Shropshire Council

Date: Monday, 18 March 2019

Time: 3.00 pm

Venue: Quaker Room - Meeting Point House, Southwater Square, Town Centre, Telford, TF3 4HS

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

3 Minutes (Pages 1 - 8)

To confirm the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 11 January 2019 to follow - now attached

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SHROPSHIRE COUNCIL,TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on Friday 11 January 201 2.00 pm – 5.15 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

Shropshire Councillors: Karen Calder (Chair), Heather Kidd, Madge Shineton
Telford & Wrekin Councillors: Andy Burford (Co-Chair), Stephen Burrell, Rob Sloan
Shropshire Co-optees: David Beechey, Paul Cronin, Ian Hulme
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders

Others Present:
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Chief Officer, Telford and Wrekin CCG
Antony Fox, Vascular Surgeon/Deputy Medical Director for Transformation, Shrewsbury and Telford Hospital Trust
Mr Prasad Rao Consultant Ophthalmologists
Kate Ballinger, Community Engagement facilitator
Claire Cox, Sister Head and Neck services
Clare Marsh, Matron Head and Neck services
Andrew Evans, Operations manager
Adam Gornall, Clinical Director of Maternity Service, Shrewsbury and Telford Hospital Trust
Jon Hart, Senior Project Manager (Secondary Care), Telford and Wrekin CCG
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Deb Moseley, Democratic and Scrutiny Services Team Leader, Telford and Wrekin Council
Francis Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford & Wrekin CCG
Rod Thomson, Director of Public Health, Shropshire Council
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council

1. Apologies for Absence

There were no apologies

2. Disposable Pecuniary Interests

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

3. Minutes of the last Meeting

It was noted that the minutes of the meeting held on 17 December 2018 would be presented at next meeting for approval.

4. Proposed Reconfiguration of Ophthalmology Services

The Chair welcomed Mr Anthony Fox, Deputy Medical Director, Shrewsbury and Telford Hospital Trust, and a number of his colleagues to the meeting.

Mr Fox introduced a report and presentation (copy of both attached to signed minutes). These explained the need for the proposed reconfiguration of ophthalmology services and set out the engagement plan designed to seek the views of Eye Department Service users, interested parties and staff.

During discussion, Mr Fox and colleagues responded to the following questions from Members:

Were the reconfiguration proposals joint ones from both commissioners and provider?

Mr Fox explained that CCGs had been present at the first stakeholder engagement session, and at that event the Telford and Wrekin Commissioner had agreed with the principle of centralisation but stated that preference would be given to provide local care for their own population of patients. At this session service users had identified that one site was crucial for service users as familiarity and confidence in surroundings and floor plan was essential. There had been a strong preference from service users for one site where all tests and treatment could be offered in one appointment, having all services at one site was more important to patients than travel issues that may arise as a result.

Was there capacity to cope with additional patients on site at Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH)

A significant proportion of service users were given lifts to access the service and the relocation of Clinic 10 into the Copthorne Building at RSH had not created significant issues for service users.

Were there any capital implications connected to the proposals?

There would not be any more expenditure required other than that for the proposed cataract suite referred to in the presentation.

T*o what extent would feedback be able to influence decision making*

The Community Engagement Officer explained the different requirements around engagement and consultation. Engagement had started at the first stakeholder event in 2017, and comments gathered in each event had informed and helped shape following stakeholder events, there was a clear path showing where responses from service users and stakeholders had been taken on board. It was not always possible to do what people wanted but where legitimate concerns were

raised it was important to understand the reasons for them and mitigate as necessary.

How did this fit with Future Fit proposals if the preferred option is approved and PRH becomes the centre for planned care

Mr Fox explained that it was not possible to await the outcome of Future Fit and the future work that would be needed on all planned care services. He emphasised the urgent need to provide a sustainable service to keep the activity within the county.

How extensive was the current problem relating to referral to treatment time, past maximum waiting time for follow up appointment and serious incidents, was this still an ongoing concern?

In January 2016 there had been 3,300 patients waiting longer than clinically recommended. These numbers had been significantly reduced and as at 3 August 2018 it was 689 patients. Risks were being managed in the best way possible with the resources available and a robust assurance process had been introduced following the October 2016 risk review meeting.

