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 Thursday 10 May 2018 2.30 pm at The Wakes, Oakengates,

Members Present:

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton
Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Hilda Rhodes
Shropshire Co-optees: Ian Hulme
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders

Ohers Present:

Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit
Simon Freeman, Accountable Officer, Shropshire CCG; Joint Senior Responsible Officer, Future Fit
Pam Schreier, STP Head of Communications and Engagement, NHS Future Fit Programme
Jessica Tangye, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council
Debbie Vogler, Associate Director Future Fit Programme

1. Apologies for Absence

Apologies were received from Shropshire Co-optees Mandy Thorn and David Beechy

Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they have 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 meetings held on 3 March 2018 and 22 March 2018 were approved.

4. Future Fit Consultation Plans and Consultation Documentation

The Committee received the Shropshire and Telford & Wrekin Clinical Commissioning Groups plans for undertaking public consultation on the Future Fit Programme.

Pam Schreier, Head of Communications and Engagement reported that things had moved on since the papers were published for the Joint HOSC meeting. These were the same papers received by the CCGs at their Board meetings on 8th and 9th May. Pam intended to include an update on the outcomes of the Shropshire and Telford & Wrekin Board meetings

during the presentation. It was noted that there had been some issues sharing all of the consultation supporting materials, such as banners, due to the file sizes. Members were assured that specific additional items of information would be available to support the consultation itself.

David Evans explained that the CCG Board meetings were part of process to review and agree consultation documents in order to go out to consultation. There had been a number of caveats that had required articulation in the Pre Consultation Business Case following the Telford & Wrekin CCG meeting. These were areas needed to be addressed before a final decision was made, and further work would be required as identified in the Clinical Senate review and NHS England assurance process. David Evans assured that the detail about these areas of additional work and the caveats had been woven throughout the text in the consultation rather than clearly identified and described in one place and there had been a call for Future Fit to make the detail more explicit and identifiable for the public, so that the Telford and Wrekin CCG view of some members was clear. The amendments had been made since the T&W CCG and the consultation had been approved by Shropshire CCG. T&W CCG was holding an EGM on Friday 11 May. David Evans was confident the amendments would be agreed. Simon Freeman agreed that he had signed off the consultation because the amendments were not material changes.

The Co-Chair opened the floor to Members to clarify aspects of consultation that they wanted to discuss. During the following discussion members asked questions relating to:

Funding underpinning Future Fit: It was a question that had been raised at every Joint HOSC in the last year. It had been understood from the points made at the CCG meetings that the Senior Accountable Officers did not know the relative combination of private and public money that would make up the £312m announced by the Treasury.

The SROs responded that it was the view of the NHS that it would be a mixed capital solution with an element of Trust's capital, a standard allocation that Trust would get, an element would be dividend capital and element from the Phoenix route. There was no further information at this stage. Simon Freeman reinforced that the funding was not what was being consulted on but it was a matter for the CCGs in terms of decision. Consultation was on the clinical model and two potential options for that model.

When making decisions on options, any member of the public would want to know that the finances stack up in terms of the revenue consequences. Repayments on the kind of borrowing come at a cost. If significant funding has to be found from private means – it is bound to have a knock on effect on revenue available to support initiatives in the community.

The SROs explained that from the design of the clinical model through to building of the consultation – different elements of the decision would be taken at different times. It was a matter for the CCGs in terms of decision – what was being consulted on was the clinical model and two potential options for that model. Simon Freeman said that a Pre-Consultation Business Case had been done which NHS England had been assured was affordable, taking into account whole series of risks/ cost of capital was just one. NHS England had been assured by the CCGs that both options were affordable.

David Evans said that funding was one of the areas of work that was explicitly detailed in the consultation document. He said inevitably with large capital programmes that take time, things would change.

Working within an envelope, if you find it's going to cost more in terms of debt repayments – that is on the capital model or whether it has a consequence for the revenue provision for the support of community and primary care.

The SROs suggested that it wasn't appropriate to focus on one element of affordability – there were many elements that had an impact and they had to plan on some basis. This was the purpose of the Pre-consultation Business Case. Consultation was only on models that the CCGs could demonstrate were clinically viable and affordable. A decision about affordability is not what was being consulted on.

Accepting that it was not about affordability, what were the consequences of the capital make up?

A reasonable assumption was being made on the budget, on what was known, which the CCGs knew could come unstuck. There were a whole range of issues that would impact – part of this was the affordability.

Concern there needs to be a lot of development in the community, outside of the acute sector.

Simon Freeman confirmed that the increased capital costs were affordable. Commissioners of the system had assurances from the Trust that the capital was affordable on current tariff.

Without detriment to other plans/ funding.

Simon Freeman confirmed that the SRO would not sign off a business case that was not affordable.

Members were concerned at what price Future Fit was made affordable in terms of the consequences for investment in other services that were required to make Future Fit work.

Members were also concerned that the right calibre of representatives would be available to answer their questions at Future Fit engagement events, this was something that the public had raised time and time again.

Why was Option 1 more expensive when the money could be put into community services?

David Evans stated that the CCGs were committed to out of hospital care to ensure that the public treated closer to home or at home. This was about providing better services for our population for T&W and Shropshire in the future. Better facilities enabled the CCGs to partially attract staff and ensure that the facilities and better outcomes were available for patients. Both of the options would deliver this. Going out to public consultation was about the impact of the changes/ options on family, friends, and relatives.

A question was asked about transportation:

Simon Freeman confirmed that there were two elements to this, one was the ambulance service and one was non- emergency patient transport provided by a third party. The

Clinical senate had said the CCGs needed to understand the impact on the two services and costs for the services. Non- emergency conveyance was a formal piece of work that the CCGs had commissioned from a third party.

It was noted that the results of the formal piece of work would be too late to inform the consultation but would inform the decision making. Not only was the ambulance modelling outstanding but the workforce planning, work supporting the community model had not been completed and was not at a stage to inform the process.

The SRO confirmed that the information would be available to JHOSC and members of the public, but the core of the consultation was about clinical model, preferred option and second option. The Committee felt that these were crucial areas that hadn't been covered. Simon Freeman confirmed that the Ambulance modelling was an issue that would affect the affordability, which Illustrated of why, when talking about funding it was impossible to just isolate capital. CCGs could not implement a model without providing appropriate, timely ambulance service – it was not a part of the consultation because ambulance services would have to be appropriate.

The Committee suggested that members of public were being asked to make a choice between options and yet there could be £5m difference in costs, it was something that the public needed to know.

The SROs disagreed that the public did not need this level of detail, the consultation was about the options.

The Committee reinforced that the funding and modelling was relevant to the consultation because it had a consequence on what else the CCGs could provide in terms of services. The consequences would have an impact on families on how they responded. The point was not about whether the CCGs could make the finances work, it was the consequence of budgetary decisions on other services available to families. How would the public make a decision if they didn't understand what the relevant issues were in terms of the modelling? If the community needed another £10m for example and it wasn't available as a result of spending elsewhere.

David Evans confirmed that timely and efficient ambulance services had to be provided whether or not options 1 or 2 were considered best. He stated that it was not possible to confirm if option 1 or 2 was least expensive, these were operational budget decisions that CCGs made every year.

David Evans clarified that under the proposals the CCGs would have to provide the right ambulance service for the population; there would be no impact on major trauma because the hospitals did not provide major trauma.

The Committee was concerned that the Future Fit options may not be deliverable and they felt that there was little assurance on the affordability of the options.

The SROs confirmed that the Future Fit solution was better for patients – better facilities, better outcomes, better to recruit staff, better care and that it was easy to lose sight of what the clinicians were saying. The viable and affordable clinical models were being consulted on at this point.

The Committee highlighted the duty of scrutiny to ask the CCGs whether they would be addressing all relevant questions.

The Committee asked are there any areas that are being disadvantaged in the preferred option and would the Committee see all information in the consultation feedback.

SROs responded that the evaluation and assurance was being done independently and that JHOSC would see this.

The Committee returned to the non-financial analysis which demonstrated clearly that the proposed models raised outcomes for all patients. However, it was noted that there were inconsistencies in the numbers in the consultation document around people being treated in PRH and RSH.

The SROs responded that whilst a broad clinical model had been identified – there would always be potential for change in which types of patients that could be seen and treated in a particular place. The CCGs would ensure that it was not so specific in the consultation to ensure that it was reasonably understood.

The Committee highlighted a number of points:

Although the Stroke unit was described in the consultation, it should be referred to in reference to p.18.

The public shouldn't be asked for their full postcode, only the first four digits.

Bed numbers should be clearer.

The SROs confirmed that there was an increase in beds overall to 990. There was a need to shift occupancy rates; the CCGs were looking at what was needed to improve occupancy and at demographics. Whilst it was an increase relative to demographic growth, but it was still a challenge. Staff had been modelled accordingly.

It was noted that there were challenges in the Future Fit action plan but the CCGs assured that progress had been made on all these elements. All information was in the outline and pre consultation business case. In the action plan, the work that had to be done was described and plans would continue to be developed because the programme was set over 5 years. The SROs assured that sufficient progress had been made which included a set of assumptions that were reasonable.

The Committee reinforced the point that alternative models should be explained; at this point explanation of the alternative models was unclear, the Committee expected to see clarity on which models had been rejected over last 4 year.

The Committee also asked for clarification on what the CCGs would do if people put alterative models forward.

The SROs confirmed that they had a duty to respond to alternative proposals and noted scrutiny also had a role in this. The NHS Assurance process was lengthy was very detailed and included the Gunning Principles.

The SROs reinforced that the clinical model had been developed by clinicians to meet the needs of the healthcare of the population, including social care, ambulance services,

mental health and that whilst there may be alternative models, they may not be applicable to the area. The SROs confirmed that in addition to the consultation document, there would be information on how alternative options had been evaluated and on what basis they were excluded. FAQs would be available and the Committee suggested an explanation of how the final two options were arrived at.

The Committee felt that there should be sufficient face to face engagement so that people who were unable to access FAQs could find the information.

It was confirmed that the consultation had been through a patient reader experience group and the Consultation Institute. People would be directed to other sources of information that they were interested in. It was agreed that questions received by the Joint HOSC from Gill George of Defend our NHS would be answered.

The Committee asked for further detail on the level of education and reader age that the consultation documents had been produced for. There was a concern that the consultation should reach as many people as possible. It was noted that in the long consultation document, the reasons for the preferred option were not comprehensive and that option 2 did not explain why it was no the preferred option.

The SROs confirmed that the document had been through 31 iterations with the Consultation Institute which provided some assurance. In relation to the explanations of the advantages and disadvantages of the options, it clearly stated that more information was available. *The Committee felt that people would not go through the document to find the additional information and that it should be more explicit.*

It was explained that the reader group had discussed the long consultation document and the group had been mindful of the average age of the population. Easy read documents were available and the number of printed easy read documents had been increased. It was acknowledged that some of the terms were complex but a glossary had been provided and there was far greater detail on the website.

The position on beds was the subject of substantial review by NHS England; the model was in the business case which tried to regularise the constant overexpansion of beds. The current configuration of beds was not uncommonly operating at 100% or close to occupancy, it was proposed that this would reduce to in the region of 85% which gave additional capacity for peak demand. David Evans explained that the percentage of population was older and would increase over next 5 years. A lot of admissions were through frailty model but patients were only admitted if they needed to be and sent home with appropriate care and services. The earlier people could get to A&E, the less intensive the care package required.

It was noted that patient miles was an important factor.

The Committee referred to information about the Trauma network; they felt this was unclear and asked whether the Trauma Network had given a view.

David Evans stated that to become a trauma centre an accreditation process was necessary. If the preferred option did not go forwards the Hospital Trust would have to apply for accreditation but there was no guarantee that it would be successful if it was closer to Telford. The county did not currently have trauma centre status.

Pam Schreier and Debbie Vogler were invited to present the Future Fit Activity Schedule.

It was highlighted that it was a 14 week public consultation period; significant work would take place during this time including a series of briefings throughout and post consultation. MPs, Councillors would be engaged as well as the normal statutory consultation with organisations such as HealthWatch. There would be a mid-point review to inform the programme on whether increased engagement was needed. Fifty pop-ups had been planned to signpost to public events and raise awareness of the consultation and survey. Future Fit would continue to attend patient groups, voluntary, community and social enterprise centres and working with those people with protected characteristics, welsh speakers and carers. Drop in sessions would be confirmed with the Trust and CCGs to supplement staff meetings and were scheduled to take place before the start and throughout the consultation period. The sustainable transformation team at the Trust were supporting events.

A communications toolkit would be issued with key points including a newsletter, friends and family Q&A, stakeholder letter. Councillor briefings were taking place as well as regular MP briefings. Any public events would be advertised and Councillors would be made aware of them. There would be additional briefing with SALC and Shropshire with regard to LJCs. There would be assistance, additional resource being commissioned to deliver focus groups, and to supplement activity. Equalities data was with the Consultation Institute, the equality impact assessments were being refreshed and would inform activity with seldom heard groups.

A substantial number of background information documents would be provided, making sure there was sufficient informant available so that people could make an informed decision. Aiming to share with people when they went to public events. There were eight public exhibitions taking place and pop up events would promote the public exhibitions in the same locations. A community sector briefing had been arranged for 24 – 25 May, which would inform activity.

The Communications and engagement team for the consultation had looked at who should be involved in process of looking at equalities data. A large number of responses was expected which meant it could take 6-8 weeks before feedback could be collated. The Programme Board would consider the collation of data.

The Committee responded to the schedule with some comments:

It was suggested that there were gaps in the schedule; it focussed in on areas of large population, large market towns but other areas were being missed out; for example Albrighton, Shifnal and Clun – pockets such as these were not on the schedule. The Health and Wellbeing Boards were not on the timeline.

Clarification was sought on the difference between pop ups and public events.

Pam Schreier responded that it was about resourcing; getting the right people to the right events. Simon Freeman asked Joint HOSC for feedback on activities and stated that other activities could easily be added to the schedule but there was a balance to be had. The eastern side of Shropshire had already been noted as needing more focus.

Broad stakeholder reference groups and sub groups had suggested a large number of additional locations. Due to the scale pop-up events would be staffed by an external organisation and not the CCGs. It was highlighted that public exhibitions would have a series of stalls and members of the public would be signposted to three videos to find out more – with English and Welsh subtitles. There were opportunities to go to stalls for information, also stalls were being organised by HealthWatch and in Wales by CHC. They would be well-manned by clinicians and a substantial number of senior CCG staff. Staff from CCGs would ensure feedback was captured and a stand would provide an opportunity for people to complete the survey and leave it in a secure place. Pop ups were put on so that people understood that they had an opportunity to have their say during 14 weeks. The survey would be provided in each of the consultation documents and there would be additional copies of the surveys available. The pop ups would promote forthcoming public events and to raise awareness. RJCs were coming together in slightly larger groups and had been asked to host a pop up.

The Committee felt that one event per area for a limited amount of time for example a pop-up taking place during a morning, would not be enough to engage sufficiently with residents.

It was noted that information would be shared more widely on a whole host of communication channels such as Facebook and content would be provided for local areas with emails and newsletters. Engagement with rural communities would be done through the local parish forums for disseminating information.

The Committee asked for information on the parameters being used to analyse the feedback. There was a paucity of information about how the CCGs intended to analyse and evaluate the consultation responses. It was highlighted that the process for feedback and analysis was supposed to be transparent. The Committee wanted to know whether it would be able to see raw data, particularly as there would always be a certain amount of interpretation of data.

Simon Freeman said that he shared the Committee's concerns and therefore a third party who had substantial experience had been commissioned to do analysis. He confirmed that the CCGs would release a proforma of the process and he didn't see any reason why the Committee shouldn't see the raw data. The SROs assured the committee that the post consultation period was still to be defined. The Joint HOSC was expected to have some suggestions about the process– what data should be visible at what points but until response numbers were known it was difficult to judge the complexity of the analysis and therefore how long it would take. Six-eight weeks had been estimated but this would be clarified before the end of the consultation. A date for the mid-point review needed to be fixed at the earliest possibility. During the consultation, feedback would be monitored by the CCGs progress updates could be provided.

The Committee confirmed that it would be useful to know the methodology for the data and collation and analysis.

The Committee asked whether clinicians would be briefed to be impartial at engagement events.

Simon Freeman confirmed that the clinicians would be advocating Option 1 because this was the preferred option.

The Committee asked how Future Fit intended to meet the seldom heard and hard to reach groups; there was a presumption that this would be sooner rather than later in the process.

The SROs acknowledged that it was a difficult process to reach target groups. The Committee asked how far advanced comms and engagement was in this process. It was stated that it was not just about arranging a time for a particular group – often a readymade vehicle for these groups was not in place.

There was an issue around rural communities which applied to Telford as well as Shropshire, the Committee was concerned about how people would be drawn into process within the tight timeframe.

It was noted that it was school summer holidays during the consultation which presented an opportunity for Future Fit engagement to be held at public events. Materials were being made available for the Chief Officer Group, voluntary community and social enterprise sector, and communications were being issued regularly. There was a briefing in May and they were working with PAVO – for people to express interest in conducting their own focus groups. At the mid-point review, the CCGs would ensure they were looking at how target groups had been engaged, four additional characteristics relative to the county had been identified which included rurality and carers. This was in addition to the statutory protected characteristics. A data base of 1000 contacts through engagement events was being used to reach people, to launch a newsletter.

The Committee noted that the practicalities for people of the events should have been taken into account, for example, availability of parking/ time of day, as this could deter people.

Pam Schreier responded that high foot fall locations had been taken into account but also places where there was a lower footfall.

A question was raised about the workforce engagement and in other larger areas of population in Telford and Wrekin and Shropshire such as the Local Authorities. It was noted that drop-in sessions may be possible.

The Committee commented that the documents would have to adhere to the new data protection regulations.

It was confirmed that an appropriate process had been followed; some minor changes to the survey were required and the documents would be refreshed with GDPR experts.

5. Proposed Next Steps for Joint Health Overview and Scrutiny Committee

The Co-Chair introduced the item and confirmed that Appendix C was an attempt to sketch out how Joint HOSC ought to be involved in the consultation process. It was noted that there should be no doubt in people's minds that the Joint HOSC remit was separate to the consultation. The Committee intended to check on people's understanding and perception of the consultation process; to understand how people were experiencing the consultation

and whether people were being given the information they needed to comment knowledgeably and have their say.

The Co-chairs were looking to produce a feedback form to capture people's views and at the mid-point review feedback would be considered which would coincide with Future Fit mid-point. A discussion on the timing of this meeting was needed but it was felt that it ought to be included in the Future Fit timeline – it was a significant stage in the process.

The other consideration was how the Joint HOSC would engage the public at formal/ public meetings. The Co-chairs had been considering how this might be arranged for public and councillor involvement. It was noted that it had to be well-managed to mitigate the risk that people would confuse this with the consultation and would expect to talk about the Future Fit proposals rather than the consultation process. It was noted that meetings could be held separately in Telford & Wrekin and Shropshire before the Joint HOSC considered the evidence together as a Committee but this would mean that the separate meetings would not be governed by the statutory powers conferred on Joint HOSC.

Simon Freeman confirmed that the Joint HOSC would have a significant role in the decision making process, scrutiny would be more than just a response to the consultation. The final report would be a collation of analysis but Joint HOSC would also want to scrutinise the CCG response to the feedback to ensure the public feedback was adequately considered and addressed. There could be a change to/ or tweaking of the models or a different option could be favoured but it was clear that this would have to go back through NHS England. JHOSC will need to know what its role was if this happened. It was confirmed that Joint HOSC would need to be given time to consider the report.

David Evans confirmed that the end date for the final report by the CCGs was still unknown. He reiterated that provisionally six- eight weeks post consultation was a realistic timescale but if Future Fit received a greater response, more than the normal 5-10%, it would add complexity and delay. The final report would, in any case, come back to the Joint HOSC.

Co- Chairs' Update

The Co-Chair noted that the Councils were engaging with Future Fit, briefings were planned with both Councils; Shropshire full Council was holding a Member briefing on Future Fit and Telford & Wrekin political groups were holding meetings for Future Fit Member briefings. Councillors were keen to participate in Future Fit engagement events to gather feedback from the public about their own experiences. Joint HOSC intended to encourage Councillors to complete a feedback form prepared by the Joint HOSC, all of the Councillors would be able to contribute and give their feedback on their experience of the consultation.

The meeting concluded at 4.37pm.

Chair: _____

Date: _____