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 Friday 11 January 201 10.30 am – 1.25 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

Shropshire Councillors: Karen Calder (Chair), Heather Kidd, Madge Shineton
Telford & Wrekin Councillors: Derek White (Co-Chair)
Shropshire Co-optees: David Beechey, Paul Cronin, Ian Hulme
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight

Others Present:

Jo Banks, Women and Children's Care Group Director, SATH
Barbara Beal, Interim Director of Nursing, SATH
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
Fiona Ellis, Commissioning and Redesign Lead, Women and Children's Services,
David Evans, Chief Officer, Telford and Wrekin CCG
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Nigel Lee, Shrewsbury and Telford Hospital Trust
Rachel Robinson, Director of Public Health, Shropshire Council
Jess Sokolov, Medical Director, Shropshire CCG
David Stout, Accountable Officer, Shropshire CCG
Steve Trenchard, Programme Director, Mental Health Shropshire CCG
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, T&W Council

1. Apologies for Absence

Apologies were received from Councillor Stephen Burrell (Telford and Wrekin Council), Councillor Paul Watling (Telford and Wrekin Council) and Dag Saunders (Telford and Wrekin 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.

3. Minutes of the last Meeting

The minute of the meetings held on 3 December 2018, 17 December 2018 and 11 January 2019 were confirmed as a correct record, subject to the following minor amendments:

17 December 2018 – correction of spelling of Sir Neil McKay

11 January 2019 – correction of typographical error in heading

4. Midwifery Services in Shropshire, Telford and Wrekin – Current Position

The Committee asked Jo Banks, Women and Children's Care Group Director, and Barbara Beal, new Interim Director of Nursing, SATH, to provide an update on the current position in Midwifery Services in Shropshire and Telford and Wrekin, following a decision to suspend deliveries and postnatal care at Royal Shrewsbury Hospital whilst renovation work took place.

The Care Group Director explained that:

- The Midwife Led Unit was located in an old building at the RSH site;
- Work was underway with Shropshire Council building regulators to bring the building up to standard;
- The work in the building would cause noise and dust and there would be further refurbishment needed;
- A difficult decision had been made to suspend deliveries and postnatal care for up to 6 months whilst works continued;
- 40 women had been contacted who had been planning a delivery at this location;
- Antenatal care, scanning and early pregnancy services would still be offered
- Phase 2 of the work would involve moving the antenatal care and the base of the community midwives in late August, early September time;
- Work was underway with the Council to find an office type building for community midwives to use as a base
- The home birth offer would remain the same.

Members of the Committee asked the following questions :

Is there capacity to cope with all the home births within the exiting midwifery team? Does the Wrekin Ward at PRH have the capacity needed? How were spikes in MLU births and home births dealt with (particularly in rural areas)

Staffing had been increased in line with Birth Rate Plus, and some new staff had already started. Although the Wrekin Unit had been busy during a temporary closure, the situation was being managed and staff were being moved to where they needed to be. A handover involving all elements of the service took place at 8.30 am every day, there was also a safety huddle at lunchtime with obstetric input.

Are the skills needed available and in the right places?

Barbara Beal, Interim Director of Nursing, explained that she had been in post for less than two weeks but was able to report that the Trust had one of the best preceptorship programmes available. A Development Post was in place to provide support through the preceptorship period. Interviews were imminent for a new Director of Midwifery post, and a number of strong applications had been received.

Would it be possible for the Committee to receive the data on home/hospital births and geographical spread, particularly as there were issues around home births in very rural areas.

The Care Group Director confirmed that it would be possible to share this data and that much of it was already available on the web.

The new Director of Public Health, Shropshire Council referred to public health links with training which would be identified through the LMS.

5. Transforming Midwifery Care Programme Update

Dr Jessica Sokolov, Medical Director, Shropshire CCG, gave a presentation to the Committee on Transforming Midwifery Care in Shropshire, Telford and Wrekin (copy available on the web and attached to signed minutes). The proposed consultation launch was in September and would last for eight weeks.

Members asked the following questions and received responses as follows:

When assessing data regarding locations for hubs, were new build locations in Shropshire and Telford and Wrekin taken into consideration?

Fiona Ellis, Commissioning and Redesign Lead, confirmed that population forecasts and activity modelling had taken new development into account. The implementation of the new model would involve close monitoring to see if activity matched that which had been predicted.

What opportunities would the eight week consultation give to influence decisions made

Dr Sokolov referred to the extensive engagement that had already taken place and explained that some decisions had to be made ahead of consultation to ensure that it would be meaningful. Examples of outcomes that could be influenced by the consultation outcome included the location of the hubs, hub opening hours and how the hub could best serve its community. The final decision would not be taken until the consultation feedback had been conscientiously considered.

What assessment of risk had been made in terms of both local and national recruitment issues?

