

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 2 March 2020 10.30 am – 12.05 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

Shropshire Councillors: Karen Calder (Chair), Heather Kidd, Madge Shineton
Telford & Wrekin Councillors: Derek White (Co-Chair), Stephen Burrell
Shropshire Co-optees: David Beechey, Ian Hulme
Telford and Wrekin Co-optees: Janet O'Loughlin, Dag Saunders

Others Present:

Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Accountable Officer for Shropshire CCG & Telford and Wrekin CCG
Jonathan Eatough, Director of Governance, Telford and Wrekin Council
Rachel Robinson, Director of Public Health, Shropshire Council
Liz Noakes, Director of Public Health, Telford and Wrekin Council
Michelle Dulson, Committee Officer, Shropshire Council (notes)
Josef Galkowski, Democratic Services and Scrutiny Officer, Telford & Wrekin Council
Deborah Moseley, Democratic Services and Scrutiny Team Leader, Telford & Wrekin Council

23. Apologies for Absence

Apologies were received from Hilary Knight (Telford and Wrekin Co-optee) and Paul Cronin (Shropshire Co-optee).

24. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

Cllr Madge Shineton declared that she was a member of Independent Community Health Concern.

Cllr Stephen Burrell declared that he worked for a provider of Health and Social Care contracts for Shropshire and Telford & Wrekin.

25. Minutes of the last Meeting

The minute of the meeting held on 16 December 2019 were confirmed as a correct record.

JHOSC20 – Shrewsbury and Telford Hospital – Winter Pressures Planning

It was confirmed that there had been a 50% increase in uptake by staff at SaTH compared to the same period in the previous year.

It was agreed to take the first two items from the Co-Chairs' Updates next.

26. Co-Chairs' Updates

Members' questions on Emergency Response Preparedness

In response to Members questions on Emergency Response Preparedness, Rachel Robinson and Liz Noakes the Directors of Public Health for Shropshire and Telford & Wrekin, respectively, had prepared a statement which provided a summary of the local health economy and partner arrangements in terms of preparedness for outbreaks of communicable and infectious diseases, with a focus on the coronavirus emergency – copy attached to signed Minutes.

The Director of Public Health, Telford and Wrekin Council urged Members to get in touch with any questions. She then outlined the current arrangements in place to deal with such outbreaks. She explained that NHS England and Improvement, Public Health England and the Department of Health and Social Care had been centrally managing the response in England. She reported that the risk to the general public was considered to be moderate and similar to seasonal 'flu with symptoms being more severe for those with weakened immune systems, older people and those with long-term conditions.

It was reported that the UK was still in the containment phase of the incident and that government guidance had been issued to support management of the incident. As at 9am on 1 March, a total of 11,750 people had been tested in the UK, of which 11,715 were negative and 35 positive. It was confirmed that there had been a rise in the number of tests being done following people returning after half term from Northern Italy.

The Directors of Public Health went on to explain how the incident was being managed locally. It was confirmed that SaTH had a priority testing service (POD) in place at the Princess Royal Hospital into which people requiring testing were being directed via NHS111. So far there had been no positive cases in Shropshire or Telford & Wrekin.

Both Directors of Public Health and Consultants in Public Health teams had been liaising with SaTH, both CCGs and Public Health England as well as taking local action as required including the dissemination of national guidance.

Finally, the Director of Public Health for Shropshire directed the public to the NHS England website for the latest information, which was updated twice daily, in particular the travel guidance, Catch it, Kill it, Bin it message, and the Question and Answer Blog.

Members of the Committee raised the following questions/comments:

Concern was raised that not everyone had digital access. Pdf versions of the posters were requested for Members who could not print JPEGs for use on their own websites.

The Director of Public Health, Shropshire Council agreed to supply Members with a pdf of the posters with the caveat that the information contained therein was very quickly out of date and that Members should ensure they had the most up to date information.

Concern was also raised in relation to access to the POD at the Princess Royal Hospital, especially from rural areas eg Bishop's Castle.

In response, the Director of Public Health, Shropshire Council reported that it was hoped that a similar POD would be set up at the Royal Shrewsbury Hospital by the end of the week. She also reported that it was hoped to begin community testing by the end of the week.

Concern was raised that many people who had coughs and colds at this time of the year tended to go to their GP but part of the advice was not to go to your GP practice and don't ring 111?

The Director of Public Health, Shropshire Council confirmed that patients would only be tested at one of the PODs if directed by NHS 111.

A query was raised about what would happen if there was a major outbreak as the hospitals were already busy and had no beds, especially if people were being asked not to go to A&E or their GP. Concern was raised that not many people would use NHS 111 but would ring their GPs.

The Director of Public Health, Shropshire Council confirmed that the media message seemed to be working as currently people were following that advice. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG reported that posters were displayed at GPs and Pharmacies and confirmed that everything possible would be done to get the message out and that the press had been very helpful. People needed to understand that they had to ring NHS 111 and if they needed to be tested, they would be directed to the Pod. He explained that although this was a significant outbreak he was confident that the correct infrastructure was in place to deal with it.

In response to a query about whether NHS 111 was fit for purpose, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG reported that there had been a 50% increase in usage across the country leading to additional investment in call handlers. He explained that the service sat coterminously with the Ambulance call centres so at times of high demand call handlers could switch to the other service.

A query was raised about the benefits of wearing face masks.

In response, the Director of Public Health, Shropshire Council explained that face masks were of benefit in a healthcare setting but not for the general population.

The Chairman thanked the Officers for their update and was reassured at the amount of work going on in the background.

Letter sent to David Evans, Joint Accountable Officer for NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford & Wrekin Clinical Commissioning Group regarding the Hospital Reconfiguration, Pain Management Services and Maternity Services

The Chairman informed the Committee that a response had been received from Shropshire CCG and Telford & Wrekin CCG in relation to the above – copy attached to signed Minutes.

Members of the Committee raised the following questions/comments:

Concern was raised that the backlog of maintenance could vary quite significantly and in response to a query about the risk assessment implications of the backlog for patient safety and care, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that it was clear the Trust had maintenance issues, especially on the Royal Shrewsbury Hospital site as the current standard was not up to scratch. He agreed to take the question about risk assessments away and get a response.

In response to a query, it was confirmed that the £100m value of the backlog maintenance was included in the £312m to be used for the transformation programme.

In relation to the Strategic Outline Case, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that as the document was yet to be signed off by NHS England / Improvement, it was still draft and could not be released. The Chairman queried who at NHS England / Improvement she should talk to get these answers. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG that the Chairman contact Fran Dill and/or Dale Bywater.

In relation to the Pain Management Service, the Chairman reported that two patients who had attended the Joint HOSC meeting had been very unhappy at being transferred to the new service, whereas the response from the Planned Care and Long-Term Conditions at Shropshire CCG stated that no complaints had been received. In response, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG reported that he was not aware of any formal complaints. He agreed to take this question back for response.

A query was raised about whether SaTH were satisfied that they were only 12% compliant in relation to responding to complaints. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that there were instances where complaints could not be responded to in time, for example if they involved detailed issues around various agencies. In response to a further query, the Accountable Officer went on to explain the complaints procedure and he informed the Committee that he personally signed off every complaint letter. If a complaint was received in relation to a provider, the CCG would write to the provider asking them to respond to the complaint. He confirmed that the CCG had regular meetings with the main providers and that complaints were on the agenda at every meeting.

Turning to Maternity Services, the chairman expressed concern at the delay in the publication of the Ockenden Report. She referred to the response from the Local Maternity System and queried what areas were looked at in terms of reassurance around the safety of the system. In response, the Accountable Officer for Shropshire

CCG and Telford & Wrekin CCG explained that trends were looked for within the dashboard to see if there were any areas of concern and he agreed to share the dashboard with the Committee. In response to a query, it was confirmed that a clinical decision would be made about what constituted a serious incident. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG agreed to provide further information including a Root Cause Analysis used to identify any issues/learning.

26. Hospital Transformation Plan - Update

The Committee received a verbal update on the Hospital Transformation Plan from the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG. He apologised that an update on the Strategic Outline Case could not be provided until it had been through the assurance process and published. The development of the programme going forward was therefore limited and at the moment, the only work ongoing was development of the Outline Business Case which would be ready later in the year.

Members of the Committee raised the following questions/comments:

Concern was raised at the slowness of the process and the Chairman queried who the Committee could raise their concerns with and reminded Members that they could of course write to the Secretary of State to voice their concerns about the delay being encountered.

In relation to the Travel and Transport Plan, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG agreed to bring an update to the next meeting.

In response to a query, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that the only changes in relation to primary care was around enhanced services outside of the core 8.30am to 6pm. Access for many patients may prove difficult and ways to mitigate this were being considered in order to provide the right service for the whole population. Councillor Shineton commented that the report from the Care Closer to Home Workshop that she had attended the previous week may overcome some of those problems.

A brief discussion ensued in relation to who was investing in primary care. In response it was confirmed that national investment was being made and that there was a clear plan for a 26,000 increase in workforce, the majority of which would be non-GP staff eg pharmacists, paramedics, social care etc. This was being fully funded by NHS England, which was a change from the originally proposed 70% funding.

Concern was raised at the difficulties attracting these types of staff to the area. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that if the right incentives eg work/life balance, not too stressful, rewards etc were offered this would make primary care more attractive. A brief discussion ensued about the growing number of GP practices being consolidated to create larger practices. It was felt that this trend was likely to continue as the profile of GPs changed however concern was raised that this would lead to the loss of some rural practices.

In response to a query about better use of IT, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that more could be done virtually and he gave an example from his own practice. He felt that if it was proving increasingly difficult to provide, there may be a case for an online, Babylon type system, which would immediately give an appointment via either video, telephone or in person with a GP very quickly. This type of service worked quite well for a specific group of patients ie those aged under 65 with no long-term conditions, where access to patient notes was not required.

The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG, stated that increasingly the nature of GP surgeries were changing, younger GP's didn't want to become partners, they may wish to work in a hospital/academia, have salaried appointments etc and bringing practices together may make it easier to offer this. He felt that we would see a different workforce in five years time.

The Chairman thanked the Accountable Officer Shropshire CCG and Telford & Wrekin CCG for his attendance and his responses to Members questions/concerns. She confirmed that he had agreed to provide further information as follows:

- An update on the Travel and Transport Plan;
- CQRM Dashboard in order for the Committee to see how assurance was gained; and
- More detail in relation to stillbirths.

27. Reconfiguration of Ophthalmology Services - Update

A response in relation to the Reconfiguration of Ophthalmology Services had been received by the Committee – copy attached to signed Minutes. The Chairman suggested that the Committee write back to Mr Tony Fox requesting more detail in relation to the delay in asbestos removal on Ward 35 and MLU including clarity on the timescales.

28. Joint HOSC Work Programme

A brief discussion ensued in relation to the Joint Work Programme – copy attached to the signed Minutes. Items to be considered included the following:

- Travel and Transport Plan – the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG to confirm
- Serious incidents – Committee could look at this in more detail outside of the meeting
- Ockenden Review – this will be published much later in the year around October/November. The Committee could respond when published.
- CCG as a single commissioner
- Primary Care/Primary Care Networks
- Long-Term Plan when published – development of delivery plans. The Scrutiny Officer felt that it may be useful for the Committee to look at this.

The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG hoped that the Long-Term Plan would be signed off by Spring.

- An item on mental health was suggested in relation to its impact on A&E/Admissions/Ambulance Service – advice would be sought as to the best way of investigating this and Terms of Reference drafted before coming back to the Committee.
- Transformation of Midwifery Care – The Chief Officer was not hopeful that this would be ready in time for the next meeting.
- Dashboards – this may lead to requests for further papers.

29. Co-Chairs' Update

Update on the work of each Council's Health Scrutiny Committee

Shropshire Council:

- Health and Social Care Task and Finish Group looking into the implications of IBCF changes
- Information sheet on what the Musculoskeletal service looks like in Shropshire

Telford and Wrekin Council:

- Adult and Children's Mental Health – joint Committee between two scrutiny Committees.

It was agreed to have regular updates on Covid 19. The Chairman drew attention to the draft protocol on working with Joint Scrutiny Partners and what to expect from each other. She requested that the Chief Officer comment on the protocol once seen.

The meeting concluded at 1.25 pm