Why could cataract treatment not be available at both PRH and RSH, was it intended to carry on using the portacabin at PRH and was this building sustainable

The Sister Head and Neck Services explained that a new purpose built cataract suite would enable more patients to be seen safely and efficiently. It was confirmed that a portacabin was in use at PRH which had a limited life expectancy but provided a busy outpatient functioning environment. Work on clinic flows was being undertaken.

How many patients were reliant on Non Emergency Passenger Transport (NEPT)? Was it correct that patients with impaired vision were not able to take carers with them when using NEPT.

The operations manager said he did not have figures to hand but was able to report that of the 54 survey responses received over the week that roughly 10% had travelled by hospital transport. Provision of NEPT was to be taken on by SATH.

Future time frame

A six week engagement process had started this week and had received over 50 responses already. Proposals were not likely to go to the SATH Board before its March meeting. The Engagement Plan would be updated with dates as currently planned and recirculated to committee members. Members felt it would also be useful to see a copy of the survey.

Would it be possible to improve access to the appointment system

It was confirmed that this was an area that had been identified for action.

The committee congratulated the team for improvements made to date and looked forward to a future update at a future meeting with an analysis of engagement activity.

The Committee expressed its appreciation to Mr Fox and colleagues for their time in attending the meeting.

5. Community Learning Disabilities Health Services in Shropshire, Telford and Wrekin

The Chair welcomed Frances Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford and Wrekin CCG. As requested by the Committee at its last meeting, she provided an update on the new model and the impact that it would have on the cohort of individuals who accessed Oak House. Local Authority social workers and the CCG Complex Care Team had been out to see carers. Of the 18 who accessed Oak House, 16 had been seen face to face, one had not been in and one had refused to see the team.

Key issues identified included: anxiety about what would be happening, especially after such a long period of uncertainty; the need to be sure that any level of skills offered through new provision would offer the same skills as available from Oak House staff; desire for the same amount of respite as currently available; the desire for respite closer to home, particularly Telford residents; some who received day care in Telford and Wrekin were pleased to hear that respite was available from the same location; concern that service users would find change difficult and the need to plan very carefully; carers trusted the Oak House Team and wanted them to manage any transition; some elderly carers were pleased to hear about opportunities for moving from respite care to permanent care; there was a desire for Oak House staff to be available in community settings and to act to provide advice and offer advocacy for patients at GPs or hospital; contact for 52 weeks a year with staff and not just when in Oak House was welcomed.

The replacement offer intended would involve: bed based care; nobody having to travel further than they did already; same or increased availability of day care; any new provider really understanding how essential clear communication would be between respite and families. It was intended that there would be clear transition period for each individual and consideration given to financially protecting the seven service users funded by local authorities.

Members asked if there would be phased approach, and if it would require a longer lead in time as two service users had not yet been talked to. They heard that it would be open ended as necessary.

Ms Sutherland asked if the committee felt that a reasonable level of engagement had been offered so that it would be possible to move on to look at options for people. and the Committee confirmed that it agreed this was the case. Members observed that it was being handled very sensitively and felt this was a good opportunity to be proactive when considering future permanent care plans.

The Chair asked for brief regular written updates as progress continued so that members would remain briefed and so that attendance at a future meeting could be requested if necessary.

The Committee congratulated those involved in addressing a difficult and anxious time for service users and carers in a sensitive and compassionate way.

6. Urgent Treatment Centres

Jon Hart, Senior Project Manager (Secondary Care) was welcomed to the meeting. He presented a briefing paper (copy attached to signed minutes) on Shropshire and Telford and Wrekin CCGs' plan to procure nationally mandated Urgent Treatment Centres and related plans for communication and engagement activity. Implementation date was intended to be 1 October 2019.

Members heard about the membership of the Joint Project Group, which included patient representatives, who would be directly involved in development of the service specification. Members were asked to comment on the level of communication and engagement proposed.

Questions from members included:

Were there any capital implications which needed to be taken account of?

It was not anticipated that there would be any capital infrastructure requirements or extra resources required.

Would there be adequate pharmacy access in order to collect prescriptions, in some parts of the county access to pharmacies was limited.

Mr Hart reported that he had attended a Local Pharmacy Committee meeting and that negotiations were ongoing. NHS England would ensure that there was adequate coverage of community pharmacies.

