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 3 December 2018 10.00 am – 1.27 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

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

Others Present:
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Senior Responsible Officer - Future Fit and Chief Officer Telford and Wrekin CCG
Fiona Ellis, Commissioning Lead, Women and Children, Shropshire
Simon Freeman, Senior Responsible Officer - Future Fit and Accountable Officer Shropshire CCG
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Jessica Sokolov, Deputy Clinical Chair, Shropshire CCG
Francis Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford & Wrekin CCG
Pam Schreier, STP Communications and Engagement Lead
Rod Thomson, Director of Public Health, Shropshire Council
Debbie Vogler, Associate Director, Future Fit
Andrea Webster, Senior Programme Manager, Future Fit
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council

1. Apologies for Absence

Apologies were received from Paul Cronin, Shropshire Co-optee.

2. 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. Councillor Madge Shineton declared a connection with the Health Concern Wyre Forest Group.

3. Minutes of the last Meeting

It was noted that the minutes of the meeting held on 26 November 2018 would be presented at the 17 December 2018 meeting for approval.

4. Midwifery Led Services

The Chair welcomed Dr Jessica Sokolov, Deputy Clinical Chair, Shropshire CCG and Fiona Ellis, Commissioning Lead, Women and Children, Shropshire CCG to the meeting.

They provided a presentation updating the Committee on the Shropshire, Telford and Wrekin Midwife Led Unit Review. This covered: options development and appraisal; Identification of hub sites; the NHS England Assurance process; Feedback received from a stakeholder feedback event held on 24 October and next steps. The critical path diagram indicated Joint HOSC input on three occasions in 2019. A copy of the presentation is attached to the signed minutes.

It was confirmed that the 12 week consultation period but this would not take place until after the the Borough of Telford and Wrekin elections in May 2019. It was hoped the consultation would be as early as possible but could be as late as the summer holiday period.

During discussion, Members made observations and asked tquestions:

- SATH has recently agreed to extend closure of MLUs for a further year – how will that impact on proposals?
- What will the public consultation look like?
- Was it envisaged that there would be a preferred option set out in the consultation?
- The number of hubs was likely to be a key issue of debate with rural Shropshire and high levels of need in some Telford areas with critical issues around maternity.
- Was data was likely to be skewed on use of Consultant Led Units (CLU) and Midwife Led Units (MLU) as many had not booked in to a MLU due to availability being unreliable?
- The list of services to be offered from hubs included areas covered by Public Health funding, for example, obesity and smoking cessation. What will be consulted on if public health funding no longer covered these areas? Could there be long term risks to health safety and welfare if proposed cuts to the Public Health budget took place?
- To what extent would Independent investigations into Maternity Services influence thinking?
- Clarity of the role of General Practitioners would be required
- Would the public consultation fall within the summer holiday period. Were there any lessons to learn from the timing of the Future Fit consultation?

In response, CCG officers clarified that:

- Closure of the MLUs on safety grounds did not impact directly on the review which was a distinct process. However, the inability to staff the current model had been a driver for the review. The MLUs did not currently births and postnatal stays but were open to provide other services.

- Advice on the consultation was being sought from the STP Communications and Engagement Team and the intention was to conduct as exhaustive a consultation as possible. The consultation plan would be presented to the Joint HOSC for its input. A preferred option would be identified but all clinically and financially viable options would be included.

- It was hoped that discussion around hub locations would not be divisive, the review area was all part of the same system within the STP footprint. A huge amount of information had been collected for over 10 years on trends for birth preferences, before temporary closures had become necessary and also on the level of need in Telford and Wrekin and Shropshire. All recommendations would be evidence based. It was also pointed out that the current configuration was inequitable.

- Public health funding was a key concern for CCGs in keeping women and babies health and well, particularly in relation to smoking and obesity. It was not clear yet how this would be resourced but there was a joint programme and care would be taken to ensure there was no duplication. All of these issues would be considered together. The Chair reported that Shropshire's Health and Adult Social Care Overview and Scrutiny Committee had requested impact assessments on the proposed public health budget cuts.

