JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Thursday, 14 October 2021 at 2.00 pm in Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Present: Telford & Wrekin Councillors E J Greenaway, S J Reynolds and D R W White (Co-Chair).
Shropshire Councillors H Kidd and K Halliday
Co-optees: H Knight (Telford & Wrekin Council) and I Hulme (Shropshire Council)

In Attendance: Lorna Gordon, Democracy Officer (Scrutiny), Telford and Wrekin Council, Danial Webb, Overview and Scrutiny Officer, Shropshire Council, Mark Docherty, Director of Nursing, Quality and Clinical Commissioning – West Midlands Ambulance Service (via Remote access) Murray MacGregor, Communications Director, West Midlands Ambulance Service (via remote access), Steve Trenchard - Interim Transformation and System Commission Partner, CCG (via remote access), Derek Willis – Medical Director – Severn Hospice (via remote access) and, Amanda Holyoak, Committee Officer, Shropshire Council (minutes)

Apologies: Councillors D Beechey, J O'Loughlin and D Saunders

JHOSC6 Declarations of Interest

None

JHOSC7 Minutes of the Previous Meeting

The Committee noted that all outstanding minutes would be presented at the next meeting of the Committee.

JHOSC8 West Midlands Ambulance Service

The Chairman invited Mark Docherty, Director of Nursing, Quality and Clinical Commissioning and Murray MacGregor, Communications Director, both from West Midlands Ambulance Service to address issues that had been raised by the Committee, particularly in relation to closure of Community Ambulance Station sites in Shropshire.

Mr MacGregor outlined issues facing the service including the background to the closure of the Community Ambulance Station Sites.

He explained in detail how: only a small fraction of emergency incidents were responded to by crews at the local sites; all ambulances in the county were currently cleaned and stocked with supplies in Shrewsbury or Telford,

meaning crews at community stations needed to swap vehicles for those readied in the two main towns; how there were no spare ambulances located at community ambulance station sites, which meant if a crew was delayed at hospital, a crew coming on to relieve them would not have an ambulance to use. Crews also spent a whole shift travelling from job to job and did not have an opportunity to return to a community ambulance station site.
The delays caused by using community stations added up to up to sometimes over one and a half to two hours per shift and the closures had been expedited to help improve the poor performance of the service which was primarily caused by delays of ambulances at Princess Royal and Royal Shrewsbury Hospitals. Closing the sites would help improve performance with crews getting to more patients more quickly.

Mr MacGregor explained that the closures did not represent a substantial variation of service, meaning that there was not a legal requirement to consult on these, but the Ambulance Service did accept that it should have made contact with the Council earlier and he apologised that it had not done so. Members commented that hearing about the closures from the local media had caused anxiety.

He went on to explain that the main reason for poor performance was the number of ambulance crews delayed at hospitals with particularly high average waiting times at Princess Royal Hospital and the Royal Shrewsbury Hospital

The Chairman acknowledged that closing the buildings would free up more time but asked about the welfare of the ambulance drivers, eg, access to toilet facilities. He also asked about ambulances going out of county and Hospital Ambulance Liaison Officers (HALOs) whose role was to reduce handover delays for ambulance services which would help take over the patient allowing the ambulance to get back on the road.

Addressing the Committee's concerns that Shropshire Ambulances were going out of region, Mr MacGregor reported that the data provided for June, July, August and September showed that Shropshire had consistently been a net importer of ambulances into the county.

Responding to concerns about crew welfare raised by Members, it was reported that crews went from job to job and were no longer able to return to local stations to use the facilities. Crews were having to use toilet facilities at hospitals and in locations such as supermarkets.

Mr Docherty said that commissioners in Shropshire were one of the few in the West Midlands region who did not invest sufficiently in HALOS and that any HALOS in place were often at the expense of the Ambulance Service.
He said that half the ambulance fleet could be sat outside a hospital at one time. In the last eight years the average number of jobs that an ambulance crew did in a shift was around 12 but this was now under 3 per 12 hour period. The two hospitals in Shropshire disproportionately represented total delays in the region.

Mr Docherty expressed disappointed that meetings he regularly chaired on the issue were not attended by senior hospital trust staff. He felt a lot more could be done if organisations worked better together
Following the introduction by Mr Doherty and Mr MacGregor members went on to make observations and ask questions including:

Does closing the local stations make a difference to response time in rural areas?

Mr MacGregor confirmed that closing the Community Ambulance Stations would lead to an improvement in response times, generating 12 hours of additional ambulance time into the system every day – an extra crew. Money saved from the closures would also be invested in Shropshire.

What could the Committee do to help address the issue of delayed handovers at hospitals?

Mr Docherty reported on schemes at Warwick and North Staffordshire designed to take referrals and visit patients in their homes to deliver care which reduced conveyancing to hospital rates. There appeared to be greater appetite for clinical responsibility in these locations and he was not aware of any schemes in Shropshire that would help reduce over reliance on ambulance service and emergency departments. He felt the system was not working collectively to deliver solutions, and that one way that local authorities could help would be by addressing social care issues to facilitate hospital discharge. A Member of the Committee pointed out that Shropshire Council performed extremely well in preventing cases of delayed discharge.

Why did ambulances cross county borders and then not return?

