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 Monday 30 July 2018 10.03 am – 12.03 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

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

Others Present:
Julia Baron, Chief Executive, Shropshire Rural Community Council
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
David Evans, Senior Responsible Officer - Future Fit and Chief Officer Telford and Wrekin CCG
Simon Freeman, Senior Responsible Officer - Future Fit and Accountable Officer Shropshire CCG
Julian Povey, Chair - Shropshire CCG
Pam Schreier, Communications and Engagement Lead, Future Fit
Rod Thomson, Director of Public Health, Shropshire Council
Debbie Vogler, Future Fit Programme Manager
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council
Simon Wright, Chief Executive Shrewsbury and Telford Hospital Trust

1. Apologies for Absence

Apologies were received from Mandy Thorn – Shropshire Co-optee and from Dag Saunders – Telford and Wrekin Co-optee.

2. 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. Madge Shineton declared a connection with the Health Concern Group Wyre Forest.

3. Minutes of the last Meeting

The minutes of the meeting held on 10 May 2018 were amended so that the figure on page 4 stating £5m was corrected to £65m. With that amendment, the minutes were confirmed as a correct record.

The Chair referred to information requested by the Committee in relation to models rejected in the last four years and was informed that the Ryder Hunt report was in part a response to that. She also highlighted the request on page 8 of the minutes for the proforma for data analysis. NHS officers said that information had been provided as part of the papers circulated for the meeting but the Chair said that the Committee would wish to see more detail.

4. Future Fit Consultation

The Chair welcomed the Committee, NHS officers and members of the public to the meeting and thanked all for attending.

Pam Schreier, Communications and Engagement Lead, gave a presentation (copy attached to the signed minutes), the purpose of which was to present information from the analysis of the activity delivered in the first half of the consultation, informal feedback from the Consultation Institute and the quantitative equalities data received at the midpoint, all of which would be used to adjust plans as necessary for the remainder of the consultation.

The presentation included the number of responses provided at the mid-point, the breakdown for Shropshire and Telford and Wrekin, the percentage of the total population served by the hospital who had responded, the percentage of men and women respondents, and percentage of working age population responding. There would be a focus in the second half of the consultation on seldom heard groups, and on increasing the number of responses from males.

The presentation also outlined the key themes and issues raised to date and feedback from the Consultation Institute Feedback which had commented on the impressive level of commitment from all involved. It had recommended that the consultation be extended by a week in the light of the new material information which had become available through the Rider Hunt Northumbria Comparator report.

During discussion of the information presented Members asked the following questions:

How was the Future Fit Team capturing comments at events such as Local Joint Committees, public consultation events and pop ups?

It was confirmed that at least two officers were attending every event in order that one could record any questions raised on a template. These were then forwarded to Participate and were used to update FAQs as needed, on a weekly basis.

Would it be possible to encourage attendees at these events to also fill out and return a survey in addition to making verbal comments.

The Future Fit Programme Manager reported that the consultation documentation was always made available at public exhibition but noted this as an action point for future events.

Was the data presented in the papers and presentation all that was available at the current time?

It was confirmed that this was all that was available at the current time and that it was not intended to consider themes in the consultation period.

As the consultation period had been lengthened by a week in the light of the Rider Hunt Northumbria Comparator report being made available at the half way point – what impact would that have on those who had submitted surveys ahead of this information being available?

The Programme Manager explained that the report had been made available by SATH and received by the Programme Board. The Consultation Institute had advised that it would be good practice for those who had already responded to have at least six weeks to reconsider their resubmission and they would be able to resubmit. It was considered that the outcome of the report was clear as to whether it would impact on the options or not.

If a person had already submitted and decided to submit again, would this be double counted, and would it be possible for one person to submit multiple surveys?

The surveys were anonymised with only part postcodes collected. The online survey could identify if multiple surveys were submitted from one IP address. It was recognised that some people had already completed a survey and may wish to submit again in the light of new information.

Noting that 0.5% of the population had submitted so far, what was the usual rate of feedback on this sort of consultation and what would be considered to be an acceptable and statistically valid level of return?

The Consultation Institute had indicated that an overall 1% return would demonstrate good practice and this had been achieved recently during a consultation in Cumbria. It was usual to see more surveys received during the second half of the consultation period with a spike in returns at the end. The feedback reported on so far was purely based on the online and freepost surveys returned to date and did not take into account an analysis of the 550 people who had commented at public events. This feedback was themed and sent to the external consultancy for consideration. It was also pointed out that qualitative not quantitive feedback was sought, although obviously the more that was gathered the better.

The Co-Chair questioned whether this was a true consultation in terms of the Gunning Principals. Many people had expressed the view that there was a foregone conclusion and this was not a genuine consultation about options and possibilities, rather a promotional 'tell and sell' activity. He went on to ask what could anyone say that might result in an adaptation, alteration of direction or a rethink of the proposals, especially as the transport report was not published, and the modelling of ambulance numbers was not going to be available until September.

He said that where more complex points had been raised eg relating to bed numbers and staffing, reference had just been made to the pre-consultation business plan but the Committee still had questions around consistency and understanding of this document.

The Chief Officer, Telford and Wrekin CCG, expressed disappointment with this point of view and reiterated that this was a public consultation and there was an obligation to take into account responses received from the public and produce analysis and conclusions to show how these had been taken into account. Responses could involve amending proposals and mitigation.

The consultation related to option 1 or 2. There would be implications for ambulance and non-emergency transport but this was not what the consultation was on. These issues would be addressed as part of the ongoing process of Future Fit and there would be no new building until 2022.

In terms of bed numbers, it was felt that the consultation document clearly set out overall numbers including overnight beds, day beds, clinical trolley and recliner chairs, critical care beds and neonatal cots.

The Accountable Officer, Shropshire CCG, also said he also felt frustrated by this view of the consultation but agreed that it was fair for the HOSC to ask what sort of feedback might be offered that would result in a change in the model. He said this was hard to say without looking at specific responses, however there was a legal obligation to look at any material aspects around care pathways and it would need to be demonstrated to NHS England that the model had been adapted to take account of these. There might be a response that highlighted a significant set of circumstances for a specific set of people. He also said that a balance between an easy read consultation document versus the detail was needed and the Joint HOSC had asked for a document that was accessible to the public.

He emphasised that there was no predetermination, and requested any evidence to demonstrate that this was the case. He also reported that at the consultation events, most comments had been related to the model of care and specifics rather than the preferred option. Both options would be an improvement on the current position.

The Chief Executive of Shrewsbury and Telford Hospital Trust (SaTH) added that consultants attending public engagement sessions were gaining a deeper understanding of impact on families and this would help inform decisions, for example, what might needed on more than one site. It would help identify not just the most efficient solution, but what was necessary for the public particularly in relation to geography and these conversations were already taking place and would impact on ultimate design.

How was information being captured and identified for those living in the very rural areas, as only capturing part of a postcode could mean for example that all responses from SY21 came from Welshpool and had not included anyone living in very remote countryside areas covered in this this area.

Could the Future Fit Facebook reach be boosted and made more lively? Facebook access by mobile phone was likely to be favoured in very rural areas where broadband coverage was poor . Also responses from 16 – 25 year olds were currently low.

There was much sceptism around Future Fit when nothing had been done to improve ambulance service provision in rural areas and ambulances were ending up in urban parts of the West Midlands.

In response to these comments, the Communications and Engagement Lead said that rurality was one of four characteristics identified as a focus for the consultation. Work was underway with LJCs and Parish Councils and similar issues had arisen in Mid-Wales in relation to postcodes which crossed the Welsh border. An additional mid-sized meeting had been arranged for Bishop's Castle, a meeting would take place in Clun, and questions in relation to ambulances and rural issues, travel and transport had been and would continue to be noted and addressed.

The Accountable Officer, Shropshire CCG, explained that collecting a full postcode could identify just 6 or 7 addresses in a rural area when it was intended the survey would be anonymous. He invited submission of ideas on how that information could be captured differently. In response, Members suggested that a question such as 'do you live in a village/do you live in the countryside' or 'do you consider yourself to live in a rural area' might provide a solution to this.

In terms of transport, has the dwindling number of volunteers providing transport services been taken into account as this pool of volunteers is shrinking. Patients in rural areas were very reliant on voluntary sector for transport and availability of transport to planned appointments was a major concern.

In addition, people living in areas near a border might be taken outside of the county for treatment for an acute episode and then experience difficulties with discharge and sharing notes.

The Chief Executive of SaTH explained that there was a national ambulance protocol but that were efforts underway to apply a bit more common sense and a dialogue was underway with WMAS to see if it would be possible to direct a patient to where they were already known.

There did not appear to be much consultation activity in the part of Shropshire to the East of Telford, especially as LJCs were no longer operating in this area.

The Communications and Engagement Lead said that she did not think there was a gap in that area but would check this to ensure the consultation was thorough.

The working white British male did not appear to be responding to the consultation and had the attitude that it was a 'done deal'. Twice as many people would have to travel for planned care to Telford as would have to travel to Shrewsbury. Many were not seeing it as a serious consultation.

The Programme Manager said that access data had been established for everyone who would have to move and the overall average journey time would have less impact with option 1 than with option 2.

The Chief Officer, Telford and Wrekin CCG, said that in terms of the male working population, if there were ideas for specific groups that would like to receive Future Fit information - whether a sports club, or any group, to please identify them and arrangements would be made for this to happen.

The Accountable Officer, Shropshire CCG, stated that a large population of Shropshire lived closer to Princess Royal Hospital than Royal Shrewsbury Hospital, different locations would impact on people in different ways but the model of care would produce better outcomes, the hospitals would be staffed better and services would be better.

It was also confirmed that every letter and response was read on receipt to see if a personal response was required, although it was not be possible to respond to every single one.

Why was it that Powys was engaging so much more, was it because there was a greater sense of threat or were structures different there. It appeared that certain parts of Telford were not engaged and this was likely to do with the degree of cycnism and fatigue which needed to be addressed.

The Communications and Engagement Lead reported that Powys Teaching Health Board had set up a smaller number of events but had also been able to attend some pop up displays as there had been fewer in number.

The Chief Officer, Telford and Wrekin CCG, reiterated that if there were groups in Telford that were not being accessed, to please forward details so the team could come out to them. He welcomed a suggestion from a member that leaflets be provided between 7 am and 9 am at railway stations which would target working age people.

A member went on to question the status of the preferred option. The Future Fit Senior Responsible Officers said that the Programme Board had developed the preferred option along a with a range of stakeholders and the Board had made this recommendation to the CCGs and this had been unanimously accepted. It had been a properly run process over a long period of time which had been challenged a number of times. The outcome of the consultation was not predetermined and it was quite normal to have a preferred option.

The Joint Chair commented that he felt that being given two options was a fundamental problem as it was likely that wherever anyone lived they were most likely to want an Emergency Centre closer to where they lived unless they saw the bigger picture. Geographical bias had been built in and it was inevitable the majority of people in Telford would favour option 2 whereas others would favour option 1.

Moving on to the issue of seldom heard groups, the Chair referred to gaps already identified in relation to working males, younger people, ethnic minorities and people living in rural areas.

It was intended to ask whether people had been happy with the approach taken to date at the meeting planned for 15 August. She went on to ask Julia Baron, Chief Executive of Shropshire Rural Community Charity (RCC), if she had any comments on the process. She confirmed that the RCC had been commissioned to do some consulting and conduct focus groups with seldom heard groups in the Shropshire area. She reported that 120 people had been spoken to mostly through small focus groups and there were two distinct categories emerging, those suffering from consultation fatigue and others who had not heard about Future Fit, eg 70% of those approached at maternity units. Issues raised had related to transport, parking availability, cost of parking, how parking fees were used, ambulance times, how the proposals would be paid for and why the Woman's and Children's Unit had to move. Protected characteristic group meetings had been arranged. The LGBT community had not appeared to have strong views but comments had been received on respect for issues particularly in relation to next of kin. Arranging a meeting for the Polish community had been difficult mainly due to childcare issues and a request had been made for an event outside of school holidays.

She also reported that a meeting had been arranged in Highley but there had been no attendees. Rural areas were particularly difficult and other than going door to door it was not clear how best to get people together, particularly when many had assumed that what they said would not have an impact.

A member referred to a Carers Partnership Board meeting where Future Fit had been expected to attend but had not, but this action had been recorded as completed. The Chief Officer, Telford and Wrekin CCG reported that he had attended a meeting of PODS but agreed to double check the detail of this action.

A member expressed disappointment that there still appeared to be no comprehensive list of seldom heard groups or detail of how they would be engaged with. The Accountable Officer, Shropshire CCG, acknowledged the purpose of the HOSC was to scrutinise activity but emphasised that many people were working extremely hard on a very difficult consultation, and cared about future services and doing the right thing for the population. The Joint Chair said the commitment and hard work of the team was not in question but it was the duty of the Committee to highlight any gaps or non-attendance or any problem with planning.

The Chair referred to the report made to the Programme Board and the hard to reach groups. Equalities work had progressed well despite challenges around capacity. She commented that the team was not large and was extremely busy and wondered if the resources needed were available to complete the work. The Programme Director reported that the team had been expanded with additional resource taken on to help with this work. This person had worked previously for Healthwatch, was very well connected, and had already reached into parts of the community previously hard to reach.

The Chair referred to a radio report where it had been reported that staff at SATH felt that they could not take part in the consultation and asked the CCGs for a view on this. The two CCG Accountable Officers had issued a joint letter which made clear that all staff in the NHS were perfectly entitled to have a view and express it and

open and honest feedback was expected from staff. The Chief Executive of SATH reported that any allegations that staff could not have a say could be reported to the Chairman of the Trust and would be taken seriously.

The Committee discussed the Ryder Hunt report and asked what weight was being given to it. Members heard that it had been considered by the Programme Board which had felt it was relevant and should be made available, and this was partially why the consultation period had been extended by a week.

The Chair noted that the transport data plan had moved from red to amber which indicated a degree of progress. She asked whether some of that data could be made available even in its raw form, for the meeting on 15 August 2018. The Programme Manager said that there was no data available that the Committee did not already have access to but it was suggested that the Chairman of the Travel and Transport Group could attend this meeting.

The Chair thanked NHS colleagues for attending the meeting and asked the Programme Director to arrange for the Chairman of the Travel and Transport Group to attend the meeting on the 15th.

NEXT STEPS FOR JOINT HOSC

The Committee considered the proposed survey to collect views on the consultation so far. It was suggested that questions about rurality could be added to help identify if those in rural areas were being reached.

A progress report on reaching hard to reach groups was requested from the Future Fit Team for the meeting on 15th August.

The meeting concluded at 12.03 pm.