

Minutes of the Health and Wellbeing Board Meeting held on 8 August 2013

Attendance:

Dr. Johnny McMahon (Chair)	Cannock Chase CCG
Robert Marshall (Co Chair)	Staffordshire County Council
CC Mike Cunningham	Staffordshire Police
Frank Finlay	District Borough Council Representative (North)
Dr. David Hughes	North Staffordshire CCG
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Dr. Charles Pidsley	East Staffordshire CCG
Eric Robinson	Staffordshire County Council (Deputy Chief Executive and Director for People)
Jan Sensier	Healthwatch
Dr. Ken Deacon	NHS England
Dr. Margaret Jones	Stafford and Surrounds CCG
Lucy Heath	
Ben Adams	Cabinet Member for Learning and Skills, Staffordshire County Council
Mark Sutton	Staffordshire County Council
Alan White	Staffordshire County Council

Also in attendance: Dr. Anne-Marie Houlder, Alan Bloom, Gill Cooksley

Apologies: Prof. Aliko Ahmed (Joint Director of Public Health) (Staffordshire County Council (Director of Public Health)), Dr. Tony Goodwin (Chief Executive) (Tamworth District Council), Martin Samuels (Commissioner for Health and Care) and Mike Lawrence (Cabinet Member for Communities, Culture and Localism) (Cabinet Member for Community, Culture and Localism)

1. Welcome and Introductions

The Chairman, Dr. McMahon welcomed everyone and explained the format of the meeting. Dr. Anne-Marie Houlder, who will be taking over as Chair of Stafford and Surrounds CCG from Dr. Margaret Jones, was introduced to the Board. The Chairman explained that he had agreed to a TV crew filming some of the meeting for a news item.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Previous Meeting

Resolved – That the minutes of the previous meeting be approved and signed by the Chairman.

Resolved – That there were no matters arising.

4. Trust Specialist Administrators (TSA) Mid Staffs NHS Foundation

The Chairman introduced representatives from the Mid Staffordshire NHS Foundation Trust Special Administrators (TSA), Alan Bloom and Gill Cooksley, who presented the TSA's recommendations.

It was stressed that the proposals had been developed in consultation with Cannock Chase CCG, Stafford and Surrounds CCG, a national medical group and a senior nursing group and that the recommendations are clinically safe and aid the recruitment and retention of staff.

The recommendations would see the following services at Stafford Hospital:

- Outpatients (medical/surgical specialities)
- Pre and post natal care
- Day case chemotherapy
- Step down beds
- Diagnostics
- Day cases
- Enhanced intermediate care
- 14/7 consultant-led A&E
- Acute medicine
- 14/7 Paediatric assessment service
- Rapid access/urgent appointment daily outpatient clinics
- Level 2 Critical care with temp step-up/retrieval with anaesthetic cover
- 14/7 Frail elderly assessment unit
- Short stay and planned urgent surgery.

The recommendations would see the removal of:

- Non elective surgery
- Paediatric inpatients
- Obstetrics
- Level 3 Critical care
- Complex surgical and medical care.

The recommendations would see the following services at Cannock Hospital:

- Outpatients (medical/surgical specialities)
- Diagnostics

- Day cases
- Enhanced intermediate care
- Elective surgery.

The recommendations would see the removal of:

- Renal satellite service
- Minor injuries unit

It was explained that 91% of patient attendance would be retained under the proposals.

It was stressed that although the theories had been tested with potential providers and expressions of interest received to provide the services, no contracts had yet been awarded.

Members were informed that one of the TSA's hopes is that the proposals will reduce the £20million deficit to £8.5million in the first three years.

The TSA understand the concern that the uncertainty is causing for hospital staff and residents but that a thorough consultation is required and will continue until 1st October 2013. Some of the consultation events have resulted in the facts and figures used to be challenged and some are now being re-examined. Some members of the public at consultation events have been very vocal and the TSA hopes that others don't feel intimidated and put off contributing to the consultation by the louder, very vocal members of the public.

The Chairman invited questions from the Board members.

- Whilst the need to reduce the financial deficit requires change, the effects of the proposed changes on the community needs to be considered. There are 1800 births in Stafford, 10000 new homes due to be built and returning forces personnel and their families due to arrive soon. Until the community are reassured that Wolverhampton and Stoke hospitals can provide a better service, the proposals won't be accepted by residents.

The TSA are aware of the strong feelings towards maternity services at Stafford Hospital, however a range of issues have led to the proposal to remove obstetrics:

- Stafford is one of the smallest units in the country.
- New housing and MOD staff are unlikely to significantly increase demand for obstetric services.
- No providers were prepared to provide either obstetrics or a midwife-led unit.
- There is a lot of choice of alternative locations at which to give birth.
- A maternity unit would need a special baby care unit and ICU which are not provided under the proposals.
- Neither a midwife-led unit nor a full obstetric service can be provided within the budget.
- From a safety perspective, staff need to see a wide range of cases regularly in order to be able to identify complications and understand how to treat them. This is not possible with such a low level of births.

- The TSA began work on the proposals by considering what is clinically safe and sustainable rather than what was financially viable. The finance aspect came secondary.
- What are the arrangements for governance and scrutiny of transferred services?

Once the Secretary of State has signed off the final proposals and the hospital is broken up, lawyers and Monitor will consider governance.

- How will the difficult transition period be managed with staff beginning to move. Is there a need for support from other parties including the Health and Wellbeing Board?

A COBRA-style group is being set up to escalate key issues on a day-to-day basis during the transition.

- It is encouraging to see that 91% of patient attendance will be retained but how does that translate to the % of days spent in hospital?

The TSA will provide a breakdown of the 91% after the meeting.

- The proposals include patients being assessed at Stafford and then moved to the appropriate hospital for treatment. Has the impact on the ambulance service and the receiving hospitals been examined?

The ambulance service have been involved in calculating the numbers of patients impacted and the additional journeys needed. They have inputted this into their business model and come up with an additional funding requirement of £1.2million which is sustainable within the proposed budget.

- Do the neighbouring hospitals have sufficient night and weekend staff to cope with the increase in patient numbers?

The neighbouring hospitals were confident that the model is safe including providing anaesthetic cover at Stafford and acute medical care at other hospitals.

Members were reassured that the ambulance service have outstanding success at predicting journey times and costs and if they say that they can cope with the additional requirements then the board should trust their response.

- Clarification was sought and given on what would happen if a member of the public required emergency care after 10pm.
- Disappointment was expressed that the idea of providing services outside of the hospital environment wasn't included in the proposals. An example of frail elderly people going to hospital for diagnosis because of poor diagnostics in the community was given.

The TSA has begun talks with the CCGs to identify better ways of delivering care including services in the community. Many parties are needed for this process and the TSA has to focus on Mid Staffordshire Hospital Trust.

- £8million is still a large deficit. How will this funding gap be tackled?

The TSA are working with NHS England and Monitor to discuss the financial implications. The proposed savings are moderate and so may be higher than planned. It will be difficult to track the overall deficit as the costs will be divided between Stoke, Wolverhampton, Telford, Walsall, Cannock and Stafford.

The Chief Constable empathised with the process that the TSA were having to go through and expressed an interest in learning from their experience of engagement with the community, key stakeholders and service providers.

The Chair summed up by stating that the TSA's recommendations don't appear to contradict the commissioning intentions of the Health and Wellbeing Board but that the Board now needs to decide if the TSA's proposals are in keeping with the Staffordshire Health and Wellbeing Board's strategy. He thanked Alan Bloom and Gill Cooksley for attending and confirmed that the Health and Wellbeing Board's response would be submitted in due course.

A request was made to support the CCG giving the bulk of the business being made the lead commissioner so that they have influence over other services.

Governance and scrutiny of future health services was raised. It was agreed that the COBRA-style group would look into it but that time needs to be allowed for the proposals to be finalised and implemented before scrutiny can begin. It was suggested that Health and Wellbeing Board involvement in governance should be included in the response letter to the TSA. Members were reassured that all health providers are monitored regarding contract management, patient complaints, quality of service and infection control. It was suggested that details of how this monitoring takes place could be provided in a development session.

A discussion took place regarding the importance of the involvement of the Health and Wellbeing Board to ensure that the Health and Wellbeing Board strategy is delivered and finances moved from acute care to preventative care in the community.

5. Update on Staffordshire Health and Wellbeing Strategy Public and Stakeholder Engagement

It was reported that all represented organisations now had a link to the Health and Wellbeing Board strategy with the exception of Tamworth District Council.

Lots of small scale activities are taking place and Healthwatch are attending TSA events to try to engage with interested members of the public.

Press releases have been issued and social media activity taken place focusing on key messages and trying to tailor messages by locality.

The number of responses is not very high but the quality of responses has been very good.

It is hoped that the county wide event will capture comments from professionals and other stakeholders.

A discussion took place as to whether to launch phase 2.

Resolved – To re-consider launching phase 2 until the September meeting.

6. Questions from the Public to the Board

What progress has been made for joint decision making with Stoke Health and Wellbeing Board?

The Chair of Stoke Health and Wellbeing Board has been approached but not yet responded, however, senior officers from both Health and Wellbeing Boards' areas are engaged.

Robert Marshall agreed to make a 2nd approach to the Chair of Stoke Health and Wellbeing Board.

7. Forward Plan

A discussion took place regarding the workload at the October meeting.

Resolved – That SOG and the Co-Chairs look at the issues and bring back a revised meeting schedule.

8. Health and Wellbeing Board Central Email Address

Members were encouraged to use and promote the central email address so that all incoming information can be filtered through appropriately.

9. Date of next meeting

4pm, 10th October 2013, South Staffordshire Council

Chairman