



Committee and Date Healthy and Adult Social Care Scrutiny Committee
15 September 2014
10:00am

Item No
3b
Public

**MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE
MEETING HELD ON 14 JULY 2014**

10.00 AM – 12.06 PM

Responsible Officer Amanda Holyoak
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Present

Mr G L Dakin (Chairman), Mr J Cadwallader, Mrs P Dee, Mrs T Huffer, Mr S P Jones, Mrs H Kidd, Mrs P Moseley, Mrs P Mullock, Mr P Nutting.

11. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Mr D Minnery and Mrs M Shineton. Mrs Dee substituted for Mrs Shineton.

12. DISCLOSABLE PECUNIARY INTERESTS

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

13. MINUTES

The Chairman reported that the minutes of the meeting held on 23 June 2014 would be presented for confirmation at the following meeting.

14. PUBLIC QUESTION TIME

There were no public questions.

15. MEMBER QUESTION TIME

There were no Member Questions.

16. Relocation of Monkmoor Walk-In Service to Accident and Emergency, Royal Shrewsbury Hospital

The Committee received a paper (copy attached to signed minutes) which sought support for Commissioner plans to re-locate the Shropshire Walk-in Centre based

in Monkmoor, Shrewsbury, to Accident and Emergency at the Royal Shrewsbury Hospital.

The Chairman welcomed the following representatives to the meeting who were present to support and answer questions about the proposed re-location: Paul Tulley, Chief Operating Officer, Clinical Commissioning Group, Dr Peter Clowes, Clinical Lead for Urgent Care CCG, Emma Pyrah, Urgent Care Commissioner, Dr Steve James – Medical Director for Walk In Centre, Dr Kevin Eardley – Consultant, SATH, Graham Shepherd – Shropshire Patient Group Representative, Liz Welsh – NHS England, Primary Care Lead Shropshire & Telford, and Rebecca Woods – NHS England, Head of Primary Care Commissioning.

The Chief Operating Officer reported that the Walk In Service had now been in place for five years and was a well-regarded service with 34,000 users every year. It was currently located at Monkmoor, Shrewsbury, alongside a GP Practice with 3,000 registered patients and it was now proposed to split the Walk In element from the GP practice, extend the contract for up to another five years and locate the Walk In element alongside Accident and Emergency at the Royal Shrewsbury Hospital.

There was both national and local consensus that co-location of such walk in services with A&E would create major benefits, including: better workforce integration; creation of new pathways; avoidance of duplication; avoidance of hospital admissions; quicker problem solving; availability of the right clinicians and skills available for first contact; skills available to manage urgent need; and allowing just one examination then referral for tests. The registered practice would remain at Monkmoor.

The Local Member for Underdale commented that he had not been aware of the proposal until he had seen the item featured on the agenda for the meeting. He reported that the service was much valued by local people who would find it difficult to access the hospital site by bus. This could leave many struggling on rather than seeking medical help. He also expressed concern that the Registered Doctors practice might not be viable on its own.

Some Members of the Committee felt that the proposals made good sense but drew attention to the already pressured car parking at the Royal Shrewsbury Hospital Site. They felt that commitment to solve the parking problem was essential and that pressure should be exerted on the Shrewsbury and Telford Hospital Trust (SATH) to do so.

In response, the Chief Operating Officer apologised for not making contact with local members before the meeting. He reiterated that the Registered List would continue and reported that engagement work had started and would continue until a final decision was made by the CCG Board in September. Dr Clowes emphasised that the Walk In Centre was a facility for the whole of Shropshire and not just the immediate area it was located within and it was felt that the clinical benefits would outweigh the disbenefits of the parking issues. He referred to the relocation of Women and Childrens Services to the Princess Royal Hospital which would release some demand on parking spaces. Mr Tulley confirmed that he had clearly received the message regarding car parking concerns and the CCG would ensure that these would be fully explored. He also confirmed that hours of operation would remain as they currently were for the Walk In Centre.

A Member of the Committee said that they felt unable to support the proposals without data about the 34,000 users of the service. Another Member pointed out that the current location of the Walk In Service was within an area of deprivation, residents of which could have particular difficulties getting to Copthorne to access the Walk In Service due to of access difficulties, transport costs or parking costs. She also referred to the Monkmoor Project which had the aim of 'giving children the best start in life'. Other Members referred to the late paper and lack of time to consider the proposals.

Other Members of the Committee pointed out that the service was for all in Shropshire, not exclusively for the Monkmoor area and others reported that they had not been aware of its existence.

In response to comments and questions, the Chief Operating Officer stated that the proposals were not based on reducing costs but to improve the urgent care service which would be improved by co-location with A&E. Dr James explained that clinically, many who currently attended A&E could have attended the Walk In Service. Waiting times were usually around half an hour with only a very small number ever having to wait for more than 2 hours.

In addressing the proposal by some Members to defer making a decision whether to support the re-location or not, the Chief Operating Officer explained that there were critical timing issues. The potential to relocate had only arisen recently and it was hoped to make arrangements in time for the coming winter. This would involve refurbishment and extension of the A&E waiting area and to allow this to happen, the CCG Board needed to make a decision at its meeting on 9 September 2014.

He said it would not be possible to commit to dedicated parking for any services based at the Royal Shrewsbury Hospital but emphasised that clinically the relocation of this service was the right thing to do. Most patients could be streamed from the outset and waiting times overall would be reduced. He reiterated that the issues related to parking would be put to the Acute Trust to identify possible solution but this might need to be dealt with on a different timescale-

A representative from Shropshire Patients Group said that anticipated objections were related to parking difficulties, paying for parking and distance from Monkmoor for those who were used to the Centre being located there. He reported that the Patients Group were in support of the proposals and were of the view that they would be of benefit of all patients in Shropshire. He also agreed that pressure should be brought to bear on the parking situation.

The Urgent Care Commissioner reported on engagement work undertaken so far with the Patients Group, clinicians and patients. An engagement exercise had commenced on 30 June 2014 involving facilitated interviews with patients, and questionnaires. Results to date had been a fairly equal split of views on relocation. She also confirmed that an Equality Impact Assessment would be carried out.

The Committee rejected a proposal to defer the decision and agreed to support the proposal as long as the parking issue was addressed with the Acute Trust. The CCG was also requested to consult Local Members as appropriate and as early as

possible as they were a source of valuable knowledge about their electoral divisions.

The Committee RESOLVED:

To support the proposal for re-locating the current Walk-in Service from Monkmoor to A&E at the Royal Shrewsbury Hospital on the proviso that a commitment is made to address car parking issues with Shrewsbury and Telford Hospital Trust.

To request that the CCG and other NHS bodies be asked to ensure early consultation with Local Shropshire Councillors if change is proposed in their Electoral Divisions.

61. ADULT SOCIAL CARE TRANSFORMATION

Andy Begley, Head of Social Care Operations, provided a report and presentation in response to a request from the Chair of the Committee to provide an oversight of activity across Adult Social Care. He described the change to the way front line services were being delivered, impacts and outcomes were being measured currently and how overall performance would be monitored and managed going forward. The report and presentation are attached to the signed minutes.

Members heard about and considered the pattern of Adult Social Care activity and future demand; principles underpinning the transformation of Adult Social Care, what the new operating model looked like, and ways of identifying how it was working.

The Head of Social Care Operations addressed questions and points raised by Members relating to: the 'Let's Talk' Drop In Sessions; the findings of the RAG Groups on Personalisation and the New Operating Model which had particularly flagged issues around communications; changing expectations; the degree of follow up after an initial signposting service was provided; the rise in demand for advocacy services; the implications of the Independent Living Fund coming to an end and the Adult Social Care Bill; transition into adult services; Locality Commissioning, particularly in very rural areas; and the need for consistent messages with frontline staff and service users.

During discussion about measurement of quality and performance, the Committee acknowledged that it was much harder to measure and assess quality of services compared to quantitative data, especially in the light of large numbers of service users.

The Portfolio Holder for Performance explained that a vast amount of data was collected and reported in different ways and that ways to simplify this needed to be identified.

It was suggested that a small Working Group be formed from Membership of the Committee to look at development of performance measures with the Head of Social Care Operations, the Portfolio Holder for Performance and members of the Performance Team. Any Member wishing to take part in this work was asked to confirm this with the Committee Officer outside of the meeting. The Portfolio Holder for Performance welcomed this suggestion.

RESOLVED:

that a small Group of Members of the Committee meet to consider the collation and analysis of wider outcome measures and how best to report these.

That the Adult Social Care Transformation Plan be subject to further review and scrutiny following formal ratification of Q1 and Q2 finance reports and collation and analysis of wider outcome measures.

Chairman:.....

Date:..15 September 2014.....