Committee and Date	Appendix
Joint Health Overview and Scrutiny Committee 24 March 2011 6:30 pm	**A**

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 11 MARCH, 2011 IN THE SHREWSBURY ROOM, SHIREHALL 10.00AM – 12:30 PM

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Present

Members of the Joint Committee

Shropshire Council:
Karen Calder, Gerald Dakin (Chairman), and Tracey Huffer

Telford and Wrekin Council:
Rosemary Chaplin, Veronica Fletcher, Angela McClements and Co-opted Members Dilys Davis, Jean Gulliver and Dag Saunders

Also Present

S Jones (SC Portfolio Holder for Adult Services)
J Seymour (TWC Cabinet Member: Adult Care & Support)
Adam Cairns, Chief Executive, Shrewsbury & Telford NHS Hospital Trust
Debbie Vogler, Director of Strategy
Tom Dodds, Performance Manager, Shropshire Council
Fiona Bottrill, Scrutiny Manager, Telford & Wrekin Council
Dianne Dorrell, Scrutiny Officer, Shropshire Council
Steph Jones, Scrutiny Officer Telford and Wrekin Council
Steve Bonser – WMAS
Tim Porter - WMAS

1. Apologies for Absence

1.1 Apologies for absence were received from R Manger and H Thompson (co-opted members, Shropshire Council) and Simon Jones, Portfolio Holder Adult Social Care (Shropshire Council).

2. Declarations of Interest

2.1 No declarations of interest were received.

3. Minutes

3.1 The minutes of the meeting held on 11 February 2010 were confirmed as a correct record.

4. West Midlands Ambulance Service – 'Make Ready' System

4.1 The Chairman welcomed Steve Bonser and Tim Porter, West Midlands Ambulance Service (WMAS) to give an introduction to the 'Make Ready' preparation system which had been operating in Stafford for around 12 years. The scheme was

designed to maximise the availability of ambulance staff and reduce ambulance downtime with specially trained non-clinical ambulance assistants deep cleaning, stocking and maintaining emergency vehicles between calls to incidents. The scheme had met with some scepticism from ambulance crews which normally took around two months to overcome. Confidence had however been restored within 4 – 5 weeks and downtime had been significantly reduced.

4.2 Steve Bonser also informed Members of proposals to reconfigure WMAS estate into a smaller number of strategically located main ambulance stations. In Shropshire it was proposed to locate a central hub station outside of Shrewsbury to the east with an increased number of community response posts where crews could await calls. Some would be in the same location as current stations, others in new areas where statistically they were closer to potential patients, thus improving response times and providing a better service. The system would be implemented in Hereford in the near future and Shropshire next year. Members recognised that improving travel times to hospital was essential to the success of the proposed reconfiguration of hospital services. Steve Boner informed Members that the WMAS was currently looking for a site for the hub and it was anticipated that this would take 9 -10 months to convert. It is intended that the new hub would be operational in April next year but any delay in finding an appropriate location for the hub would delay this.

4.3 Members asked if the system would improve response times in Shropshire, how many trained paramedics would be brought in, why could there not be a second hub in Telford and how would accident black spots be addressed. It was also questioned why could there not be a hub station at Telford as staff would have to travel over to Shrewsbury which would mean further down time. Members were informed that staff rotas would be reconfigured and staggered to reduce downtime which would also be negated by rapid response vehicles in market towns and at standby points. The location of the hub has been based on demographics. It was reported that 2 hubs would not be cost effective. In responding to questions from Members Steve Bonser confirmed that a programme was in place to train existing staff to become advanced paramedics. This involved a 4 week course. Steve also undertook to ensure that the information requested by Telford and Wrekin Members at a briefing meeting held in January would be provided. The points covered were the implications of travel time to work for staff currently based at stations in Telford and Wrekin, the cost of increased travel time and how accident black sports would be addressed.

4.4 The Chairman thanked WMAS for an informative presentation and asked if Information specific to Shropshire could be brought back to a future meeting of the Joint Committee.

