



<u>Committee and Date</u>
Joint Health Overview and Scrutiny Committee
8 TH October 2010
10.00am

<u>Item/Paper</u>
3
Public

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 31 MARCH 2010 IN THE SHREWSBURY ROOM, SHIREHALL 9.30AM – 11.30AM

Responsible Officer Michelle Evans

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Present

Members of the Joint Committee

Shropshire Council:

Karen Calder, Gerald Dakin (Chairman), Jo Jones, Liz Parsons and Tina Woodward

Telford and Wrekin Council:

Veronica Fletcher, Angela McClements, Dag Saunders (Co-optee) and Derek White (Chairman)

Also Present

Jacqui Seymore, Cabinet Member for Adult and Consumer Care, Telford & Wrekin Council

Simon Conolly, Chief Executive Telford & Wrekin PCT

Paul Tulley, Deputy Chief Executive, Shropshire County PCT

Michael Bennett, Joint Commissioner, Telford & Wrekin PCT

Sam Hill, Head of Partnership & Business Planning, Joint Commissioning, Shropshire County PCT

Steph Waine, Joint Commissioner for Mental Health

Fiona Bottrill, Scrutiny Manager, Telford & Wrekin Council

Val Beint, Director of Community Services, Shropshire Council

Michelle Evans, Committee Officer, Shropshire Council

1. Apologies for Absence

- 1.1 Apologies for absence were received from Councillor Tracey Huffer (Shropshire Council), Councillor Angela McClements (Telford & Wrekin Council), Val Lindley (Co-optee, Telford & Wrekin Council) and Tom Dodds, Performance Manager, (Shropshire Council).

2. Declarations of Interest

- 2.1 No declarations of interest were received.

3. Minutes

- 3.1 Mr Saunders clarified that he had declared an interest at the meeting held on 29 January 2010 due to his membership of the Joint Committee on Dementia Services.
- 3.2 The minutes of the meeting held on 29 January 2010 were confirmed as a correct record, subject to the above.

4. Debrief following the last meeting and Feedback following the Hospital at Home visits

4.1 Members gave a brief report back on the Hospital at Home Visits. Some of the comments made were as follows:

4.1.1 NHS Telford & Wrekin Community Children's Nursing Service, Coral House, Shrewsbury - 1 March 2010

- Members were very impressed with the dedication and enthusiasm of the nurses which was to be commended.
- It was clear that it was not a cheap service and would be very expensive to expand across the County.
- At present, the service could only take referrals from Shrewsbury.
- Members felt the service should be promoted more as they had been unaware of its existence.
- Members felt it would be wonderful to extend the service across the County.
- The service only had .8 of a wte nurse for the prevention side of the service.
- It was felt that a further visit should be arranged for those Members who had been unable to attend.

4.1.2 NHS Northamptonshire Teaching Primary Care Trust Children's Community Nursing Practitioners Demand Management Initiative Bevan House, Kettering - 19 March 2010

- It was felt that this service was more advanced than the service provided in Shrewsbury.
- The service had 5 nurses working from 7am until 10pm.
- The service prevented hospital admissions by stabilising children who could then be moved on to another part of the service depending on their needs.
- Members were impressed with the very high skill levels and dedication of the nurses.
- The service was not a cheap option but delivered very good results.
- The service experienced problems at first getting referrals from doctors.
- Members wished to replicate this service in Shropshire.
- There was no slack amongst staff to cover leave and it was difficult for them to meet up as a team.
- Although the service covered more urban areas than Shropshire, staff still spent a lot of time travelling.

- It was felt that the location of the service was not really suitable, being on a business park. There was also an issue with personal safety and personal alarms had only recently been issued.
 - Members would need to be convinced that any service could deliver to a high standard and that the necessary finance was in place.
 - Concern that qualified staff were involved in the education side of the service.
 - With hindsight, staff would have utilised electronic paperwork from the start.
 - Staff were not able to evaluate the savings made in terms of admissions.
- 4.2 It was agreed for another visit to be arranged to the Hospital at Home Service in Warwickshire and the Director of Community Services suggested that rather than focus on the service itself, Members could focus on meeting parents who had experienced the service in order to assess the impact on the quality of people's lives. Although Members could see the added value of speaking to parents, they also wished to understand what the service was trying to deliver.
- 4.3 The Deputy Chief Executive of Shropshire County PCT suggested that officers talk to Wallace Pinton, the Hospital at Home Project Lead about the Services that most influenced his thinking when developing proposals. The Scrutiny Manager felt it had been helpful to let the Services have specific questions from Members beforehand and requested Members to let her have any further questions, which she would pass on.
- 5. Shropshire Telford & Wrekin Primary Care Trusts**
- 5.1 The Chief Executive of Telford & Wrekin PCT updated the Committee on the current position. Following their respective Board Meetings, the Chief Executives of the two PCTs had been requested by the Strategic Health Authority (SHA) to reconsider their proposals. The PCTs had been advised by the SHA that in the current financial climate they should assume that their capital would be minimal or nil, so any plans for a new hospital or significant extension to existing hospitals in the foreseeable future would not be viable.
- 5.2 He went on to inform the Committee that although the challenges to achieve sustainable services were still relevant they needed to be addressed without significant capital investment. Both PCTs wished to ensure that A&E and emergency surgery services continued to be provided at both sites and that they were clinically fit for purpose. So, within constraints, they needed to find a solution which was sustainable for as long as they could see ahead.
- 5.3 As the Joint Committee had expressed concern about a two phase consultation, the PCTs were working on a different approach, seeking a solution for the foreseeable future, and therefore a single consultation. Proposals would be subject to clinical testing and would be discussed with the Joint Committee before going out to formal public consultation.
- 5.4 The Chief Executive of Telford & Wrekin PCT read out an email from the Chief Executive of Shrewsbury and Telford Hospital Trust (SaTH) dated 30 March 2010, in response to the Committee's letter to him of 27 November 2010, which set out SaTH's position. With regard to vascular services, SaTH were not in a position to move to a countywide service provided from both sites as funding had not been

agreed and they were now looking to implement the rota without an additional sixth vascular surgeon, provided the other three additional consultant posts were filled.

