shrewsbury and Telford Hospital NHS Trust)

Adrian Osborne (Director of Communications Shrewsbury and Telford Hospital NHS Trust)

Kate Shaw (Programme Manager – Future Configuration of Hospital Services - Shrewsbury and Telford Hospital NHS Trust)

Martin Stevens (Scrutiny Officer – Shropshire Council)

Helen Swindlehurst (Head of Commissioning – Mental Health and Children T & W CCG)

Professor Rod Thomson (Director of Public Health)

1 Apologies for Absence

Apologies for absence were received from Mandy Thorn, Jean Gulliver and Richard Shaw.

2 Disclosable Pecuniary Interests

There were no new disclosable pecuniary interests declared.

3 Minutes

RESOLVED: That the minutes of the Joint Health Overview and Scrutiny Committee held on Friday, 13 December 2013 at 1pm be accepted.

4 Mental Health Services

The Executive Lead for the Telford CCG introduced her colleagues, Paul Cooper (Commissioning and Service Redesign Lead - Mental Health and Learning Disabilities), Helen Swindlehurst (Head of Commissioning – Mental Health & Children NHS Telford & Wrekin CCG) and Lesley Crawford (Director of Mental Health Services – South Staffordshire and Shropshire Healthcare NHS Foundation Trust).

She stated that for many years there had been an ambition to build a new patient facility to replace the old asylum, known as Shelton Hospital. The Redwoods Centre opened 18 months ago and Shelton had finally closed. The opening of the Redwoods Centre was part of a wider strategic approach to modernising mental health services. A steering group had been formed to develop a wider modernisation programme which would challenge expectations and transform services. The report before the Committee was an interim report, a final report was expected in June, which she would be happy to report to the Joint HOSC. The preliminary findings suggested that modernisation had gone well but there was much more work required in the future.

The Director of Mental Health Services – South Staffordshire and Shropshire Healthcare NHS Foundation Trust stated that a review was taking place to assess the assumed services benefits of the modernisation programme. There was still further work required in reducing the average length of stay for inpatients in acute beds. They also wanted to look at Dementia Services where hospital admission was not necessarily the right place to offer care.

Cllr Derek White stated that the report did not go into great detail about the future of mental health services. Whilst he accepted that the Redwoods Centre was excellent it was important to know how to deal with mental health within the community as this was the plan that had been brought to the Committee two years ago. He was also keen to establish how they consulted on services within the community and how local organisations were enabled to support service users. He recognised that the Foundation Trust was required to make significant savings by the CCGs, but the level of savings could not be made without major service changes. He also asked about the implications of the closure of the service at New House and the plans to close the Spruce Suite at the Redwood Centre.

With reference to Castle Lodge it was clarified that it remained open, there had only been a temporary closure of 12 beds. The crisis team continued to work from Castle Lodge. The Chairman asked if the Police were having to keep mentally ill people in cells overnight. In response it was confirmed that the situation was much improved and there had been no issues over the last couple of weeks. The Trust was looking at admissions to the 136 Suite at the Redwood Centre.

The Director of Mental Health Services acknowledged that she had not attended the Joint HOSC previously and recognised the importance of ensuring that the Committee understood the plans of the Foundation Trust.

A Member thanked the officers for their report but stated that it seemed to be a lot of smoke and mirrors. The evidence in the report was weak. She asked that in future the report provide greater clarity and be more straight forward. She asked how community mental health services would work more closely with GP practices and how the Trust would ensure that service users with specific needs in the community are assessed by the appropriate specialists. The Telford and Wrekin CCG Executive Lead apologised that the report did not provide enough information and said that they would come back in June. The Director of Mental Health Services said that the Specialist Community Support Teams were aligned but not attached to GP practices.

A Member asked why Telford and Wrekin was not using the inpatient capacity that was commissioned by the CCG but still using out of area beds. She also asked what support was available for parents and carers when someone with mental health issues needed a change of environment. The Director of Mental Health Services stated that Castle Lodge had been a nurse led unit. If a patient was assessed and needed inpatient care they would be admitted to the Redwood Centre. A judgement would be made by professionals to determine if a patient could be treated in the community or if they needed to be admitted. She added that not all services were provided within the County for example the Psychiatric Intensive Care Unit (PICU) provision was in Staffordshire.

A Member asked what arrangements were made when a patient at the Redwood Centre was discharged but did not have accommodation. The Director of Mental Health Services said that some people ready for discharge from Redwood were of no fixed abode and that some landlords were reluctant to take them back. She recognised that the Trust needed to work more closely with partner organisations.

A Member stated that the report prompted many questions but did not give many answers. He commented on Appendix A which set out the questions that would be used during the engagement sessions. He said that this would not help him form a view on the performance of the service. The Telford and Wrekin CCG Executive Lead for Commissioning explained that the questions had been a starting point for the discussion with patients and service users. She said that they would reflect on the questions and engage with social work colleagues and GPs to ensure that the questions focused on the right areas.

