SHROPSHIRE COUNCIL/TELFORD & WREKIN COUNCIL
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on 15 December 2015 at the Shirehall, Shrewsbury, 10.00 am – 1.00 pm

PRESENT:
Cllr A Burford (T&WC Health Scrutiny Chair), Cllr G Dakin (SC Chair, Chairman for the meeting) Mr I Hulme, Cllr J Cadwallader, Mr D Saunders, Cllr V Fletcher, Mr B Parnaby

Also present:

Fran Beck, Executive Lead for Commissioning, T&WC
Fiona Bottrill, Scrutiny Group Specialist, T&WC
Karen Calder, Portfolio Holder Health, Shropshire Council
Stephen Chandler, Director of Adult Services, Shropshire Council
Lee Chapman, Portfolio Holder Adult Social Care, Shropshire Council
David Evans, Senior Responsible Officer, Telford and Wrekin CCG
Wayne Greenwood, SATH
Daphne Lewis, Healthwatch Shropshire
Steve Gregory, Director of Nursing and Operations, Shropshire CHT
Anna Hammond, Deputy Executive, T&WC
Amanda Holyoak, Committee Officer, Shropshire Council
Debbie Kadum, Chief Operating Officer, SATH
Carol McInnes, Head of Programmes & Service Redesign, Shropshire CCG
Mike Sharon, Future Fit Programme Director
Brigid Stacey, Senior Responsible Officer, Shropshire CCG
Paul Taylor, Director of Health, Wellbeing and Care, T&WC
Rod Thomson, Director Public Health, Shropshire Council

1. Apologies for Absence

Apologies were received from Mr D Beechey (SC co-optee), Cllr T Huffer (SC), Mr R Mehta (T&W co-optee), Cllr R Sloan (T&WC), Mrs M Thorn (SC co-optee)

2. Disclosable Pecuniary 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.

3. Minutes

RESOLVED: that the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 28 September 2015 be confirmed as a correct record and signed by the Chairman.

The Chair explained that Public Question Time and Member Question Time had been added to the agenda in error, and those items were withdrawn.

4. Children and Adolescent Mental Health Service

Anna Hammond, Deputy Executive Commissioning and Planning, Integrated Care, from Telford and Wrekin CCG introduced the report which had been produced on behalf on Shropshire and Telford & Wrekin CCGs and Councils (copy attached to signed minutes).

She explained the case for change around children and adolescent mental health services. A new service development had begun because of feedback received from professionals, children, young people and their families, particularly in relation to waiting times. It was also recognised that nationally, and not just locally there was fragmentation of responsibilities in relation to CAMHS.

In response to the feedback, the CCGs and Local Authorities had been working together to commission a seamless service to improve emotional health and wellbeing of those aged 0 – 25 years, including:

- Increased support for Looked After Children and children on the edge of care.
- A neurodevelopmental service, separate to the core CAMHS services.
- Improved and easier access, including a no wait ethos.
- A joined up service across health and social care organisations
- A stronger focus on increasing resilience, rather than purely on treatment services.
- More innovative solutions
- An improved urgent response.

The Committee heard that Commissioners were keen to ensure the development was treated as an iterative process and for the people who would be affected by such services to shape the way they would look in the future. The Committee was invited to ask questions and comment on this approach.

Members asked whether current financial challenges might impede progress and heard that the transformation plan under development had been successful in obtaining a £500,000 award from Central Government.

The Committee noted that Shropshire and Telford and Wrekin had the highest level of self-harming in the West Midlands and asked about action planned to address this issue. They heard that feedback related to self harm had highlighted the need for more support and training for teachers, GPs and other tier 1 workers.

In response to further questions, it was confirmed that:

- Training individuals who worked with children would be part of a future service
- Experience led commissioning would target engagement with vulnerable and smaller groups.
- An impact assessment was being developed and would help look at how to engage with the nine protected characteristics.
- The future service would be extended to 25 but it was not intended to make this a 'cliff edge' but to work more flexibly between Children and Adult Services.
- The aim would be to prevent children from transferring into the Adult Mental Health Service if possible.
- Children entering the criminal system and Youth Offending service were being taken into consideration
- The two councils would be leading on delivery of training in the next two months

The Committee welcomed the iterative process and the preventative approach.

Members agreed that the Chairs should meet with the Deputy Executive in January 2016 to consider progress and decide whether the draft communication and engagement plan should be brought back to the Joint HOSC for further consideration.

5. Future Fit and Community Fit

The Senior Responsible Officer for Telford and Wrekin CCG summarised the papers before the committee on Future Fit and Community Fit (copy is attached to the signed minutes).

