

**BISHOP'S CASTLE, CHIRBURY & WORTHEN AND CLUN
LOCAL JOINT COMMITTEE**

**NOTE OF DECISIONS AND ACTIONS STEMMING FROM THE MEETING HELD ON 6
MARCH 2014**

7.00 PM – 9.30 PM

AT

BISHOPS CASTLE PUBLIC HALL, BISHOPS CASTLE

Responsible Officer Mathew Mead

e-mail: mathew.mead@shropshire.gov.uk Tel: 01743 252534

Committee Members Present:

Shropshire Council

Nigel Hartin

Clun (Chair)

Heather Kidd

Chirbury & Worthen

Town/Parish Councils

Jonathan Roberts

Clungunford Parish Council (Vice Chair)

John Croxton

Clunbury Parish Council

Georgie Ellis

Lydbury North Parish Council

Gillian Lello

Newcastle Parish Council

James McVicar

Clun and Chapel Lawn Parish Council

Gordon Lewis

Mainstone Parish Council

Jonathan Roberts

Clungunford Parish Council – Vice Chairman

Andrew Beavan

Llanfairwaterdine Parish Council

Ian Owen

Bedstone and Bucknell Parish Council

Jane Carroll

Bishops Castle Town Council

Andrew Craig

Chirbury Parish Council

Officers Present:

Mathew Mead, Community Action Officer

1. Apologies for Absence

Apologies were received from

Charlotte Barnes (Shropshire Councillor, Bishop's Castle); Valerie Whately (Bettws Parish Council); Sandra Davies (Newcastle on Clun Parish Council) Gillian Lello attended as substitute; Valerie Whately (Bettws Parish Council) and Tony Wilkinson (Worthen With Shelve Parish Council)

2. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

The following Members declared interests in the following items and left the room during the discussion on these items.

Item 9 Funding report

- 19.73 Andrew Beaven – Wife is a member of Llanfair choir
- 19.74 Nigel Hartin, Heather Kidd and Jane Carroll Board members of ESWs
- 19.76 Ian Owen, organiser of Bucknell Show
- 19.80 Heather Kidd, Member of Worthen with Shelve Parish Council

3. Notes of Previous Meeting

The minutes were agreed as a correct record of the previous LJC on 10th October 2013

4. Police Update

A written report of was presented by the Safer Neighbourhood Team outlining crime figures in the area; contact details for the team and dates of public PACT meetings where police issues could be discussed in confidence. While crime was very low in the area residents were reminded to take care to secure and lock outbuildings as thefts of tools and equipment from these buildings was an issue across Shropshire.

Crimes listed at “The Market” in Bishop’s Castle were questioned. This location was actually the Auction Yard site and unrelated to any activity of the market.

Note: Copies of the presentations given at the meeting can be found on the website www.shropshireljcs.com/bishopscastleljc

5. Shropshire Clinical Commissioning Group, Paul Tulley, Chief Operating Officer and Dr Julie Davies, Director of Strategy and Service Redesign – Update on “A Call to Action” and “Future Fit” consultations.

Paul Tulley thanked the Committee for inviting him to return to speak to them, following the last presentation he made in October, outlining the “Call to Action” consultation which the CCG had launched in the autumn to start the process of reviewing health care delivery in the county

The Call to Action consultation had generated over 3000 replies and both members of the public and clinicians who took part agreed that changes are needed to improve health outcomes in Shropshire and deal with long standing economic, social and health issues which both Shropshire and the county faced. Some of these were new issues, but many were pre-existing and had not been tackled in the past. Remaining “as we are” was not a realistic option

This changed will start with the “Future Fit” exercise which will review critical services at acute and community hospitals, and will be led by a Programme Team who will focus on five key work streams. The programme team involves a wide range of clinical, nursing, patient and emergency organisations in Shropshire, and reports to a Programme Board. The Five work streams are:

- Activity and Capacity
- Clinical Design
- Engagement and Communication
- Finance
- Assurance

Each work stream will assess in detail the current delivery in the county; compare it with national averages to see how it is performing and to judge what future changes in demographics will have on service deliver. They will then put forward a series of options which themselves will be tested out against clinical outcomes

Overall the process would take 4-5 years but it was vital that patients and the public were involved in the process to check that the correct questions are being asked that will bring benefits to patients in Shropshire. The Programme Board will issue regular updates; attend meetings and work with stakeholder groups. A new Future Fit website will be launched soon and the board can be contacted on nhsfuturefit@nhs.net

Members of the Committee asked a series of questions relating to the consultation.