Ambulances crossed county borders as the ambulance closest by would always be sent to every job. The model of dispatch was being changed and investments in staff in Shropshire meant that incidences of this would reduce in the coming weeks and months.

Was WMAS going to take up the offer from the fire service to allow crews to use facilities at retained fire stations in rural areas?

Mr MacGregor said this sounded as if it would be helpful and that it would be explored with the fire service.

The Chairman invited Steve Trenchard, Director of Transformation, CCG who had been invited to attend the meeting for the End of Life Care item to respond to some of the issues raised.

Mr Trenchard said all acknowledged that performance was not where it needed to be, but he did not think it was correct to say that the system was not working together on the issue. He drew attention to the Urgent Care Delivery Board and the Improvement Plan around emergency care. The CCG

had identified a dedicated improvement Director and a nationally mandated model was being rolled out known as the Rapid Response Model. He agreed that there were things that could be done differently, and these were included in the Improvement Plan.

Why was it taking so long to implement the actions in the Improvement Plan – was the delay caused by structures or finance or delays in government approval? Winter pressures are approaching quickly - can the Committee have sight of the plan and the timeline for implementation?

Mr Trenchard confirmed the Plan was in place and that keeping people away from the hospital front door underpinned the redesign of all pathways. He agreed to supply a copy of the Plan to the Committee and ask Sam Tilley, Director of Planning to provide information on target times.

Why does WMAS not seem to be aware of the plan and timeline?

Mr Trenchard confirmed that there was a working group overseeing the Plan and that the Ambulance Service had membership of this.
Mr Docherty acknowledged that there was a plan but felt time was running out to implement it with winter rapidly approaching and that there were quick pragmatic solutions that could be implemented quickly, eg in relation to who used the entrance to the Emergency Department at RSH. Brave decisions would need to be taken quickly to address winter pressures. Three significant areas where improvements could be made were: reduction of reliance on ambulance service; maximisation of the number of first responders; proactive communities who checked that frail residents were warm, hydrated, and able to access food and supplies

Was the demand on the Ambulance Service a result of issues related to accessing primary care?

Mr Docherty reported on anecdotal evidence from patients who said they had difficulty accessing primary care and also that some have not even tried, having made an assumption about how accessible primary care would be. Undoubtedly, more accessible primary care would help as this was where many patients needs would be best served.

A Member raised the issue of the location of the Ambulance Hub in a congested part of Shrewsbury close to two secondary schools and a residential area, and suggested that a better site would further improve both safety and performance times.

At the conclusion of the discussion, the Chair said that the Committee had no concerns regarding the closure of the community ambulance stations which would result in an improved service. He confirmed that the Committee wished to see the Improvement Plan with timelines attached as soon as possible, and to further pursue the reasons for ambulance delays at the hospitals and also why it appeared that suggestions offered by the ambulance service were not being taken on board.

The Chairman thanked Mr Doherty and Mr MacGregor for attending the meeting.

JHOSC9 End of Life Care Review

The Chair welcomed Professor Derek Willis, Medical Director, Severn Hospice and Steve Trenchard, CCG to the meeting.

Professor Willis explained that he chaired the End of Life Group for Shropshire and Telford and Wrekin and that this now would be linking directly into the Integrated Care System (ICS). He highlighted two areas of real progress, firstly the implementation of the Respect Document which now applied in all settings in Shropshire. It had been designed to record the wishes of patients and was making a real difference to patient care, avoiding the need for repeat conversations.

He went on to describe the Advanced Care Plan Document which followed the patient in all settings, and had been very successful in reducing uncertainty, preventing unwanted treatment and hospital admissions and helping determine future goals for end of life.

Mr Trenchard thanked Professor Willis for his work and leadership in achieving this progress. He reminded the Committee of the background to the End of Life Care Review describing each of the phases, the process and governance and the pathway key actions identified. His presentation covered outputs to date, next steps and whether the four questions identified in phase 1 of the review were answered satisfactorily.

Professor Willis went on to describe the work and training to help embed best practice end of life care across the county and members asked questions about how progress could be measured and how it would be known it was working. It was hard to measure but talking to people with lived experience would help, and more compliments and less complaints would be expected along with a positive CQC assessment.

Professor Willis confirmed that those who supported carers of those near end of life were represented on the End of Life Group. The hospice had a 24 hour helpline and Shropdoc also had a dedicated line for those identified as having end of life needs. He acknowledged that it could be confusing where to go for general help.

A Member provided an example of how a recent end of life request had not been accommodated. Whilst being sorry to hear that story, Professor Willis said that he respect form should reduce instances of people's wishes not being taken into account. A learning from deaths group had been set up to review cases such as this.

Members asked how it would be known that implementation of the respect form was working and Professor Willis reported that there was a 60%

completion rate and it was a nationally recognised document. Mr Trenchard said clear metrics and a strategy would help demonstrate success at a future meeting of the committee.

The Committee thanked Mr Trenchard and Professor Willis for attending, welcomed the excellent progress and asked for a further update in about a year's time.

JHOSC10 Work Programme

The Committee noted proposals for the work programme which would be updated as necessary as required. It was confirmed that the Committee wished to explore further the reasons for ambulance delays at the hospitals and receive an update on end of life care in 12 months time.

JHOSC11 Co-Chair's Update

None

The meeting ended at 4.17 pm

Chairman: .....

Date: Monday, 22 November 2021