A Member asked about the fluctuations in bed occupancy. The Director of Mental Health Services explained that there would always be peaks and troughs but in the main the Trust would be able to manage within the beds commissioned. The Director of Strategy and Service Redesign – Shropshire CCG said that one of the key pieces of data would be to look at the inpatient psychiatric inpatient weekly bed usage over a 2 or 3 year period. This information had been requested from the Foundation Trust and would form a fundamental part of the review of the service. As CCGs they had to ensure that they commissioned the correct volume of care and look at the rolling average need.

The Telford and Wrekin CCG Executive Lead for Commissioning stated that the move to seven day working in the NHS would make a difference. There was currently a difference in the admission rates during the week and at weekends. Preventing unnecessary admissions at the weekend was better off for the patient and would reduce pressure in the system.

Cllr Shingleton stated that she represented a large area in South Shropshire, and felt that the crisis team weren't reaching Cleobury Mortimer. She stated that she would happily provide two patients and two carers to talk about what was going wrong in the area. The Commissioning and Service Redesign Lead - Mental Health and Learning Disabilities stated that he would find it immensely beneficial if their details could be given to him. The process for patient and public engagement had already commenced.

The Cabinet Member for Adult Social Care – Telford & Wrekin Council stated that it was important for local representatives to be involved, service users and local people when making decisions about the future of mental health services. There needed to be a general agreement moving forward of openness and honesty. What was needed was good quality services that met people's needs.

Cllr Derek White stated that it was important to involve the Shrewsbury and Telford Hospital NHS Trust believing that they would be able to help each other. He cited the travel and transport plan as an example and the 12 free beds at the Dawley site. The Executive Lead for the Telford CCG confirmed that they were working with the Shrewsbury and Telford Hospital NHS Trust.

5 Provision of Stroke Services

The Communications Director stated that the hyper-acute stroke services was consolidated onto the Princess Royal Hospital last Summer initially as a temporary measure due to staff shortages. This continued on an interim basis when the review suggested that the single site service was providing significant benefits. The trust had undertaken a review of options for the medium term configuration of stroke services. The review had recommended that the hyper-acute stroke services should be maintained at the Princess Royal Hospital whilst the longer term shape of stroke services was agreed through the NHS Future Fit Review.

The Communications Director stated that a target which the Trust were hoping to improve on was the percentage of people receiving a CT scan within one hour of arrival. Receiving a CT scan within one hour of arrival was an important process milestone for patients eligible for thrombolysis.

Cllr Derek White stated that he had three areas of concern in relation to stroke services. These were how the change effected patients in Wales, access to scanning and direct access to the stroke unit so patients did not go to A & E. In response the Director of Communications stated that all of the patients including those in the Montgomeryshire area had seen improvements in the service, with no missed opportunities. The clinical specialists working at Telford had confirmed that the service was working well. Both hospitals retained the ability to perform thrombolysis. The access to scanning would be continued to be reviewed.

The Chair asked if Mr Barry Mckinnon, an Officer from the West Midlands Ambulance Service who was in attendance at the meeting for his views on the stroke service. He responded that when a patient had a suspected stroke it could not be treated in the community and required care in hospital. Having a specialist service improved the outcomes for the patient. The role of the WMAS was to get the patient to hospital as safely and as quickly as possible.

The Communications Director explained that not everyone who has had a stroke was eligible for thrombolysis as it was dependent if the clots that caused the stroke had been caused by a clot or bleed. This was why the pathway was critically important. The patient survey which had been carried out since the service had been centralised at the Princess Royal Hospital found that 1 in 9 patients said that it was too far for family and friends to visit. 75% of patients felt that they were involved enough and none said they were not adequately involved. These figures were above the national average benchmarking data.

A Member welcomed that thrombolysis was available at RSH and stated that further assurances were needed on CT Scanning. She also made reference to some of the dated wards at the Princess Royal Hospital and in particular Ward 16. Ward 16 also seemed to be suffering from being overcrowded. In response the Communications Director stated that there were a lot of areas at the hospital which were out of date and this was one of the drivers for the Future Fit review.

A Member of the public complimented the Shrewsbury and Telford Hospital NHS Trust for turning around a difficult situation when it came to stroke services.

RESOLVED:

- a) That hyper-acute stroke services should remain at the Princess Royal Hospital whilst the longer term shape of stroke services be agreed through the NHS Future Fit Review.
- b) That the Committee believes there is no need for a public consultation on this recommendation.

6 Future Configuration of Hospital Services

The Programme Manager for the Future Configuration of Hospital Services gave a presentation on the new Women and Children's service suite at the Princess Royal Hospital. She stated that the building was on target with completion expected in four months time. The new building would be fully operational by Monday, 29 September, with dual running for two weeks. There was a real sense of pride and anticipation. There were regular meetings being held to make sure appropriate progress was being made and weekly clinical team meetings.

One area of concern that had been identified was the car parking and travel. It was however fair to say that the move was impacting on every service area. For staff that were unable to transfer, there was a new job swap initiative, where it was hoped alternative employment could be found.

