



Addenbrooke House Ironmasters Way Telford TF3 4NT

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date **Monday, 2 March 2020** Time **10.30 am**
 Venue **Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

Enquiries Regarding this Agenda

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<u>Committee Membership:</u>	<u>Telford & Wrekin</u>	<u>Shropshire</u>
	Councillor Stephen Burrell	Councillor Karen Calder,
	Councillor Kelly Middleton	Shropshire Council Health
	Councillor Derek White,	Scrutiny Chair
	Telford & Wrekin Health	Councillor Heather Kidd
	Scrutiny Chair	Councillor Madge Shingleton
<u>Co-Optees</u>	Hilary Knight	David Beechey (Shropshire Co-Optee)
	Janet O'Loughlin	Paul Cronin (Shropshire Co-Optee)
	Dag Saunders	Ian Hulme (Shropshire Co-Optee)

AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** 3 - 12
 To agree the minutes of the previous meeting.
4. **Hospital Transformation Plan - Update**
 To receive a verbal update on the Strategic Outline Case for the Hospital Transformation Plan (HTP) from Neil Nisbet, HTP Programme Director, Shropshire and Telford Hospital NHS Trust (SaTH).
5. **Reconfiguration of Ophthalmology Services - Update** 13 - 14
 To receive a written update on the reconfiguration of Ophthalmology services from Mr Tony Fox, Vascular Surgeon & Medical Director for Transformation, Shrewsbury and Telford Hospital NHS Trust (SaTH).
6. **Work Programme** 15 - 22
 To agree the update to the work programme for 2019/2020

7. **Co-Chair's Update**

23 - 24

- Members questions on Emergency Response Preparedness.
- Letter sent to David Evans, Joint Accountable Officer for NHS Telford and Wrekin Clinical Commissioning Group and NHS Shropshire Clinical Commissioning Group regarding the Hospital Reconfiguration, Pain Management Services and Maternity Services.
- Update on the work of each Council's Health Scrutiny Committee
- Any other updates as required.

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday, 16 December 2019 at 10.00 am in Walker Room, Meeting Point House, Southwater Square, Telford TF3 4HS

Present:

Shropshire Councillors: Karen Calder (Chair), Heather Kidd,
Telford & Wrekin Councillors: Cllr Kelly Middleton
Shropshire Co-optees: David Beechey, Paul Cronin, Ian Hulme
Telford and Wrekin Co-optees: Hilary Knight, Janet O'Loughlin, Dag Saunders

Also Present:

Sarah Biffen, Deputy Chief Operating Officer, SaTH
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Joint Accountable Officer, NHS Telford & Wrekin CCG and NHS Shropshire CCG
Josef Galkowski, Democratic Services and Scrutiny Officer, T&WC
Deborah Moseley, Democratic Services and Scrutiny Team Leader, T&WC
Claire Old, Urgent Care Director for Shropshire, Telford & Wrekin
Rachel Robinson, Director of Public Health, Shropshire Council
David Stout, Interim Transformation Director, Sustainability and Transformation Partnership
Bev Tabernacle, Interim Deputy Chief Executive for SaTH

JHSOC14 Declarations of Interest

None.

JHOSC15 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on the 2 October 2019 be confirmed and signed by the Chair.

JHOSC16 Apologies for Absence

Councillor Derek White & Councillor Madge Shineton.

JHOSC17 Hospital Transformation Programme Update

The Joint Health Overview Scrutiny Committee received a verbal update on the Hospital Transformation Programme by David Evans, Joint Accountable Officer for NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford & Wrekin CCG. The Chair noted the Committee's dissatisfaction about the paucity of information or reports presented to the Committee. The Committee heard from Mr Evans that a draft strategic outline case had been written and seen by

the Trust Board as well as both CCG's, and that the document would be published early in the New Year. Further to this, Bev Tabernacle, Director of Transformation and Strategy at Shropshire and Telford Hospital was in the process of organising timelines. Members of the Committee asked questions and received responses as follows:

What is an A&E Local? Is it part of the Future Fit development? And if not, will there be further consultation for it?

