SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 26 September 2016
10.00 am to 12 noon in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present
Councillor Gerald Dakin (Chairman), Councillors Madge Shineton (Vice Chairman), Peter Adams, John Cadwallader, David Evans, Tracey Huffer, Heather Kidd, Pamela Moseley, Peggy Mullock and Peter Nutting

22 Apologies for Absence and Substitutions

There were no apologies for absence.

23 Declaration of 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

24 Minutes of the Last Meeting

The minutes of the meeting held on 25 July 2016 were confirmed as a correct record.

25 Public Question Time

Mr C Deaves asked a question related to a recent article in the Shropshire Star regarding the financial management of Shropshire CCG and referring to the '360 stakeholder survey' asking if the Committee could have sufficient confidence in the CCG analysis to accept the Disinvestment and Decommissioning Decision Paper and recommendations within it at item 8 of the agenda. (A full copy of the question and response provided is attached to the signed minutes).

In response, Mr Deaves was informed that Members of the Committee had not yet agreed a considered view of the plans. The Committee Chair had written to the CCG Accountable Officer to give him an opportunity to inform the Committee of the rationale for its plans.

Responding to a supplementary question about the powers of the Committee and a suggestion from Mr Deaves that the Committee view the '360 assessment survey' results, the Chairman confirmed that no decisions related to the CCG Paper would be made at the meeting and commented that Senior Managers at the CCG had not been in post very long. Mr Deaves was also informed that the Committee had the ability to call the CCG to account but not control it. Shropshire CCG had been placed under formal legal directions by NHS England

26 **Member Questions**

Councillor Tracey Huffer had submitted a question related to closures in recent weeks at Ludlow Minor Injuries Unit. She was thanked for making the Committee aware of the problem and an explanation would be requested from the Community Health Trust about the problem and the actions it is taking to prevent a reoccurrence and ensure there are effective measures to communicate with the local community and stakeholders such as GPs.

Councillor David Turner had submitted a question related to the proposed closure of four Pathway 2 rehabilitation beds at the Lady Forester Nursing Home in Much Wenlock, and asking if the Committee believed that closing the facility was an appropriate way to provide rehabilitation beds and thus reduce bed blocking and whether it was the best way to manage tax payer's money. He also circulated six letters to members of the Committee written to the CCG Accountable Officer expressing concern about the proposal.

In response to his question, Councillor Turner was informed that a number of concerns regarding the proposals by Shropshire CCG in relation to disinvest or decommission a range of services had been raised. The Committee would have an initial chance to review the relevant CCG papers at today's meeting and further information would be sought from the CCG.

It was agreed to take agenda item 8, Shropshire CCG Decommissioning and Disinvestment, as the next item.

27 **Shropshire CCG Decommissioning and Disinvestment**

The Chairman referred to the 10 August 2016 Shropshire CCG Governing Body papers circulated with the agenda on Shropshire CCG Decommissioning and Disinvestment (copies attached to the signed minutes). He reported that he had received a great many letters expressing concerns related to these and had asked for them to be circulated to Members of the Committee for discussion. He said that whilst the financial challenges of the CCG were accepted, it was felt that some of the changes proposed might have unintended consequences. Although the CCG Chair had stated that 'it is clear that the patients' care comes first', it was essential to see that the patient had ample chance to be consulted before a service was changed or taken away and to understand their options.

He said that this should be done as openly as possible and reiterated that discussions needed to be held with providers of services within Shropshire, including the Community Health Trust, the local authority, private sector and voluntary sector, so that they could analyse the situation and feedback on any unintended consequences that were likely to impact on the local Health and Social Care economy.

A Member referred to the need for actions to live up to the statements in the Decommissioning and Disinvestment Policy. She also referred to a step in preparing for disinvestment or decommissioning the service involving assessment of 'appropriate availability of patient choice'. She emphasised that patient choice was not often available in a large rural county like Shropshire, especially when it came to rehabilitation beds. She

reported on a major problem finding rehabilitation beds in the part of Shropshire she represented which bordered another county.

Another Member felt that the terms 'disinvestment and decommissioning' were not helpful or meaningful to the public and that clearer engagement was needed by explaining simply that some services were going to close and some would be delivered in a different way. The Chairman agreed that the Committee would want to know how messages would be conveyed.