He explained the new Future Fit timeline involved identification of a preferred option in Summer 2016, the consultation period starting at the end of 2016 and a final decision being taken in Summer 2017. NHS England and the Trust Development Authority had felt that this was a realistic timeline, although it was not possible to be certain of the time taken by central government bodies in decision making.

In terms of Community Fit, the data collection stage had almost been completed. The priority remained to maintain people in their own home or return them home from hospital as soon as possible.

The Chairman drew attention to the Shropshire Council elections in 2017 and expressed concern that the membership of the Joint HOSC might change between the consultation and the next stage of the process. The Senior Responsible Officer for Telford and Wrekin CCG said this challenge and potential risk had been recognised and steps would be taken to mitigate this. By the time of the consultation the most significant discussion would have taken place already. It would cause a more serious problem to extend the timeline and the Programme Team and SROs

were reluctant to be overambitious in shortening the timescale. There would be extensive discussion with the existing Joint HOSC up to and during the consultation period and the situation would be reviewed after the election.

It was confirmed that formal consultation would cover all options but it was intended to identify a single preferred option

Members asked for an update on the Deficit Reduction Programme, and were concerned whether any measures taken to address the deficit might lead to a substantial variation in service. The SRO, Telford and Wrekin CCG explained that Chief Officers from the CCGs, all Health Trusts and Local Authorities were working on an agreed way forward. He clarified that this work was outside of the Future Fit Programme, which was being clinically led, but Future Fit could not proceed until a deficit recovery plan had been agreed. He was confident of establishing a plan over the coming weeks which would bring the deficit back into balance over a four to five year period. The aim of the recovery plan was to look at services across the whole economy and reduce reliance on acute care, not to cut services, but to deliver in a different way, with more community and primary care based services.

Members asked about the extent to which primary care was involved in the financial recovery plan. They heard that primary care was not included within the deficit recovery plan, as funding for general medical services such as routine GP appointments were ring fenced. Members asked for reassurance that any potential impact on primary care and social care services would be taken into consideration.

The Portfolio Holder for Adult Social Care, Shropshire Council, referred to a recent meeting of Finance Officers across the health economy. He expressed concern that the meeting had not included finance leads from the Local Authorities. The SROs said that the particular meeting referred to had focused on understanding of the extent of the deficit in the health economy alone. There was commitment to working with local authorities and all partners to understand interdependencies and the pressure adult social care budgets were under were recognised. It had been agreed that any proposals would not result in shunting costs between organisations or impact negatively on Adult Social Care, or any other service. The Chancellor had recently announced that integration would be required by 2020.

Shropshire CCG had been clear with its Turn Around Team that measures to address the deficit could not destabilise any other organisation in the area.

Members went on to point out that the public was currently confused as to the progress of Future Fit and its relationship with the deficit reduction plan.

The SRO, Telford and Wrekin CCG said that much debate had focused on Emergency Care and Urgent Care. Emergency care was one component of the Future Fit programme which needed to deliver the right care in the right place at the right time in Health and Social Care across communities in future. The Future Fit

Programme Director reiterated that Future Fit had not been launched not to save money, but to address difficulties in staff recruitment, particularly in A&E, ITU, and a number of other specialisms and in community hospitals.

The SRO, Shropshire CCG, acknowledged that public perception was currently confused and referred to a whole year of planned engagement, and proactive briefings designed to keep the public informed. The public knowing what was available and where from would form the basis of the communication strategy.

Members went on to ask about prevention. The Senior Responsible Officer for Telford and Wrekin CCG confirmed that modelling activity had taken into account the preventative agenda and involved Public Health colleagues. Prevention was seen by all as key to reduce demand in future.

The Committee asked for a progress update on Future Fit, Community Fit and the deficit recovery plan in February or March 2016 with a view to identifying if any substantial variations would be proposed.

6. Winter Plan – Update on Urgent Care and Hospital Discharge

Wayne Greenwood, SATH, explained that the paper circulated to Members (copy attached to signed minutes) ahead of the meeting was an extract from the full Urgent Care plan. He gave a presentation (copy also attached to the signed minutes) which explained the plan and the process of its development, and with colleagues provided an overview of current performance for four themes: internal acute flow, admission avoidance, demand management and proactive management of over 75 complex patients.

A system wide workshop had come to agreement on root causes and the plan had been signed up to by SATH, both CCGs, the Community Health Trust and both Councils. A single dashboard of urgent care indicators had been developed along with shared modelling of forecast performance, capacity and pressures. Emergency Care Improvement Team (ECIP) support had brought nationally recognised expertise in addressing whole system problems alongside learning from SATH's partnership with Virginia Mason Hospital.

Members noted the following responses to their questions:

- Issues at the two hospital sites were different, a major cause of breaches at PRH was due to inappropriate use of the Emergency Centre. Many breaches at RSH were related to timeliness and availability of the bed base.