- 5.5 In response to a query, the Chief Executive of Telford & Wrekin PCT explained that it had been planned to fund the additional surgeons from the Primary Care Trust and the Strategic Health Authority, however as support was no longer available from the SHA, (funding had been requested from the Strategic Change Reserve fund). The Chief Executives were asked whether they were committed to the funding requested by SaTH. Mr Conolly advised that NHS T&W had confirmed support for the funding. Mr Tulley advised that SCPCT were awaiting a detailed plan from the Trust, at which time the PCT would confirm its position.
- 5.6 Members were concerned that nothing had changed for almost three years even following two previous consultation exercises, and rapid progress was now required. The Chairman thanked the Chief Executives of the two PCTs for attending and updating the Committee.

6. Mental Health Service Provision

- 6.1 The Joint Commissioner gave a presentation – copy of slides attached to signed Minutes – which covered the following areas:
- Context for Shelton Modernisation Programme
 - Current beds, proposed future beds and the process to identify proposed beds
 - Proposed community services
 - Proposed NHS investment
 - Development of the Mental Health Strategy
 - Commissioning from the Foundation Trust
 - Possible impact on Council services
 - Overcoming Risks
 - Future Actions
- 6.2 The Joint Commissioner updated the Committee on the modernisation programme for Shelton together with the updated Mental Health Strategy which considered future commissioning intentions, local needs and best use of resources.
- 6.3 The Joint Commissioner reported that currently the service required less beds than they commissioned, so it was proposed to reduce the number of commissioned beds to 33, which would include five functional beds for all ages and illnesses; beds for people with dementia (including alcohol related dementia) and for those who needed more support, together with a psychiatric Intensive Care Unit pod which would allow patients to remain in Shropshire.
- 6.4 The Joint Commissioner explained that it was proposed to increase staffing levels in the acute teams by 12 (21 in Shropshire) and in the older people and dementia teams by 23 (38 in Shropshire). In response to a query the Joint Commissioner confirmed that some staff worked across Shropshire County and Telford & Wrekin, which was felt to be a better use of resources.
- 6.5 In response to a query the Joint Commissioner explained the process to identify proposed beds. The Foundation Trust had carried out initial work looking at activity over three to four years and had come up with a set of calculations. Advice had been sought from the Regional Development Centre on how to calculate proposed beds however no reliable comparisons could be made with other areas. They therefore had to explore trends and what had happened already in Shropshire

County and Telford & Wrekin, for example, if the number of beds reduced by X amount, they would need X number of staff. In this way, the service could be redesigned more efficiently.

- 6.6 A query was raised as to how the cost of treating patients in hospital compared to treating them in the community. In response, the Joint Commissioner informed the Committee how the amount of funding had been identified. Work had been done on acute/dementia services, identifying trends and including the likely impact of increased demand, also, supporting patients in the community would mean less admissions into Shelton, which would have a huge impact on beds. The advice from the Regional Development Centre and the Strategic Health Authority was to commission as few beds as possible because additional beds could always be commissioned if required.
- 6.7 The Head of Partnership & Business Planning acknowledged that to do nothing would cost more, so a lot of work had been done around costings and ensuring that services were clinically safe. The number of people requiring social care was set to increase so it was important to ensure community services were in place in order to deliver better co-ordinated care.
- 6.8 In response to a query the Joint Commissioner explained that the number of new people entering into the service would likely be between 30 and 50 so they were not expecting a great increase in the number of carers. In response to a query, the Joint Commissioner stated that although there were no specific respite facilities, step down services were available (eg Castle Lodge) which were an option for respite, however any respite services should be flexible to the needs of the patient and carer.
- 6.9 The Joint Commissioner set out the future timescale. He informed the meeting that formal agreement would be sought at the Trust Board on 13 April (29 April for Shropshire County PCT) and Cabinet on 27 April. A meeting of the Joint Oversight and Governance Group was due to take place the following day and it was requested that the Committee have sight of the Terms of Reference of this Group once they had been developed. The Joint Commissioner confirmed that a Local Authority representative would be needed on the Group.
- 6.10 It was hoped that the Outline Business Case would be available in May and it was agreed for the Joint Commissioner to report back to the Committee before going out to consultation. The Chairman thanked the officers for attending and answering questions and congratulated them on the ongoing hard work.

7. Work Programme

- 7.1 In response to concerns, the Director of Community Services clarified that the Strategic Health Authority had written to all West Midland PCT Chairmen and Chief Executives about changes to the NHS Operating Model in the West Midlands including the establishment of Cluster PCTs.
- 7.2 The SHA were proposing five cluster PCTs which would each have a Cluster Lead Chief Executive recruited from within existing PCT Chief Executives. The implications of these Cluster PCTs were unknown at present but may be significant. It was also felt that the role of Scrutiny may become more significant and Members felt this item needed to be on the Joint Committee's work programme in order for them to question the SHA.

- 7.3 The Scrutiny Manager felt that this issue would be raised at the Regional Chairs Forum in June 2010. The Director of Community Services suggested that the Scrutiny Manager write to the SHA to invite them to attend a further meeting of the Joint Committee.
- 7.4 It was suggested that the meeting on 28 April 2010 be used for the visit to Warwickshire and that two further meetings of the Joint Committee be arranged.

Chairman: _____

Date: _____