5 Developing Health and Health Care: Response to Consultation on Proposals aimed at keeping vital hospital services in Shropshire Safe and Sustainable

5.1 Assurance Panel

5.1.1 Professor Rod Thomson, Director of Public Health introduced the report of the Assurance Panel which had been circulated. The Assurance Panel had concluded that the proposals would provide an improved and safer service than that which existed and at the meeting in February had examined how the Trust had addressed the Panel's concerns since its meeting in November.

5.1.2 Dr Mike Innes, GP representative, explained the remit of the Panel was not to look at redesign but only to look at the proposals put forward, which had been clinically led.

The Panel had concluded that on balance across Shropshire, and the Welsh component, proposals were overall assurable, with continued work. Dialogue had been open, honest and trusting and searching questions asked to test the proposals. The Panel had heard from clinicians uncomfortable with the proposals but who recognised that services overall would be improved across the area. External clinicians had provided their experience of other areas where services had been reconfigured. The Panel had also heard from Calderdale and Huddersfield PCTs who had reconfigured in similar fashion, not without difficulties but with success and the Panel had ultimately given its assurance acknowledging the ongoing work.

5.1.3 In response to questions, the Joint Committee noted:

- At the meeting in February the Panel questioned again the 4 clinicians who had had reservations about the proposals. Whilst they remained firm in the opinion that they preferred to see paediatrics and neonatal services remain at the Royal Shrewsbury Hospital (RSH), they were working on establishing pathways that they believed safe and secure as possible. Their reservations had been about the potential loss of services from Telford out of county and in proposals to change surgery were looking for reassurance there would be clinical support staff to provide the level and quality of service necessary. The Panel understood their concerns but were reassured that changes to surgery rotas and work which had yet to be carried out in the recruitment and training of appropriate staff would provide the quality of service required.

- The Panel had received a high level financial overview and could see that service options had been costed using an established methodology, accepting there was further work to be completed on workforce planning to enable a more detailed financial plan, and that the Trust Boards would undertake this work which would move forward to an outline business plan and then on to a full business plan. The difference in costings between the sites was because support services could be shared at the PRH as space would be reused within the current footprint whereas at the RSH site, support services stand alone for each clinical department and are at fixed costs, according to NHS tariff.

- Responding to further questions about comparing current risks with those associated with the proposals surrounding increased travel time as highlighted by some of the neonatologists, Dr Innes stated that it was clear the state of the current maternity building at the RSH would have adverse impact on SaTH's bid for FT status, notwithstanding any clinical risks. The Panel had received evidence from a study in Holland looking at perinatal issues, suggesting an increased benefit for more by increasing those who could reach the consultant unit in under 20 minutes. On balance the Panel was of the view that the proposals would overall provide an improvement in service and would look to the Trust to mitigate any increase in risk resulting from longer travel times.

5.1.4 The Chairman thanked Dr Innes and Professor Thomson for their time and the helpful information. Thanks also went to Paul Beard who had chaired the Assurance Panel and to the PCT for their invitation to observe the process which the Joint Chairmen considered to have been very open and transparent.

5.2 Response to Consultation

5.2.1 The Chairman invited Adam Cairns, Chief Executive of Shrewsbury and Telford Hospital NHS Trust (SaTH) to present his response to the further questions set out at Appendix E to report 5d attached to the agenda. A detailed submission paper

giving SaTH's response had been circulated and it was noted that the consultation had resulted in a rich dialogue with the public indicating how services were perceived. Adam Cairns gave a slide presentation in which he explained why Option 2 was the preferred option. The slides also set out the amount of development and assurance which had taken place before and during consultation. If the proposals went ahead, the Joint HOSC would have a significant roll at outline and full business case stages. There would be more work with the Office for Government Commerce regarding costings and with various groups on clinical pathways on which clinicians had some areas of disagreement but were working together to develop how they would be made to work. Other areas under development were:-

- Plans to roll out a hyper-acute stroke service at both sites in May to include treatment previously only available out of county.

