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, 8 October 2010 at 10.00 am in the Reception Suite, Civic Offices, Telford

PRESENT – Councillor V Fletcher (TWC Health Scrutiny Chair) (Chairman), Councillor G Dakin (SC Health Scrutiny Chair), Councillor K Calder (SC), Councillor R Chaplin (TWC), Ms D Davis (TWC), Ms J Gulliver (TWC), Councillor A. McClements (TWC), Mr D Saunders (TWC) and Ms H Thompson (SC)

Officers – F Bottrill (Scrutiny Manager, TWC), T Dodds, (Performance Manager, SC), D. Dorrell (Scrutiny Officer, SC), K. Kalinowski (Head of Adult Social Care – Commissioning, TWC), P. Smith (Senior Democratic Services Officer, TWC)

JHOSC-1 APOLOGIES FOR ABSENCE

Councillor T Huffer (SC), Ms R Manger (SC) and Ms P Paradise (SC)

JHOSC-2 DECLARATIONS OF INTEREST/PARTY WHIP

Mr D Saunders declared an interest in Agenda item 6 – Next Steps for Mental Health Care in Shropshire, Telford & Wrekin, relating to consultancy support he was providing Telford & Wrekin PCT in relation to dementia services.
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JHOSC-3 MINUTES OF THE MEETING HELD ON 31 MARCH 2010

RESOLVED – that the minutes of the meeting held on 31 March 2010 be agreed as an accurate record, subject to the deletion of Cllr McClements from the list of apologies for absence at minute 1.

JHOSC-4 TRANSFORMING COMMUNITY SERVICES

This item was presented by Simon Conolly (Chief Executive, NHS Telford & Wrekin), Fran Beck (NHS Telford & Wrekin) and Paul Tully (Director of Strategic Planning & Commissioning, Shropshire County PCT).

Members of both Councils' Health Scrutiny Committees had received information about the proposal for a Community NHS Trust across Shropshire, Telford & Wrekin, which would take over responsibility for community health services from April 2011. A detailed business plan had just been submitted to the Strategic Health Authority, and this would be further refined following a meeting with the Department of Health on 29 October. A slight revision to the consultation period was proposed, with an extension of two weeks to take account of the Xmas period. Formal public consultation on

the proposals would now take place between 25th October 2010 and 14 January 2011.

In considering the proposed consultation, Members hoped that lessons had been learned from previous health service consultation exercises. Fran Beck welcomed any input from Members in helping to design the consultation programme. Dag Saunders expressed the view that the consultation needed to be focussed as much on service users as on the general public, as he doubted that there would be a great deal of interest on this issue among the wider public.

RESOLVED –

(a) that progress on the establishment of a Community NHS Trust be noted;

(b) that the revised consultation period from 25 October 2010 to 14 January 2011 be approved.

JHOSC-5 DEVELOPING HEALTH & HEALTHCARE UPDATE

This item was presented by Adam Cairns (Chief Executive, Shrewsbury & Telford Hospital NHS Trust).

Mr Cairns reported on a Clinical Problem Solving Workshop that had been held on 10 August 2010 with the aim of beginning a new conversation about how best to respond to some serious emerging quality and safety concerns within the hospitals at Shrewsbury and Telford. A copy of the notes from the workshop was attached to the agenda.

The problem facing the Trust was that it was getting increasingly hard to make sure all of the right people with the right skills were always in the right place to deal with the needs of patients. This was partly due to changes in the way junior doctors were trained, whereby they specialised in a particular branch of surgery much sooner and did not have the skills to perform techniques in other areas, This could lead to a situation, for example, where a surgeon who did not operate on the abdomen in the day time had to perform such surgery at night. It was also partly due to fluctuations in recruitment in some areas such as paediatrics, which could lead to occasions when there were not enough doctors to provide a round-the-clock service in all departments. There was concern that if action was not taken, this could cause harm to patients. Doctors needed to provide solutions, and the workshop was organised to look at the issues and identify potential options for moving forward to address the clinical challenges.