Councillor Kidd asked how the options put forward by the work streams will be presented to public? Would all options be available or just those preferred by the CCG?

Paul replied that a series of options will be shown, but a preferred option based on clinical need would be included. Throughout the process the Programme Board have to make sure that any proposals brought forward are checked to bring clinical improvements. It would not be helpful to include proposals that didn't include these checks.

Councillor McVicar asked how accountable the programme board and team were to the public. What part of the democratic process could call these bodies to account?

The Board is accountable to 5 bodies

Shropshire CCG
Telford & Wrekin CCG
Powys LHB
Shrewsbury and Telford Hospitals NHS Trust
Shropshire Community Health NHS Trust

and can also be called to account by scrutiny committees at the Council.

Members of the Committee and public at the meeting expressed concerns that the process did not really take into account the differences between the urban and rural areas, particularly if services were to move from Shrewsbury to Telford hospital.

Dr Julie Davies responded by saying that these issues had been raised through the Call to Action, and would be looked at from a clinical perspective. She gave the example that the stroke clinic moving to Telford, which had created concerns about the availability of quick care for people receiving stroke treatments. Since the move no cases had been dealt with any slower than under the previous system, and indeed the outcomes of moving the services had resulted in overall levels of better clinical outcomes. However both Paul Tulley and Dr Davies acknowledged that transport issues were a major factor in Shropshire and needed to be looked at very carefully, particularly in relation to Ambulance Services.

Presentation by John Wright, Assistant General Manager, West Midlands Ambulance Service

Following on from the presentation by the CCG John Wright explained the role the Ambulance Service played in providing medical care, both on site through ambulances and paramedics, but also in transporting people to hospitals. Like the CCG they are constantly looking at ways to improve the service and improve standards, and will work closely with the CCG over the Future Fit programme.

Shropshire is part of the West Midlands Ambulance service, and while they operate on an area wide basis recent changes have been made to make sure they respond as well as they can to issues created by Shropshire's geography, sparse population and road networks. Changes in management structure have been made to give more local management, with John looking after Shropshire and being based here.

Part of the work to improve performance relates to deploying the best solution to a medical emergency, and this involves a number of factors including the role of the call centre operatives; deploying the right kind of vehicle to incidents, and working with patients and communities to reduce the number of response vehicles that need to attend incidents.

In Shropshire the service uses ambulances with two crew members on board; and single response units. Ambulances have the advantage of having more equipment on board and can take people to hospital, but are more expensive to run; while single response units are cheaper to run and be more locally based, thus reducing response times, but can't offer the same level of onsite care. Making sure the right vehicles are deployed in the right areas is key to delivering a good service. To this end the ambulance service had reintroduced a double crew ambulance to the Craven Arms area

John presented a series of charts and maps showing response times in the LJC area and how these compared with the rest of Shropshire and the West Midlands area.

The service categorises calls and responses required as

- Red 1 (Serious threat to life, patient unconscious) 8 minutes
- Red 2 (Serious injury or medical condition) 8 minutes
- Green Call (Still an emergency but no immediate threat to life) 30 minutes

There are always going to be significant differences in response times across the Service Area – such as between the Centre of Birmingham and rural South Shropshire, and the charts do so that response times in the LJC area are below area averages. However they are similar to other rural areas in the West Midlands with similar topography and road networks. Figures in rural areas can also be based on small number of call outs which can affect the balance of the figures (one long delay can badly affect the figures). In the LJC area the response times achieved were:

Location	Incident Count	Red 1	Performance	Red 2	Performance	Red 19	Performance	Green 2	Performance
SW Shropshire	779	10	70%	296	48%	306	62%	305	85%
Shropshire CCG	34,047	308	63%	13,592	68%	13,900	91%	13,983	95%
WMAS	812,655	7146	80%	331,680	74%	338,826	97%	355,202	89%
South Arden	2004	6	33%	228	33%	234	43%	371	94%
North Staffordshire Moorlands	2987	13	38%	399	32%	412	63%	525	96%
National			74%		73%		95%		
Community First Responder (SWS)	301	9	78%	158	49%	NA		124	98%

Despite the problems of responding quickly in rural areas the service is always looking to make improvement to services. Better training for call centre operatives can help reduce the number of vehicles that have to attend incidents, as there may be a better local solution such as a Community First Responder available (there response times are included in the chart), or the patient can manage their own care with the help of relatives or by visiting the local doctor. Response maps show having local volunteers available greatly helps response times, as the deployment of response vehicles. There is always a need to balance resources to get the best results for patients.

Members of the Committee asked a series of questions.

Councillor Kidd asked if cross border agreements were in place with other ambulance services to provide cover when ambulances are deployed at hospitals or incidents.

John Wright responded that within the West Midlands Ambulance service area they did work across county borders, but there was no formal agreement with the Welsh Ambulance Service, which maybe a contributing factor in some of the lower response times along the English and Welsh border. They did however work together when major incidents occurred. Councillor Kidd offered to work with Welsh Assembly members to look at this issue.

A member of the public spoke about the difficulties they had experienced when a member of their family had an accident in the country. Due to the location of the incident they fell between two ambulance services; there were frustrations with the questions the call operative asked them and also issue about finding the location of the incident when the ambulance did arrive. They also felt that the complaints process was not open and transparent when they reported these incidents.

John Wright responded that call operators did go through a 6 week training programme, and asked questions in a set way to get the best medical outcomes for patients. However they did acknowledge that this process could be frustrating in the stressful environment of an emergency call. Ambulances do not have mobiles on board but communicate via a secure radio system that links to other emergency services, so there is no direct way for patients/callers to communicate directly with the emergency vehicle to “guide” them to the location of the incident. He also offered

to look into the specifics of the incident the member of the public was involved in to see how they could learn from the incident in the future.

Becky Tinsley – Operations Manager Midlands Air Ambulance

The Midlands Air Ambulance is a Charity established in 1991, which as responded to over 38,000 emergencies since it was formed, and today averages 3000 call outs each year. The Service has three helicopters based at strategic locations across the West Midlands with the helicopter covering Shropshire being based at RAF Cosford. The service costs £6 million a year to run.

The service is run using three EC135-T2 helicopters; 6 pilots and 30plus Paramedics and Doctors. While the service is a charity they have very close links with the West Midlands Ambulance Service and who train all of the medics, and employ the same protocols and procedures to make sure there is a high level of clinical care.

The service responds to a range of incidents but the majority of incidents are road traffic accidents (35%); Medical Emergencies (22%) and sports and leisure accidents (13%). Around 40% of call outs are in the Shropshire and Telford area. Each airlift costs around £2000 and overall the service costs around £25 a minute to run. Of the money raised by the charity 90% goes directly to operating the service.

Like the WMAS the Air Ambulance is always looking to improve its clinical and operational standards. New equipment is being looked at to allow the service to undertake more night flying. Air Ambulance staff are now also part of the WMAS call centre and involved in establishing if the Air Ambulance needs to be sent to an incident. In some cases the service is dispatched when it is not required and this has cost implications and can mean the helicopter is out of service for an emergency it is needed. Better call centre management can help reduce unnecessary call outs.

Responding to incidents in very rural areas can be difficult as the helicopters need a safe space to land in. In cases where they can't land they will arrange for land ambulance to transport a patient to a safe place where the helicopter can land. However the helicopter pilots are highly trained and have landed in some very inaccessible

Members of the Committee asked if new equipment on the helicopters, such as those found in ambulances, could help provide rapid care for cases such as strokes and heart attacks.

