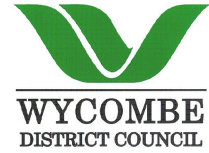




South Bucks
District Council



Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 2 NOVEMBER 2007, IN ROOM 6 SOUTH BUCKS DISTRICT COUNCIL, CAPSWOOD, OXFORD ROAD, DENHAM, BUCKS UB9 4LH, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.10 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mrs M Aston, Mrs P Bacon, Mr R Woollard, Mr B Allen and Mr A Oxley

District Councils

Sir J Horsbrugh-Porter

Mrs W Mallen

Mrs M Royston

Chiltern District Council

Wycombe District Council

South Bucks District Council

Officers

Mrs C Gray, Senior Democratic Services Officer

Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Ms A Eden, Chief Executive, Buckinghamshire Hospitals Trust

Ms C Eves, Head of Midwifery, Buckinghamshire Hospitals Trust

Dr G Luzzi, Medical Director, Buckinghamshire Hospitals Trust

Mr D Eustace, Divisional Chair of Womens and Childrens, Buckinghamshire Hospitals Trust

Dr J O'Driscoll, Director of Infection Prevention and Control, Buckinghamshire Hospitals Trust

Dr R Shepperd, Clinical Director, Oxfordshire and Buckinghamshire Mental Health Trust

Ms Y Taylor, Service Director of Child and Adolescent Mental Health Services, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr H Cadd and Mr D Rowlands, Aylesbury Vale District Council. Bruce Allen replaced Pauline Wilkinson and Alan Oxley replaced Avril Davies for this meeting.

As Mr M Appleyard was not present at the start of the meeting, it was resolved that Mrs M

Aston should chair the Meeting until he arrived.

MRS M ASTON IN THE CHAIR

2 DECLARATIONS OF INTEREST

Mr Allen declared an interest as a Member of the Hospital PPI Forum.

3 MINUTES

The Minutes of the Meeting held on 5 October 2007 were agreed as a correct record.

4 PUBLIC QUESTIONS

Written responses to be sent on the following public questions which were asked at the meeting:-

Jennifer Woolveridge asked a question about the out of hours service swamping A&E. A Bucks patient had commented that they had failed in providing an adequate level of service.

Alan Oxley asked 2 questions on behalf of South Bucks District Council and a written response would be sent in due course:-

- Dentistry – provision of NHS contracts
- Ambulance – Response times for South Bucks

5 REPORT FROM SOUTH BUCKS GP PRACTICE

It was agreed that this item would be referred to the PCT for a response.

6 SHAPING HEALTH SERVICES REVIEW

The Chairman welcomed Anne Eden (Chief Executive), Dr Graz Luzzi (Medical Director), Ms Celina Eves (Head of Midwifery) and Damian Eustace (Divisional Chair of Womens and Childrens) from Buckinghamshire Hospitals Trust to discuss the Shaping Health Services proposals. Two specific areas that were addressed were Emergency Care and Women and Children Services.

Anne Eden gave an overview. She particularly mentioned that the Trust had a new Board, with 5 new Non Executive Members and a new Chairman. There was also a new Executive Team. She emphasised that the patient's safety was put at the centre of any actions carried out by the Trust. In the last 6 months the Trust had achieved the 98% target for emergency services and the Trust were now looking to the future and putting in place a Strategic Plan for the next 3-5 years. The Trust worked closely with the PCT and it was noted that the PCT provided 86% of their income. One of their aspirations was to become a Foundation Trust. The two main targets to achieve this were quality and management of resources. The Trust is monitored by the Healthcare Commission and last year they had received a good score for Resources but a weak rating for Quality, therefore they were working towards a good score for this year.

Emergency Care – Dr Graz Luzzi

Preceding the presentation on emergency care Dr Luzzi reported that the elective surgery site has been working well and has achieved reductions in the length of stay for patients with length of stay figures showing as lower than the national average. Dr Luzzi gave a presentation on emergency care services. The following points were noted:-

- Surgical Services were reorganised in September 2005 so that emergency surgery and trauma care were provided at Stoke Mandeville Hospital. Whilst emergency care was still provided at Wycombe Hospital, the intention was that Stoke Mandeville Hospital would become a 'Super' Trauma Centre. Emergency patients who attended Stoke Mandeville A&E would be transferred to Wycombe if they needed to see a specialist.
- One of the benefits of organising the Service in this way was to manage the workforce provision more effectively. Because of the Working Time Directive and training accreditation, services would be improved and managed more effectively by having a 'Super' Trauma Centre at Stoke Mandeville Hospital. Doctors were unable to get accreditation unless they had seen a specific number of patients. Emergency services would be strengthened at Stoke Mandeville and specialist services would be strengthened at Wycombe Hospital.
- A Member gave an example of a woman having complications with delivering her second child, who lived closer to Wycombe Hospital. She was taken into A&E and given a blood transfusion. If trauma care was provided at Stoke Mandeville, the situation would be that she could go straight to Stoke Mandeville, which was 16 miles from Wycombe or she could still go to Wycombe, where she would be stabilized and then referred to Stoke Mandeville Hospital. It was difficult to provide for every individual patients pathway and some patients may not do as well by living further away from trauma centres. However, there was good evidence that being treated at the most appropriate place could save lives.
- Wycombe Hospital provided a 24 hour service to stabilise patients before they were transferred for a whole range of services. Blue light services should go to Stoke Mandeville Hospital, Heatherwood or Wexham or Oxford. Emergency patients on the other hand will be transferred to Wycombe Hospital if they need to see a specialist in cardiac (including angioplasty), respiratory and haematology services. It was noted that currently approximately one blue light ambulance delivery per month goes to Wycombe when it should be going to Stoke Mandeville. The Trust is ensuring that the ambulance is clearly briefed on this issue.
- A strategic review of emergency care services had been undertaken by Finnamore Management Consultants which had commented that elective surgery, orthopaedics and haematology were working well, cardiac and respiratory medicine were working well but had capacity issues and acute stroke and cardiac needed some service redesign. Plans were in place to address any further work required and to enhance these services. With regard to cardio services some patients were now going to Wycombe rather than Hammersmith Hospital.
- Members expressed concern about having good signage to hospitals. However this could create confusion amongst the public and it was important to examine the issue before a decision was made as to which hospital should be visited. The issue of re-labelling the service provided at Wycombe Hospital was discussed. The DoH Guidance did not recommend that a service is called A&E that is not supported by a trauma unit such as the case in Wycombe. However, the Trust stressed that services will not change at Wycombe and will infact be enhanced.
- Members agreed that further publicity was required to make it clear what services were being provided at Wycombe and what services were being transferred to Stoke Mandeville, particularly in relation to emergency services. Members unanimously agreed that to change the signage at Wycombe from A&E to urgent care centre would further fuel public confusion. This statement had also been made by the Public and Patient Involvement Forum. The Trust had issued statements to the press but further work was required in getting the message across to the public. A Member suggested issuing a leaflet. In addition it was suggested that Stoke Mandeville could be re-labelled a 'super' A&E and also to emphasise that the specialist services at Wycombe would remain as they are. The Trust responded that they would consider the comments from the Committee further.
- A Member referred to the Wycombe Hospital site which could be modernised. The Trust was working with estate colleagues to modernise facilities. The Trust were already paying

off two PFI initiatives so this would not be pursued as an option for this site, therefore the Trust was looking at how they could access capital.

- The Trust was looking at different models of primary care services that could be provided at Wycombe Hospital.
- Concern was expressed about the survival of the hospital, if patients stopped using Wycombe Hospital it would become less important and it was more likely that the site would be closed. The Chief Executive emphasised that specialist services at Wycombe Hospital were being enhanced and it was important to communicate this to the public. A Member commented that there must have been an increase in the number of referrals to Wexham and Heatherwood Hospitals. Taking into account changes in services over the last 2 years there had been no major decrease in the overall level of activity. It was important however, to build the reputation of the hospital.
- The Ambulance Service was fully briefed about the designation of the A&E Service and that all major trauma patients should go to Stoke Mandeville Hospital.

Women and Childrens Services – Damian Eustace

Damian Eustace reported that a decision had been taken to transfer all inpatient work in relation to obstetrics and gynaecology to Stoke Mandeville Hospital. One of the factors for this decision was the shift in population over the last 15-20 years. There was still daytime access to services at Wycombe Hospital such as ultrasound and scans. There was a midwifery led unit at the site. The Unit is currently delivering around 103 babies per annum and is experiencing a drop out rate of 50%. The Unit received over 200 bookings last year. To make the Unit viable approximately 1000 women would need to book. The PCT are aware of the low numbers and the Trust is actively promoting the MLU to GPs and the National Childbirth Trust and second time mothers. Some women who were expecting complicated deliveries or first child deliveries may opt to go to Stoke Mandeville, Wexham Park, Oxford or Banbury, particularly if they needed an epidural.