- Cross party agencies looking at how ambulance transport could improve to mitigate risks of increased travel for those in the south west and mid-Wales.

- Work with the Head of Midwifery in Powys to provide support for those having to travel further.

- Shuttle Bus between sites, as staff were already travelling between sites and there was a commitment to make this happen.

- Training and support for staff involved in the transfers which had been flagged by the Assurance Panel

- Further development with GPs and nursing homes on telehealthcare and preventing avoidable admissions to hospital

5.2.2 Mr Cairns explained how the high level of financial assessment would move to an outline business case which would go before the Trust Board in June, moving to a full business case late summer/Autumn 2011. £28M was at the Trust's limit of affordability. The estimated capital costs were accurate based upon the mandatory system used by Treasury called optimum bias whereby a formula was used to ensure outturn costs were close to forecast costs and this was scrutinised by the Office of Government Commerce at each stage.

5.2.3 In comparing costs of £28M and £60M for each site, this was not on a like with like basis as there was a package of moves involved and the two schemes differed in size. The RSH involved a new build whereas the PRH was a smaller scheme fitting into the footprint of the building where support services were already available. If proposals went ahead, the timetable would involve a phased approach from April 2012.

5.2.4 The Chairman thanked Mr Cairns and the Committee acknowledged the submission document as an excellent working document. During a further period of questioning, the following points were noted:

- Air Ambulance did not transport pregnant mums or babies due to restraining factors, only trauma cases.

- All of the paediatricians were a great credit to the trust and their differing views were respected. Their work on pathways as they develop would be shared with the Joint HOSC.

- Care would be taken as services start to move between sites not to introduce further risks and this was not likely to take place for another 12 months. The Joint HOSC would receive updates on clinical pathways, finance and travel as they developed.

- The development of telehealthcare would impact on car parking issues at both sites

- A decision on whether a Paediatric Assessment Unit would be on both sites would be taken once demand/capacity issues had been fully assessed and at least by the outline business case stage. The Assurance Panel had suggested the need to think about clinical safety and effectiveness if this were the case, such that the service might be watered down if on both sites and thereby introduce further risk and so the decision should not be compromised by other agendas.

- With regard to the provision of overnight accommodation for parents at the paediatric unit it was recognised that the current accommodation was not great. The Trust was exploring improving this facility at the proposed development at PRH with partner organisations. The example was given of Ronald Macdonald House in Birmingham.

- Plans were in place to recruit a fourth breast surgeon and candidates coming forward had experience of minor paediatric surgery which would enhance the team and was consistent with guidance on skill mix from the Royal College of Surgeons.

- Plans would be put in place to invite families and fundraisers involved in the setting up of the Rainbow Unit to help in the development of new facilities at the PRH and to mark the efforts already made at the RSH. The Assurance Panel had been assured that moving the oncology unit would not compromise the care or lead to clinical difficulties, notwithstanding the sensitivities involved in the move, and may even lead to improvements.

5.2.5 The Chairman thanked Adam Cairns for the information provided and the amount of time he had set aside to assist the Joint HOSC with its enquiries. He also thanked members of the public for the questions they had posed and the West Midlands Ambulance Service who had played a significant role.

5.2.6 The Scrutiny Manager reported that with regard to the advice from the Royal College of Surgeons on the co-location of paediatric and acute surgery the Strategic Health Authority had confirmed that this guidance was advisory.

5.2.7 The Chairman referred Members to the draft response to the consultation, Appendix E, which had been set before Members prior to the meeting, and asked for Members' approval that delegated authority be given to the Joint Chairman and Scrutiny Officers to finalise the response, subject to any further comments which Members were asked to submit to the Scrutiny Officers by 9 am on Monday, 14 March.

RESOLVED: That the Scrutiny Officers, in consultation with the Joint Chairmen, be given delegated authority to finalise the response to the consultation as set out in draft at Appendix E and circulated.

6. Chairman's Update

6.1 There was nothing further to update.

Chairman: _____

Date: _____