

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Thursday, 6 August 2020 at 2.00 pm in Remote Meeting

Present:

Telford and Wrekin Councillors: Derek White (Co-Chair), Stephen Reynolds
Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shingleton
Telford and Wrekin Co-optees: Dag Saunders, Hilary Knight and Janet O'loughlin
Shropshire Co-optees: Ian Hulme, David Beechey

Also Present:

Julie Davies, Director of Performance at Shropshire Clinical Commissioning Group
David Evans, Accountable Officer, Shropshire, Telford & Wrekin Clinical Commissioning Group
Josef Galkowski, Democratic Services & Scrutiny Officer. Telford & Wrekin Council
Nigel Lee, Chief Operating Officer, Shrewsbury and Telford Hospitals NHS Trust.
Kate Manning, Communication and Engagement Manager, Shropshire, Telford & Wrekin Sustainability and Transformation Partnership
Dr Jane Povey, Clinical Lead, Shropshire, Telford and Wrekin Sustainability and Transformation Partnership.
Steve Trenchard, Interim Executive Director for Transformation, Shropshire, Telford & Wrekin Clinical Commissioning Group
Daniel Webb, Overview and Scrutiny Officer, Shropshire Council
Stacey Worthington, Senior Democratic Services & Scrutiny Officer, Telford & Wrekin Council.

Apologies: Councillors S P Burrell

JHOSC1 Declarations of Interest

None declared.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 2 March 2020 be confirmed and signed by the Chair with the amendment of:

section JHOSC20 – Shrewsbury and Telford Hospital – Winter Pressures Planning so that it reads:

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

JHOSC3 COVID-19 Restore and Recover and System Priorities.

The Joint Health Overview & Scrutiny Committee (JHOSC) received a presentation from Steve Trenchard, Interim Executive Director of Transformation, Shropshire, Telford & Wrekin Sustainability and Transformation Partnership on the recovery and restoration of services post COVID-19 in Shropshire, Telford & Wrekin. The presentation covered the following topics:

- Recovery planning.
- The 8 tests Shropshire, Telford & Wrekin must meet.
- Making visible system changes: transformation oversight during COVID-19
 - Phase one: central record of change across System to inform restart position.
- Making visible system changes: transformation oversight during COVID-19
 - Phase two: informing system models post COVID-19.
- Understanding crisis-response measures.
- Caring for our people: psychological support.
- Support offer.
- Looking back at Shropshire, Telford and Wrekin principles
- Shropshire, Telford and Wrekin Integrated Care System principles & expectations
- Shropshire Telford and Wrekin, Sustainability and Transformation Plan, Long term Plan vision.
- System strengths in response to COVID-19.
- Recovery & new normal governance structure for Shropshire, Telford and Wrekin system.

Members asked the following questions and received the below responses.

Members asked the Interim Executive Director for Transformation about the amount and type of support that had been offered to domiciliary care sector during COVID-19 in Shropshire, Telford and Wrekin. The Interim Director for Transformation responded by saying that the system had offered support into domiciliary care and care homes, that both local authorities were a part of this support and that the People System Plan highlighted that.

Members recognised that staff support had been covered in the presentation, but wanted to know more about the staff burnout in Shropshire, Telford & Wrekin hospitals, whether there were any particular types of staff and what could be done to help them. The Interim Executive Director for Transformation invited Nigel Lee, the Chief Operating Officer of Shrewsbury and Telford

Hospitals NHS Trust (SaTH) to respond to this question. The Chief Operating Officer emphasized that this was something that Shropshire, Telford and Wrekin had tried to address as a system, as a number of different types of staff had been affected by COVID-19, but noted that those working in acute care and COVID-19 wards had been particularly affected. The Chief Operating Officer outlined the care package that been put together to support staff such as psychological support, along with additional expertise provided by the mental health trust, other companies and the workforce team at SaTH. He concluded by saying that staff were encouraged to take the appropriate leave during the summer in order to recuperate.

Members asked about the Phase Three letter that was sent out to all NHS system leaders by Sir Simon Stevens, Chief Executive for NHS England and Amanda Pritchard, Chief Operating Officer for NHS England, especially in regards to acute care and how those requirements could be met:

- In September at least 80% of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August);
- This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

The Chief Operating Officer for SaTH responded by saying that the targets were a challenge due to the additional infection prevention control checks that were needed between seeing patients. However, noted that David Evans, Accountable Officer for Shropshire, Telford & Wrekin Clinical Commissioning Group (STW CCG) and other system leaders had been working hard with NHSEI on accessing additional capital and support. The Chief Operating Officer provided the example of the West Midlands Cancer Alliance of cross border working.

Members asked what would happen if the targets as set out by the Phase Three letter were not reached. The Chief Operating Officer for SaTH responded by saying that SaTH were committed to working with the system to reach the aforementioned targets. The Accountable Officer for STW CCG added that it was not known at the time what would happen if they were not met, but was sure they would be under increased scrutiny from regulators. The Accountable Officer for STW CCG said that the system would be continuing to use the Nuffield Hospital to deliver the elective agenda and was more comfortable that it would be easier to achieve cancer related targets with the use of the West Midlands Cancer Alliance.

Members welcomed the use and uptake of digital consultations in general practice surgeries, but also expressed their concern that it may not be accessible for some groups. The Accountable Officer for STW CCG responded by saying that by April 2021, all GPs would have to offer digital or virtual consultations but that was not the only option available for patients.

Members inquired about the status of the Winter Plan and when it would be available to come to the committee. The Interim Executive Director for Transformation responded by saying that the basic elements of the winter plan had been completed, but the key challenge was to align the winter plan with the restoration of services and refreshing the system plan. The Accountable Officer for STW CCG highlighted that SaTH had roughly lost 75 beds in its capacity due to social distancing measures, that the overall system was challenged for productivity due to infection prevention control measures and the changing of PPE which reduced the rate diagnostic procedures could occur. The Accountable Officer for STW CCG believed that SaTH MRI/CT and Endoscopy procedures were running at 50% to 60% of pre-COVID-19 levels.

Members were keen to understand the use of brought in capacity, in particular to Nuffield Hospital, and whether it was being used to its full capacity. The Accountable Officer for STW CCG responded by saying that the Nuffield Hospital was being used and that colleagues were meeting with Nuffield Hospital to find out exactly how much capacity can be used for the winter period moving forward.

Members asked about the reduction in bed capacity because of social distancing requirements in response to COVID-19. The Interim Executive Director for Transformation responded by saying the bed reduction was critical, however this was mitigated by a new pilot initiative where people were encouraged to “talk before you walk” into the Emergency Department and made better use of NHS 111 and had a strong suite of community services which managed patients coming through the front door of SaTH.

Members asked about the collegiate working that had been undertaken with neighbouring system. The Accountable Officer for STW CCG responded by saying that mutual aid agreements had been created with the Staffordshire health system and a new document outlining a continued mutual aid agreement was in the works. Therefore he was confident moving forward in the cross boundary working between systems. Likewise, with the Worcestershire and Herefordshire system, informal discussions have occurred and there was a recognition of the cross border working which happened both ways. Similarly, the Accountable Officer for STW continued by saying that there were active discussions with Powys Health Board as they were a member of the silver command group.

Members asked about the apparent reduction in the financial capacity available for the system in responding to COVID-19. The Accountable Officer for STW CCG replied by saying that they had not heard directly but noted that the STW CCG put forward a substantial bid like many other CCG's and that they couldn't all be funded.

Members asked for a summary on the level and type of activity that had occurred in both SaTH sites pre-COVID-19, during and current. The Chief Operating Officer for SaTH said that during the initial response to COVID-19 there was an overall reduction in activity, and that during the “recover” period there was a rise to about 80% of pre-COVID-19 levels. Likewise, he added

that there was some disparity between Shropshire and Telford & Wrekin, with Shropshire returning to and above pre-COVID-19 levels of A&E activity and ambulance usage, whereas Telford and Wrekin was slightly below. He said that this was partly in due to that fact that trauma services had temporarily moved to Robert Jones and Agnes Hunt Hospital.

JHOSC4 Restore and Recover: Communications and Engagement.

The Committee received a presentation in advance of the meeting from Pam Schreier, Head of Communication and Engagement, Shropshire, Telford & Wrekin Sustainability and Transformation Partnership and was presented by Kate Manning, Communication and Engagement Manager, from Shropshire, Telford & Wrekin Sustainability and Transformation Partnership. The presentation covered the following topics:

- Communications and engagement for restore and recovery of services following COVID-19
- Communication and engagement Documentation
- Stakeholder and system engagement
- Public and staff engagement.
- Current focus area.

Members asked what techniques were being used for targeted communications for the age group 16 to 30 years old and also individuals from the BAME community. The Communication and Engagement Manager responded by saying that STW STP had been working closely with both Councils and using social media to reach the younger age group to encourage them to follow necessary guidelines. Likewise, for individuals which English is not their first language, they STW STP had been working with the faith communities to translate key messages to reach these people. The Accountable Officer added that Shropshire CCG and Telford & Wrekin CCG had advertised and appointed lay members to join the joint board for both CCG's, which included a lay member for inclusion, diversity and equality.

JHOSC5 End of Life Care Review - Shropshire, Telford & Wrekin STP.

The JHOSC received a presentation from Dr Jane Povey, Clinical Lead for the Shropshire, Telford and Wrekin Sustainability and Transformation Plan (STW STP) and Dr. Julie Davies, Director of Performance for Shropshire Telford and Wrekin Clinical Commissioning Groups (STW CCG) outlining the proposed approach for undertaking a system review on End of Life Care. The authors stressed that they were not bringing a finished approach rather that they were hoping to co-create the approach through discussion in the meeting. The meeting covered the following topics:

- Background
 - Where the need for the review came from
 - Conversations with healthcare partners
 - Chief Executive leadership provided by David Evans, Accountable

Officer for STW CCG and David Stout, Chief Executive of Shropshire Community Health NHS Trust.

- What was done as a system so far
 - Established End of Life group with strategy.
 - System wide implementation of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
 - 24/7 palliative care helpline
- Local Health Economy End of Life and Palliative Care Strategy for Shropshire, Telford & Wrekin.
- Purpose
 - Outlined the reasons as to why the review was needed.
- Principles
 - Outlined the principles which would guide the review.

Members noted the refreshing approach that was being taken by the presenters, however outlined that one of the key issues faced by patients was that there wasn't a smooth transition through the system.

Members reflected on the struggles faced on accessing End of Life care in Shropshire, Telford & Wrekin in cross-border situations. The Director of Performance recognised that more work needed to be done to link up the out-of-area network to ensure a smooth transition in and out of Shropshire, Telford & Wrekin End of Life care, if that was the wishes of the patient.

Lynn Crawley, Chief Executive of Healthwatch Shropshire asked if staff were trained to have these difficult conversations with patients in relation to end of life care. The Clinical Lead for the STW STP responded by saying that training had occurred but had not reached every single member of staff, and additional support was available from other teams. The Clinical Lead for the STW STP continued by saying the end of life conversation with a patient needed to occur at the earliest point possible, when it became clear that a curative approach cannot be taken, and instead anticipatory medicine should be prepared.

The Chief Executive of Healthwatch Shropshire was invited to respond, and said that a Healthwatch Shropshire report made reference to examples whereby patients hadn't been recognised as end of life. The Clinical Lead for the STW STP agreed and continued by saying there needed to be a recognition of the language used, which is why they referred to end of life conversations as "important" rather than "difficult".

Members suggested that there be a centralised complaints or feedback system. The Accountable Officer for STW CCG welcomed the suggestion as complaints were made to individual trusts or the CCG and that there wasn't a joined up approach to the way feedback is received and processed in the relevant organisations. The Director for Performance STW CCG supported the suggestion made by members. She added that there was a timing issue on collecting feedback as it was not appropriate to attain feedback immediately following the passing of a patient, but then some families feel they leave it too long to give feedback.

Members felt it was important that domiciliary care workers were trained to be able to have the end of life care conversation as some patients did not have family members to do this with. The Clinical Leader for the STW STP agreed that it was important to train domiciliary care workers and that community teams across the system were training carers to do this, along with trainers that were funded through the Shropshire Partners in Care (SPiC).

Members asked for more information about the ReSPECT forms. The Clinical Lead for the STW STP responded by saying these were available online to download and print out but also from health and care practitioners. Members were advised that patients could choose who they spoke to about the forms and that it needed to be signed off by a senior clinician. Members were directed to the hospice website to find more information about it.

Members asked for clarification regarding the use of anticipatory medication. The Clinical Lead for the STW STP explained that this was a process used to predict the types of medication a patient may need if they were deteriorating in order to make them more comfortable. She also explained that it was there for the attending clinician to make a decision with the patient if it was needed, without the need to wait for a doctor to write a prescription. The Director for Performance STW CCGs added that the end of life medication was important for supporting patients who were in care homes, as this was where many chose to pass away.

Members reflected on anecdotal experiences of end of life care, where the community team was not available and therefore the patient had to spend extra time in the hospital. The Director of Performance for STW CCG responded by outlining the discharge to assess process and recent changes that had occurred in response to COVID-19, which meant that the discharge to assess took less than 24 hours. The Clinical Lead for STW STP added that the changes also meant that patients received care closer to home quicker.

The Chief Executive for Healthwatch Shropshire reminded members of the Committee as well the item presenters that one of the central points of Healthwatch was to receive feedback about any type of healthcare service and that there was a difference between lodging a complaint and feedback within NHS providers of care. The Chief Executive for Healthwatch Shropshire added that the Independent Complaints Advocacy Service had been set up in Healthwatch Shropshire to help patients under what feedback and complaints can be made and what a reasonable response would be.

Members asked whether there was input from different cultures and religions in response to end of life care. The Clinical Lead for the STW STP responded by saying that they currently didn't have a plan for this but agreed that the engagement with staff and all the community needed to be inclusive.

Members asked for more details about leadership and governance of the end of life review. The Accountable Officer for STW CCG's responded by saying that it would go through the STW STP, however if there was financial

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implications or changes to how services were delivered, it would need to go through the necessary statutory organisations. However, all of the Chief Executives in the area are part of the Chief Executives group and the Integrated Care System shadow board.

Members wondered whether the item presenters could elaborate on the time frame for the review. The Director for Performance STW CCG responded by estimating that it would take around six months but this could be subject to delay due to Winter and COVID-19. Likewise, it was added that the STW CCG would seek to get the formal support for the Terms of Reference from the JHOSC as well as an update around three months into the review. It was added that in the course of the review, if any problems were unearthed, these would be amended in real time rather than at the end of the review.

JHOSC6 Co-Chair's Update

Cllr Karen Calder, Co-Chair of the Joint Health Overview & Scrutiny Committee (JHOSC) outlined some of the work that the Committee had recently undertaken and the plans moving forward. The Co-Chair made reference to a meeting that the Co-Chairs had had with Sir Neil Carr and Cathy Riley from Midlands Partnership NHS Foundation Trust (MPFT) where it was agreed that Mental Health Services would be an item that was explored in the committee, likely spread over a number of meetings. Cllr Derek White Co-Chair of the JHOSC added that the JHOSC, Healthwatch Shropshire and Healthwatch Telford & Wrekin had recently met and had agreed to work together more closely moving forward. Finally, there was a reference from the Co-Chairs to undertake a piece of work reflecting on how the JHOSC can work better and more closely with the health community.

The meeting ended at 4:34pm.

Chairman:

Date: Thursday, 22 October 2020