During discussion the following points were made:-

- There was a discussion about whether the increase in house building in the South East may help the target to be met. If there were not sufficient local demand, services would not be withdrawn. The Trust would devise a strategy to recruit patients such as increasing home births, rural delivery and to sell their Service to GPs. One of the problems was encouraging Aylesbury patients who had a low risk of complications to attend Wycombe Hospital rather than Stoke Mandeville. The target was reliant on patient choice. It was important to focus on second time mums.
- In terms of looking after babies after the birth, Stoke Mandeville would look after sick babies and Wycombe Hospital would have the facility to look after small babies and to help with feeding issues.
- The birthing centre at Wycombe would have alternative birthing options available.

It was agreed that a copy of the Trust's Communication Strategy would be made available to Members. The Chairman thanked officers from the Trust for updating the Committee.

MR M APPLEYARD IN THE CHAIR

7 HOSPITAL ACQUIRED INFECTION

Dr Jean O'Driscoll Director of Infection Prevention and Control gave Members an update on the current situation on the incidences of MRSA and Clostridium difficile in the Buckinghamshire Hospitals Trust.

During discussion the following points were noted:-

- The Trust will be disseminating its learning to other Trusts as an example of good practice following the Healthcare Commission's investigation.
- A Member asked about the day to day monitoring on the wards as some nurses did not feel that it was their responsibility to tell the cleaners what to do. There was a perception that the whole ward was not thoroughly cleaned and often areas were missed such as under the beds and windowsills. The Director reported that cleaning was the responsibility of each ward nurse. Standards were monitored weekly.
- There was concern about nurses leaving the hospital in their uniforms rather than taking them off and changing once they had left the ward. The Director reported that the infection was spread through people's hands rather than uniforms. Scrubs were not allowed outside the theatre and doctors always changed when they were going back into theatre.
- Children when visiting often played on the floor and there was a query about how this was managed. There were controls on the ward during visiting hours, particularly with large families.
- During discussion they referred to the 'old style matron' who had zero tolerance for poor hygiene. Senior nurses now undertook the role of the old matron and would walk their patch to ensure their area was clean. They were empowered to have 'a loud voice' so that standards were met.
- A question was asked about how cases were reported. If the same patient had the infection reoccur whether this counted as one case or two. If the patient relapsed within a month that would be counted as one case, more than one month – two.
- There were signs everywhere reminding people to use alcohol gel and health professionals wore protective clothing if they were in direct contact with the patient.
- The Hospital Trust was well below average in terms of infection outbreaks and was doing well compared to neighbouring Trusts.
- Whilst the committee structure looked bureaucratic it was essential for senior managers to oversee infection prevention as the patient's safety was crucial. This structure had been recommended as an area of good practice.
- Isolation wards, empty wards or side rooms were used when there was an outbreak of infection.

The Committee thanked Dr Jean O'Driscoll and congratulated her on the improvements she had made in preventing infection.

8 CHILDREN'S AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Yvonne Taylor and Dr Rosie Sheppard attended the meeting to present proposals outlining a realignment of services in Buckinghamshire. The Directorate of the Trust's view is that the proposed service model would provide a robust, integrated service across Tiers 3 (Specialist Services) and 4 (Inpatient services) which would enable them to manage clients with the whole range of mental health difficulties in both counties. It will enable the Trust to deliver key targets in terms of performance and quality so that services will support multi-agency working and increased capacity. The implementation process had begun with a single management and operational framework in place across the two counties. Clinical Team Managers, Consultant Psychiatrists have been appointed.

In Patient Services

- Highfield is now providing specialist inpatient services for Oxfordshire, Buckinghamshire and beyond for 11-18 age group. An additional bed with a separate area to allow younger children to be nursed safely opened in May 2007. Highfield was built in 1960s and a £4.1 million bid from the Department of Health had been successful to develop services. The remainder of the investment is already earmarked within the Trust's Capital Programme. The new Highfield would have 18 beds, which should provide ample inpatient capacity in a modern fit for purpose setting for Buckinghamshire, Oxfordshire and regionally.
- Work was being undertaken on developing the Assertive Outreach Service to help

children with complex problems e.g deliberate self harm, exclusion from school, breakdown of home or care placement, drug problems etc. This service would provide high intensity input (4+ contacts a week) delivered in community settings.