- Delays were incurred where there were problems with interfaces. Targeted action had improved availability of beds earlier in the day.

- Mitigating actions involved optimising numbers attending urgent care and walk in centres, where necessary resolution meetings were held to address constraints and issues. Tighter operational management of complex discharge reductions had been implemented. Patients who were ready to go were being more easily identified, and earlier in the day. Further practical advice and support was expected from the ECIP team.

Internal Acute Flow

Debbie Kadum, Chief Operating Officer, SATH, explained work underway which was focusing on delivering improvements in bed flow processes, emergency department efficiency and full implementation of ambulatory emergency care.

The Emergency Department at Princess Royal Hospital was not currently big enough to manage the volume of patients. An extension would be implemented on 13th January and processes would be adjusted to make use of this new capacity. The Vice President of the Royal College of Emergency Medicine was to visit and track how patients flowed through once the new facilities were on board.

Other projects included: improving the process by which patients obtained their drugs to take home; senior clinical review of patients early in the morning to free up beds; working with partners, for example, West Midlands Ambulance Service, to support emergency departments through locating paramedics at front door.

If a patient was in hospital for more than seven days, a peer to peer challenge would consider the reasons for this. Work was underway on considering patient discharge arrangements from the time of arrival, specifically focusing on respiratory conditions. If this was managed well it could help prevent complex discharges.

Proactive Management of over 75s

Carol McInnes, Head of Programmes and Service Redesign, Shropshire CCG, explained plans to implement improvements to support and divert greater numbers of over 75 year old patients outside of acute hospital. She reported on plans for a GP with specialist skills in acute care to be based with West Midlands Ambulance Service between 10 am and 8pm, responding to 999 calls and identifying patients where they might be able to prescribe or access diagnosis. This would help prevent the need to convey a patient to an acute hospital.

Members asked how this would be different to the 'GP in a car' system previously trialled. This scheme was based on particular GPs with acute skills, they would be able to choose which patients to attend themselves and would be fully integrated. A pilot would be starting in Shrewsbury and be rolled out if successful. She offered to share feedback on learning in future.

Admission Avoidance

Steve Gregory, Director of Nursing and Operations, SCHT, talked about admission avoidance, the integrated community service, and how the inability to provide the right care in the right place in a timely way caused problems elsewhere in the system. He emphasised the need to focus on the prevention agenda.

He referred to issues with domiciliary care especially in rural areas. However, there was a significant workforce in the community focused on adults although employed by different organisations. A co-ordinated response, breaking down of silos and using the workforce differently would help.

The Committee was encouraged by the contents of the Urgent Care plan. They drew particular attention to issues around delayed discharge which had been considered at a previous meeting. Members emphasised the need to be open and clear about where the problems lay and for systematic measurement of this. Addressing delayed discharge would be a critical step in the process. They were concerned to know whether a new domiciliary contract would be effective and address the blockage. The Committee also noted that 100 residential nursing and residential care beds had been lost in the last year but that Domiciliary Care Capacity had been boosted for a time by the Acute Trust using bank support workers to help with this.

The Director of Health, Wellbeing and Care, Telford and Wrekin Council, referred to the complex picture and the reducing grant settlement for Local Authorities who were now having to fund more people with less money. The Council was obliged by the Care Act to ensure a sustainable care market remained in place but this was becoming increasingly difficult, particularly in the light of implementation of the Living Wage and difficulties recruiting to domiciliary care jobs.

Members raised issues around quality of discharge and a recent Healthwatch report was cited which stated that 88% of over 75 year olds were readmitted. It was confirmed that readmission rates were monitored and that sometimes it was necessary a package of support did have to be tested.

In his capacity as Chair of the Strategic Risk Group, Mr Evans felt the plan provided the best possible chance to deliver the right plan for patients, would support people to go home as soon as possible, and maintain a safe and effective service. It was the first plan he had seen which was owned by all organisations within the system.

The Committee were encouraged by the plan and commended the significant amount of work involved in its creation and implementation. They asked for an update to be provide at a meeting in February/March time, and for it to have a particular focus on discharge issues.

7. Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services

Debbie Kadum, Chief Operating Officer, SATH, referred to the 'Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services – Developing our service continuity plan' report before members (copy attached to signed minutes). The Future Fit Programme was due to conclude in 2017 but in the meantime, the challenges that prompted initiation of the Future Fit work were growing. The most significant of these challenges was the continued availability of sufficient workforce to continue to provide two 24 hour emergency departments and associated clinical services. There continued to be a risk that a situation could be reached where maintaining two was unsafe and emergency measures would need to be taken.

She emphasised that any emergency measures would categorically not pre-judge the essential work through Future Fit to develop an agreed vision, but would be taken to mitigate clear and present risks to the safety of services provided.