In terms of Acute Surgery, one option was to look at the distribution of surgical specialisms between the two hospitals, and to focus particular acute surgical services at one or other of the sites. For example, vascular and urology services could be based at the PRH with colorectal and upper gastro-

intestinal services at the RSH. In relation to Children's Services, one option was to focus in-patient services on one site, with the other providing outpatient services and paediatric assessment area between 8am and 10.00pm. A further idea that was briefly discussed at the workshop was to develop a Centre of Excellence for Women's and Children's Services at the PRH, although there would be a number of problems to overcome in order to provide support for such a facility. It was stressed that these ideas were still at the discussion stage, and that further views and feedback from staff and patients was being sought in order to inform the development of any firmer proposals for reconfiguration.

In response to questions regarding the recruitment of doctors, Mr Cairns stated that it was a national problem, but it affected different hospitals in different ways. SaTH had the right number of doctors, but not the right spread over two sites. There was a need to attract the best doctors and staff, and this could be helped by concentrating specialist services at one or other of the sites.

Among the views expressed by Members were:

- support for having specialist services closest to the population that need them most;
- need to be clear as to why services need to be re-configured, and to avoid what happened with the last proposals for developing healthcare;
- useful for Members to receive copies of any newsletters or briefings relating to the development of proposals.

Mr Cairns stated that it was hoped to arrive at a conclusion on the clinical issues by the end of November. There would then be a process of assurance led by the two PCTs, followed by formal consultation between January and the end of March 2011. The Scrutiny Manager (T&W) advised that the Joint Committee would be asked to provide representatives to sit on the proposed Forum to oversee the process and to provide assurance.

RESOLVED - that the update be noted.

JHOSC-6 PROPOSAL FOR THE IMPLEMENTATION OF GYNAECOLOGICAL IMPROVING OUTCOMES GUIDANCE

This item was presented by Damien Murphy (Medical Director, Greater Midlands Cancer Network) and Andrew Tapp (Clinical Director, Childrens and Women's Services, Shrewsbury & Telford Hospital NHS Trust). A copy of the Proposal from the Greater Midlands Cancer Network was attached to the agenda.

The Improving Outcomes Guidance (IOG) for gynaecological cancers was published by the Department of Health in 1999, and Mr Murphy outlined the work that had taken place since then, including the formation of the Greater Midlands Cancer Network in 2006. By the time of implementation of the IOG in 2007, the GMCN was non-compliant on urology, gynaecology, upper GI and head and neck. In 2009, an external review led by Professor Mike Lind

was commissioned to look at how these specialist surgical services could become compliant. The review's recommendations were that:

- urology was now compliant, with a new specialist team in place
- Upper GI – cease operating at Dudley Hospital on specialist cases. This had no direct effect on Shropshire,Telford & Wrekin.
- Gynaecology – cease operating at Shrewsbury & Telford Hospitals (SaTH) on specialist cases, and centralisation on two sites at Wolverhampton and Stoke.
- Head and Neck – cease operating at SaTH

A group of commissioners and hospital managers and clinicians had been established to manage the implementation of the review's recommendations. A consensus had been achieved on the proposals for gynaecological services, but discussions were still on-going on the future of head and neck services. In terms of gynaecological services, the main proposal was for specialist surgery only to move to Wolverhampton or Stoke, which would affect approximately 50 women per year. There would be no change in diagnostics, and treatment of some lower risk cancers would continue at SaTH. All radiotherapy, chemotherapy, follow-up and support would continue to be delivered to patients locally. This model of care would provide people living in the SaTH catchment with a service which fully complied with national clinical best practice. The proposed change in service was not considered to constitute a substantial variation in service, and the Committee were asked to support this recommendation.

Steve Rothwell and Ann Woolland from the Cancer Patients Forum and David Clegg from the Lingen Davies Cancer Relief Fund were present at the meeting, and the Chairman invited them to put forward their views on the proposed service change. Ann Woolland stated that the main views/concerns of patients from the Cancer Forum were:

- anger that the proposal had been presented as a 'fait accompli', and that decisions appeared to have been made behind closed doors. There was concern that patients hadn't been consulted – they were not aware of any patients from Shropshire or Powys who had been involved in the consultation.
- Some patients had sympathy for the proposals, as the need for the best possible treatment was recognised. It was the way it was presented that was the problem;
- There was loyalty to the services at SaTH and a preference to be treated locally. Fears did exist about travelling and being treated at a strange hospital;
- There must be continuity of care and proper follow-up in the new model;
- Wider concern that the loss of a specialist service could impact on the longer term future of our local hospitals.