It had been important to ensure that with the children's inpatient facility that there was not an obvious difference between the new accommodation and the old. All the single bed room and four bed bays were en-suite. There was a young people's lounge for secondary age school children and an outside space that had been planted. It was reported that the Trust was on target with work force development. Weekly clinical team meetings were held which were open for all on a rolling programme and a dedicated space had been

identified to provide assurance that after the service had moved to PRH that RSH could respond if a child arrived who needed urgent care.

It was acknowledged that the full Business Case for the reconfiguration of Women's and Children's Service's relied on space that was not available. It had been agreed that no new build would be started until the Future Fit Programme had determined the location of hospital services. The money had been ring fenced and would be available when the Trust was clear what the long term plans would be. To manage the challenges around space, dignity and privacy in the existing building the outpatient services would move to the single rooms that were currently used for in patients. The children's assessment unit would be located next to A & E. The Wrekin maternity unit would be renamed the Midwife Maternity Lead Unit (MLU).

The Chief Executive of the Shrewsbury and Telford Hospital NHS Trust said that assumptions had been made about the bed reductions but on the basis of patient safety the Trust could not reduce the beds and these would be retained during the Future Fit process. It would be wrong to spend significant resources that would not fit with the longer term. He stressed that it was important that as part of the Future Fit Programme that the same assumptions about bed reductions were not made.

A Member asked if there would re-training for staff that could not move or swap jobs. The Programme Manger for the Future Configuration of Hospital Services explained that the job swaps were mainly focussed on the clerical roles and medical secretaries. Many of the clinical roles had already moved sites when acute surgery moved to RSH. A Member asked if the Trust was looking at care at home for children as they recovered better at home. The Director of Strategy and Service Redesign said that this would be considered by the next phase of Future Fit.

Cllr Derek White stated that at the appropriate time it would be useful to have a tour of the new building and hold a Joint HOSC meeting at the Princess Royal Hospital. He said that it was important to ensure the message was communicated to the public and that there were opportunities to work with school and youth clubs. The Communications Director said that there had been some very successful workshops and there would be a major communications initiative over the Summer. The Youth Health Champions were keen to develop networks across the county.

A Member asked for clarification on page 19 paragraph 3.6 of the report, which read that "patients who cannot be stabilised and transferred will be operated at RSH." It was clarified that it should read "will be operated at PRH."

A Member asked about the recruitment of 2 additional paediatricians at the Paediatric assessment unit as outlined in the report. The Programme Manager for the Future Configuration of Hospital Services responded that the recruitment was well underway. The new Unit would attract young ambitious people.

A Member asked if the Trust was hitting its targets in relation to Women's Cancer. The Chief Executive of the Trust stated that the Trust was not meeting all its Targets for cancer treatment in general but not specific to women. The CCG Director of Strategy and Service Redesign stated that there was one target, referral to treatment, which the CCG were particularly focusing on as the Trust was failing in this area.

A Member asked about the option of using the Air ambulance to transfer children at night. The Programme Manager confirmed that there were ongoing discussions with the Air Ambulance. The Director of Estates and Facilities confirmed that the correct lighting was being put in place to permit the helicopter to land. The Programme Manager for the Future Configuration of Hospital Services said that there was ongoing work with the Welsh Ambulance Service and the West Midlands Ambulance Service. Their aim was to get to the PRH but with the ambulance crew retaining the right to stop at a nearer hospital.

The Director of Estates and Facilities stated that the Trust was working hard with stakeholders on the travel and transport plan. There was a need to control the demand for car parking at both the Princess Royal Hospital and the Royal Shrewsbury Hospital. 100 spaces for the Women and Children's centre would be made available at the end of May. There was a desire to move away from staff car parking and increase the amount for use by the general public. It was notable that 40% of the staff working for the Trust lived within a bike ride to their place of work. Whilst it was accepted that it was not realistic to expect all of those to bike to work, even a small percentage take up would be beneficial. 90% of staff drove to work alone and so car sharing was another option which the Trust were trying to encourage. Other areas being explored included flexible working, active travel, price increases for staff, grey fleet reform and new technology on site. The concept of the shuttle bus services between sites had been put on hold as the estimated cost was £600,000 per annum. Cllr Derek White stated that the NHS Staff had not had considerable pay rises for sometime and therefore it was hard to consider raising the car parking fees. There was clearly no easy answer but car sharing seemed like a logical path to start.

A Member commented that the initial discussions about transport between sites also took into account transfer of patient notes. She asked how this would be managed. The Director of Estates and Facilities responded that it was a major piece of work and the Trust had been through a procurement process but that this would not be included with patient transport. The Chief Executive for the Shrewsbury and Telford Hospital NHS Trust said that work had started on electronic patient records but this would not be in place for a few years.

There was a discussion about the services provided at each site and their flexibility. A Member asked about the sharing of patient data and how you could opt out from this. In response the Communications Director stated that the Chief Information Officer of the Trust, Dr Edwin Borman could be contacted and there was also a section on the website around the privacy of data. There was also the GP records which was separate to the records held by the Trust.

<TRAILER_SECTION>

Signed (Chairman)

Date: