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 17 December 2018 10.00am at Meeting Point House, Southwater Square, Telford

Members Present:

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton
Telford and Wrekin Councillors: Andy Burford (Co-Chair), Stephen Burrell, Rob Sloan
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders
Shropshire Co-optees: David Beechey, Paul Cronin

Ohers Present:

David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council
Amanda Holyoak, Committee Officer, Shropshire Council
Rod Thomson, Director of Public Health, Shropshire Council
Danial Webb, Scrutiny Officer, Shropshire Council
Sir Neil McCay, Chair, Shropshire, Telford and Wrekin STP
Simon Freeman, Chief Officer Shropshire CCG
Simon Wright, CEO, Shrewsbury and Telford Hospital Trust
Julian Povey, Chair, Shropshire CCG
Debbie Volger, Future Fit
Louise Jamieson, Shrewsbury and Telford Hospital Trust
Nicky McGrath, Shrewsbury and Telford Hospital Trust
Phil Evans, Shropshire, Telford & Wrekin STP
Andrew Tapp, Shrewsbury and Telford Hospital Trust (Part)

1. Apologies for Absence

No Apologies were received.

2. Disposable Pecuniary Interests

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

3. Minutes of the last Meeting

It was noted that the minutes of the meetings held on 26 November 2018 were approved. The minutes from the meeting on 3 December 2018 were deferred for consideration at the next meeting.

4. Future Fit

The Co-Chair confirmed the purpose of the meeting was for the JHOSC to consider the Future Fit Process and to provide their feedback on the consultation. It was noted that the members from the two Councils may have differing opinions.

Sir Neil advised that he had recently been appointed as the Chair of Shropshire, Telford and Wrekin STP. The STP oversaw the development of plans for the future, but considered more than just hospital services. The ambition of the STP was to provide the highest possible quality of care, and although Future Fit was not the only part of reaching this ambition, it was a crucial role.

Members received the presentation in respect of stroke services, which had been centralised at PRH for some years. There were some issues in respect of the service, such as delays from A&E, lack of therapists and there being only one CT scanner at PRH, however, work was being undertaken on this.

In respect of travel and transport, the Committee were informed that there were two streams, one looking at ambulance modelling and the other in respect of general travel. The specific criteria requested previously around both non-emergency patient transport and the travel costs scheme were included in the presentation.

Members requested information in respect of lessons learnt from the consultation process. It was noted that a more substantial piece of work would be undertaken in respect of this at the end of the process, however, some initial points were included in the presentation.

A discussion took place and members asked the following questions.

The stroke service could not wait for Future Fit to be implemented before the improvements took place. What measures were being put in place?

Mr Wright agreed that this could not wait for Future Fit to be implemented and work was ongoing. A clear set of actions had been developed, although some were strategic, the majority were not and could be implemented more quickly. A business case had been developed for an additional consultant, discussions were being undertaken regarding therapists providing 7 day cover and an additional business case was being developed for improvements to radiology at PRH, including the procurement of an additional CT scanner.

What was the direct pathway for stroke services? If a patient had a letter from a GP, could they bypass A&E?

Mr Wright advised that direct access was not currently in place, however, contingency plans had been drawn up following the previous announcement of the temporary overnight closure of A&E which included direct access. These pathways would still be implemented, and this was likely to be in the next few weeks.

A discussion was held in respect of the 'golden hour' and the additional training and resources that had been put in place by West Midlands Ambulance Service.

Mr Wright advised that WMAS were one of only a few trusts which provided a paramedic in each ambulance. A discussion took place on the general awareness of strokes and

Members were assured that if a patient needed to be thrombolysed, they would not wait in A&E for this.

A discussion was held in respect of clinical outcomes and delays in ambulances reaching patients. For example, it could take two hours for an ambulance to reach parts of rural Shropshire. The committee had asked for a report on several occasions relating to this.

It was noted that this data would be collected by West Midlands Ambulance Service. It was agreed that this report could be looked into, although the Committee acknowledged it would not be a short piece of work. It was noted that the complexity of the patient would need to be taken into account and the context of their admission.

