Minutes of the Health Scrutiny Committee Meeting held on 1 February 2011

Present: Janet Eagland (Chairman)

Attendance

Councillor Brenda Constable  Lichfield District Council
Dylis Cornes
Councillor Muriel Davis  Cannock District Council
Councillor Barbara Hughes  Staffordshire Moorlands District Council
Philip Jones
Michael Oates (Vice-Chairman)
Kath Perry
Steve Povey
John Rowley
Councillor Amyas Stafford Northcote  Stafford Borough Council
David Bassett (Co-Optee)  Local Involvement Network

Also in attendance: Pat Corfield (Cabinet Member for Culture, Communities and Customers)

Apologies: Councillor Patricia Ackroyd (East Staffordshire Borough Council), Councillor Ken Gant (Tamworth Borough Council), Councillor Janet Johnson (South Staffordshire District Council), Councillor Tina Morrey (Newcastle-Under-Lyme Borough Council) and Geoff Morrison

PART ONE

68. Declarations of Interest

There were none on this occasion.

69. Minutes of the meetings held on 10 January and 20 January 2011

RESOLVED - That the minutes of the meetings held on 10 and 20 January 2011 be confirmed and signed by the Chairman.
70. Royal Wolverhampton Hospitals NHS Trust - Foundation Trust Update

The Chairman welcomed Barry Picken, Trust Chairman, to the meeting. He explained that he was seeking to meet in person with all the health overview and scrutiny committees of local authorities served by the Trust, so was pleased to have the opportunity to meet this Committee. He also wanted to provide an update on the progress of the Trust towards Foundation Trust status which had begun in earnest at the start of January 2011. 1 March 2011 was the date for the Board to Board assessment with Monitor. Assuming this went well (and Barry Picken was not aware of any issues causing Monitor concern) it was intended to declare the Trust a Foundation Trust from 1 April 2011. The approval process was a fast, tight one driven by the government’s desire to see as many trusts through to Foundation Trust status as possible.

In the next month about 1,100 staff would transfer from Wolverhampton City Primary Care Trust (PCT) provider services to Royal Wolverhampton Hospitals NHS Trust. Due diligence was being undertaken for this transfer and Monitor would consider the appropriateness of the Trust providing both acute and community services – it would be the first doing so to go for Foundation Trust status.

As a Foundation Trust, the Trust would have a Council of Members. Positions had been advertised and the closing date had passed. All had been filled with the exception of the Shropshire and South Staffordshire public constituencies. These were being advertised again and Barry Picken would be grateful for any encouragement Members could give to people to put their names forward. Councillor Kath Perry was not aware of the vacancies and suggested that Barry Picken wrote to South Staffordshire Council who might be able to offer assistance with advertising. The LINk Member suggested the LINk might also be able to help advertise the vacancies through its bulletin. (It was made clear that the Trust did not select or vet people for these positions – there would be a ballot and the governors would be Criminal Records Bureau checked.) Later on it was clarified that the two South Staffordshire positions could be filled by people from the south of Staffordshire (not limited to only South Staffordshire Council’s area).

A Member asked what power the governors had and how this would benefit patients. Barry Picken explained that they: held the Board (Executive and Non-Executive Directors) to account for its actions; were consulted on strategy and developments; and were included in (and could block) the appointment of the Chair and Directors – they had a substantial influence.

In regard to a question about whether governors had the right to make unannounced visits, Barry Picken was not sure but saw no reason why this would not be welcomed.

A Member asked whether, in the last twelve months, the Trust had received any letters from the Care Quality Commission raising issues of care. Barry Picken thought not but as he had only been in position since November 2010, was happy to check and confirm this in writing.

The Committee was interested in the Trust providing both acute and community services (as this was not the option being taken in Staffordshire) and a Member asked Barry Picken what value he saw in this approach in Wolverhampton. Barry Picken
highlighted that the situation in Wolverhampton was different to that in most other places in England in that the PCT and Hospital had been working towards this transfer for the past two years. There had been consultation with the public and various stakeholders leading to the development of nine integrated care pathways. Two mental health pathways had gone to the PCT (as it was also the mental health trust) and one public health pathway had gone to the local authority. The other seven were for integration with the acute trust. The pathways covered patients before, during and after their hospital stay and work was taking place so that consultants would be responsible for the ‘hospital at home’ aspects of care. The quality and seamlessness of care were more important to patients than which organisation was delivering it. It was difficult for Barry Picken to say more than this as he had not looked into other options (as they had not been on the Trust’s agenda).

A Member asked whether cross border pathways involving care at Royal Wolverhampton Hospitals NHS Trust would be as seamless as pathways wholly within the area. Barry Picken answered that they might not be, as care might be delivered to different standards and in different ways in other areas. Over a period of time, he hoped that the same high standards of quality and service would be reached but this was a medium term aspiration rather than something that would happen on 1 April 2011.

In response to a question, Barry Picken outlined Board level involvement in dealing with complaints. He hoped that people would raise issues at the time and have them resolved at ward level but he knew that this was not always what happened. When a person wrote in to the complaints department, the Trust had a policy of responding in 28 days. All were reported through to the Board. The Governance Committee dealt with clinical concerns and complaints and a separate body with other issues. Barry Picken met the complaints manager each week to pick up on what people thought and were complaining about and what was being done. He was also continuing a practice (that he had begun in a former job) of meeting or speaking each week with a different voluntary organisation about what they thought of the quality of local health services.

The Committee was interested in the assurance process for Foundation Trust status and what would happen if the Trust did not meet Monitor’s requirements. Barry Picken explained that plans had been prepared and refined during the process and that the Board to Board meeting was one of the final hurdles. He was confident but the fall back position was that if the Trust did not achieve Foundation Trust status this time then they would try again.

The Chairman thanked Barry Picken for attending the meeting and the Committee considered what further follow up of this matter was appropriate.

RESOLVED - (a) That Barry Picken be advised to contact South Staffordshire Council and Staffordshire Local Involvement Network to seek assistance in advertising the South Staffordshire public constituency governor vacancies.

(b) That Barry Picken be asked to advise the Health Scrutiny Committee whether, in the last twelve months, the Trust had received any letters from the Care Quality Commission raising issues of care.
(c) That either:

(i) if no issues had been raised, Barry Picken be asked to keep the Committee in touch with the Trust’s progress toward Foundation Trust status by letter to the Chairman; or

(ii) if issues had been raised, Barry Picken be asked to attend a future meeting of the Committee.

Note by Clerk: Barry Picken confirmed by letter of 2 February 2011 that no issues had been raised.

71. Mental Health Out of Hours Drop in Service in Cannock Chase and Stafford & Surrounds commissioned by South Staffordshire Primary Care Trust and provided by Mid Staffordshire MIND

The Committee considered the revised model for this service. Jane Chapman, Practice Based Commissioning Lead for Stafford & Surrounds, said that feedback from consultation with the people who used the service had helped to shape the discussion that had taken place with the provider about the future of the service. Two meetings had been held with the new Chief Executive of Mid Staffordshire MIND and it had been agreed to maintain the service with some modifications – combining the valued elements of the previous service with a therapeutic approach to help the people using the service to continue their recovery. The future service would meet the criteria already used for day services, which would ensure that it was clinically appropriate and that there was continuity between ‘in hours’ and out of hours service provision. People using the service had identified a gap at weekends, particularly bank holiday weekends and, through a flexible approach, the service would be extended to respond to this. It was clarified that no additional funding was being made available (and that the ‘in hours’ service was provided through a separate contract).

A Member asked if the commissioners were satisfied that the service would now form part of a coherent model of service provision for the area and Jane Chapman confirmed that they were and that the new service specification gave clarity on the outcomes that the service was expected to achieve and would be measured against.

Another Member was interested in what changes there would be for people using the service. Jane Chapman replied that the opening hours might vary and there would be more one-to-one work with people (whilst recognising the support that people gained from meeting together). In general the commissioners were keen to see more service delivery out in community settings.

In response to a question, Jane Chapman explained that there would be a quarterly monitoring report and a review but that it was best to obtain feedback from service users in a way that did not cause unnecessary anxiety.

The Committee had questions about changes to mental health day services and Dawn Williams, County Commissioner for Mental Health, reported that a complex pattern of day service provision existed in Staffordshire. There had been a retendering exercise
for (primary care) day services in south Staffordshire and South Staffordshire & Shropshire Healthcare NHS Foundation Trust were also engaging people in discussion about the future of (secondary care) day hospital services. Increased investment in and delivery of community interventions and home treatment was reducing demand for secondary care.

A Member reported concern amongst what was a vulnerable group of people about what alternative services there would be. Dawn Williams responded by agreeing that managing the transition process and monitoring its impact on people using services was vital so that people continued to receive services that met their needs.

Reassurance was sought by one Member that the stand alone drop-in service contract was not vulnerable to the loss of other MIND contracts. It was stated that MIND operated a number of services only some of which were under contract with the PCT so their business was not wholly dependent on this.

The Chairman thanked Jane Chapman and Dawn Williams for attending. The Committee commented that it would be useful for them to have an overview report on all of the changes that were happening within mental health services in the county. It was noted that the disinvestment plans of South Staffordshire and Shropshire Healthcare NHS Foundation Trust were already on the Committee’s work programme and that the Trust and South Staffordshire PCT had produced an ‘Improving support for people with mental health problems’ engagement document (a copy was tabled at the meeting). The Chairman suggested that the Committee could usefully follow through a number of people using the services in each District/Borough of the county to see how effectively the day services transition process was managed.

RESOLVED - (a) That the Health Scrutiny Committee accept the report on the new model of service for the Out of Hours Drop in Service in Cannock Chase and Stafford & Surrounds.

(b) That the Committee request the County Commissioner for Mental Health to provide an overview report on all of the changes happening within mental health services in the county.

(c) That the Committee follow through a number of people using day services in each District/Borough of the county to see how effectively the transition process is managed.

(d) That the Committee hold a meeting to consider the South Staffordshire and Shropshire Healthcare NHS Foundation Trust and South Staffordshire Primary Care Trust ‘Improving support for people with mental health problems’ engagement document, asking each south Staffordshire District/Borough Council committee dealing with health scrutiny to consider the document and feed their views into the meeting.

72. Mental Health Services Emerging Options (Bucknall Hospital)

Fiona Myers, Chief Executive, and David Pearson, Director of Nursing and Allied Health Professionals, North Staffordshire Combined Healthcare NHS Trust had previously advised the Committee of the need to change the way services were delivered, with particular reference to the need to resolve isolation, condition and quality issues on the
Bucknall hospital site. They had started to speed up a number of conversations, in partnership with commissioners, about strategic and clinical (care pathway) changes and had sought to come to the Committee to engage Members ahead of formal consultation.

The key issues remained the Older People’s Mental Health wards at Bucknall Hospital and the location of the Parent & Baby Day Unit and Neuropsychology Unit. It was necessary to rationalise the estate to protect frontline services. It remained the intention to move the two wards to Harplands Hospital, close to out of hours and diagnostic facilities. However, there was also the issue of the Mental Health Resource Centres which was being discussed with service users. Three options (with the fourth being no change) were emerging and would be refined for consultation in February/March 2011.

A Member asked about the eight community in-patient beds at the Ashcombe Centre, Cheddleton, and why the Health Scrutiny Committee had not been informed that these had been closed. David Pearson apologised and said that they had been closed as a temporary measure owing to acute staff difficulties at Harplands Hospital, so in order to provide a safe service there. The Committee was concerned that this indicated that a reduction in community in-patients beds would cause strain elsewhere in the system. David Pearson clarified that the pressure at Harplands had been caused by an influx of patients over the Christmas period, including a number of people detained under the Mental Health Act. Other community mental health beds had remained open, together with the community services in the area. Patients in the community had care plans and co-ordinators and access to out of hours services in the event of a crisis.

Another Member had heard of patients having to move for the weekend owing to closure of facilities in Newcastle-under-Lyme. David explained that before Christmas it had been necessary to suspend operations in two bungalows at short notice, keeping two open and transferring patients. This was not ideal and they would be reopened as soon as possible. The Committee was concerned about the risk of short term moves destabilising patients and insisted that it was necessary to have a clear picture of the Trust’s services before it went out to consultation. David Pearson assured the Committee that the situation was being managed carefully.

The Committee understood that demand for in-patient beds had reduced because of the previous changes made such as early intervention, assertive outreach, crisis care and rehabilitation. They also understood that having fewer beds released resources for hospital in reach and care at home. However, they sought and received an assurance that the total number of beds would be reviewed carefully and not reduced below safe levels, taking into account winter pressures. Continued engagement with service users through the changes was essential.

The possible future location of the Parent & Baby Unit was discussed with a Member recommending a more central location that was convenient for people to travel to. A number of options were being appraised.

A Member was interested in how the Trust saw its future and its progress towards Foundation Trust status. Fiona Myers responded that she saw the Trust working in partnership with University Hospital of North Staffordshire NHS Trust with more emphasis on clinical co-locations; integrated teams providing timely and good quality
care for patients with Alzheimer’s and dementia (in the community and as in-patients). With support from commissioners the Trust would work towards going out to consultation on its plans for Foundation Trust status but it was important to get the model of service right first.

There was further discussion with David Pearson about the different levels of impact that dementia could have on a person’s life and the types of specialist input the Trust could have, from inpatient care to supporting nursing or care home placements. A Member commented that it was essential to have nursing staff in acute settings who knew how to deal with confused patients. David Pearson agreed and was aware that putting staff through dual qualifications was one way in which this had begun to be addressed.

The Chair thanked Fiona Myers and David Pearson for attending. David Pearson said that Members were welcome to visit the Trust and he was happy to attend Newcastle-under-Lyme Borough and Staffordshire Moorlands District Councils’ health scrutiny committees prior to formal consultation.

**RESOLVED** - (a) That Fiona Myers, Chief Executive, and David Pearson, Director of Nursing and Allied Health Professionals, North Staffordshire Combined Healthcare NHS Trust, be asked to:

(i) notify the committee of any closures (including temporary ones);
(ii) ensure that the formal consultation on service changes includes a clear description of current services against which to compare the proposed options; and
(iii) present the options to the Health Scrutiny Committee during the consultation period.

73. **Fit for the Future**

The Committee considered progress with the Fit for the Future programme.

Tony Bruce, Chief Executive, NHS North Staffordshire and Senior Responsible Officer for the programme, presenting to the Committee, said that it was now only ten months until the first phase of service transfers into the new acute hospital. It would have 300 fewer beds meaning 120,000 outpatient appointments would take place in local settings. The rationale was that a state of the art hospital, with smaller bays and diagnostic equipment on hand would shorten the amount of time people needed to spend in hospital. Developed primary and community services would mean fewer admissions (particularly emergency admissions).

The programme was not intended to cost money, other than transitionally. There was a lot of other change happening around the change such as the abolition of PCTs and the move to GP commissioning but this could not adversely affect the programme, which had to happen.

The building work was on track but there was some delay in service change and the pace needed to be accelerated. Over the summer, the planned changes had been viewed to make sure they were still valid and then the delivery programme was
restructured. The core programme was: admission avoidance (60 fewer beds); acute length of stay / efficiency and bed reduction (200 fewer beds); community utilisation (30 fewer beds); and elective and outpatient redesign (10 fewer beds).

Bed reduction was on track with 101 beds closed to date. Admission avoidance work was well underway with the Single Point of Care health and social care rapid assessment and care and work on Long Term Conditions having an impact. Good progress was being made in reducing length of stay against good practice with no evidence of increased readmission (for example, for fractured neck of femur or hip replacement). Providers were making progress with the efficient use of community beds and better flow between the acute hospital and the community.

The point was to take the opportunity of the new hospital to improve what was done rather than carry on in the same way as before.

A Member stated that the cardiac rehabilitation review had thrown up a concern about whether there would be sufficient capacity in the new hospital for cardiac rehabilitation for high risk patients. Tony Bruce replied that there was a focus on the need to develop this but saw it taking place in local settings such as the Haywood hospital with consultant and nursing input. The PCT had committed to additional investment in this and it was the intention to locate community facilities where there were known concentrations of health deprivation and need, such as in health and wellbeing centres.

A Member suggested that bays and single rooms rather than wards meant that more nurses were required and asked if there would be sufficient nurses in the new hospital as well as staff in the community to look after patients. Tony Bruce answered that Julia Bridgewater was the Chief Executive of the acute hospital trust and was best placed to answer this question but he was confident that there would be and that any additional cost was offset by the advantages in terms of infection control and standards. With regard to staff in the community, the smaller hospital should release resources for this but it was also necessary to look quite hard at how they spent their time, taking into account travelling and administration, to make sure that there was efficiency. Members also asked what would be done to mitigate any risks associated with patients in single rooms such as being ignored / social isolation. Tony Bruce emphasised that the Patient Advice and Liaison Service, hospital or PCT should be informed if this happened, as the system of observation should make sure that it did not.

The Committee was interested in the implications for training. Tony Bruce said that this had been spotted early; there would be some in house training, some skills based and some academic training through the training schools and universities. Later, a Member asked if there was risk to training in the reduction of university funding. Tony Bruce was not able to answer fully and offered to provide a separate briefing. However, he was not aware of an immediate impact. There might be fewer NHS sponsored places in future but this should not affect operations or quality.

In terms of the Quality, Innovation, Prevention and Productivity programme, a Member wanted to know how cost savings over and above what was planned would be achieved to respond to financial pressures. Tony Bruce stated that the NHS was in a different position from local authorities in that they had thought there would be no more money to mitigate inflation, new drugs and treatments and the demands of an ageing population.
However, this year there was a bit more money although this was expected to level out. It remained important to find more efficiency in order to treat people without more money. They would be looking at productive time and clinical best practice. They would consult the Committee where it was planned to make changes.

A Member queried whether the hospital was likely to be affected by the Review of Major Trauma Services. Tony Bruce said that representations were being made on this matter; the outcome was not yet decided. The volume was fairly low as you might expect - the people who cared for major trauma patients needed to be good and see lots of such patients.

A Member remained concerned about: the overall bed numbers in terms of future demand and responding to a major incident or winter pressure; the risk to outreach services in times of financial constraint; and access to diagnostics at weekends and out of hours. Tony Bruce explained that in terms of the balance between inpatient and outpatient care, it was about adjusting the mix over time, not at once. In regard to a major incident, at all times a Chief Executive was on call and had all the local NHS facilities at their disposal, should this occur. In regard to winter pressure, the new hospital would run at 85% occupancy leaving typically 150 beds empty so that there was capacity to cope with peaks in demand. The practice was changing from assessing to admit rather than admitting to assess and there was progress towards full seven day working – this had to be negotiated with each consultant so took time.

The Committee was interested in the current position on ‘bed blocking’ in regard to discharge from acute and community hospitals with a Member expressing concern about the situation in Brighton House and Hillport House. Tony Bruce offered to check the situation in these houses. He drew Members’ attention to the fact that delayed discharges were measured differently at University Hospital of North Staffordshire NHS Trust in that the figures included those waiting for an assessment and to have their needs met. From December 2008, there was a commitment for the number of delayed discharges to be kept to fewer than 28. There were a few occasions when this had been exceeded but it was now typically 15 with a slight increase over the winter period.

The Chairman thanked Tony Bruce for attending. He or another PCT cluster representative, such as Chris Fearns, the programme lead, would be happy to return if the Committee wanted to review progress with the Fit for the Future programme again at a later date.

RESOLVED - (a) That the progress with the Fit for the Future programme be noted.

(b) That Tony Bruce Chief Executive, NHS North Staffordshire be requested to provide further information on:

   (i) the current position in north Staffordshire in regard to NHS workforce training in training centres and universities; and

   (ii) the current situation regarding discharge from Brighton House and Hillport House.
74. Report of the Scrutiny and Support Manager

The Committee considered the report of the Scrutiny and Support Manager, which updated Members on matters relating to health scrutiny and progress with the 2010/11 work programme. The report covered:

Work Programme – Reference was made to outstanding items on the work programme. The Committee had already indicated that the Stroke Services Review was a priority but further discussion would be needed on the Committee’s remaining priorities between now and April 2011. The Chairman would welcome Members’ views by e-mail.

Cardiac Review Rehabilitation Days 12/13 January 2010 – A report would be prepared for the Committee to consider.

Access to psychological services for cancer patients – Copies of client feedback were tabled at the meeting and Members were reminded to inform Sue Price at South Staffordshire PCT of any feedback of which they were aware. There would be a meeting with the Cancer Network.

Policy Advisory Group Local Transport Plan – The working group had not particularly focused on access to health services but had recommended the development of a common framework which could be used to assess the County Council’s commitment to and funding of local transport schemes and that one of the priorities for any County Council subsidy of such schemes should be ensuring access to essential services (e.g. health services) for vulnerable people.

Meeting of the Tobacco Control Alliance held on 20 January 2011 – Councillor Amyas Stafford Northcote would provide feedback to be e-mailed to Members of the Committee.

Complementary therapies for low back pain – Responses to this query from a County Network member had now been sent.

An issue raised by Councillor Corfield about the availability of health checks from pharmacists to Cannock Town patients - This had been raised with South Staffordshire PCT for response.

Health Accountability Sessions – The date for the Mid Staffordshire NHS Foundation Trust Session was 23 February 2011 at 5.00 pm at County Buildings.

Consultations and Legislation – Information on the Health and Social Care Bill was provided.

“Healthy Lives, Healthy People”: Public Health White Paper and consultations – It was proposed that a workshop was organised for Committee Members to consider responses to the consultations. The LINk Member had been invited to an event on this subject at Keele University which he thought Members might be able to attend and would forward details.
Proposed changes to day services for mental health day services in south Staffordshire.

Review of Major Trauma Services in the West Midlands – Tina Randall would e-mail Members for a volunteer to attend a meeting on 16 February 2011 organised by West Midlands Specialised Commissioning to discuss the principles and service specification for future major trauma services in the region.

West Midlands Ambulance Service NHS Trust consultation on their plans for becoming a Foundation Trust – A note had been e-mailed to Members setting the key points arising from discussion of consultation at the previous meeting against the questions in the document. The Committee considered and agreed their response (copy attached) and undertook to pursue separately with the Trust the concerns raised by Councillor Ann Edgeller in her feedback to the Committee on Stafford Borough Council’s scrutiny of the performance of the Trust.

West Midlands Ambulance Service NHS Trust event on 12 January 2011 attended by the Chair and Vice-Chair.

Regional Health Scrutiny Chairs meeting on 27 January 2011 – The agenda had included Major Trauma Services Regional Review; Paediatric Cardiac Surgery National Review; West Midlands Ambulance Service NHS Trust consultation on their plans for becoming a Foundation Trust; Liberating the NHS; and issues for future consideration.

Health Scrutiny Officers’ group meeting on 20 January 2011.

RESOLVED - (a) That Committee Members forward any comments on remaining work programme priorities to the Chair.

(b) That a workshop be organised for Committee Members to consider responses to the “Healthy Lives, Healthy People”: Public Health White Paper and consultations.

(c) That a Committee Member be nominated to attend the meeting on 16 February 2011 organised by West Midlands Specialised Commissioning to discuss the principles and service specification for future major trauma services in the region.

Note by Clerk: Councillor Michael Oates was nominated.

(d) That the Committee’s response to West Midlands Ambulance Service NHS Trust consultation on their plans for becoming a Foundation Trust be submitted to the Trust by the deadline of 6 February 2011.

75. District/Borough Council Health Scrutiny Updates

The Committee considered a report on health scrutiny activity in the county’s Districts and Boroughs since the last meeting of the Committee.

RESOLVED - That the report be received.
76. Health Trust Updates

There were none on this occasion.

77. Local Involvement Network (LINk) Update

Dave Bassett reported that he had attended a meeting in Bristol to plug into the national agenda and had a handout that he could share with the Committee.

RESOLVED - That the report be received.

Chairman

Documents referred to in these minutes as Schedules are not appended, but will be attached to the signed copy of the Minutes of the meeting. Copies, or specific information contained in them, may be available on request.