The report provided an overview of the risks and challenges and the process to define 'tipping points' that would prompt emergency measures to be initiated. Members noted the main focus of the work, next steps and planned work with stakeholders over the coming months. It was to be an open transparent and iterative process.

The Chair remarked that the report explained the issues very clearly. Members referred to option B in the paper and asked whether it was intended to have a 24 hour urgent care offering on both sites. This was currently being explored.

Members asked whether the criteria for closing an A&E would be based entirely on clinical risk, who would make the decision, and whether the Clinical Senate could be involved. In response, Members were informed that a variety of factors would lead to the 'tipping point' and that the decision would be taken across the economy. Once the plan was agreed, everyone would be clear about when and how it would happen, if it became necessary.

Members expressed concern that the tipping point might be reached quickly and without much warning. The Chief Operating Officer explained that everything was being done to ensure it was not a sudden event. A significant level of risk had been managed for some time and it was not anticipated that a rapid decision would need to be made.

Members enquired about the number of presentations at each site overnight, both by ambulance and walk in. The Chief Operating Officer endeavoured to supply this information to the Committee.

Members also enquired about update of flu vaccination by staff and the Chief Operating Office said she would also be able to provide this information.

Members emphasised that clear communication with the public would be absolutely crucial once it was decided which site would close overnight if the tipping point was reached. They also reiterated the need to emphasise that any decision would be clinically led. The Chief Operating Officer added that it might yet be decided that it would not be possible to close one sight overnight.

It was agreed that the Joint HOSC Chairs would be kept up to date and informed once a location had been decided so that they could then consider the next steps for the Committee.

8. 111/Out of Hours Service

Fran Beck, Executive Lead for Commissioning, T&W CCG, presented a report on procurement and engagement plans for the NHS 111 and Out of Hours Service . (copy attached to the signed minutes).

She reminded Members of the history of the procurement of the services and the current hybrid arrangements in Shropshire and Telford and Wrekin. Patients in Telford and Wrekin could currently telephone the 111 service and also telephone the out of hours service provided by Shopdoc directly. This arrangement involved Shropdoc maintaining call handling which currently cost the CCGs an extra £350k a year.

New national guidance had been published in September 2015 to support commissioners in delivering a fundamental redesign to ensure the functional integration of 111 with Out of Hours Services. This was intended to have a significant impact on emergency care. Shropshire and Telford and Wrekin CCGs had agreed to be part of another regional tender to procure NHS 111, led by Sandwell and Birmingham CCGs. In the West Midlands there were currently 'step-in' arrangements for the 111 service, provided by West Midlands Doctors. The invitation to tender would be issued in early March.

The Executive Lead for Commissioning explained that an analysis of activity was currently taking place and it was important to get this right. The consultation on the work was being supported by the Consultation Institute.

In response to questions from Members, she explained:

- The intention was to have a functionally integrated 111 and Out of Hours Service - but structurally there could be more than one provider, or a prime contractor and sub contractor, as there would be two lots: Lot 1 - 111 telephony of integrated service, and Lot 2 - clinical hub and face to face treatment services. This would mean that there could be two different providers or one provider who may sub-contract to another provider.

- The CCGs were trying to be as creative as possible in structuring the lots. They had considered including other services but concluded that this would present a high risk in the light of time pressures and Future Fit.
- The existing step in arrangement would exist until October 2016.
- An invitation to tender would need to be launched by 4 March to meet the timescale.
- Following previous experience, the CCGs recognised the need to be particularly aware of the resilience of 111 and the provider would need to meet strict criteria, including working closely with the 999 service and a fully functional integrated system of telephony with a clinical hub and people on the ground.
- There would be technical problems to address, especially in relation to the Welsh border.
- Views on the sharing of records between the 111 and OOH providers to allow full integration would be sought.
- It was confirmed that consideration would be given to slotting in what was wanted locally alongside provision of a regional 111 service.

Members highlighted the benefits of the local knowledge held by the existing out of hours provider, and questioned how much cost would influence decisions.

The Executive Lead for Commissioning responded that the procurement would look at how the interface between 111 and the out of hours service could be improved. The consultation would ask how people feel about sharing medical records with the 111 and out of hours services. She expected that people would think that this happened already. Some practices were piloting this with the challenge fund.

The Committee commented that the engagement plan was comprehensive. It was agreed that reporting back to the Joint HOSC in late January early February should be added and the Chairman said the Committee would wish to identify if proposals might mean any substantial variation in service.

The Co-Chairs reported that they would be meeting the Chief Executive of the current out of hours provider early in the new year for a briefing to inform the Committee's scrutiny of this issue.

RESOLVED: To support the engagement plan, with the addition of a further presentation being made to a meeting of the Joint HOSC in late January or early February 2016.

Chairman: _____

Date: _____