David Clegg advised that the Lingen Davies Cancer Relief Fund had been re-assured that all chemotherapy treatment etc would still be carried out locally.

Members expressed their concerns at the suggestions of lack of communication, and sought clarification that proper consultation had taken place. Questions were also asked about problems in attracting doctors to the area and whether there was support from the local Primary Care Trusts for this proposal. In response, Mr Murphy stated that these issues had been debated with patients forums for a number of years. There was a representative from Patients groups & partnerships on the Lind Review from its inception, and these groups were empowered to allow them to input to the process. In terms of doctors, a trained oncologist needed a catchment of around one million people in order to be able to properly maintain their skills. The model of care proposed allowed for doctors from Stoke and Wolverhampton to attend clinics at SaTH in order to ensure seamless transfer of care and information between hospital sites. In relation to the views of the Primary Care Trusts, Paul Tully advised that the proposal had not been discussed in detail yet at Shropshire County PCT. Simon Conolly stated that NHS Telford & Wrekin had noted the Cancer Network's report, and added that the PCTs were part of this process.

Mr Tapp addressed the operational issues facing the Hospital Trust, and the views of staff. Staff were aware that the service was not IOG compliant, although they were keen to retain services in Shropshire. However, SaTH had only one specialist gynaecological surgeon, and no back-up, which put the service at risk from non compliance and lack of sustainability in the long term. He stressed that under the proposed model, his role would be to ensure that there was good communications and transfer of information, with SaTH staff leading on that part of it, so that patients were protected and received follow-up after they returned home following surgery. Mr Tapp was asked whether there was a risk that the current gynaecological surgeon's post at SaTH would be less viable if the new model of care was introduced. Mr Tapp stated that around half their patients would go to Stoke or Wolverhampton under the proposal. However, this would not have a significant impact on the surgeon, as it would free up her time for other work. However, there would be a loss of income to SaTH from patients going elsewhere for surgery. Mr Murphy added that both Stoke and Wolverhampton currently had two specialist surgeons. Stoke was expecting to gain a third post, and this might also happen at Wolverhampton. There would be cross-over arrangements so that clinical cover was maintained at each site.

The Committee then considered the recommendation that the proposed change did not constitute a substantial variation in service, in the context of wider changes in health provision and the guidance on health scrutiny from the Department for Health. Consideration was also given to the proposed dissemination of information about the service changes and new patient pathways, the travel and access arrangements, and who to contact for support and advice. Members endorsed the need to maintain patient involvement during the development of the new care pathway. The Committee expressed the view that it was vital that local people and patients had confidence in the new arrangements. It was important that patients understood how the transfer between hospitals would be managed to ensure continuity of care. In particular, the patient pathway should clearly explain;

- how patient notes will be managed;
- communication between the hospitals;
- support at home for patients once they are discharged from hospital;
- how patients with complex care needs will be managed.

It was also suggested that any further information and progress reports produced by the Cancer Network be circulated to members of the Joint HOSC, as a way of monitoring the changes.

RESOLVED -

(a) that the proposed change does not constitute a substantial variation in service, subject to the Primary Care Trust Boards not raising any serious issues or that there are no further substantial changes to the proposal;

(b) that the suggested approach to further public communications be endorsed, subject to the comments above and the Committee being kept informed of progress on implementation of the IOG.

JHOSC-7 NEXT STEPS FOR MENTAL HEALTH CARE IN SHROPSHIRE, TELFORD & WREKIN

This item was presented by Michael Bennett (Lead Joint Commissioning & Contracting Manager), Sam Hill (Shropshire County Primary Care Trust), Rhys Stokes (Telford & Wrekin Area Manager, South Staffs & Shropshire Healthcare) and Alison Blofield (South Staffs and Shropshire Healthcare). Enclosed with the agenda was the public consultation document on proposals to strengthen community care and re-design inpatient services.

