SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 25 July 2016
10.00 am - 12.00 pm 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), John Cadwallader, David Evans, Heather Kidd and Pamela Moseley

12 Apologies for Absence and Substitutions

Apologies were received from Councillors Peggy Mullock and Tracey Huffer. Councillor Roger Evans substituted for Mrs Huffer.

13 Declaration of Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

14 Minutes of the Last Meeting

The minutes of the meeting held on 6 June 2016 were confirmed as a correct record.

15 Public Question Time

There were no public questions.

16 Member Questions

There were no Member questions.

17 West Midlands Ambulance Service Performance

The Chairman welcomed Barry McKinnon, Shropshire - West Midlands Ambulance Service, Julie Davies, Director of Strategy and Service Redesign - Shropshire CCG, and Sara Biffen, Deputy Chief Operating Officer - Shrewsbury and Telford Hospital Trust, to the meeting.

Mr McKinnon gave a presentation which covered: WMAS Visions and Values; the Ambulance Response Programme Pilot; New Call Categories and comparing performance; Operational Performance to 8 June 2016; Ambulance Turnaround delays at hospitals and lost hours. A copy of the presentation is attached to the signed minutes.

During the presentation he reported that from June, WMAS had been implementing the national pilot of the Ambulance Response Programme. The objective of the pilot was to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients, particularly those with life threatening illness and injury. He explained the new call categories and the reasons that these would not be comparable with previous categorisations.

With regard to hospital handover he referred to the charts in the presentation which highlighted the significant challenge presented by total time lost in hospital turn arounds and the number of handovers over 1 hour. Work was underway with Shrewsbury and Telford Hospital Trust (SATH) to address this but the issue was demand.

He also referred to issues around retention of staff as recently five paramedics had been recruited by the GP Out of Hours Service as urgent care practitioners.

A Member referred to when he had been on the WMAS Board in 2006 at which point delays over 60 minutes would be very unusual. He said that WMAS had then been able to claim from the Regional Health Authority to pay overtime to maintain services. He asked what had happened over the past 10 years which had led to the current situation. He also said it would be interesting to know how many emergency response vehicles there were in 2006 compared to now and the growth in demand over the last decade.

Mr McKinnon reported that in 2006 there had been a fine system in place which meant Hospitals would have to pay £1000 for every delay over 1 hour. This system had ceased. He also referred to the high demand on A&E facilities that had limited capacity. There were no set times that these problems occurred.

The Deputy Chief Operating Officer, SATH, emphasised that there was no set pattern to demand, and spikes could happen at any time. The Regional Capacity Management Team attempted to predict demand but what historically had been predictable was no longer so.

Diane Steiner, Acting Consultant in Public Health, reported on a productive meeting held recently with Mark Docherty, Director of Clinical Commissioning and Service Development, WMAS. She reported that it had been agreed that Public Health would do some analysis to understand more behind the nature of calls to WMAS. This might help to identify how Public Health could help, for example, through targeted fall prevention work. She referred to one area the Committee had asked WMAS to look into, a co-response pilot with the Fire and rescue Service in rural areas of the county. The Committee had hoped that the presentation would provide more of an explanation from WMAS why it appeared to be reluctant to undertake co-response with the Fire Service.

The Portfolio Holder for Health drew attention to the WMAS Strategic Objectives, one of which was Working in Partnership. She reported that the Health and Wellbeing Board had expected WMAS to take up the opportunity of a six month pilot working with the Fire Authority, which would be of no cost. The Director of Strategy and Service Redesign, Shropshire CCG emphasised that it was necessary to constantly find ways to make better use of resources in the context of all public services struggling to meet the needs of the population. It was confirmed that the Fire Service were very interested in undertaking the pilot.

It was agreed that a letter be sent to the Chief Executive, WMAS, asking him to inform the Committee as to whether such a pilot could be trialled, and if not, why not, and whether there were other ways in which WMAS and the Fire and Rescue Service could work together to make best use of resources.

Members expressed concern that a change in performance measurement would mean that comparable information would be lost and it would lose sight of whether there had been an improvement or deterioration in performance. They asked if anything could be done to maintain this view on direction of travel, the Committee wanted to be able to understand this especially in the context of Future Fit. The Healthwatch representative emphasised that integrating information on outcomes and travel times was important in terms of Future Fit and Community Fit work and Dr Davies noted that point.

Mr McKinnon said that the pilot was aimed at identifying patients acutely in need of the very most urgent response. He added that cardiac patients from Shropshire were often transported to Stoke or Wolverhampton where clinical outcomes would be better. It was important to transport the patient to where they would get the service they needed and the service was clear that it could take stroke and cardiac patients much further to get better outcomes for these patients.

A Member representing a rural division emphasised that Community First Responders were unable to carry out the work of highly trained paramedics. Although there was an 8 minute target for red calls, there was no measure of how long it did actually take to attend. She also highlighted the need to look at outcomes against how long it took to transport a patient to hospital and the need to have that information available when building an argument to ask for more funding for rural areas.

Mr McKinnon explained that Criteria were set nationally and the Chief Executive of WMAS had requested differential funding for urban and rural areas.

Dr Davies, Director of Strategy and Service Redesign, said there was a problem linking WMAS data with SATH data to help identify outcomes. It it were possible to demonstrate demonstrable worse outcomes for patients from rural areas this would help support the case for more funding.

It was agreed that a letter be written to the Lead Commissioner for Ambulance Services seeking a way to link this information up.

A Member asked about the pilot, how long it would run for and whether data was currently being recorded in the old format as well. She also asked whether the demand for paramedics by the Out of Hours Service had been foreseen and what was being done about it. Members noted that there would just be one data set available at the end of the pilot which was running to the end of September. The demand for paramedics by another organisation had not been foreseen. WMAS did not have any current vacancies but the organisation was losing experienced paramedics and having to bring on new ones with a 30 month lead in time.

Dr Davies then presented a Shropshire CCG Ambulance Update – a copy is attached to the signed minutes. She reported on actions, progress, latest performance and next steps stemming from the Risk Review on ambulance handover. There had been a slight delay

with this work due to the CQC Inspection of WMAS but a clear Divert Protocol between hospitals was due to be agreed by the end of August. The presentation also provided an update on the Physician Response Unit and the High Intensity User Project.

Referring to performance figures, a Member pointed out that although performance had improved since March, compared with a year ago it was 50% worse. He asked if the reasons for this were understood. The Committee heard that the Emergency Care Improvement Programme team had been in and viewed all the data and there had been no obvious explanation. The Deputy Chief Operating Officer, SATH, reported on departments experiencing difficulties coping with the density of demand. They had been designed to cope with 5 – 8 patients an hour but at times this number could be 10, 12, or 14. The Welsh Ambulance Service also delivered patients, and work was underway to try and allow access to their systems.

The Acting Consultant in Public Health emphasised the need to work with WMAS colleagues to reduce demand but that there was a need to ensure the work put in by Shropshire would have an impact locally and not get lost over the West Midlands region.

The Chairman thanked Julie Davies, Sara Biffen and Barry McKinnon for attending the meeting and agreed that they be asked to return to the meeting on 26th September to provide a further update covering outstanding issues.

18 **Integrated Community Services**

The Director of Adult Services explained that one of the key areas of development related to Integrated Community Services was the development of a Brokerage Function for the purchase of domiciliary care. He introduced Charlotte Quinton, Development Officer, who had developed 'Shropshire Choices', the Adult Social Care hub for care provision and market development, interacting across three online platforms.

The Development Officer made a presentation – copy attached to the signed minutes – which demonstrated how the system worked across the platforms and Members were very impressed that:

- All domiciliary care packages were brokered in the same way regardless of who they were managed by
- New requests into brokerage were published the same day – to a total of 80 providers
- Alerts were sent directly to providers each day as and when new packages were published or changed
- Rates offered through brokerage were monitored and renegotiated where needed
- Package requests were mostly open to all providers which meant that opportunities for expansion and business development were at their finger tips
- As the sourcing of care was managed through one route, development of reporting suite and digital options for the Council and providers would be possible.

All the information needed was in place so that providers knew where to recruit and where to invest and some had even invested in ways to transport workers.

The Director of Adult Services emphasised that this was a very significant development, was critical for business going forward and that the behaviour of the market had changed greatly. The system had been built entirely in house and was a significant achievement.

The Healthwatch Representative reported that Healthwatch had conducted visits to community hospitals and two or three patients had been identified in each one who had had a package agreed but were still in hospital because no one was able to deliver it. She asked if delays in fulfilling packages were monitored.

Officers confirmed that all hospital discharges were categorised as high priority, including community hospitals. These were constantly monitored and being highlighted to providers. The south west of the county was currently experiencing particular difficulties as the block provider had difficulties staffing.

Members asked what would happen if no one came forward to fulfil a package and heard that the team also managed the body for all pre-purchased beds across the county. These would be drawn on if needed. Members also asked what would happen if there was a choice of provider and heard that if multiple options were presented the social worker would discuss these with the user of the service. The decision often came down to visiting times, rather than cost.

The Committee were extremely impressed with the developments presented to them, Members congratulated all involved and thanked the Development Officer and Director of Adult Social Care for attending the meeting.

19 Appointment of Members to Joint Health Overview and Scrutiny Committee

It was agreed to appoint the following three Members of the Health and Overview Scrutiny Committee and three co-opted members to serve on the Joint Health Overview and Scrutiny Committee 2016 - 2017:

Cllrs Gerald Dakin, John Cadwallader and Heather Kidd

Co-opted Members – David Beechey, Ian Hulme and Mandy Thorn

20 Quality Account Responses

Responses to the Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust Quality Accounts were noted.

21 Work Programme

The Chairman referred to a report to Cabinet on 13 July 2016 *Day Services for Adults with Learning Disabilities – Award of contract for Innage Lane, Oak farm and the Meres.* He suggested visiting these locations before the changes, with a follow up visit in approximately 12 months time. Cllrs Dakin, Shineton and Moseley expressed interest in attending the visits.

The proposed Work Programme was noted.

Signed ..... (Chairman)

Date: .....