Dr Povey noted that there had been a dramatic change in stroke services over the past 10 years. Shorter strokes, such as TIAs, were being seen more and centralisation of the service had improved the service offered to patients.

The Co-Chair noted that the stroke services had been raised as an example of centralisation. Members were pleased to hear that steps were being taken to improve the service.

In some areas, public transport was non-existent, and some areas did not have a direct route to either RSH or PRH.

Mr Evans acknowledged the transport difficulties in rural areas, but stated that the Travel and Transport Plan could not solve all of the travel difficulties in rural Shropshire. In terms of mitigation, these were in regards to transport between the sites. It was noted that this work went together with the digitalisation of healthcare and minimising the need for patients to attend hospitals. It was also noted that the Travel and Transport Group met every four weeks and there were no plans for this to discontinue.

In respect of non-emergency patient transport, members stated that there should be an additional criteria for an escort when the patient had an emotional need for one, as well as when there was a medical need.

It was noted that this service was commissioned by the CCGs and was currently under review.

Where there plans to engage stakeholders who took part in the consultation.

The Stakeholder Reference Group would continue and consultation would continue with seldom heard groups.

Equalities Impact Assessment

Members discussed out of hospital strategies and felt that this should have been done first, the document did not feel like a plan, it was aspirational and a statement of intent. Members sought assurances that the correct priority was placed on this work and that the plans would be developed.

Members discussed the Call to Action and noted one of the actions from this was that acute services were not changed in isolation, as primary care services were interdependent.

Mr Freeman said that plans were in place and the CCGs had been working on this. A discussion was held in respect of joint working between the authorities, although it was noted that the authorities had different challenges.

Following discussions with GPs, positives had been raised in respect of some work, however, concerns had been raised that there were no additional resources for this work and it was being undertaken on the top of the 'day job'.

It was noted that the public health responsibility sits with the Local Authorities, not with the CCGs, however, it was noted that too much money was spent on acute care. The solution for heath care nationally was a different service model, focused on prevention and self management, with fewer admissions to hospital. It was noted that delivery needed to be different for urban and rural areas, as some schemes worked well in urban areas, but did not in more rural locations. Sir Neil stated that the bedrock of the system needed to be out of hospital care, and when significant effort had been put in in other locations, this had shown significant reductions in hospital admissions. He advised that he had been encouraged by the work he had seen, although acknowledged that there was a lot of work left to do. Mr Freeman stated that the long term financial plan included this work and resources were there for the future.

Residents of Powys were a large percentage of the trusts catchment, what work had been undertaken with Powys in respect of this?

Members were advised that a similar model was being developed in Powys and a similar paper was available for Powys, which would be shared with the committee.

The Shropshire and Telford and Wrekin plans could not operate in isolation and some members requested closer working between the two authorities in respect of this.

Some GP practices had seen their funding cut and additional services had closed at these surgeries.

It was confirmed that funding to practices had been realigned to ensure equal funding, however, other than this, practice funding had not been cut. Dr Povey noted that primary care was not just delivered in GPs, but by pharmacist, nurses and outreach workers. It was also noted that each practice had its own needs.

Members noted that the Travel and Transport plan was 'woolly'.

Mr Freeman stated that the work was completed by ORH, who were a respected firm in respect of this work. Similar impacts were seen for both options.

The concerns expressed by the public were predictable and some Members raised concern that the travel and transport information had not been made available during the public consultation period. This left significant anxieties for the public. It was felt that the mitigation plan was aspirational and the document did not contain any practical details of what could be implemented.

Ms Volger stated that the plan was not different to any other scheme of this type. It was noted that the plan will strengthen. Mr Evans stated that the X5 bus was one potential for improved access to both hospital sites. It was noted that there were difficulties in tickets

between England and Wales, as well as between bus and trains, which would take time to sort. It was also noted that concession tickets did not begin until 9.30am.

A discussion was held regarding the scheduling of appointments. Mr Wright advised that it was hoped that the day case list could continue until 10pm in the future, which would mean patients not having to arrive so early in the morning, which can be difficult if arriving by public transport. A new booking system was in the process of being implemented at SaTH, and it was hoped this would be more agile. It was also noted that many outpatients' clinics also take place in community hospitals, and these could be promoted more.

