

SHREWSBURY WIDE LOCAL JOINT COMMITTEE

NOTE OF DECISIONS AND ACTIONS ARISING FROM THE MEETING HELD ON 10TH NOVEMBER 2011 IN THE COUNCIL CHAMBER, THE GUILDHALL, FRANKWELL QUAY, SHREWSBURY
7.00 p.m. – 8.55 p.m.

Responsible Officer: Ken James
e-mail: ken.james@shropshire.gov.uk Tel: 01743 252899

Committee Members Present:Shropshire Council

Councillor Peter Adams
Councillor Beverley Baker
Councillor Andrew Bannerman
Councillor Karen Burgoyne
Councillor Vernon Bushell
Councillor Anne Chebsey
Councillor Ted Clarke
Councillor Miles Kenny
Councillor Alan Mosley
Councillor Peter Nutting (Chairman)
Councillor Liz Parsons
Councillor Malcolm Price
Councillor Keith Roberts
Councillor Jon Tandy
Councillor Mansel Williams

Shrewsbury Town Council

Councillor Jackie Brennand
Councillor Dean Carroll
Councillor David Farmer (Vice-Chairman)
Councillor Ioan Jones
Councillor Kath Owen

Shropshire Council Officers Present

Clive Wright, Area Director
Gwyn Bevan, Community Action Officer
Ken James, Committee Officer
Fiona Howe, Committee Officer

There were approximately 55 members of the public at the meeting.

ACTION

1. CHAIRMAN'S WELCOME

The Chairman welcomed everyone to the Shrewsbury Wide Local Joint Committee which aimed to address cross Shrewsbury issues by closer joint working between Members of the six neighbourhood Local Joint Committee's covering the town. In addition, a town-wide LJC provided a good opportunity to enhance joint working between Shropshire Council and Shrewsbury Town Council for the benefit of the town.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Tony Durnell, Jo Jones, Mike Owen, Alan Townsend and Andrew Wagner.

3. DECLARATIONS OF INTEREST

- Councillor Beverley Baker declared a Personal Interest, in respect of the funding application for Shrewsbury and District Arts Association, as a member of the association.
- Councillor Andrew Bannerman declared Personal Interests, in respect of the funding applications for Shropshire Youth Theatre, The Hive, Shrewsbury Summer Season and Shrewsbury and District Arts Association, as a member of those organisations.
- Councillor Jackie Brennand declared a Personal Interest, in respect of the funding application for Shrewsbury and District Arts Association, as a member of the association.
- Councillor Ioan Jones declared a Personal Interest, in respect of the funding application for South Staffordshire and Shropshire Healthcare NHS Foundation Trust, as a member of the Trust.

4. NOTES OF THE PREVIOUS MEETING

It was agreed that the notes of the meeting held on 28th April 2011 be approved and signed as a correct record by the Chairman.

The Chairman indicated that responses to questions raised on 28th April 2011 on disabled access and the introduction of 20mph speed limits in residential areas had been circulated at the meeting.

5. PUBLIC QUESTION TIME

The Chairman invited questions/comments from members of the public during which the following points were raised:

- Cardboard Recycling. A member of the public stated that the meeting should deplore the fact that Larry Wolfe, Shropshire Council's Waste Services Manager and Dominic Macphail of Veolia had withdrawn from the meeting at the last moment and called for the meeting to support sustainable systems of recycling. The Chairman indicated that both Councils were committed to recycling and he would pursue the case for recycling cardboard and how that could take place.
- Trade Refuse Collection. A member of the public raised concern about the rising cost of trade refuse collection causing problems for small businesses. The Chairman stated that the collection of trade waste was a private arrangement for traders and it was for individual traders to seek the best deal for them.
- Community Infrastructure Levy. A member of the public enquired how the funding raised under the levy would be spent. Councillor Malcolm Price indicated that 90% of the funding would be used for projects in the local community where the development was taking place and 10% of the funding would be used for strategic purposes.
- Riverside Medical Practice. A member of the public raised concern about the need for a replacement medical practice to be provided as the current building would be demolished as part of the redevelopment of the Riverside Shopping Centre, leaving up to 12,000 patients without a medical practice and asked the Local Joint Committee to assist in resolving the matter. The Chairman stated that Morris's were still looking to accommodate provision for a surgery at their Barker Street development and there was a need to push for a replacement surgery in the Riverside redevelopment. Councillor Malcolm Price indicated that the submission of the planning application for the redevelopment of the Riverside Shopping Centre was imminent and he would take up the concerns expressed about the loss of the Riverside Medical Practice and the need for a replacement to be provided.

Peter Nutting

Malcolm Price

12. DECISION REPORT - FUNDING APPLICATIONS

Gwyn Bevan, Community Action Officer, presented the report setting out details of eighteen grant applications that had been received.