The model had been designed around a flexible workforce meaning that staff could be deployed in locations as needed. The SATH Care Group Director said that not enough had been invested previously in terms of skills mix, and that many roles did not require midwifery training. Investment would be made in upskilling support workers.

What were the confidence levels in the absolute numbers of staff available, irrespective of band.

The Interim Director of Nursing referred to the national picture and activity underway with commissioners to help Shropshire become a more attractive place to work. Health Education England and NHSI were involved in work on future commissioning numbers and how to model the recruitment and retention of midwives and support workers. This would give the local population more of an opportunity to become part of the workforce. There was a big market to compete against, but once the new model was established, recruitment and retention was not expected to be a problem.

The Programme also sat within the Local Maternity System which had a specific workstream for workforce. Initiatives included training programmes and enabling different professionals to work together. Sustainability would be further strengthened by bringing services together in the new model.

How did flexibility of workforce balance against the desire for continuity, how would this be addressed, particularly in rural areas.

If access to services was difficult isolated expectant mothers might not go, especially in rural areas where public transport was poor.

Continuity of care was defined as a woman and family receiving care from the same team of 6 – 8 midwives. Currently continuity of antenatal and post natal care was good but not as good for the birth. The 2021 national targets were for most women to have continuity of care, this was always a struggle in very rural areas and learning from others including Worcestershire and Powys was being utilised. 24/7 access would be available by phone, face to face and video link would also be built in.

Access in North Shropshire would improve as there was not a Midwife Led Unit currently located there. In the south of the county, the broad geographical area had been impact assessed. A member felt that terminology such as 'most' and 'improvement' did not give a clear picture and drew attention to the lack of broadband in some rural areas. She wished to know how much the service would improve, who for, and who would it not improve for.

Dr Sokolov acknowledged that broadband and mobile signal was a limiting factor. Further detail on this could be brought back to a future meeting.

The Co-Chair referred to primary care and the shortage of GPs and access issues for patients. He felt the hubs should be based on need and ability to communicate with the local population.

Dr Sokolov acknowledged that many GPs and patients wanted more GP involvement but the capacity was not there. The hubs would be midwifery led rather than GP led.

A Members asked a question about cross border care with other counties, and where they would access antenatal and postnatal care if delivering out of county. Dr Sokolov said there was a need to streamline this.

The Committee asked if it was still the case that two midwives were needed to clean Theatres following surgery. The Care Group Director reported that the Trust had

invested in more scrub nurses to free up midwifery care and had been out to recruitment twice but there was a national recruitment problem.

Members thanked the SATH and CCG Officers for attending the meeting and answering questions.

6. Future Fit

The Committee received the terms of reference and details of the membership of the new Future Fit Implementation Oversight Group. The first meeting was planned for 1 July 2019. The invitation to Joint HOSC co-chairs to attend meetings in the capacity as observers was welcomed.

Debbie Vogler reported that the Independent Reconfiguration Panel was planning to review evidence and hold further discussions with clinicians and other stakeholders. It also intended to visit and a planning meeting and wold identify shortly who it wished to speak with as part of this process.

7. Merger of CCGs

David Evans, Chief Officer, Telford and Wrekin CCG, and David Stout, Accountable Officer – Shropshire CCG, spoke to a briefing paper on the decision by NHS Shropshire CCG and Telford and Wrekin CCG to dissolve the existing two organisations, with a view to creating one single strategic commissioner across the Shropshire and Telford and Wrekin footprint. There was some disagreement between members as to whether the move was a positive one, increasing efficiency, reducing duplication, costs and confusion, or whether it could be seen as a takeover, with Telford and Wrekin becoming exposed to the outstanding historical deficit of Shropshire CCG, and its needs becoming subsumed into those of Shropshire

Members asked the following questions:

- As much joint commissioning was already undertaken, would the main change be in governance structures?
- Would the 20% reduction of running costs be made from staff delivering commissioning of services, or would reduction be limited to back office functions?
- Would care be taken if offering voluntary redundancy that skills that were needed would be retained?
- How would the focus be retained on the differing needs of the very different areas across Shropshire and Telford and Wrekin.
- When would a firm timeline be available, and would this make reference to the Joint HOSC
- Would a staffing reduction of 20% present an obstacle in the shift from transactional to strategic commissioning. Would focus be kept on the capacity to deliver the transformation needed.

In response Mr Stout and Mr Evans explained that:

- No decisions had been taken at present with regard to a voluntary redundancy scheme, the first job was to identify the new structure
- It was recognised that staff might choose to move elsewhere due to uncertainty, and it was important to move fast to remove any uncertainty as quickly as possible .
- The importance of place and varying need across Shropshire and Telford and Wrekin would be critical and would require clarity in the design of commissioning.
- A timeline including a comprehensive engagement plan identifying stakeholders including local authorities, the Joint HOSC, and members of the public would be shared as soon as available.
- conversations were underway with providers and work was on integrated care was ongoing and looking at what could be done a different way by providers.
- It was reiterated that this was not a takeover, but the creation of a new organisation by dissolving two current ones. A significant financial saving would be made by only having one board.
- The ambition was for office HR, finance and payroll functions to combine across the whole of the health economy as well as potentially all public sector organisations to maximise delivery at front end.