A Member said she had received lots of questions from members of the public, and also people who ran services who did not understand the situation. She was concerned that the changes could affect some of the most vulnerable people in society who may not have any idea about what was happening. Other Members expressed concern around the apparent lack of a risk or impact assessment relating to individuals and other organisations, including the Council and that legal action might be a consequence if procedures were not followed correctly. There was no legal definition of the term 'substantial variation'.

The Chairman said it was important to avoid simple budget shifting to stabilise just one part of an economy. The Director of Adult Social Care agreed that it was necessary to take into account risk and position of services across the whole economy, and ensure any shortfalls in accuracy and consultation were addressed. In the interim period before the next meeting, a formal response from Adult Social Care had been made to the CCG and he had met with the Accountable Officer regarding commissioning arrangements in future. The enormous financial pressure facing the CCG was recognised but it was necessary to reduce costs in the system which would minimise the impact across the whole system. This also related to management of the Better Care Fund, and Governance Arrangements for the Health and Wellbeing Board and the Sustainability and Transformation Plan.

It was proposed and agreed that a Special Meeting be held on CCG Decommissioning and Disinvestment as soon as possible.

RESOLVED:

That a special meeting of the Committee be held on CCG Decommissioning and Disinvestment as soon as possible.

28 West Midlands Ambulance Service Performance

The Chairman welcomed the following to the meeting: Julie Davies – Director of Strategy and Service Redesign, Shropshire CCG, Gail Fortes-Mayer – Lead Commissioner Ambulance Service, Mark Docherty, Director of Clinical Commissioning and Service Development/Executive Nurse, WMAS, Barry McKinnon – Shropshire Area Manager, WMAS, Pippa Wall - Head of Strategic Planning, WMAS, and Sara Biffen – Deputy Chief Officer, SATH.

Mr Docherty gave a presentation explaining the three categories of response used by WMAS up to 2011 and from 2011 to 2016. WMAS was now a pilot site for the ambulance Response Programme introduced in June 2016. He explained that a very target service did not help patients and the new system was designed to separate responses and the

time in which the patient received the correct response. Some measures were still be perfected but it meant a move away from use of percentages to percentiles. The figures for August 2016 showed that Shropshire was in the 75th percentile which was thought to be a good performance.

Members queried the way the data was set out and what it actually meant. Mr Docherty explained that 90% of all red calls were responded to in 16 minutes. Members asked what the longest time was for the remaining 10% and he acknowledged that the remaining 10% in the most rural areas was always the problem. He explained that the aim was to get to patients with the right response as quickly as possible, and then to the right place, even if a target was missed. The old system created behaviours which were not helpful. Figures were available broken into postcodes and the Committee requested that this data be made available in future.

Members were pleased to note that a letter had been written by Dr Davies following the last meeting of the Committee to the Regional WMAS Commissioner encouraging work which would help link response times with outcomes. The Committee agreed that outcome for the patient was the ultimate measure.

Mr McKinnon continued the presentation in relation to Community First Responders (CFRs) in Shropshire, and setting out priority recruitment areas. He confirmed that WMAS was rolling out training to upskill CFRs and this would be offered to all.

A Member asked if recruitment of CFRs was a high priority and how they were recruited. The Committee heard that the Community Response Manager made approaches as necessary to Councils. Members suggested using Shropshire Association of Local Councils for targeting local parish and town councils in recruitment campaigns. Dr Davies said support from elected Members in recruiting CFRs was always welcome.

The Chairman referred to a letter he had recently received from the Chief Executive of WMAS in relation to working with the Fire Service. He asked if this had been progressed.

Mr Docherty explained that one meeting of Chief Officers had been held locally with the Fire and Rescue Service. Fire Officers would be required to complete the full role, receive training and have to log on as CFRs. He said that WMAS was awaiting a response back from Fire and Rescue colleagues in relation to this. The Regional Commissioner confirmed that she was involved in these conversations and was exploring co-response across the whole of the West Midlands and particularly Shropshire. It was agreed that the Committee would be kept appraised of any developments.

Vanessa Barrett, Healthwatch Representative, reported that Healthwatch had run WMAS as a hot topic. 27 comments had been received, 50% positive and 50% not so positive. Negative ones were across a range of issues, some relating to the speed in which the ambulance arrived, some about loss of CFRs in rural areas. The Committee suggested that it would be useful to differentiate urban and rural responses for future reports.
Mr Docherty thanked the Committee and Healthwatch for the useful comments and said that he had noted WMAS needed to take more action regarding CFR recruitment.