RESOLVED:

That the following applications funded from the 2011/2012 budget, be approved:

**Gwyn Bevan/
Gill Jones**

Application

Shrewsbury Amateur Operatic Society – production of Titanic at Theatre Severn in February 2012

Amount

£2,000 (this only to be paid if there is a need to under-write)

St. Chad's Festival 2012	£2,000
Shrewsbury University of the Third Age – IT equipment	£665
Shrewsbury Croquet Club – electricity supply to club house	£2,000
Shropshire Scribes Exhibition	£600
Shrewsbury and Shropshire Waterways and Leisure Group – River Festival, June 2012	£2,000
Shrewsbury Ramblers – Production of book of short walks around Shrewsbury	£2,000
Shrewsbury Baptist Church – IT equipment for new Shrewsbury town centre community centre	£2,000
Shrewsbury Christmas events – music and carols around Shrewsbury for light switch on – 23.11.11	£2,000 (approved under delegated powers)
Shrewsbury Triathlon Club	£1,812
Shrewsbury Youth Theatre – production at Theatre Severn	£1,800
The Hive – contribution towards five activity programmes	£2,000
Music in Mind – purchase of instruments and creation of CD	£445
Shrewsbury Summer Season Ltd – two free town centre arts and workshop events for children and young people in August 2012	£2,000
Shrewsbury Children's Bookfest – one day of free book related events in The Square in May 2012	£1,000
Shropshire Music Trust – 12 music workshops and outreach as part of Shropshire Music Festival	£2,000

South Staffordshire and Shropshire
Healthcare NHS Foundation Trust –
contribution towards costs of arts project a
new mental health hospital at Shelton,
Shrewsbury - £2,000

Shrewsbury and District Arts Association
(SADAA) – contribution towards costs of
series of live afternoon concerts at The
Gateway - £428

7. AMENDMENT TO LOCAL JOINT COMMITTEE CONSTITUTION – SCHEME OF DELEGATION

The Chairman indicated that the purpose of the delegated authority was to enable the LJC to act swiftly in dealing with matters, particularly grant funding issues, when no meeting was due.

RESOLVED:

That the Community Action Manager, in consultation with the Chairman and one other Member, determine matters under delegated authority, with all Members of the Committee to receive details of proposals before a decision is made.

Gill Jones

8. WEST MIDLANDS AMBULANCE SERVICE

Mr Barry McKinnon, Area Manager – Shropshire addressed the meeting on changes affecting the Ambulance Service across the West Midlands.

Mr McKinnon explained that Shropshire was a large area to cover with around 55,000 incidents a year, conveying 32,000 patients to hospital. The West Midlands Ambulance Service would be changing to a model of operation entitled Make Ready that had been trialled in Staffordshire. For Shropshire there would now be two central bases, one in Shrewsbury and one in Telford (Dorrington) from which ambulances would respond. All other ambulance bases would be covered by community paramedics with ambulance back-up.

Make Ready had been designed to support the Trust's key objectives of right time, right place, right care, improve efficiencies within operations, reduce expenditure on stock and wastage on disposable items and minimise operational downtime due to logistical issues. The expected benefits of Make Ready included improved response times, more effective readiness to maximise utilisation of resources, improvement in vehicle preparation and management of the vehicle stock, consistency in vehicle stocking, checking and servicing, minimising vehicle failure rate and reduce waste in medicines and use of medical devices.

The proposals for Shrewsbury included a main ambulance base and two further response posts each with an ambulance to help maximise and spread resources.

It was considered that the new arrangements would improve response needs and response times, meet the needs of patients, improve patient outcomes, reduce waste and increase efficiency.

Mr McKinnon then answered questions raised by Members and the public, during which the following indications were given:

- The sites for the main base and response posts for Shrewsbury had not yet been settled.
- It was unlikely that the present ambulance station at Abbey Foregate would be selected to be the main base as the present building was not suitable as it was and the costs required to demolish and rebuild would be prohibitive.
- The site of the present ambulance station at Abbey Foregate would be a preferred option if it was possible. However, ambulances would be frequently on the move and would be activated from wherever they were located and not only from the base.
- Paramedics would not convey patients to hospital and if required, due to heavy ambulance workload in the area, ambulance assistance could be provided from the wider region and cross border inter-working would also be in place to ensure that patients received the best care possible.
- If severe weather caused operational problems the assistance could be called on from adjoining regions.

The Chairman thanked Mr McKinnon for his presentation.

9. FUTURE CONFIGURATION OF HOSPITAL SERVICES

Mr Adam Cairns, Chief Executive of the Shrewsbury and Telford Hospital NHS Trust, gave a presentation on progress with the future reconfiguration of hospital services within the Shrewsbury and Telford Hospital NHS Trust.

Mr Cairns explained that changes needed to be made to secure the future of hospital services in Shrewsbury and Telford. The changes were required to address significant challenges facing inpatient acute surgery, inpatient children's services, the deteriorating women and children's building at the Royal Shrewsbury Hospital, to make sure that patients received safe and high quality care now and in the future, to ensure enough staff were in the right place at the right time with the right skills to deliver services, to make sure that buildings and facilities were safe, modern and fit for purpose and to ensure that services remained in the hospitals so that they could continue to serve the people of Shropshire, Telford & Wrekin and mid Wales for a long time to come.

Most services for most patients would remain the same, with an A&E service at both hospitals, most outpatients and diagnostics unchanged, most day case procedures unchanged, a Children's Assessment Unit at both hospitals, Midwife Led Units at Shrewsbury, Telford, Oswestry, Ludlow and Bridgnorth and emergency medical patients and emergency surgery at both hospitals (e.g. heart attacks, serious chest infections, road traffic accidents).

Improved facilities and services for patients included improved facilities for cancer patients at Royal Shrewsbury Hospital, inpatient surgery concentrated at Royal Shrewsbury Hospital and safe and sustainable maternity, neonatology and children's services by moving to new modern facilities at Princess Royal Hospital in Telford.

Out of the almost 700,000 contacts with patients each year, over 98% would continue to go to the same hospital as now. The changes would only affect around 1 in 50 patients.

Public consultations on the proposals had revealed the community was concerned that services would move further from Shrewsbury (including increased travel time and ambulance response) particularly for women in labour, newborn poorly babies and sick and injured children, concerns about which services would continue at Royal Shrewsbury Hospital, concerns around the opening hours of the Children's Assessment Unit at Royal Shrewsbury Hospital and concern that the new cancer unit had to be at least the same, if not better than the existing Rainbow Unit.

Responding to the concerns and working to keep services safe, cross regional joint working had been undertaken between ambulance services, work was progressing on inter-hospital transport and a Transport and Travel Plan was due next year. The role of Royal Shrewsbury Hospital as a main trauma centre would be strengthened, including designation as a Trauma Unit. Designation of the Royal Shrewsbury Hospital as a 'Triple A' screening centre would maintain vascular surgery in the hospitals. The Children's Assessment Unit would open 13 hours a day and be adjacent to A&E which was open 24/7. In addition work was being undertaken on bringing more services out of hospital where possible, for example through telehealthcare providing remote care of patients through technology to minimise the need to come to hospital.

Mr Cairns emphasised the importance of the Royal Shrewsbury Hospital being designated as a trauma unit where patients would be treated and stabilised before transfer to a trauma centre, which was likely to be Birmingham for the West Midlands Region. Of equal importance was the designation of the Royal Shrewsbury Hospital as a 'Triple A' screening centre.

Work would continue with patients, carers, the public and staff to develop future services and address issues and concerns and a Full Business Case would be prepared for submission in Spring 2012 and if approved the changes would be implemented so that they were fully in place by April 2014.

Mr Cairns then answered questions raised by Members and the public, during which the following indications were given:

- It was likely that the Children's Assessment Unit would be open for admissions until an hour before it closed but this would depend on the circumstances at any given time.

- The Royal Shrewsbury Hospital would have a cancer unit to be proud of with thanks to the considerable assistance of the Lingen Davies Appeal.
- The provision of the hospital services between Shrewsbury and Telford would be an enduring challenge, but Mr Cairns considered that the changes would assist the most challenged services and help to improve the links between services generally in the future.
- The Shrewsbury and Telford Hospital Trust had signed a pledge with the Carbon Trust to implement reductions in carbon emissions.
- The Shrewsbury and Telford Hospital Trust had a zero tolerance to mixed sex wards. However, there was a need for patients with specialist needs to be grouped together but everything possible was done to segregate those patients and ensure they could access toilets without having to pass a bed occupied by a member of the opposite sex.
- Additional car parking space was being provided but efforts were being made to address the demand for car parking by enabling outpatients to have consultations in local community hospitals and to decongest hospitals by utilising telehealthcare for consultations in the future.
- The maternity facilities at Shrewsbury would cost considerably more to redevelop as the premises required further modernisation due to their age. Whereas, the premises at Telford was smaller and more modern and thereby would not be as expensive to upgrade. In addition, moving maternity provision to Telford would create space for other services at Shrewsbury.
- Achieving trauma unit status at the Royal Shrewsbury Hospital meant that patients did not have to go direct to the trauma centre in Birmingham without receiving pre-care. The status would also help to attract good quality doctors and nurses, which in-turn would help to produce better outcomes for patients.
- The hospital budget was now around £275m a year, with £1.75m having to be found each year to service debt. Greater controls on spending were being exercised to achieve targets and reduce costs.
- Work was proceeding well with the paediatricians on looking at the provision of childrens services.
- All those requiring 'Triple A' screening will be invited for assessments and various health disciplines will be involved to handle demanding workloads.
- The community side of the NHS with education input would take a leading role in the early detection of health issues in child assessments.

The Chairman thanked Mr Cairns for his presentation.

10. FEEDBACK ON THE MEETING

All those present were asked to complete and return the feedback forms circulated before leaving.

11. DATES FOR MEETINGS IN 2012/13

It was agreed that arrangements be made for meetings to be held in May and November 2012 and the public informed.

**Ken James/
Fiona Howe**

Chairman:.....

Date:.....