- The reporting date for the Ockenden review had been moved back several times already as the investigation had expanded. It had been decided not to delay the CCG's MLU review to await an outcome but if any changes were subsequently needed then they would be addressed at that time.

- Patients were saying that they wanted GPs to be more involved in maternity care and they had been identified as having a key role in co-ordinating health and liaising with services on behalf of mother and baby patients. In recent years there had been a shift in maternity care being provided exclusively by midwives and this had led to GPs not being as confident in delivering these services. Although it was not envisaged that GPs would be located in hubs, better communication was envisaged. A key message had been that there was now too much emphasis on the birth plan and not enough on becoming a family.

Dr Sokolov added that nowhere else in the country had five midwife led units for a population the size of Shropshire's and there were many other ways of delivering services. The review would outline a case that would be sustainable and delivered good outcomes.

The Chair thanked Dr Sokolov and Ms Ellis for the update. She asked that responses to questions raised at the 24 October stakeholder meeting be made available for Joint HOSC members. The Committee looked forward to receiving the draft consultation plan at a future meeting.

5. Community Learning Disabilities Health Services in Shropshire, Telford and Wrekin

The Chair welcomed Frances Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford and Wrekin CCG. She presented a paper to members (copy attached to signed minutes) which outlined the learning disabilities services locally, the proposed process to move to a new model and the impact that would have on a cohort of individuals who accessed Oak House for carer respite.

The new model would involve closure of the Oak House bedded unit and the money being reinvested in an intensive health outreach service. This would support a more comprehensive and effective community service, reasonable adjustments for people with Learning Disabilities in GP practices, acute hospitals, and alternative respite provision. Support for carers of people with mental health needs would be part of the new model.

Proposals going forward included each Oak House individual and their carer/s having a face to face assessment to consider the impact of any closure. This would include access to day care, respite options including the amount and impact of that respite and any financial implications. This information would be reviewed and a forward plan developed for each individual. Key principles for these plans were set out in the report.

It was agreed that the plan could be made available to the JHOSC prior to any decision to close Oak House. Individuals would also have another face to face meeting to discuss their plans and implementation phase of the plans prior to any closure. Members noted that the service had been under review for at least 16 years and it did not fit the idea of living an ordinary life.

The Chair referred to the recommendation in the report and clarified that the role for the Committee lay in consideration of the consultation process and that the CCG Boards would make any decisions. She referred to the key principle identified that individuals would not be penalised financially and questioned how long this protection would remain in place for. Members also welcomed the principle of living a normal life but did not want to see elderly carers suddenly losing respite opportunities and were concerned that work on capacity was undertaken before any beds were taken out of the system. Ms Sutherland explained that alternative bedded provision would likely be in a bedded unit such as a care or nursing home specially trained to support those individuals. There would be more flexibility in the new model.

Members asked if it was intended that the £1m saved in maintenance costs would be directly invested in the service. Mr Evans emphasised that this was not a cost saving exercise, but one of finding more focused solutions for a small but important and vulnerable group of individuals. Both CCGs would be very sympathetic when looking at budgets in the future and would ensure there was no simple cost transference.

The Committee agreed that plans to date appeared to be fair and proportionate and asked Ms Sutherland to return to the Committee with an update once the next stage was complete. In response to a question about the timeframe, she said that NHS clinicians and social workers would talk to individuals and until that had been done it would be difficult to provide a timescale.

Members looked forward to an update as soon as possible, and asked for as much information as possible, bearing in mind the need to anonymise any information presented to the Committee.

Ms Sutherland was thanked for attending meeting.

6. Future Fit

Simon Freeman, David Evans, Debbie Vogler, Pam Schreier and Andrea Webster were welcomed to the meeting for the Future Fit item. A presentation was made to Members (a copy is attached to the signed minutes). The Committee asked that any future presentations be made available prior to the day of the meeting.

It was agreed to structure discussion under the headings of each of the papers before members. The comments and questions of members of the Committee are set out in italics below.

Consultation Findings Report

How will the product of consultation be conscientiously taken into account when finalising the decision, when 65% of respondents had disagreed with the preferred option. Would the response be related to mitigation and assurances only or be more open minded.