Community Services (Tier 3)

- Historically, Tier 3 Services have developed as outpatient based clinics. In order to meet the National Service Framework and Every Child Matters requirements the Trust needs to move to a community based model providing services in a flexible needs led way to provide engagement, timely support and practical help to enable access to services for client groups previously excluded. Children with a full range of psychological problems should be seen through non clinic settings.
- In order to be able to deliver the full range of interventions in a community based service model, the skill mix within the teams needed to be broadened. The role of the Consultant Psychiatrist has been reviewed through New Ways of Working. Consultants have medical responsibility for their own work and that of junior doctors in training under their supervision. They may provide medical advice to the multi-disciplinary team for their cases but are not responsible for those cases unless formally involved in the care plan. Consultants will continue to be part of locality teams, providing direct care to an agreed number of complex cases. They will have a responsibility to participate in the care of urgent and high priority cases.

During general discussion the following points were noted:-

- The development of Assertive Outreach and Tier 3 Services were complemented and the Committee agreed that young people should be seen away from psychiatric settings wherever possible.
- Tier 3 remodelling had already been completed in Oxfordshire and while the Trust had already made considerable changes to Tier 3 in Buckinghamshire, there was a remodelling process with input from specialist CAMHS staff, Tier 2 staff and other stakeholders. The Trust would start this process in November and Yvonne Taylor and Rosie Sheppard would be pleased to report back to the Committee in the New Year.
- The Care Programme Approach has been implemented across all Tier 3 teams within Oxfordshire and Buckinghamshire so that children and young people being seen by CAMHS and other services would have a care co-ordinator within Specialist CAMHS who would ensure co-ordination across agencies and that the young people and their families were involved in meetings. This would also provide a mechanism to ensure smooth transition (where appropriate) of young people with mental health problems to adult services.
- A Member mentioned some recent research undertaken by Middlesex University about putting 'children in the centre' of the services that were provided. This information would be forwarded to Dr Rosie Sheppard.
- In response to a question regarding services at the border of South Buckinghamshire, Yvonne Taylor asked that the Member should take this issue up with Buckinghamshire PCT.

Yvonne Taylor and Dr Rosie Sheppard were thanked for attending the Meeting.

9 WEXHAM PARK AND HEATHERWOOD HOSPITALS CONSULTATION

Antony Rodden, Programme Manager attended the Meeting to update Members on the forthcoming consultation on Wexham Park and Heatherwood Hospitals. Members noted the following points:-

- There was an expectation that there would be some investment in Maternity Services to expand capacity. The Services at Heatherwood Hospital had only been closed for two months as there had been a staffing issue in the Summer.

- The Trust would not jointly consult with the Berkshire PCT in the forthcoming process as it was important for the PCT to consult on commissioning services first and the Hospital Trust could respond to that consultation as well. If there were any further changes that were required by the Hospital Trust, there would be an additional consultation undertaken.
- A series of public consultation meetings had been booked and Members of the Overview and Scrutiny Committee were invited to a workshop on 30 November on the proposed service changes.
- A body of work was being undertaken since the Government report this Summer which looked at wider areas of care than was previously being considered e.g vascular surgery. By working together this can improve the range and quality of clinical services provided.

The East Berkshire Overview and Scrutiny Committee had invited Members from the Buckinghamshire OSC to form a Joint Committee for the purposes of the forthcoming consultation process. The Buckinghamshire representatives on the Joint Committee would be as follows:-

Maureen Royston
 Alan Oxley
 Pam Bacon
 Mike Appleyard (as first reserve for the above representatives)

Antony Rodden was thanked for attending the Meeting and updating the Committee on the consultation proposals.

10 COMMITTEE UPDATE

Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust Board

Pam Bacon had attended the meeting on 26 September 2007 and updated Members as follows:-

- Frith Ward - Since the closure the overall bed occupancy rates for Buckinghamshire acute wards were still running at acceptable levels and there had not been any complaints associated with the closure.
- The slippage on the Capital Programme had been caused by delays in delivering business cases for two major schemes, Park Hospital and Mandalay. The Mandalay scheme has been dropped because the additional capacity was not required.
- The Trust's report on the national community mental health patient survey for 2007 showed that the Trust was in the top 20% with respect to:-
 - Listening and respect from health professionals
 - Giving information about medication
 - Helpfulness of psychological treatments
 - Being involved in care planning
 - Helpful activities in day hospital
 - Giving information about support groups
 - Giving people a say in decisions about their care and treatment
- The Trust was in the bottom 20% for the following:-
 - Listening and respect from Community Psychiatric Nurses
 - Ability to contact care co-ordinators if service users have a problem
 - Providing a phone number of someone to contact out of hours.

11 DATE AND TIME OF NEXT MEETING

The date of the next meeting is on Friday 7 December 2007 at 10am in Mezzanine Room 2, County Hall.

CHAIRMAN