Some Members raised their concern that the public consultation had asked the public if they agreed with the options presented. The large majority of the public were opposed to the preferred option. Did the Future Fit team agree that they should have communicated the model more effectively?

Other Members disagreed and stated that the evidence showed that there was only one viable option, which was the preferred option. Other Members disagreed with this, as both options consulted on were considered viable by the CCGs.

Members felt that work needed to be completed to convince the population as they were not behind the proposals.

Members expressed their concerns regarding finance, although they acknowledged the CCGs comments previously that they had not heard anything to advise that the funding would not be provided.

Some Members did not think the consultation was adequate due to the steps being taken currently. Some Members did not believe that the comments made during the consultation were being taken on board. Concerns were expressed that the Gunning Principles were not being followed, especially following the comments made by the CCGs that the consultation contained 'nothing that would make us change our minds'. Members raised their concerns regarding clinical outcomes, should the Women and Children's Unit move to Shrewsbury, and the mitigations proposed in the plan, given that Telford had significant areas of deprivation.

Other Members stated that the mitigations for both options were very similar. Shropshire Members expressed that rural deprivation is hard to measure and felt that the number was greater than in Telford and Wrekin.

Ms Volger stated that agreement with the options were dependent on where people lived, with a high percentage of respondents from Powys and the Welsh boarders agreeing with Option 1, and a high percentage of respondents from Telford and Wrekin agreeing with Option 2. Ms Volger said that they were still in the conscious consideration phase.

Some Members raised that a further question was also asked as part of the public consultation and that was about the impact on residents. It was this information which would be taken into account. Other Members stated that the first question asked if residents agreed with the proposals, and they gave a clear view.

Mr Evans advised that they had not received any notification to suggest that the £312million would not be underwritten by the Treasury.

Members asked if the Trust were expecting any movement of patients to other trusts following the reconfiguration.

Mr Wright advised this had been looked at but most patients are most concerned about waiting times and that the most modern techniques were being used. It was noted that patients from outside the area may wish to use the Trust's services.

Members asked if there had been serious consideration given to other models which had been proposed during the public consultation, for example the Northumbria Model and the model put forward by Shropshire Defend our NHS.

Members noted the Northumbria comparator document that was included as part of the public consultation, but felt this did not reflect the model which had been proposed. The report provided by the CCGs focused on acute services.

Members were assured that if any specific models had been proposed that they would like the CCGs to look at, they would ensure this happened.

Ms Volger advised that the Northumbria model was not financially viable so had been discounted as an option, although elements of the model had been included in the proposals. In respect of the proposals put forward by Shropshire Defend our NHS, it was considered that there was nothing new in the proposals apart from the inclusion of two A&Es, which was not possible.

The Chair asked if any members of the public wished to ask questions.

The consultation findings showed that the public did not support Future Fit, and asked that Members of the committee work together to establish a common strategy.

A request was made for the ambulance modelling data to be published, as it was promised to be released as part of the consultation.

Mr Freeman advised that this would be published as part of the Decision Making Business Case in January 2019. Ms Volger advised a summary had been published.

There were still unanswered questions about the numbers of medical beds, nurses, therapists and other staff groups. Misleading impressions had been given in respect of the whole system approach. A request was made for the draft plans of phase three of Shropshire CCGs plan. The consultation showed that Future Fit had completely failed to convince the public of the model.

Mr Evans advised that a written response would be provided.

The county was split regarding the Future Fit programme and a compromise was needed to make the proposals acceptable to most people in the county.

Dr Povey stated that a new model was needed for the future of hospital services in the county, otherwise, there was a risk the system would deteriorate. It was not possible to go back to the drawing board.

5. Proposed Next Steps for Joint Health Overview and Scrutiny Committee

The Co-Chair advised that the Committee's written response to the consultation would be prepared.

6. Co-Chairs Update

The Co-Chair advised that the next JHOSC meeting was scheduled for 11 January 2019 in Shrewsbury.

The meeting concluded at 12.29pm.

Chair: _____

Date: _____