The consultation document "Next Steps for Mental Health Care in Shropshire, Telford & Wrekin" sought views on how people would like to see local services developed over the next 3 to 5 years. The document brought together all the previous work based around a possible mental health strategy, and reflected the feedback received from service users, clinicians, carers and local organisations. These identified why local mental health services needed to change. To address these issues, proposals were being put forward to strengthen community mental health services. These included having better links to primary care, easier and faster access to support with 90 more community staff across Shropshire, a single point of contact to services, and improved follow-up for patients. In terms of services for dementia patients, the clear message was that patients wanted to be at home rather than in hospital. The average length of stay in Shelton was 68 days, and it was intended to reduce this by half by having more care arrangements to support people at home, better awareness and earlier diagnosis/intervention.etc. The current outdated hospital at Shelton would be replaced with a smaller in-patient unit with modern facilities to provide a more caring and therapeutic environment. It was also proposed to phase out the use of Beech Ward at Whitchurch Hospital, which currently provided 16 places for older people with mental health problems, including dementia. It was considered that the environment at Beech Ward was not well-suited to the delivery of modern therapeutic care,

and that the needs of a wider range of patients was best met by strengthening community support and facilities to enable individuals to live independently. The medical skills and staff currently at Beech Ward would be retained within the service.

The consultation period was already underway, and the feedback received so far was generally positive. More stakeholder and public events were planned, and people were being encouraged to complete feedback forms. The consultation period ended on 6th December, after which the Final Business Case (FBC) would be prepared to come before PCT Boards later in December.

During the ensuing discussion, a number of questions were asked about the proposals, including:
- would the funding package for the implementation of the proposals be affected by the Government's Comprehensive Spending Review?
Response – the PCTs had factored the funding into their plans. The FBC would set out the phasing of the scheme and the funding required at each stage. The modernised service would be more efficient and lead to savings in the long term.

- what was happening on Lime Ward at Shelton Hospital, where it appeared that in-patient beds were being reduced before the consultation process had started?
Response – this was a practical, operational decision to address the under-occupancy of beds at Shelton, and because Lime Ward was not fit for purpose for patients with very challenging behaviour. It was unrelated to the consultation exercise on the wider redesign of inpatient services. Patients on Lime Ward and their families had been consulted by clinicians, and some staff on the Ward had been moved with the patients to their new location.

- What assurances were there that patient protection would be maintained during the transition from acute to community-based services?
Response - the modernisation proposals would be phased in. There was a very robust clinical risk management programme so that checks were done before each phase was signed off. Staff would need training and development to deliver the community based services, and only when that was complete would the number of in-patient beds start to be reduced.

- what would happen in future if there was a need for additional in-patient beds?
Response – there would be a contingency to purchase 6 additional bed spaces, if these were required.

In relation to consultation on the proposals, Members sought assurances that the Trust had engaged with BME communities and service users in order to ensure that the service met their needs. It was also suggested that the consultation should engage with groups including the Senior Citizens Forum and Connecting Communities. In relation to GP's, Michael Bennett stated that there would be a meeting with the GPs Commissioning Board and consortia

within the next 6 weeks, and discussions were taking place on establishing a new GP lead in Telford. Members also asked that consideration be given to the need to work with the emergency services to ensure that in a crisis situation places of safety were available and known to the services responding.

RESOLVED –

(a) that the consultation process as outlined in Section 5 of the public consultation document be endorsed, subject to the comments referred to above;

(b) that the proposals contained in the consultation document be broadly welcomed, and that Officers, in consultation with the Joint Chairmen, prepare a detailed response taking into account the views and comments expressed at the meeting;

(c) that the Committee continue to monitor the implementation of proposed changes, in particular relating to:
- the phasing of the reduction of in-patient beds alongside the increase in community mental health services; and
- the provision of support to carers and families of service users being supported in the community.

JHOSC-8 TERMS OF REFERENCE
NHS CONSULTATION FRAMEWORK

In view of the time, and that the meeting would no longer be quorate (as Shropshire Council members had to leave), it was

RESOLVED – that the remaining items on the agenda be deferred to the next meeting of the Committee.

The meeting closed at 1.10 pm

Chairman……

Date……