Mr Evans said that it had always been made very clear that only clinically sustainable and financially viable options would be consulted on. Other viable options could have been identified through the consultation but none had been.

Members had heard that some alternative options had been proposed through the consultation.

Mr Evans said that options raised through the consultation, for example a new hospital between Shrewsbury and Telford, and proposals based on the Northumbria model had been raised and responded to previously. He reminded members that over 40 options had been considered in 2014, some of which had related to a single centre but none of them had been affordable. The Northumbria model had been raised and subject to a report commissioned by SATH. Other suggestions raised through the consultation were related to tweaking or modification of the options suggested, and more community care and outreach

Will there be a response made to substantial responses made to the consultation, for example, that submitted by Shropshire Save Our NHS.

There had been 34 large submissions made, including that from Shropshire Save Our NHS, and those contributing them had been approached for permission to share those responses publicly. These would be added to the Future Fit website and would form an appendix to the full decision making business case.

Was there confidence that capital money from the Treasury was still secure?

There was confidence that the Treasury had underwritten the capital money.

What is the definition of Shropshire used in the 'demographic highlights' slide of the presentation – was there confidence that this was the right definition and right approach? Some Telford and Wrekin postcodes would be outside the Telford and Wrekin Unitary Authority.

Mr Freeman said that the term Shropshire in this slide referred to the Unitary authority of Shropshire and all those resident in it, including Shifnal and not just those in the hospital catchment. Future Fit was about looking at how to best meet the needs of the whole population through a whole system.

There were lots of comments in relation to telemedicine – did this mean the Future Fit model was now out date?

Why was the word 'however' used only in relation to the Telford and Wrekin population, what was this intended to convey? (pages 22, 23, 40)

Mr Freeman said that the report was authored by Participate who were completely independent of both CCGs. *The Committee requested that a response to this question be brought to the 17th December meeting*.

What assurances did the CCGs ask of Participate to ensure their report was an accurate reflection to the responses provided.

Participate were an independent company, and had been involved in numerous similar consultation exercises previously. Clear terms of reference had been set and both CCGs had confidence that the report accurately reflected the responses received. There had not been any surprises and the main themes including travel and transport were the ones which were expected to have emerged. Ms Schreier confirmed that she personally had looked at all of the responses.

Two separate reports had been written by the Programme Team on large responses and any comments received that had not been submitted on a survey form had been summarised in a separate report.

It was confirmed that details of mitigations would be available for the meeting on the 17th December. Drafts would be considered by CCG Boards in the next week but they would be updated during the implementation period.

The Co-Chair said nothwithstanding the emphasis that the consultation did not represent a vote or referendum, was there any feedback on the weight of the response rejecting the preferred option,or was this simply seen as a need for mitigation.

Mr Freeman commented that moving services would always be unpopular and if the position was reversed, the same level of objection would have come from elsewhere. It was not a vote, but about clinical evidence supporting the right services and clinical outcomes for patients.

Mr Evans said it had been made very clear before, during and after the consultation that what was important was understanding of the impact on individuals, families, work colleagues and communities and the consultation had clearly asked what the impact would be, whichever the preferred option. Ms Vogler reiterated that the model needed to improve services for the whole population and the equalities impact work had shown that this would happen, although there would be a need to provide mitigation for smaller groups.

Would the Future Fit Team agree that there had been a communications problem around the consultation

Ms Vogler said that every effort had been made to articulate the difference between Urgent Care and Emergency Care and that some people felt this had not been done effectively in some cases. Mr Evans said more work could be done on explaining the range of conditions.

Some members stated that population growth and deprivation were not just urban issues and that a balanced approach was needed.

Mr Freeman referred to the national deprivation definition. The Director of Public Health drew attention to a March 2017 LGA and Public Health England publication which identified that the government underestimated levels of and the effect of poverty and deprivation in rural areas. It was agreed to circulate the link to this publication after the meeting.

The presence of clinicians at some Future Fit events had helped those present to understand the background to the consultation. Whilst noting the pressure on clinicians, the Committee felt it would be very useful to have clinicians present for the next Joint HOSC meeting

The Women and Children's unit had only opened four years at a cost of £28m. How would issues related to its move be mitigated

Mr Freeman said the relative capital costs of the two builds was not the basis of the decision. The issue option appraisal was based 50% on cost and 50% on non-financial assessment and an Independent Review had said this was a robust process. This would not be revisited. The Unit was a modular building and could be used for other purposes. Ms Vogler said mitigation plans would be put in place where there was a differential impact.

People of working age had not participated as much in the consultation and had been prohibited from doing this in the day time.

It was acknowledged that people of this demographic could be difficult to reach but a number of evening meetings had been held to accommodate people of working age and information had been handed out at train stations at the suggestion of a member of the JHOSC.

The Chair said the Committee would need to comment on whether the consultation process had been fair, and reached as many people as possible. At the halfway stage the Committee had felt that this was being done well, the list of people and

groups the Team had conversed with and pop up meetings was extensive. She was of the opinion that no more could have been done and from what she had seen this had been an example of a good consultation to date.

Summary of Key Stakeholder Organisation responses

Bullet point summaries were set out in the paper but it was confirmed that these responses would go forward in their full format as an appendix to the decision making business case.

Summary of Individual Responses to Future Fit Consultation

This section provided information on the detailed letters and e-mails received from individuals. The report would feed into the conscientious consideration phase and provide CCG Boards with overview of feedback from individuals, main themes of feedback and a document to support a discussion on any potential material issues for consideration and any mitigation required.

Members referred to comments that centralisation of stroke services had not been a success.

Mr Evans said the national evidence base showed that centralised services resulted in better outcomes for patients. Stroke services were already centralised and did not appear to have been improved as much as they should have done. Reasons for this would be brought to the 17 December meeting but were likely to do with equipment not being fit for purpose and lack of a seven day service.

Draft Equalities Impact Assessment Report

The Draft Equality Impact Assessment examined if any protected characteristic group or other vulnerable group were likely to experience any disproportionate impact from the proposals, and paid particular attention to the nine protected characteristics under the Equality Act 2010 and four additional groups: people living in rural areas; people living in areas of deprivation; carers and Welsh speakers, as a first language. The document would be taken to the December Board meetings of the CCGs and form part of the decision making case, and be considered by the Joint committee of the two CCGs early in 2019. An element of realism would be required as not all circumstances could be fully mitigated but reduced to some extent.

A member requested that the full EIA be provided to the Joint HOSC for consideration.

Ms Vogler confirmed that the EIA was an ongoing piece of work, and was a lengthy document containing much data. It was confirmed that both Joint HOSC Chairs had seen the full version and also the Directors of Public Health of both Local Authorities. It was currently an aspirational document and talked about how mitigation work could be undertaken and how. If mitigation action was to be taken it would have to be affordable, practical and sustainable.

Concern was expressed that over time some of this work might get diluted or lost and that mitigations might not be strong enough, especially where addressing small parts of what were big problems, eg those related to transport.

Had the four recommendations for inclusion in mitigation plans set out on page 16 been fully accepted?

This would be a decision for the Programme Board and then the Joint Committee. The Chair observed that the STP would need to get to grips with addressing some of these issues.

Travel and Transport Draft Mitigation Plan

Members considered proposed solutions to travel and transport issues identified through a variety of means, including the Participate Report on the consultation.

Why had the threshold for eligibility for non-emergency transport changed?

Mr Freeman agreed that more information on non-emergency passenger transport and eligibility criteria would be brought to the meeting on 17th December. He understood that the criteria had not been changed but was now enforced properly. He reported that the current service was commissioned by the CCGs but from next April the contract would be managed by the Trust.

It was also agreed that details of how to access help towards the cost of travel would be brought to the meeting, especially as this was currently underclaimed.

It would be important not to rely on the Voluntary Sector for transport - volunteers were ageing themselves and new volunteers were not coming forward. Many areas did not have a voluntary car scheme. It was also important to remember that people travelling often needed a carer with them.

