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 Wednesday 2 March 2016 at Shirehall, Shrewsbury 1.00 pm – 3.30 pm

PRESENT – Cllr G Dakin (SC Health Scrutiny Chair) (Chairman) Cllr A Burford (TWC Health Scrutiny Chair), Mr D Beechey (SC Co-optee), Cllr V Fletcher (TWC), Mr I Hulme (SC Co-optee) Cllr H Kidd (SC), Mr B Parnaby (TWC Co-optee), Mr D Saunders (TWC Co-optee), Cllr R Sloan (TWC) Mrs T Thorn (SC Co-optee)

Also Present –

A Begley (Director of Adult Services, SC)
Cllr L Chapman (Portfolio Holder for Adults, SC)
Cllr A England (Portfolio Holder Adult Social Care, TWC)
F Bottrill (Scrutiny Group Specialist, TWC)
D Evans (Accountable Officer, Telford & Wrekin CCG)
S Gregory (Shropshire Community Health Trust)
A Hammond (Deputy Executive, Telford & Wrekin CCG)
A Holyoak (Committee Officer, Shropshire Council)
N Holding (Head of Improvement and Transformation, SaTH)
P Tulley, (Chief Operating Officer, Shropshire CCG)
D Vogler (Future Fit Programme Director)
S Wright (Chief Executive, SaTH)

1. Apologies for Absence

Apologies were received from Cllr J Cadwallader (SC) and Mr R Mehta (T&W 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.

Mandy Thorn declared that she was a provider of services commissioned by Shropshire CCG and Shropshire Council.

3. Minutes

RESOLVED: that the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 5 February 2016 be confirmed as a correct record and signed by the Chairman.

Page 2 - Mr Parnaby clarified that it was Telford and Wrekin Healthwatch that was carrying out a survey with children and young people. Page 8 - Mr Saunders said he had asked the Chief Executive of SaTH at the meeting whether the Trust was providing a safe and appropriate service and the Chief Executive had agreed that this was the case.

4. Future Fit and Community Fit

Debbie Vogler, introduced herself as the new Future Fit Programme Director. She referred to the timeline in the report circulated with the agenda (copy attached to signed minutes).
Members heard that a revised Strategic Outline Case was due to go to the Shrewsbury and Telford Hospital Trust Board within the next week. This report set out proposals for two vibrant hospitals with services balances across the two sites.

The Programme Director also reported that:

- The deficit reduction plan was on track and would be concluded in the next 2 weeks. The draft report had been validated by PricewaterhouseCoopers.
- Workshops were due early April in relation to the Rural Urgent Care offer
- Interpretation of data in relation to Community Fit, including Adult Care data, was due end April
- Consideration of the final decision making process was due to be agreed on 23rd March
- The engagement and communications for the Future Fit Programme was continuous – pop up events and community events have been held.
- Engagement sessions would be held to share the Strategic outline Case.
- A Joint Board decision making workshop would be held on the 23rd March to discuss the challenges around the decision making process.

In response to questions from the Committee, members heard that:

- The timescale for Future Fit and the Sustainable Transformation Plan had been aligned and was consistent.

    - Patient experience was being taken into account for Future Fit and STP with all workstreams engaging Healthwatch, Health and Wellbeing Boards and patients. The Committee questioned the extent to which very rural areas were represented on each workstream and stressed the importance of ensuring better engagement in rural areas.

- West Midlands Ambulance Service and the Welsh Ambulance Service had membership of the Future Fit Programme Board. WMAS also had membership of the STP partnership board and operational board.

The Committee identified that social care providers, eg Shropshire Partners in Care, were not represented on the Programme Board. The Senior Responsible Officer undertook to consider this issue.

The Committee questioned progress on Community Fit, when outcomes of the data gathering work would be forthcoming and when a description of what would actually happen on the ground would be made available. Members heard that the next phase of Community Fit would describe a shift of activity from the acute sector to the community sector. They were concerned that adequate capacity in the community was ascertained before the Future Fit options were identified. The Chief Executive of SaTH emphasised that work needed to start immediately to ensure that community provision was able to manage the health of the population differently.

Members emphasised the need to treat the voluntary sector, private sector and local authorities as equal partners going forward and recognition of the importance of support from carers, family and friends. The SRO acknowledged that the voluntary sector was very important to the transformation of services moving forward. He was committed to working with the voluntary sector on that basis and some two year grants had been offered to help stabilise the voluntary sector.

The Chief Operating Officer, Shropshire CCG, reported that he was chairing the Rural Urgent Care Group within the Future Fit Programme. The work underway included identifying where gaps would be, and how the opportunity to deliver in rural settings could be maximised. It could be that services already located in rural areas would be utilised to work together differently. He reported that there were two patient representatives from South West Shropshire on the Group. There would not be a fixed final answer but opportunities to try things out. The Chairman asked if the Strategic Outline case would put rural and urban urgent care in perspective. He felt it was important to be clear about what an Urgent Care Centre could offer. The Chief Executive of SATH said there would be more collections of and an extended range of services in vibrant hubs possibly complemented by mobile services.