Would the IT systems be compatible with those of other providers and make use of electronic patient care summary?

Mr Hart said that the new provider would be required to use EMISS as used by other providers in Shropshire. Members urged links be made with the work of STP Group on the electronic patient care summary in order that the summary record would be available across the entire system. Mr Evans, Chief Officer, Telford and Wrekin CCG, confirmed the STP aspiration was for the summary record to be integrated in this way.

Would opening times be 12 hours a day or could they be for longer?

The UTCs would be open for 12 hours a day and demand activity models were currently being finalised to ensure that these hours of opening would be at the optimum time. It was not anticipated that procurement of the UTCs would result in much increased footfall at PRH or RSH, patients would enter the site with an urgent health care need and would be treated in the UTC or Emergency Department according to streaming criteria

A Member emphasised the need for extremely clear communication and referred to current public confusion about where to go, particularly in relation to the pre-bookable appointments through the extended hours service available in Telford and Wrekin . Mr Evans said that information was helpful to know, as each GP should have clear information on its website. This would be checked in light of the feedback.

In response to further questions, Mr Evans confirmed that the Urgent Treatment Centres were a mandated service which was required to meet a national set of standards. They would be a stop gap ahead of implementation Urgent Care Centres through Future Fit and were needed to replace existing services that would be out of contract this year.

He also reported that there would be very rigorous assessment process and set of criteria in relation to quality of service and a robust set of performance indicators and contract management.

In response to a question, Mr Hart said he would speak to the procurement team and seek information on how the social value act would be built into the specification.

A Member suggested that if an in-house provider won the contract then it would be a good idea for staff rotation between ED and UTCs. It was confirmed that it would be possible to add training requirements into the specification.

The Committee said it could not comment on the level of planned communication without more detail but looked forward to hearing more detail around developments at a future meeting.

7. Maternity Learning

Mr Adam Gornall, Consultant Fetomaternal Medicine and Maternity Clinical Director made a detailed presentation on Women and Children's Care Group Maternity Learning. A copy of the presentation is attached to the signed minutes and is also available from: https://www.sath.nhs.uk/wp-content/uploads/2018/11/Maternity-Learning-Presentation-AG.pdf

The presentation included facts around SATH mortality and morbidity, perinatal mortality, national and local initiatives to reduce mortality and morbidity, Mortality and morbidity results, investigations and haring learning from incidents, national audit, and results of CQC maternity survey 2019 and a summary of learning. Members expressed their gratitude to Mr Gornall for making the presentation to the Committee as it had helped them to achieve a real understanding of a positive picture within an emotive and sensitive area.

The Committee expressed concern about cuts to public health budgets, especially in relation to support for smoking cessation both before and during pregnancy. Mr Gornall confirmed that one third of still born and neo-natal were attributed to foetal growth restriction which was connected to smoking. Members asked why smoking levels appeared to be so poor in comparison with other areas of the West Midlands

and heard that those areas were not doing any better in terms of smoking cessation, but this was the result of a different ethnic mix.

Member asked about the morale of staff in the light of constant media attention and bad publicity. Mr Gornall said working in the Unit felt very hard at the present time, morale was difficult to sustain and sickness rates had increased dramatically. However, there had not been any problems recruiting which was pleasing. Maternity services across the country were on a journey and he did not believe that SATH was starting from a lower level than other services, the data provided in the presentation showed a similar picture to other units in the region.

A Member also referred to Healthwatch conversations with staff who were working extremely hard and experiencing low morale. Mr Gornall reported that since risk meetings a positive reporting culture had emerged and people felt supported within a positive learning culture rather than feeling frightened and worried.

Mr Gornall was thanked for the extremely useful presentation.

8. Future Fit

The response made by the Joint HOSC to the CCGs was received (copy attached to the signed minutes)

It was agreed that it should be clarified to the Future Fit Team that each Local Authority had retained the right to make a referral to the Secretary of State, and this power did not lay with the Joint HOSC.

9. Joint HOSC Work Programme

Items suggested for future consideration:

Mental Health and CAMHS

Provider Quality accounts

End of Life Strategy

Direction of STP

Out of hours neighbourhood work for Powys, Shropshire and Telford and Wrekin

Primary Care Strategy

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