Mr. Evans explained that some aspects were clear; in that it would be consultant led. However, what this meant in terms of how long it would be open and what other services could operate from it had not been determined. Likewise, Mr Evans explained that it was not clear how much would be determined locally and nationally, but this was being discussed with NHS policy advisors across the country. Mr Evans clarified that there were no plans to make the change until building work had been completed at both sites and that a change from an Urgent Care Centre (UCC) to an A&E Local would be an enhancement of service, not a reduction. If the A&E Local was only open for a period of time during the day, there would still be a 24 hour UCC provision.

Was Future Fit now known as the Hospital Transformation Plan?

Mr. Evans confirmed that upon submission and approval of the pre-consultation business case, the programme became a capital programme and not a development of a clinical model and business case. The implementation of the clinical model transferred to the NHS Trust, and the oversight group had provided assurance to commissioners and stakeholders that it was on track.

Can Future Fit/Hospital Transformation Plan be financially delivered as set out in the proposals?

Mr. Evans responded to this by confirming that the £312 million designated to the Future Fit could deliver the clinical model that was laid out in the original proposals.

JHOSC18 Transforming Midwifery Care Update

David Evans, Joint Accountable Officer for NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford & Wrekin CCG provided a verbal update to the Committee on Transforming Midwifery Care (TMC). He communicated that similarly to Hospital Transformation Plan, TMC reports and recommendations were going through NHSi assurance processes and that he expected to hear by January as to whether the proposals were acceptable to go out for consultation. Following on from this, the Committee asked a number of questions and received the following answers:

The recent Ockenden Report leak was contrary to what had been heard previously by this Committee. What was the view of the CCG on the leaks?

Mr. Evans responded that the CCGs had not seen the leaked document nor trusted the accuracy of it. It was conjecture as to where the leak came from, but it had been said publically by Ms Ockenden that the report would be ready towards the end of 2020. The CCGs would like to see it completed as quickly as possible, but it was important that women and families had the opportunity to raise concerns and that they were appropriately reviewed. Likewise, Mr Evans mentioned that he welcomed the findings of the latest Care Quality Commission (CQC) report about Maternity Care in SaTH, but did not want to convey complacency in recognising the work that was still needed to be done.

The Ockenden report leak had led to local action and the public encouraged to use Ockenden process.

Mr. Evans echoed that individuals should use the Ockenden process if they felt it relevant to them and that he understood that some individuals wanted some recourse.

Was there certainty that what had gone forward to NHSi was flexible enough to take account of any report recommendations?

Mr. Evans responded that he believed there was flexibility to incorporate any Ockenden recommendations into the final model. For example, some cases related to births in standalone birthing units in smaller market towns and that was not a continued offered in the proposals which recommended midwifery led births only in free standing birth centres. He stated that the Team was cognisant about the model being the right one from a safety point of view for pregnant women and their children.

There was a review 5 years ago, and it felt like nothing was learned from this. The public wanted assurance that it would not happen again moving forward.

Mr. Evans emphasized that he didn't want to come across as complacent or minimizing what had happened but that the Trust had delivered roughly 5,000 babies per year for the last 40 years, and that cases in the Ockenden Report were therefore relatively small numbers in real terms. If the leak was correct, then a cause for concern was the approach the staff took in dealing with women and families that went through traumatic episodes.

The discussion concluded that more evidence was needed in terms of comparative statistics and human factors on the topic of midwifery care in Telford, Wrekin and Shropshire, and NHS colleagues and Healthwatch could be invited to help provide this information.

JHSOC19 Sustainability and Transformation Plan - Long Term Plan Update

David Stout, Interim Transformation Director for the Sustainability and Transformation Plan (STP) made a presentation which summarized the 11 chapters of the draft version of the STP Long Term Plan (STP LTP).:-

- Chapter 1: System Structure and Governance to support delivery of change - Building on previous plan, system & clinical leadership, governance, quality, ICS development, vision and narrative
- Chapter 2: Shropshire, Telford & Wrekin at a glance - Demographics, deprivation & inequalities, life expectancy, premature deaths and mortality
- Chapter 3: Population Health Management - How data, evidence and insight was used to drive transformation priorities, population need and future demand
- Chapter 4: Delivering a new service model for Prevention and Place based integrated Care - Overall approach to out of Hospital Care, Prevention, Place based care, Primary Care, Frailty & End of Life Care
- Chapter 5: Mental Health Prevention and Wellbeing including Learning Disability and Autism
- Chapter 6: Acute Care Development - Hospital Transformation Programme, focus on Urgent & emergency care, maternity & neonatal services, Elective Care & Cancer
- Chapter 7: Support Services - Non clinical (back office support) and Clinical: Pharmacy, Pathology & Imaging programme to be fully worked up
- Chapter 8: Our People - Workforce understanding, development of new roles to meet future need Transformation to support individual Clusters / Programmes
- Chapter 9: Digital Enabled Care - Electronic records, information Governance, infrastructure & security Analysis, artificial intelligence
- Chapter 10: Estates - Estate utilisation, building maintenance, energy efficiency, future estate requirement and estate efficiencies
- Chapter 11: Financial Sustainability & Productivity - Setting out our financial position, efficiencies and expected financial trajectories

Mr. Stout emphasised that the key point to be taken away from chapter four was that there was the presumption that over time, healthcare would move to a preventative model and less reactive in admissions to A&E, concentrating on keeping people in the comfort of their own home. In relation to mental health summarised in chapter 5, he understood that there had been low investment in the mental health economy compared to comparators across the country, and that efforts were being made to change this. Chapter seven related to ambitious plans for recruitment and the issues that were being faced, not only in recruitment but retaining staff. Bev Tabernacle, Interim Deputy Chief Executive for SaTH, added that there was a 95% fill rate for registered staff and that an additional 8-10 nurse associates had been recruited. Mr. Stout stated that chapters eleven and twelve, described how there had been a significant financial growth of £850million into the healthcare economy, but this was not to undermine that social care still remained under pressure and the wider systematic economic stress. The starting point for the current year, was based

on the overspend for the previous year and therefore there was a need to balance the budget. Chapter twelve focused on the steps moving forward to deliver the plan.

Following on from what they had heard, Members of the Committee asked questions as follows:

What were the board arrangements for the Integrated Care System (ICS)? Who was it accountable to?

Mr. Stout responded that there was currently no statutory board that the ICS was accountable to but there was legislation in planned form for this. The ICS brought collective oversight from chairs and political leads round the table, and therefore was accountable to different boards and organisations in the meantime.

How did the ICS link with the LTP and the Single Strategic Commissioner (SSC)?

Mr. Stout responded that it made sense for the SSC structure to reflect that of the ICS and STP footprint, as per the direction of the national policy.

Members reflected on the plan to integrate provider organisations, and questioned how it differed to the way organisations work collaboratively now.

David Stout replied that the establishment of ICS solutions was to allow ways for partners to work together more collaboratively than was currently provided for.

Primary Care Networks (PCN's) were described as emergent. Reflecting on the Committee's experience that a PCN had taken 2 and half years to be working comfortably, what assurance was there that they would be in a state of maturity by April 2021? The Committee was particularly interested to see how would will deliver care in rural communities.

Mr. Stout said that the PCN's were not underdeveloped, and that there was a need for them to be ready by this point. Part of the GP practice was paid into PCNs and there was a financial incentive policy on a national scale to do this. All local practices were signed up to PCNs and participated.

West Midland Ambulance Service (WMAS) didn't appear to be part of STP, were they engaged and how did they participate?

Mr. Stout responded that WMAS was not a formal organisation within the STP but they were key partners in delivery of services. David Evans added to this, by saying that it was difficult for WMAS as their resource requirement was challenging. However work actively continued with WMAS, including at a recent meeting of regulators to coordinate ambulance services within the Winter Plan.

What was the current level of maintenance backlog on the estate?

The Committee were advised that there was a substantial backlog of maintenance work required for the hospitals and that the Estate Directors were working together to generate improvement.

Was the STP LTP supported fully by both Local Authorities?

Mr. Stout responded by saying that it was challenging to receive formal sign off from local authorities as the STP LTP was not at the time of the meeting in publishable form, however the local authorities were involved in the process.

One of the chapters mentioned the use of community service as a source of healthcare access, how would the public be informed and kept up to date on the best places for them to access healthcare? Could this be subject to scrutiny at a future meeting?

Mr. Stout replied saying that one of the chapters of the STP LTP set out the communication and engagement strategy, which would be used to inform as much of the public as possible and that he was happy to bring this back to the Committee on a separate occasion.

JHOSC20 Shrewsbury and Telford Hospital - Winter Pressures Planning

Clare Old, Urgent Care Director at Shropshire Telford and Wrekin and Sarah Biffen, Deputy Chief Operating Officer for the Shrewsbury and Telford Hospital provided a presentation and update to the Committee on Winter Pressure plans for Shrewsbury and Telford Hospital NHS Trust in 2019/2020. The Committee heard the progress that had been made;

- Regional winter conference on the 12th of September 2019
- Regional template submitted on the 17th of October 2019
- Winter Plan's updated monthly rather than on historic data
- Approval of Winter Plan by all organisations and Commissioning boards
- Only schemes which had high or medium confidence delivered
- Bed deficit of 4, offset by Day Surgery Unit (DSU) beds to deliver near balanced plan.
- Shropshire/Telford & Wrekin amongst best at placing patients who were medically fit for transfer within 48 hours. Reduction in long stays – exemplar in national scheme.

Likewise, the Committee heard the challenges faced by the hospitals;

- Workforce shortages (however all approved scheme owners assured A&E delivery group that they were fully staffed)
- West Midlands Ambulance Service in Winter Planning redesign. Escalated to NSEI/NHSE.
- Rise in age and acuity of patients in November/December – NHSI/NSHE allocated more funds.

- Powys experiencing acute lack of domiciliary of care provision. Offset patients in Shropshire/Powys border provision.

Finally, the Committee heard the demand and capacity modelling that was being used, which had been overseen by the A&E Delivery Group. In response to the information that they had heard, the Committee asked a number of questions: and received the below answers;

Was it possible to breakdown the figures in terms of types of patients, as used in the demand and capacity model?

The Committee were informed that the figures shown in the demand and capacity model related to adults only, and that a demand and capacity model had not been done for paediatrics. Likewise, the Committee were told that the Winter Pressure planning team would work with the Children's assessment unit to understand their modelling.

Was the use of DSU beds to offset the bed shortage resulting in the cancellation of surgeries?

Ms. Biffen replied by saying that further staff had been recruited and some permanent beds had been made available for short stay surgical beds. However, some routine day surgeries had been cancelled.

Were there people sitting unnecessarily in the A&E?

Ms. Old responded that there was a new programme in Telford which resulted in more weekend appointments, therefore more people were receiving acute care appointments on the day. This was done by enhanced services up to 8pm at night and on the weekend but was constrained by the workforce. From 6 January 2020, GPs would work on admission avoidance by using the Rockwood score to determine necessity of admission. However there were some people who were unable to get appointments in A&E.

To what extent was this an extract from the annual capacity plan? Were there other key topics which would transform the winter pressures plan?

Ms. Old responded that the winter plan was a separate capacity plan required by NHSI/E, as additional money was received to deal with increased cases in winter. The Winter Plan was part of a five year planning process, which included an emphasis on same day emergency care so that patients could be discharged as quickly as possible, and returned to their own home because research suggested that helped patients feel independent. This 'getting it right first time' approach had received a "green" in its feedback. Alongside this, the five year process concentrated on improving access in different ways including respiratory, cardiology, stroke, trauma and orthopaedic pathways.

The discussion concluded with a discussion on flu vaccinations in the area. Ms. Biffen reported that there was a 95% staff target in place and that it was at 75%. David Evans added to this, by saying that there had been a 50% uptake by staff

at SaTH compared to the same period in the previous year. Claire Old said that the public were still being advised that vaccines were available.

21 Shrewsbury and Telford Hospital Progress Update Against Care Quality Commission Recommendations

Bev Tabernacle, Interim Deputy Chief Executive for SaTH updated the Committee on the Care Quality Commission's (CQC) report and recommendations for SaTH.

- Since the report was published in November 2018, there had been a number of unannounced visits on both sites and two letters of intent from the CQC which outlined areas of improvement.
- Feedback was mixed with some acknowledgement of improvement such as maternity care.
- Letters of intent had meant enhanced regulation requirement from CQC in relation to Section 29-31 of the Health and Adult Social Care Act.
- Themes reported: care and treatment for mental health patients, emergency services, acute medicine and management of deteriorating patients.
- Emergency Services Risk Summit – December 2019 – looked at how system could escalate support.
- Final report was due in April 2020.
- Virginia Mason rapid improvement events had been used to improve areas that performed badly.
- Responding to regulatory requirements in a timely and appropriate manner.

Did the Risk Summit put forward solutions and support? What was the outcome?

Mr. Evans replied that the risk summit was focused on how the system could help the NHS trust to reduce demand in hospital, and that it was recognised there was a workforce challenge. Likewise, he added that there was work to be done as there had been a significant increase in ambulance conveyances in the last two years, as well as a rate of increase in semi-rural areas.

The CQC report from November 2018 rated SaTH "inadequate"... what would the rating be if they were inspected now?

Ms. Tabernacle responded that SaTH had just been inspected and that she hoped that it would be seen that improvements had been made; this was reflected in feedback but she was unsure if the level of improvement would lift the Trust above the "inadequate" rating.

Had there been any board member resignations?

Ms. Tabernacle said that there had been a substantial turnover in trust board, particularly from June this year from an executive perspective. New interim executives had been appointed such as Paula Clarke and Louise Barnett who were trying hard to influence culture.

It was unsurprising that there were workforce challenges when staff were still charged for parking - were there any retention methods around conditions?

Ms. Tabernacle confirmed that parking charges still applied for staff but said that the focus of retention was more to do with creating a better general health and wellbeing offer for staff, with particular emphasis on filling vacancies to improve conditions for staff.

Had the CQC finished their inspections of the hospitals?

Ms. Tabernacle responded that process was still at the unannounced stage, and that the CQC could continue to turn up to the hospitals unannounced for an inspection.

Members suggested that improvements were needed to be made in the paediatrics pathways.

Ms. Tabernacle responded that they were working on paediatrics areas to get expertise shared across the Emergency Department, as well as chief operating officers making changes to respond to issues in the system to make them more effective.

What was the timeline for the final report from the CQC?

The Committee were advised that it was hoped the report would be published in spring time.

22 Co-Chairs Update

None.

The meeting ended at 12.30 pm

Chairman:

Date: 2 March 2020

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RECONFIGURATION OF OPHTHALMOLOGY SERVICES Accommodation Phase 3 reduce from 3 sites to 2 sites with the closure of ICAT

Introduction

The Ophthalmology Department, at Shrewsbury and Telford Hospitals NHS Trust has been considered a “fragile” service and has had many challenges. The Trust and Commissioners have recognised these challenges and a Risk Review meeting chaired by NHS England took place in October 2016.

One of the areas outlined for improvement was the Substandard and Fragmented Accommodation. The department strives to provide a high quality, safe service to patients and recognises that the patient accommodation forms an essential part.

Phase 1 - Since the review SaTH’s Trust Board has approved building work in The Copthorne Building to create a dedicated Eye Department. Work commenced in early 2017 and completed in June 2017.

Phase 2 - SaTH’s Trust board approved and the Paediatric Eye Department was completed in September 2018.

Phase 3 - Reduce from 3 sites to 2 sites with the closure of ICAT. This was approved in Trust Board meeting subject to engagement. Capital planning was approved for the project. Medical equipment has been signed off and funded by League of Friends. The projected has been delayed due to building regulations. Work has now commenced on removing and replacing the roof.

The Trust and Department recognise the importance of service user engagement and involvement with patients in considering changes in service provision. The following engagement sessions have taken place:

- 3 Stakeholder Engagement sessions (March 2017, January 2018 and July 2019) took place. Attendees were asked to consider the options to reconfigure Ophthalmology services. Representatives were invited to attend from Telford & Wrekin and Shropshire CCG’s, Healthwatch, RNIB, Macular Society, patients and SATH. The outcome was agreement to reduce to 2 sites.
- Patient survey took place with over 280 responses. 85% of respondents stated they would prefer to have one appointment with everything in it (ie preferred a one stop approach).
- Patient engagement with Quality Impact Assessment and Equality Impact Assessments completed.
- Presentation to HOSC in January 2019 and July 2019 with positive outcome and support to reconfigure to 2 sites at RSH and PRH.