He referred to the need for a different relationship with the public regarding how they were going to manage their health in future, and the need to talk about a wellness and health service rather than an illness service, in order to support communities to live healthier lives. He said work was underway with colleagues in both local authorities to support communities in this respect.

With regard to potential risks, members particularly asked about risk 38 – Commissioner Affordability. They also asked about potential estate failure and whether SATH had been able to maintain the maintenance budget.

The Chief Executive of SATH explained that the quality of estate was variable between the two hospital sites and the solution lay in the long term. The deficit recovery plan recognised the need to address this within the costs of

delivering Future Fit. With regard to risk appetite against risk, a balance needed to be struck and an ambitious and transformational approach was needed to achieve what was necessary, eg using technology to minimise travel for planned activity. Innovation was needed across the system along with less duplication. All stakeholders were committed.

A question was asked about the local NHS acceptance of the Total Control Offer and if this had been without reservation. The Accountable Officer, Telford & Wrekin CCG replied that it had been accepted but not without reservation. It was reasonable within the financial climate and the local NHS was working with colleagues in NHS England to recognise the issues. This is not without challenge but it was as good a settlement as the local NHS could get.

The Cabinet Member for Adult Services for Telford & Wrekin Council commented that the Community Fit Programme had been taken over by fact finding and data sets. He recognised that this was necessary but had not resulted in any decisions about services and in his view this programme has become subservient to Future Fit.

The Accountable Officer, Telford & Wrekin CCG reported that both CCGs had a clear vision for the urgent care centres, particularly in urban areas. This was based on a notion of developing primary and community care based around GP practices, with some acute teams moving out into the community. He cited one practice in Telford which also offered social care alongside primary care. He explained that one programme was not driving the other but that the two programmes were intertwined.

The Chair commented on the importance of staff in community and urgent care centres having the correct skills to treat patients and reduce demand on urgent care services.
Members also asked about Risk 23 and the care of people requiring elective surgery, how the risk was being mitigated and how it would be resolved.

The Chief Executive of SATH apologised to anyone who had had an appointment cancelled. He explained that the whole health and care system was challenged and the Trust will continue to work with the CCG to manage this risk. The Future Fit model for a single emergency site would further reduce the risk. In response to a comment that patients do not know where to go and that signage at the hospital site is confusing he acknowledged that it was confusing to have an urgent care and A&E on the same site but this would not be the case in the Future Fit model. Patients requiring emergency care would go by ambulance, all other patients would go to an urgent care centre.

In referring to the governance structures around the STP and Future Fit, the Committee highlighted the need for all to be clear about the function of the Scrutiny Committee particularly as the governance structure diagram currently showed no place for Scrutiny. The SRO said this was not intended to convey

that there was no role for scrutiny. He also stated that STP and Future Fit would be subject to Assurance by NHS regulators as well as by Scrutiny.

5. Maintaining Safe, Effective and Dignified Urgent and Emergency Care

Members were reminded of discussion at the Committee's December 2105 meeting on the 'Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services – Developing our service continuity plan'. The challenges that prompted initiation of the Future Fit work continued to grow, the most significant of these being the 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.

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

Another stakeholder workshop had been held on 22 February, involving members of the public and health professionals. The review and conclusions would be going to Full Trust Board at the end of March.

The Portfolio Holder for Adult Social Care, Telford and Wrekin Council drew attention to a slide in the circulated presentation outlining scenario D which stated that an overnight closure of RSH would not be possible due to the complexity of service moves for trauma and acute/emergency surgery. The Chief Executive again reiterated that this absolutely did not presuppose any outcome for Future Fit. Developing a Business Continuity Plan was routine practice for any Trust but as this was so sensitive in the Future Fit context, the decision had been made to involve the public in the stakeholder workshops and for it to be as transparent and iterative process as possible.

If a tipping point scenario were to occur, SaTH would have to maintain safe emergency care. The clinical view was that an overnight closure would be the ultimate fullback position, and a range of mitigation plans would be in place to ensure that this would not happen

He also reported that the return of an A&E consultant recently had made the service more resilient.
The review and conclusions would be going to the Full Trust Board at the end of March 2016.

Members of the Joint HOSC said they had been impressed by the openness, honesty and transparency of SATH during this process.

6. Winter Pressures and Hospital Discharge

Nick Holding, Head of Improvement and Transformation, SATH, shared the detail of process improvement work around discharge and To Take Out Medication (TTO) which had used methodologies learnt from Virginia Mason Hospital.

His presentation covered: how the problem to solve had been identified; how the methodology had been implemented; a summary of progress made in reducing To Take Out Medication lead time and delays.

This had reduced TTO by 67% over 3 hours and potential release of approximately 300 hours per day of bed usage time across inpatient areas.

A deep understanding had been developed through working with clinical teams and pharmacy, ideas had been implemented, adapted as necessary and tried again. There was confidence that change would be sustained as teams themselves had come up with the solutions and owned them. The methodology of trying things out on a small scale and then expanding them had been shared by Virgina Mason.

The Committee commented on very impressive time savings and asked if a risk assessment had been carried out with regard to the speeding up of these processes. The Committee were reassured that the process itself had not changed and that appropriate quality checks remained. The focus of the process had been on removing elements that had added no value.

The Portfolio Holder for Adult Social Care, Shropshire Council, asked if any work had been scoped with regard to improving patient discharge. Members noted that the same sort of approach had been initiated around the discharge of respiratory patients who made up around 40% of all emergency admissions.

Frail elderly patients were also being managed differently so that the shortest possible time was spent in hospital, to minimise loss of function. Packages were needed for when frail elderly patients left hospital and work would be taking place involving primary care to minimise admissions.

The Chief Executive referred to around 40 initiatives rolling out which had been developed by clinicians. The hospital was on a journey and one of the most challenging areas was making change stick. Allowing staff who were delivering the care to find their own solutions was the best chance of this.

The SRO, Telford and Wrekin went on to talk about winter pressures. The demand for services and the complexity of needs of patients and communities had remained high and at 10 February, system performance had been 12% below trajectory. There had been 210 attendances at PRH on one day in the previous week, these numbers were not unusual and meant A&E performance had dropped. As a consequence, patients had been located in

areas that SATH would have preferred them not to be in. The SATH team had been performing heroically in these circumstances.

The Emergency Care Improvement Programme had recently undertaken a diagnostic report (copy attached to the signed minutes). This had identified five areas for the Strategic Resilience Group to prioritise. Members discussed these areas, particularly the acute frailty pathway and heard that most beds in SATH were occupied by over 75s.

Members asked about working with local authorities on discharging to assess into a safe environment and planning of post-acute care in the community as soon as an acute episode was complete rather than in hospital before discharge. A solution needed to be found to ensure domiciliary care was responsive to avoid hospital deconditioning.

The Chief Executive of SATH said the report reflected a direction of travel 'home is best' but referred to the challenge in recruiting domestic care workers, both in Shropshire and Telford and Wrekin, especially as the needs of patients were becoming more complex. There was a backlog of patients due to lack of domiciliary care and this was impacting on management of emergency patients safely. He said large employers needed to look at how to make domiciliary care roles more attractive.

The Director of Adult Services, Shropshire Council, commented on a complex picture with many variables. Organisations needed to work together as one system he felt that there was more appetite for this now than at any time previously and it was essential to take advantage of local freedoms.

Mrs Thorn reported on an increased number of people working in social care but the need for more, particularly in rural areas. It was very difficult to find people who were available at the right time who were also able to travel. A blended approach was needed and she said that Shropshire Partners In Care would welcome the chance to work with health colleagues on this. She also pointed out the issues around free care coming to an end on leaving hospital

The SRO said it was essential that the public were helped to understand that home was best, and that care homes and hospital beds were not the place to be unless in an emergency.

A Member referred to isolation experienced by some people at home on their own for 23 hours a day and the deterioration that could lead to. He pointed out that Age UK had waiting list for Day Centres. The SRO said that he recognised that as a commissioner he needed to re-direct resources and commission services in a different way to prevent frail elderly people becoming isolated at home, and not eating, drinking enough or taking medication.

Another Member referred to work needed especially in rural areas where issues were more complex. She said significant work needed to be undertaken, not just on health and social care but also housing. The Chief

Exec of SATH reported that there was to be a national symposium on rurality which SATH would be chairing. There were other rural locations Shropshire could learn from and it was important to get these issues on the agenda at a national level. He said he would confirm the dates once this had been arranged. Mrs Thorn also referred to work underway through the Local Enterprise Partnership, BIS and CCG.

Another Member reiterated the need to talk to local communities to help them find solutions themselves, e.g. through establishing a local transport scheme, day centre, or visitor scheme.

The Committee hoped that there had been a step change in tackling these problems across all organisations.

7. Deficit Reduction Plan for the Local Health Economy

The SRO, Telford and Wrekin Council explained that it was clear that the deficit reduction plan could not be addressed in isolation and active engagement with partners including local authorities was sought. Guidance had been issued in September 2015 and a Sustainability and Transformation Plan (including the deficit reduction plan) needed to be delivered by June 2016.

It was essential to submit the Sustainability Transformation Plan on time otherwise ability to access further funding would be severely limited.

In the past, the deficit had been passed around from one organisation to another but maturity of discussion in the last six months had helped moved on from that – it was a health and social care economy and the only way to solve this was by working together.

Members went on to discuss the GP age profile and sustainability in Shropshire and Telford and Wrekin, the need for changes to the way primary care worked, opportunities to deliver primary care, community care and social care from the same locations, and dementia diagnosis rates and prevention.

Members noted that a first draft of the STP was required by 11 April 2016 and the sign off date was 30 June 2016.

8. Chairs's Updates

The Committee was informed on the decisions taken by the CCG Boards in relation to the procurement of 111/Out of Hours services for Telford & Wrekin and Shropshire

Chair: …… Date: ……..