Update on Physician Response Unit

Dr Davies and the Regional Commissioner explained that this scheme helped to get people into the right system with their care managed in the right place. It avoided unnecessary visits to hospital and kept people out of the system who might then be difficult to discharge. In response to questions from Members, it was explained that the doctors could be despatched by the control room direct, could self determine where they attended, and could be asked to attend or give telephone advice at the request of a crew. The CCG was not sure whether the model would work in the more rural parts of the county, however it would help free up the ambulance resources to be more available for those areas.

The electronic patient record meant that crews could make a real time record which could be handed to GPs immediately. The Committee commended the investment made in rolling this out.

High Intensity Service Users

Members were updated on the scheme involving a paramedic working on a coaching basis, so far with the 10 of the most frequent WMAS callers. Calls from these patients had now dropped by 50% and two patients no longer featured on the top 20 list of callers. The challenge was to expand this work safely and it was hoped to resolve data sharing issues with SATH as soon as possible.

The Portfolio Holder of Adult Social Care asked about the target numbers for this work. The Committee heard that the project had been modelled on targeting the 100 highest users in the county. The next stage was to grow to 25, but the issues of data sharing needed to be resolved before expansion was possible. It was a very personal service which was helpful for people with complex issues. The Committee looked forward to a progress update in the near future.

Ambulance Patient Handover

Sara Biffen, Deputy Chief Operating Officer, SATH reported that there were still significant delays on handover at the hospitals.

A workshop had been held on 15 August to consider ways to improve this performance, and visits had been made to other hospitals, for example to Worcester Royal Infirmary where ambulances queued out, rather than queueing in. The aim was to have a corridor nurse in place every day but there was a 25% staffing gap in qualified nurses. It was hoped that this would be addressed by the end of September and SATH was looking with WMAS at how Hospital Ambulance Liaison officers could work differently and perhaps be on duty later in the day. A meeting had also taken place on the Directory of Services and it had been identified that this was not comprehensive. Not all of the services in the directory were open all of the time. A single point of referral system was needed and another meeting was to held on this in the next fortnight.

Dr Davies said it was essential to work on the issues together and achieve improvement before the winter period. The Deputy Chief Operating Officer said that the whole system was involved, there was not one action that could be taken to fix the problem, and being

able to get patients out and discharged from hospital was part of the solution. That morning there were 16 patients at Royal Shrewsbury Hospital waiting for a bed. A handover concordat had been put together with the idea of having zero tolerance for 15 minute delays, with a target of 30 minutes in the first instance.

The Committee thanked officers for their time and attendance at the meeting. Mr Docherty said that challenge from the Committee was welcomed by all concerned.

It was agreed to request that:

Performance information by postcode for Shropshire continue to be supplied to the Committee;

The Committee be kept appraised of developments in working with the Fire and Rescue Service;

The Committee be kept appraised of progress with the Physician Response Unit and High Intensity User Scheme;

The Committee be kept appraised of Ambulance patient handover performance.

29 Non Emergency Passenger Transport - Update on Assessment for Eligibility Implementation

Dr Davies presented a briefing paper (copy attached to the signed minutes) in relation to the implementation of eligibility criteria for the Non-emergency Passenger Transport Service.

She reminded the Committee of the reasons for the change and the public engagement and communication that had taken place beforehand.

The Committee was pleased to note that there had been few complaints since the implementation took place. All had been fully investigated and there had not been any appeals made to date. No patient was refused transport whilst eligibility assessment was underway and monitoring took place on a monthly basis. She emphasised that the CCG could only act on feedback received and any feedback from HealthWatch and Patient Groups was encouraged.

Vanessa Barrett, Healthwatch representative, said that comments received by Healthwatch had referred to concerns about long waits or transport not turning up. Six people had commented that they were no longer eligible. She emphasised that the outcome of Future Fit would mean a heavier demand on transport to reach both hospitals. Some members expressed concern that patient might end up in A&E if they did not attend appointments due to prohibitive transport costs. Dr Davies agreed that this needed to be discussed as a system.

The Chairman said that it was reassuring that the appeal process was unused to date and Dr Davies was thanked for providing the update.

30 **Work Programme**

It was confirmed that an extra meeting would be arranged to consider CCG Decommissioning and Disinvestment.

Signed ..... (Chairman)

Date: .....