While the Air Ambulance does have top quality equipment it is not really cost effective to have high level equipment on the helicopters for specific conditions. In most cases the helicopter is only a maximum of 15 minutes from a hospital that can provide this care, so the air ambulance is best suited to focusing on a fast response.

The chairman thanked all the speakers for their informative presentations, which had helped answer a number of questions raise by the Committee over health care issues. As the Future Fit consultation progressed he hoped the CCG would return to give updates at future meetings.

5. Update on future of LJC's and locality working – Chris Edwards Area Commissioner Shropshire Council

Chris outline the background to the LJC's which were established in 2009 when Shropshire became a unitary authority, as a way of creating a working forum between Shropshire Council and the town and parish councils of Shropshire.

Between them the 28 LJC's have allocated over £2 million of grants to support community led projects, but from April 2014 the grants will end. However the LJC's can continue to meet and will be supported by the Community Action Team

This offers an opportunity to look at the work of the LJC and to see if they should adopt new ways of working to meet local needs, and to deliver opportunities created by the Localism Act and changes in the way Shropshire Council works.

There is no prescribed way that LJC's should develop, but some pilot work has taken place to explore how some elements of service delivery such as youth work can be planned and delivered through greater engagement with communities, and the LJC's offer a way forward for this. There are also opportunities for LJC's to look at commissioning services locally.

Work is now progressing with each LJC to see what the committee members think is a good way forward. This will include looking at the geographical areas covered by LJC's; what local issues need addressing and how external funding can be sourced to help support projects in the area. A meeting for Bishop's Castle LJC will take place on 19th March.

Councillor Jane Carroll asked if this was linked to the work Shropshire Council is undertaking to develop "Customer Information Hubs" in the main market towns, and expressed concern that the Bishop's Castle area didn't have a hub.

Chris responded that Customer Information hubs were being developed in 6 market towns in Shropshire to give people a chance to access Council and other services in one location. This wasn't directly connected to LJC's but there would be opportunities to look at developing smaller "rural hubs" in the future and LJC's could play a role in looking at the services that could be developed. Enterprise House in Bishop's Castle is one such venue where this type of service could be provided.

7. Update on Shropshire Fire and Rescue Service 2020 consultation

Councillor Hartin reported that the Fire Service cuts which had been discussed at previous meetings had been scaled back, due to the service receiving extra income and being able to put up their precept levels. This meant the possible closure of Craven Arms and other stations had been averted, and no significant front line service cuts would occur, although there would be changes to working practices and management structures.

Councillor Hartin also circulated details of a drop in event on 8th March at Craven Arms Fire Station aimed at encouraging more women to join the service as retained fire fighters.

8. Public Question Time

No questions were raised by members of the public

9. Issues from around the LJC area

No issues were brought to the meeting by the Committee members

10. Funding Report – Grant applications

The Community Action Officer gave an overview of the funding for the LJC. There is £5,134.60 remaining to be allocated this financial year. As funding is ending there is no opportunity to carry forward funding, and any remaining budget will be lost and returned to Shropshire Council.

The projects listed below were all approved by the Committee at the grant rate listed.

Project number	Project name	Total cost	Grant Awarded 06.03.14
19.73	Llanfair singers	£775.00	£500.00
19.74	SpaRC Screen	£1,244.80	£800.00
19.75	Worthen Church Wall	£6,480.00	£0.00
19.76	Bucknell show	£480.00	£480.00
19.77	Busy Bees Chirbury	£16,250.00	£2,500.00
19.78	Clun Valley Fair Trade	£500.00	£0.00
19.80	Brockton notice board	£500.00	£354.60

This leaves £500 remaining to be allocated. Committee members were asked to consider any local projects that may be looking for support and to put them in contact with the Community Action Officer. A final decision on the grant would be made at the future planning meeting on 19th March.

11. Future agenda items

Committee agreed to discuss this item at their meeting scheduled for 19th March.

12. Date of next meeting

LJC future working planning meeting was set for 3pm on Wednesday 19th March at Enterprise House in Bishop's Castle. Future Public LJC meeting dates will be discussed at that meeting.

The meeting closed at 9.30pm

Chair: _____

Date: