SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 24 September 2018
10.00 am - 1.05 pm in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present
Councillors Karen Calder, Madge Shineton, Roy Aldcroft, Gerald Dakin, Simon Jones, Heather Kidd, Paul Milner and Pamela Moseley

16 Apologies for Absence and Substitutions

Apologies were received from Councillors Simon Harris and Tracey Huffer.

17 Disclosure of Pecuniary Interests

Councillor Madge Shineton reported that she was a Member of Health Concern, Councillor Simon Jones reported that he was employed by Shropshire Community Health Trust.

18 Minutes

The minutes of the meeting held on 16 July 2018 were agreed as a correct record.

19 Public Question Time

There were no public questions

20 Member Question Time

There were no member questions.

21 Proposals to Mitigate the Effect of Winter Pressures on NHS Services

The Director of Service and Performance, Shropshire CCG, explained that she had not prepared a presentation on Winter Pressure mitigation as originally planned, as Shrewsbury and Telford Hospital Trust (SATH) Board was due to meet imminently and make a decision on whether or not to close one Emergency Department overnight from 8.00 pm – 8.00 am in order to maintain an appropriate level of safety for patients.

She explained that the CCGs, Providers and Local Authorities had attended a workshop at SATH and worked through detailed demand modelling based on previous years. This modelling had been overseen and signed off by both NHS regulators and there was confidence that as good a view as possible had been obtained, not withstanding extraordinary weather or health events.

A number of schemes to help avoid admissions and reduce delayed transfers of care had been developed and extent of implementation of these would be considered after the decision regarding Emergency Department night time closure had been made.

The Chair asked if the SATH decision regarding an overnight closure would take into account the modelling undertaken and it was confirmed that this was part of the process.

The Chair asked about availability and use of additional capped funding and asked where it would be spent and whether this was dependent decision to be taken by SATH. Dr Davies confirmed that an additional £3m had been made available by NHS Improvement to allow the hospital to develop an increased capacity of 30 beds. This was originally intended to be a modular drop in ward, but there was not the physical space at either site or the utilities infrastructure needed, hence it had been decided to refurbish the old ward 19 maternity block at Royal Shrewsbury Hospital

Members asked how these extra beds would be staffed. Dr Davies said this was a question for SATH but that she believed the Trust was trying to configure capacity in ward 19 so that winter and medical pressure patients would remain in the ward base. She acknowledged that staffing of additional beds was a concern and said that she would ask for a position from SATH.

In response to questions regarding the powers of the CCG, Dr Davies explained that if it had concerns around safety it had the ability to raise these with the hospital, NHS regulators and the CQC and where necessary could commission services from elsewhere as had happened in the case of neurology. The CCG needed to ensure there was safe urgent and emergency care available which was the reason work was underway with the hospital regarding moving activity out of county. The whole of the system's preferred option was additional staff moving in but it had not been possible to secure this so there was a need to send the patients to where the staff were.

Members asked where there that location would be and heard that Royal Wolverhampton had declared that capacity was available, there was a meeting with SATH on this detail scheduled for later in the day.

When modelling was complete and a decision made, the final draft of the winter plan would be confirmed and this would be made available to scrutiny.

Members asked about use of agency staff, and methods of recording as the Joint HOSC had heard that a paper system was being used in Emergency Departments as many agency staff did not know how to use the tablet triaging system. The Director of Public Health reported that due to high numbers of agency staff it had been decided it was safer and more consistent to use a paper system for checklists by way of ensuring in theory a consistent way of monitoring an individual, particularly with regard to sepsis. However, computer modelling was a generally better way of doing this and there was a plan to reintroduce computerised systems.

Dr Davies explained that if the two CCGS were ultimately not happy with provision or plans they would need to find an alternative provider which would involve enormous complexity. The Trust had provided a medium and long term workforce plan, and since the Future Fit preferred option had been announced this was more robust. Additional A&E

consultants had been recruited which helped to generate its own momentum as junior doctors and nurses would feel better supported. There was a significant short term challenge with regard to staffing, particularly in the light of recent CQC reports, and it was hard to attract, recruit and retain staff. This was being considered at a system level with the Community Health Trust and the STP was helping to identify where needs should be taken into account, the ambition being to get the best services possible as close to the patients as possible.

A member raised issues around use of paper records particularly when a patient was treated for an acute episode outside of Shropshire. Dr Davies said she would pick up issues around manual recording with SATH.

It was agreed that Winter Planning should be added to the work programme for a future meeting at which SATH should also be invited to attend.

22 **111 Service Commissioning**

Fran Beck, Executive Lead for Commissioning, Telford and Wrekin CCG, provided a presentation on 111 Service Commissioning. She said it was important to understand that the old out of hours GP model was long gone, there was no longer many young GPs happy to work out of hours as well as providing an in hour service. She also explained the requirement by the national NHS to introduce the 111 number. She also outlined the West Midlands context and the developments which had led to the current position in Shropshire.

From 3 July 2018, the 111 service had replaced the out-of-hours telephone service provided by Shropdoc. This was in line with national policy to provide a consistent, integrated approach to urgent care. The 111 contract had been given to Care UK, with a simultaneous contract running with Shropdoc. Members heard that Shropdoc had held the out of hours contract for over 20 years and it had not been market tested in that time. From 1 October 2018 the new contract would be held by Shropshire Community Health Trust, in conjunction with Shropdoc. This had the advantage of supporting the sustainability of both organisations.

The 111 service directed patients ringing with simple queries to appropriate sources of information but it also included a clinical assessment service if more clinical input was needed. This service was located in Dudley and there was input from GPs, mental health workers, dentists, social workers and pharmacists. Members asked how much Shropdoc contributed to this clinical assessment service and heard this was question for Shropdoc to respond to. Any patients that needed to see a clinician out-of-hours will still be seen by a local GP.

Members noted issues around the Welsh Border access to 111, but that technology was now in place to ensure English residents would be directed to the right place.
A member asked what would happen if someone living in England rang 111 was registered with a Welsh GP Practice. The Committee heard that it was the location of the patient rather than the location of the GP which would dictate which Directory of Services would be used. Dr Davies reported on work of the Department of Health and Welsh

Assembly on residency and responsibility matters. For English residents registered with Welsh GPs, the option was for the GP was to put any referral through to Shropshire CCG and access the patient's local provider. However, some did not do this.

Members referred to press reports that Whitchurch, Oswestry and Bridgnorth Hospital would no longer be locations available to access out of hours GPs. The Executive Lead for Commissioning explained that modelling had shown where expected activity would be and it was important to use resources to their best effect. Shropdoc had been working on its viability, sustainability and workforce over the course of the year and there had been significant challenges in filling the Shropdoc rota. She confirmed that not all bases would be open after midnight and if a patient needed an out of hours service it might now be available from in a slightly different place. In response to a question she confirmed that home visits would still be provided if it was needed. She reiterated that it was a time of transition and a move away from the model of 20 years ago, with many more patients having their needs met virtually, through telephone contact and use of the internet.

Members drew attention to the rural nature of the county, and provided anecdotal examples of the 111 service asking patients to see the local GP which had been closed at the time. It was also felt that potential changes to the service in Whitchurch, Oswestry and Bridgnorth could represent a significant change for patients in those areas. The Executive Lead said that the service was not being withdrawn for patients in those areas, the offer had not changed, and clinical needs would be met for all patients. It was acknowledged that communication would be needed to manage any anxiety around this.

The Chair reported that she had been informed of an instance of needs not being met when the 111 Service had advised a patient at end of life and in pain during the night to wait for the palliative care service in the morning, this was completely unacceptable. Members heard that Care UK had been asked to investigate and address this sort of instance.

The Chair reported that at the last Shrewsbury and Telford Hospital Trust Board Meeting that the Chief Executive had referred to additional pressures on Emergency Departments due to the switch over to 111. They asked if this should have been avoided through learning from other areas that had adopted the 111 number earlier than Shropshire. The Executive Lead for Commissioning said that the 111 service was a nationally mandated scheme and acknowledged concerns raised about the impact on emergency services. However, she had not yet seen any evidence regarding the impact on acute services in Shropshire and Telford and Wrekin.

A paper was being prepared to go back to the CCG Governing Body in November and the contract would be monitored extremely closely in conjunction with the Community Health Trust and Shropdoc. Weekly meetings were currently underway and regular meetings would be continued to monitor any problems. There would be a review undertaken after 6 months.

The Chair thanked the CCG representatives for attending the meeting and asked them to attend the next meeting alongside the providers of the contract to give further assurance regarding the monitoring of quality and performance of the service and plans for access to out of hours GPs.

23 **Public Health Budget and Service Provision**

The Director of Public Health introduced a report on the Public Health Grant 2018 – 2020. He reminded the Committee of the annual Public Health Grant and the services it funded which Shropshire Council had been given commissioning responsibility for by the Health and Care Act 2013. Shropshire Council received the lowest per capita allocation in the West Midlands Region and one of the lowest in the country. It received less funding than the target allocation identified by the Department of Health in 2013. Reductions in the Public Health Grant had been around 2.3% per annum over the last three years.

Members noted that as part of the Council's Financial Strategy 2019 – 2020, it had been requested that the use of the Public Health Grant be reprioritised to assist the Council achieve a balanced budget and reduce the pressures faced by Adult Social Care and Children's Services. The report before members set out a summary of joint work undertaken so far to identify possible areas where current investment might be reprioritised.

Members noted that proposals would impact on: sexual health services – particularly for patients in Powys using services in Shropshire; substance misuse services; health visiting and school nursing; the Family Weight Management programme; and smoking cessation – with users having to pay for nicotine replacement therapies themselves. Proposals impacting on the health promotion provider service – Help2Change would be likely to result in more individuals developing chronic conditions that could have been identified and treated effectively at an early stage.

The Chair said the report gave the Committee an opportunity for an initial look at areas proposed and wished to seek assurance that disinvestment was being undertaken and reinvested in the right place to secure public health outcomes.

The Portfolio Holder and Director both expressed regret that proposals would impact on preventative work which would just store up problems for the future and the need to identify areas where disinvestment would result in as minimal effect as possible. They reported on lobbying for Shropshire to receive a fair Grant, the Department of Health's own figures estimated it was underfunded between £1m – £6m. A fairer funding formula was currently under discussion nationally.

During discussion Members raised the need for parity of esteem for mental health, which was not one of the mandated services for the council, but was viewed as essential. The Mental Health Needs Assessment had been designed to help address this and one of the only ways to address gaps in the system would be by working in partnership with other organisations. Discussion also covered the need for equality and social inclusion impact assessments and it was confirmed that if a significant risk was identified as a result of an assessment that a proposal would be reviewed. The Chair also referred to Task and Finish Group work planned on warmer homes. Members also raised concerns about unintended consequences of other changes within the Council, for example any changes to the Community Enablement Team would impact on the Social Prescribing Programme.

Other issues faced included the reduction of the range of providers in the market, for example for substance misuse services, particularly voluntary sector providers who were finding it harder to bid for services and did not have robust infrastructures to support them.

There was also the potential of legal challenge where any changes impacted on residents of other areas.

The Committee agreed that they wished to return to this issue when more detailed work had been undertaken and it was possible to understand the risks and impact of any decisions and how likely it was that savings could be made. The Portfolio Holder explained the hybrid approach to financial management and strategy with opportunities to draw savings being identified in every directorate.

The Chairman then welcomed James Warman, Telecare and Assistive Technology Co-ordinator, outlined a report recently submitted to the Health and Wellbeing Board on Technology Enabled Care Projects. Members asked questions covering issues such as risk management, broadband not spots in rural areas, equipment purchase, and likely future phases. They expressed support for the work underway and looked forward to seeing an evaluation which might possibly feed into the Task and Finish Group on Warmer Homes.

24 Appointment to Shropshire and Telford and Wrekin Joint Health and Overview Scrutiny Committee

The Chair reported that Mandy Thorn had resigned as a co-opted member of the Joint Health Overview and Scrutiny Committee as she was standing down as a director and officer of SPIC after over 15 years on the Board. Members expressed their thanks for her extremely valuable and longstanding contribution to the work of the Committee.

The Committee would be reviewing its terms of reference and membership shortly, but in the meantime it was agreed that Mr Paul Cronin be co-opted onto the Joint Health Overview and Scrutiny Committee on an interim basis.

25 Work Programme

Members considered the work programme and expressed a preference for additional meetings, rather than longer ones. The Overview and Scrutiny Officer agreed to meet with the Chair to discuss scheduling of items and the remit of the Task and Finish Group on Warmer Homes.

Signed ..... (Chairman)

Date: .....