Mr Evans said that mitigations would be put in place to address change to the way services were delivered but not in response to the general challenge of transport already faced in Shropshire.

A travel and transport set of proposals to mitigate the effect of changes should have been in place for the consultation as it was known that this would be of public concern from the outset. Issues regarding border issues and concessionary fares should be taken into account.

Mr Freeman said that the impact was surprisingly small. Attempts had been made to engage the wider community in terms of wider transport issues but this had only been partially successful.

Telford and Wrekin Neighbourhood Working Programme

The Chair commented that this was a useful and easy to read document which described what was going on well.

The Co-Chair reported that the Telford Health Scrutiny Committee had recognised how valuable some of this work had been in Telford and Wrekin and applauded the direction of travel. However, it had identified some sceptism, including from GPs, about how much impact it could have and also some structural issues which would need to be addressed across organisations. There also appeared to be some gaps in staff, particularly as those undertaking projects often had day jobs. The extent of the impact assumed in the Future Fit model of this work had not been seen so far.

Mr Evans acknowledged the significant challenge at hand. He referred to a recent pilot programme in Telford whereby a paramedic with rapid response team had helped prevent 60 ambulance journeys to hospital over a four week period. Small scale wins through admission avoidance would help to make the incremental steps needed to achieve the vision. He acknowledged that there was a long way to go over the next 5 years but he was also confident it could be done and that necessary resources would be available. He also referred to evidence that investing in the third sector could often provide more value.

Shropshire Care Closer to Home Transformation Programme Update

The Chair commented that the Telford and Wrekin document had been much easier to read. The Shropshire update contained lots of figures and assumptions in terms of reductions. The Chair also felt that the Telford document reflected a feeling that 'we' referred to both Telford and Wrekin Council and CCG but this was not reflected in Shropshire.

Why had there been difficulties engaging stakeholders in the phase 3 design sessions, referred to in the 'corrective actions' section and why was progress behind the timeline?

Dr Sokolov explained that there had been difficulties with this phase of the work due to work on the Winter Plan. She also explained that the data had been provided in order to help allay fears about a bed gap. Mr Freeman said that the Shropshire Out of Hospital Programme faced challenges that Telford and Wrekin did not, including ageing infrastructure, and delivery over a vast area.

Reference was made to the use of an independent health consultant by Shropshire Council and Shropshire CCG to facilitate working together.

Dr Sokolov also reported that the Shropshire closer to Home Programme Board included representatives of the Acute Trust, Mental Health Trust, Acute Trust, Public Health, voluntary organisations, Local Authority and patients. Work over the last three years had included introduction of Community and Care Co-ordinators into every GP practice, and social prescribing pilots across the county. These were all ongoing and the local authority led on social prescribing.

She reported on three phases in the closer to home work – fraility front door, rapid response in the community using skills from the secondary sector, and social prescribing.

A member expressed concern that officers working on social prescribing at Shropshire Council had recently been issued with redundancy notices.

It was agreed that the more public facing document be presented to the meeting on the 17th.

Questions from Members of the Public

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

Questions and comments were made in relation to paperwork that had been available at the recent Programme Board meeting, and whether those present had been given full access to full copies of responses to the consultation.

Ms Vogler confirmed that access had been available to all of the documents and these would be added to the website once those had submitted them had given permission.

Another member of the public expressed the view that people living in rural areas were routinely discriminated against when services were reconfigured.

In response, officers said there would be impacts in terms of travelling but the gains would be better outcomes.

Another member of the public felt that the consultation should have also covered maternity, community and mental health services as well as acute services, and another felt that there as a lack of imagination in proposed solutions to transport and travel problems.

The Chair observed that the Committee was able to comment and ask questions about the consultation process, whether it had been fair and equitable and whether people had been able to access it.

NHS officers reminded all present of the Assurance process that the Programme had travelled through to date, including that set out by NHS England and the West Midlands Clinical Senate.

The Chair encouraged anyone with outstanding questions to contact her and the Co-Chair ahead of the next meeting on 17 December 2018. She thanked all committee members, officers and members of the public for attending.

The meeting concluded at 1.27 pm.