Implementation of phase 3

There has been a delay in building due to additional works required on Ward 35 and MLU associated with asbestos removal and improving fire precautions. Assurances have been made that works will be commencing however the Ophthalmology Department remain unclear on the timescales.

The Ophthalmology Department are seeking for a defined project plan to enable the implementation of the operational move plan.

Automation

Ophthalmology delivers injections into patients' eyes at RSH within outpatient treatment rooms. These injections treat conditions such as Wet Age-Related Macular Degeneration. Following a number of trials the service implemented a "one stop" injection service.

To enable the one stop service to proceed smoothly an automation system (a secure system) is required to ensure service delivery of the drugs is safe. This project has been approved however, was delayed due to pressure on IT resource.

The project has now recommenced with a provisional go live date of Tuesday 14th April provided IT resource continues to be prioritised.

JHOSC Work Programme and Schedule of Meetings 2019/20

Issue	Officers / Organisation	Scoped	JHOSC influence	Date of Meeting
<p>Transforming Midwifery Care (Formerly known as midwife led unit review)</p>	<p>NHS Telford and Wrekin Clinical Commissioning Group & NHS Shropshire Clinical Commissioning Group.</p>	<p>N</p>	<p>Substantive change to service across both T&W and Shropshire. Currently at pre-consultation business case phase. Members will be provided with details of the options appraisal process, pre consultation engagement, consultation plans and timetable. CCG have requested multiple meetings on this but have not provided clear explanation of what they will provide or require at each meeting.</p>	<p>June 2019 Requested meetings: July 2019 August 2019 September 2019</p>
<p>Future Fit</p>	<p>NHS Telford and Wrekin Clinical Commissioning Group & NHS Shropshire Clinical Commissioning Group.</p>	<p>Y</p>	<p>Substantive change to service across both T&W and Shropshire. JHOSC consulted on pre-consultation business case and undertook review of consultation process by engaging representatives on their experiences of consultation. Outcome of consultation – nothing to change the preferred option and Joint Board went ahead with decision. DMBC was not bought to JHOSC. JHOSC unable to agree recommendations to Joint CCG Board.</p>	<p>Various over several years (Separate timetable available)</p>

			T&W Full Council referred decision to Secretary of State for review	
Review of Ophthalmology Services	Shropshire and Telford Hospitals (SaTH)	Y	Bought to JHOSC to review proposed service changes. JHOSC requested item return to Committee following engagement with service users	11/01/19 Possibly agreed to have email update in future.
Review of CAMHS (also known as BeeU Service)	NHS Telford and Wrekin Clinical Commissioning Group NHS Shropshire Clinical Commissioning Group.	Not fully – committee requested an indepth review of service user experiences now that new service has had time to implement changes Update following 24/6/19 – Chairs agreed to have an informal scoping meeting	Request from Shropshire Councillors. In depth review requested, including direct engagement with service users parents and other stakeholders (Schools, GPs) on their views of the service. Initial report bought to inquorate meeting, however, Karen spoke to author who was advised on the style and information the JHOSC need. Meeting on 24/6/19 – Members heard initial report with background information and requested more data. Chairs to have scoping meeting and advise CCG how they wish to move forward.	24/06/19
Urgent Treatment Centres	NHS Telford and Wrekin Clinical Commissioning Group	N	Request from CCG to review their consultation and engagement plan. CCG have indicated item needs to return to JHOSC	11/01/19 Possibly agreed to have email update in future.
Ockenden Review (Midwifery Learning)	NHS Telford and Wrekin Clinical Commissioning Group & NHS Shropshire Clinical Commissioning Group.	N	Independent Review into failings in the maternity department. Date of final report not yet know however, is expected to be soon. Level of scrutiny involvement will depend on outcomes of the report but initially at least the report should be brought to JHOSC	Will be dependent on when review is published ('Summer 2019')

Single Strategic Commissioner	NHS Telford and Wrekin Clinical Commissioning Group & NHS Shropshire Clinical Commissioning Group.	N	Following direction from NHSE / NHSI, proposals put in place by Shropshire CCG and Telford & Wrekin CCG to dissolve and reform a joint CCG. Substantial change in circumstances, given SCCG deficit and T&W positive balance. Jo Leahy at HWB stated item would be brought to Scrutiny.	June 2019
Primary Care	NHS Telford and Wrekin Clinical Commissioning Group & NHS Shropshire Clinical Commissioning Group.	N	Requested by Derek White Concern about the state of primary care across Shropshire, Telford and Wrekin. Members concerned that primary care is being asked to take on tasks following Future Fit without the resource to complete these. Links to GP Neighbourhoods Work completed by Telford HAC Scrutiny Committee 2018/19	May 5 th 2020
STP	NHS Telford and Wrekin Clinical Commissioning Group & NHS Shropshire Clinical Commissioning Group.	N	Members requested regular updates on the STP particularly the 'transformation' aspects of the plan. Members considering whether a single item agenda would be best to hear this, or to have rolling updates. Links in well with Primary Care	
Mental Health services for Children and Young People.	CAMHS	N	The Chairs requested an update into Mental Health provisions for Children and young people in the Shropshire.	16 th June 2020

Schedule of Meetings

Date of Meeting	Items on Agenda	Officers in attendance	Outcome
25 June 2019	<p>Transforming Midwifery Care</p> <p>Temporary closure of Shrewsbury MLU</p> <p>CCG Merger</p> <p>Mental Health Work Programme</p>	<p>Jessica Sokolov, Fiona Ellis, Debbie Vogler</p> <p>Jo Banks, Barbara Biel</p> <p>David Evans, David Stout</p> <p>Steve Trenchard</p>	<p>MLU – to return to committee at next meeting with outcome of engagement.</p> <p>Shrewsbury MLU – to update if any further changes</p> <p>CCG Merger – Regular updates and consultation with JHOSC required</p> <p>Mental Health – Initial brief of issue. Members would like to explore this area significantly more and will scope areas to explore.</p>
31 July 2019	<p>Maternity Services – Current Situation</p> <p>Ophthalmology Reconfiguration</p> <p>Transforming Midwifery Care</p>	<p>Jo Banks - Women and Children’s Care Group Director, SATH</p> <p>Barbara Biel - Interim Director of Nursing, SATH</p> <p>Tony Fox - Vascular Surgeon / Medical Director for Transformation The Shrewsbury and Telford Hospital NHS Trust</p> <p>Jessica Sokolov - Medical Director, Shropshire CCG</p> <p>Fiona Ellis - Programme Manager – Shropshire, Telford & Wrekin Local Maternity System Transformation</p>	<p>Confirmation that Royal Shrewsbury Hospital Midwifery Led Unit had re-opened.</p> <p>Return in roughly 6 months’ time for progress update.</p> <p>Reviewed Pre-consultation Engagement Report, Seldom-heard groups pre-consultation report and Equality Impact Assessment.</p> <p>Reviewed draft Communication and Engagement Plan.</p>

		Debbie Vogler - Associate Director, NHS Shropshire CCG.	
Date of Meeting	Items on Agenda	Officers in attendance	Outcome
2 nd October 2019	<p>Transforming Midwifery Care</p> <p>Single Strategic Commissioner</p> <p>Sustainability and Transformation Plan - Long Term Plan</p>	<p>Jessica Sokolov - Medical Director, Shropshire CCG</p> <p>Fiona Ellis - Programme Manager – Shropshire, Telford & Wrekin Local Maternity System Transformation</p> <p>Debbie Vogler - Associate Director, NHS Shropshire CCG</p> <p>David Evans - Accountable Officer NHS Shropshire CCG and NHS Telford & Wrekin CCG</p> <p>Pam Schreier - Head of Communications and Engagement, STP</p>	<p>Requested consultation documents for proposed model of care before consultation began.</p> <p>Request Outline of and time scales around plan for SCC</p> <p>Ask for STP director to attend in future, wanted to see summary of document to comment on Plan</p>
16 th December 2019	<p>Hospital Transformation Programme Update</p> <p>Transforming Midwifery Care Update</p> <p>Sustainability and Transformation Plan - Long Term Plan Update</p>	<p>David Evans - Accountable Officer NHS Shropshire CCG and NHS Telford & Wrekin CCG</p> <p>David Evans - Accountable Officer NHS Shropshire CCG and NHS Telford & Wrekin CCG</p> <p>David Stout - Interim Transformation Director, NHS</p>	<p>Verbal update on progress of HTP, asked for more solid and informative information moving forward.</p> <p>Requested more information on PCN's. Communication and</p>

	<p>Shrewsbury and Telford Hospital - Winter Pressures Planning</p> <p>Shrewsbury and Telford Hospital Progress Update Against Care Quality Commission Recommendations</p>	<p>Shropshire Clinical Commissioning Group</p> <p>Claire Old - Urgent Care Director for Shropshire, Telford & Wrekin</p> <p>Sarah Biffen - Deputy Chief Operating Officer, SaTH</p> <p>Bev Tabernacle, Interim Deputy Chief Executive for SaTH</p>	<p>Engagement Strategy come back to committee on separate occasion. Demand and capacity model related to adults only – wanted to see D&C model for paediatrics.</p> <p>CQC inspection finish in spring 2020, bring back to JHOSC.</p>
Updated 19/02/2020			
<p>2nd March 2020</p>	<p>Hospital Transformation Plan – S.O.C</p> <p>Reconfiguration of Ophthalmology services at SaTH</p>	<p>David Evans - Accountable Officer NHS Shropshire CCG and NHS Telford & Wrekin CCG</p> <p>Neil Nisbett - HTP Programme Director</p> <p>Written Response from Tony Fox - Vascular Surgeon / Medical Director for Transformation The Shrewsbury and Telford Hospital NHS Trust</p>	
<p>25th March 2020</p>	<p>Sustainability & Transformation Plan - Long Term Plan</p> <p>Transforming Midwifery Care / Maternity Stream (STP)</p>		

5 th May 2020	Sustainability & Transformation Plan – Primary Care Networks		
16 th June 2020	Provision of Child and Adolescent Mental Health Services (CAMHS) in Shropshire		

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Date: 7 February 2020

Dear David

We are writing to you following the meeting of the Joint HOSC in December and the media reporting on the increased costs of the Hospital Reconfiguration. Members of the Joint HOSC have identified questions they would like to ask on this and on the Pain Management Service and Midwifery Services.

Please could you arrange for responses to the following questions:

Hospital Reconfiguration

Please clarify the services and infrastructure that are included within your definition of the “clinical model”, and what will be excluded?

Please explain how the clinical model will be realised within the £312m budget?

Is there anything that will be left out of the capital plan to bring the project within the £312m? If there is, what will the impact be of doing this on the original scope of the Hospital Reconfiguration plans?

What is the cost of meeting these needs and how will that be met?

What is the value and volume of the maintenance backlogs at RSH and PRH and where will these costs be met from? What are the plans to deliver these and are they included in the budget for the Hospital Reconfiguration?

What does the phasing of works include and what are the impacts and implications of using phasing? For example, if work is scheduled in later phases is there a risk that this work will not be completed if funding comes under pressure?

Please can the Committee receive the Strategic Outline Case at least 5 full working days before their meeting in February to enable them to formulate further questions arising from that document, or if this is not possible please can you give a date by which the JHOSC could receive it?

Pain Management Service

Following previous consideration of the changes to the Pain Management Service the Committee would also like to receive confirmation of progress in the delivery of the changes and what the impact has been. In particular:

Have all patients been discharged from the service previously based at RJAH to the Pain Management Service?

Are there any patients struggling to cope with the new regime and how are they being supported?

Maternity Services

Are the CCG, as the commissioner of the Maternity services, assured that women and babies who are currently using local maternity services provided by SaTH are not being harmed or at risk of being harmed?

Please can you describe the assurance processes that the CCG rely on and explain the mechanisms that you use to monitor and measure this?

We would like to thank you in advance for providing responses to our questions. Once we have received them and considered them, we may wish to invite you or the relevant representative of your organisation to a future meeting of the JHOSC where we would like to ask further questions.

Yours sincerely



Cllr Karen Calder
Chair of Joint HOSC



Cllr Derek White
Chair of Joint HOSC