

**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 Wednesday 15 August 2018 10.00am at Addenbrooke House, Ironmasters  
Way, Telford**

**Members Present:**

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shingleton  
Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Rob Sloan  
Telford and Wrekin Co-optees: Carolyn Henniker

**Others Present:**

David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit  
Pam Schreier, STP Head of Communications and Engagement, NHS Future Fit Programme  
Sarah Makin, Engagement Lead, NHS Future Fit  
Barry Thurston, Chair of Travel and Transport Group  
Mark Docherty, Director of Clinical Commissioning and Strategic Development/Executive Nurse, West Midlands Ambulance Service  
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council  
Amanda Holyoak, Committee Officer, Shropshire Council

**1. Apologies for Absence**

Apologies were received from Shropshire Co-optees Mandy Thorn, Ian Hume, David Beechey and from Telford Co-optees Hilary Knight and Dag Saunders.

**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 30 July 2018 were approved.

**4. Future Fit Consultation**

a) Report on seldom heard groups and their experience of the consultation

The Committee received the update report regarding the planned and actual engagement activity with seldom heard groups in Shropshire, Telford & Wrekin as part of the Future Fit consultation.

Pam Schreier, Head of Communications and Engagement reported that things had moved since the last Committee and as of the 13<sup>th</sup> August, 9,300 consultation responses had been received, which was approximately 2% of the catchment population.

A list of engagement activities had been provided to the Committee, as well as common themes raised from Shropshire and Telford and Wrekin. Sarah Makin, Engagement Lead, stated that concerns in Telford and Wrekin were around travel and transport and the closure of A&E, in Shropshire similar themes were heard. It was noted that parking was regularly raised as an issue, although the proposals were not directly related to parking.

It was noted that the Future Fit team had attended a large number of meetings with Local Joint Committees and Parish and Town Councils, across Shropshire and Telford and Wrekin. Ongoing communications had been made with the local media and there had been a significant rise in the hits to the Future Fit website, which were currently at 13,000 views.

At the mid-point review, it was noted that more targeted intervention was needed with men and young people; targeted activity and paid for social media advertising was being undertaken in the second half of the consultation. The business community had been contacted, and some local businesses had been visited or had information dropped off.

A discussion was held and the following questions were asked.

*It was encouraging to see an increase in response rates. Where there any particular areas where an upsurge had been seen?*

Pam Schreier advised that she had requested this data from Participate but had not yet received this. It was noted that Telford & Wrekin Council had undertaken a door drop of information leaflets and a paper copy of the survey.

*Where there any groups that had not yet been reached?*

Sarah Makin advised that some groups had been harder to contact than others. A particular focus in the second half of the consultation would be on the BME community in Shropshire. There were fewer groups in Shropshire compared to Telford and Wrekin in the BME community, although the Engagement Team were contacting all connections that they were aware of. Members suggested contacting local Catholic Churches, with strong links to the Polish community.

*It was useful to have the Themes included in the presentation. Was it recorded how many times each point was made and how strong the feeling was around each point?*

The key themes were only taken from those points raised at the public exhibitions, events or meetings attended, and not from surveys, which would not be viewed at all by the team until the consultation had closed. At the public events, a scribe was on each table, who captured the key themes.

*Had the National Farmers Union or the Young Farmers been contacted?*

These groups were included on the stakeholder maps and they had been contacted, but no engagement had taken place with them, as yet.

*The JHOSC would like to have access to the raw data at the end of the consultation.*

The final report would be in the public domain. Pam Schreier advised that she could not see a reason why the data could not be shared with the JHOSC, in an anonymised form.

*Was a clear messages being put across during the public events? Concerns had been raised by residents local to the Newport area that they had the impression that the Women and Children's unit would completely go to RSH under Option 1 and there would be no retention of services at PRH.*

The clinician at the table for this service was very experienced and this was not the message being given out.

*One of the themes raised had been around primary care. The Central GP forum had been visited, had the other two forums?*

Two of the three GP forums had been attended and the final meeting was the following week. The issues raised by the GP forums were reported back in the same way as any other event, but the main issues were around community services and how this would feed into Future Fit.

#### b) Public Feedback on the Consultation Process

Members of the public and representatives of organisations had been invited to share the experiences of the consultation process only.

Wendy Condlyffe, IMPACT, stated that she had been asked by Future Fit to support with the engagement of hard to reach groups, including; homeless, deprived areas, addictions, Mental Health issues and the BME communities. The experience was that that each group had to have the information pitched to them differently. Future Fit had provided paperwork for attendees, however, most people did not want this. Few of the attendees had heard of Future Fit. The major concerns of these groups were transport and the potential loss of the Emergency Department from PRH.

*It is known that people who have addictions or misuse alcohol or substances have higher attendances at A&E. Would people with these issues be able to attend the Urgent Care Centres?*

David Evans, Chief Officer Telford & Wrekin CCG, stated that almost all of people in these categories would be able to attend the UCC, only those who had attempted to commit suicide would need to attend A&E.

*Were groups reassured following the presentation to them?*

Wendy Condlyffe confirmed that the groups had been very grateful to have the situation explained to them.

June Jones, who attended many disability and patient groups in Shropshire, stated that the information received at focus groups had been very good. The amount of work put in by the Future Fit team was phenomenal, and there was no opportunity for people to say that they had not heard about the consultation. The general feeling from groups was that this had been going on for too long.

*Did most people know about Future Fit because they had been party to discussions?*

June Jones advised that all of the groups had been focus groups. However, there had been significant radio presence. A group that was missing was the average, young busy couple with children. Transport was raised as a significant concern, especially in out of town areas.

Patrick Spreadbury, Patient Groups in Telford and Wrekin, stated that the engagement team from Future Fit had attended many meetings with the patient participation groups. A lot of discussion had been around removing myths, for example around the women and children's unit. The Patient Participation Groups had established their own pop-up stalls, and their experience had been that most people had not heard about Future Fit. The Engagement Team had been phenomenal but misconceptions remained which needed to be clarified.

Graham Shepherd, Patient Representative, Shropshire, congratulated the Engagement Team on the number of groups they had attended. He noted that lots of people do not want to be involved in consultations and stated that there was a danger of going too much into the 'nitty gritty' rather than focusing on the half a million population as a whole.

Pete Gillard, Shropshire, Telford and Wrekin Defend Our NHS, raised concerns regarding the consultation meeting the Gunning principles. It could not be considered that the proposals were at their formative stage, as there were only two options under consideration and the survey inhibited people from making comments on the fundamental model. Concerns were raised in respect of the consultation questions and the perception that this was a 'vote'. Insufficient information had been provided to ensure that residents could respond to the consultation. Answers had not been given to fundamental questions, including reductions in medical beds and nursing staff. Concerns were expressed that 4 – 6 weeks would not give sufficient time for proper analysis of the consultation responses and questions were raised about the process around qualitative data. There was no guarantee that the final report would be published.

Pam Schreier stated that the questions that had been asked by Shropshire, Telford and Wrekin Defend Our NHS had been received by her team on Friday and had been sent to the clinicians for answers. The report from Participate would be completed after 6 to 8 weeks, although this depended on the number and type of responses received.

David Evans stated that the decision on whether to publish the report lay with the Programme Board and it was rare for them to not agree to publish a report. Usually, reports were not published due to timing issues and he would be surprised if the decision was not to publish.

Members requested access to the raw data and noted that they could not perform their duties without this information. It was noted that the decision makers would see all of the surveys. Some surveys would contain personal, sensitive data, which would need to be anonymised before it was released to the JHOSC.

*A recent article in the Shropshire Star implied that the consultation was a vote, would the Future Fit team reinforce this was not the case?*

David Evans replied that this had always been reinforced by the team and would continue to be..

*Would additional figures be released?*

Pete Gillard stated that the published figures reporting the preference for the two options reinforced the perception that this was a vote. David Evans stated that no other figures would be published. The two options that were out for consultation were the two that were financially and clinically viable from the long list of over 40 options. If people wished to comment on shared services, they could as with any other option.

David Sandbach advised that he had been involved in NHS consultations since the 1980s. The face to face interactions in this consultation had been interesting and he thanked the personnel involved for attending. Organisations had been keen and willing to put on additional events during the consultation. However, concerns were raised in respect of the lack of public meetings and the consultation document, which he described as using propaganda techniques.

In response, David Evans stated that the decision not to have public meetings was taken early on, to ensure that more people were able to be involved in the consultation, as public meetings tended to be dominated by a small number of individuals. It was not a matter of avoiding public debate, it was to enable more of the public to become involved. Pam Schreier noted that the engagement team had not entered into debate with campaign groups, they were there to give the presentation and answer questions.

*Mr Sandbach stated that key information was missing from the consultation document?*

Mr Sandbach stated that the documents failed to acknowledge that the biggest cohort of planned surgeries are in the over 65s and no information on the thinking behind where it is best to place the planned care, as the oldest population of the county is in the west.

Members noted their surprise at the lack of public meetings and noted that these could have been done in addition to the exhibition events, although some accepted that the public meeting format was dated. Members raised their frustration at the view that they were not supportive of the people who worked in the NHS if they took a different view than the CCG.

David Sandbach noted that it was not good practice to release survey data during the course of the consultation, as it could lead to a skewed response.

c) Chair of the Travel and Transport Committee

d) West Midlands Ambulance Service

Mark Docherty, Director of Clinical Commissioning and Strategic Development/Executive Nurse, West Midlands Ambulance Service, shared some background information regarding West Midlands Ambulance Service. Every ambulance in the area had a paramedic on board and no vehicle in the fleet was over five years old, most were under 3. The equipment on the ambulances were the most up to date of any service and notes were made on electronic records, which enabled them to be updated in real time and viewable by the hospitals before arrival.

It was noted that the ambulance service was more than a transport service. The response times across Shropshire, Telford and Wrekin were good, rural areas would always be a challenge, however, West Midlands Ambulance Service had good response times in comparison with other areas. A brand new Air Ambulance was available and discussions were being held to enable the Air Ambulance to fly at night.

The trauma model had changed, enabling patients to travel longer distances safely, for example, the centralised stroke services.

Barry Thurston, Chair of the Travel and Transport Committee, stated that the committee were an independent group, whose role was to gather information. Work was currently underway on ambulance modelling, community transport and parking.

*It had been a major concern of the JHOSC that the committee had not seen any ambulance modelling data.*

*A report had previously been requested regarding patient outcomes for people who have to wait for an ambulance.*

Mark Doherty stated that the Ambulance Service wanted to provide a better, quicker response in rural areas, but there were challenges from narrow, twisty roads which could not be avoided. The national average response time for a Category 1 call was 7 minutes, but was 10 minutes in Shropshire, Telford and Wrekin. There were other factors, not just response times which improved patient outcomes, including community defibrillators.

*What would the impact of Future Fit be on the ambulance service?*

It was noted it was difficult to undertake modelling too early, as the situation changed quickly. It had been anticipated that additional staff were needed and student paramedics had been recruited. The recently published research into the impact of emergency department closures on ambulance service was discussed. Mark Doherty noted the impact of public transport on ambulance use, as if there were no buses, people may call an ambulance instead.

*It would be useful if a map could be produced which included the location of every defibrillator in the county.*

The British Heart Foundation were in the process of running a pilot which would map all defibrillators in the area.

*The Whitchurch paramedic and car had been withdrawn, how did this fit in with Future Fit.*

Mark Doherty noted that WMAS had to be dynamic. WMAS's strategy was for there to be a paramedic on every ambulance and that the garages, although iconic, did not provide a service and ambulances continued to move around the area, so they could be in the best place to respond. It was noted that, nationally, there was a move away from providing cars.

The committee requested sight of the travel and transport data as soon as it was available.

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

The Co-Chair noted that the Future Fit Consultation was due to close on the 11<sup>th</sup> September.

The next meeting of the JHOSC would consider items outside of Future Fit, including winter planning, maternity system and integrated care systems.

## **6. Co- Chairs' Update**

The Co-Chair encouraged Members and members of the public to fill in the JHOSCs survey into experiences of the Future Fit consultation.

The meeting concluded at 12.24pm.

Chair: \_\_\_\_\_

Date: \_\_\_\_\_