It was confirmed that regular updates would be provided to the Committee.

8. Mental Health – Update on the BeeU (0-25 year old) Emotional Health and Wellbeing Service

The Chair welcomed Steve Trenchard, Shropshire CCG Programme Director Mental Health to the meeting.

Mr Trenchard referred to the paper before members which provided the background and events which had led to the current position of the Service. An NHSI Intensive Support Team visit in the summer of 2018 had resulted in a report setting out a number concerns. Senior leadership had held a learning event to look at what had happened, and lessons learnt, particularly in relation to contracts, performance, innovation and relationships.

The paper before the Committee set out a summary of the learning and the draft service delivery model. This incorporated the Thrive principals and a stepped care model – designed to ensure that children and young people could move seamlessly across pathways without the need for multiple assessments. The thrive model would provide effective leadership to the whole system.

A bid had been submitted to establish two teams across the STP area to work with the most vulnerable children in schools. If successful, these would include education mental health practitioners, primary mental health workers, and therapists.

The Co-Chair referred to children who eventually needed specialist education at huge cost, which might have been avoided if earlier help had been provided. A member asked about working with schools which were academies. Meetings were held with Mental Health Leads in schools and investment in Shropshire had been made in family support worker roles.

In response to questions, Mr Trenchard reported that:

- There was a mixed cohort of about 200 children who were waiting assessment although a proportion of these had some initial work completed, such as observations made at school.

- It was not clear what resource for children with autistic spectrum disorders was in the contract envelope when the move was made to the new provider and work was underway to understand this. There was a significant service gap and the need to invest additional resource.

- Public Health data did not provide numbers of children with autistic spectrum disorders and medication for these children would be inappropriate in many cases.
- One concern had been that children taking medication were not receiving physical health checks. Sometimes children did not require a specialist mental health intervention

- schools could refer to the service through completion of a form. There were now eight GPs who had identified themselves as interested in supporting mental health in schools. This had helped to improve relationships and remove confusion around referral.

- Research had shown that there was a huge window of opportunity to prevent progression into adult services, as if referred at the age of 14, 44% of children would go on to progress into the adult service. If coming into the service at the age of 18, almost 80% would then go on into adult services.

- The Shropshire and Telford and Wrekin STP was ranked nationally 42 out of 43 in terms of level of investment in mental health services. In 2010 the CAMHS service had been rated as one of the best, and it appeared that disinvestment in some of the workforce that had caused the problem.

- Most investment was directed towards mental illness rather than prevention and prevention services were being cut due to wider austerity. Social media was causing significant problems and studies had shown the impact of stress caused by social media on the development of young people's brains.

- When the service had moved to the new provider all data had been on paper but had now been transferred to electronic personal records. There were no waiting lists for anxiety and depression, the significant wait was for children with neurodevelopmental conditions. The provider had been asked to break down in full detail where children were at and to contact families to provide an update on progress. There was not an agreement on an interim service to address this which would define what the service would be and when the child was likely to be seen and this was unacceptable.

He went on to outline some of the recent operational improvements and appointments made to stabilise the workforce and reduce the dependency on agency staff.

Members discussed the impact of debt on young people leaving university, and how to address the fundamental problems of anxiety and mental health which were growing all the time. Mental health issues were not visible in very rural areas where sometimes hidden pockets of poverty, caused mental health issues which were kept hidden due to secrecy and shame. Mr Trenchard agreed to make a recent publication on Mental Health and Rurality available.

Members asked if Mr Tenchard felt assured that the necessary leadership was in place to deliver the transformational change needed. He felt that a standardised model across Telford and Wrekin and Shropshire would help . Only now, for the first time, had pathways been clearly described. The large waiting lists and busy nature of the service had led to sickness and transient staff. The required transformation had not happened yet but was currently in progress.

Mr Trenchard reported on the progress made in relation to the recommendations in a Healthwatch report of 2018.

The Committee noted that lack of leadership had appeared to be a significant issue for the service and agreed to return to the issue at a future meeting, with senior leaders present.

The Committee thanked Mr Trenchard for giving the Committee the insight it needed into the complex issues at hand and asked to be kept informed of progress.

9. Joint HOSC Work Programme

It was agreed that the Committee should schedule in dates on a bimonthly basis to start with but to move to monthly meetings if it was felt these were needed and would add value.

Work was needed on prioritising a large number of potential topics and items suggested for future consideration included:

Cardiology waiting times

Incidences of Boarding at SATH

Transforming midwifery Care

0-25 Mental Health Services

Adult Mental Health Services

Future Fit monitoring

Provider Quality accounts

End of Life Strategy

Out of hours neighbourhood work for Powys, Shropshire and Telford and Wrekin

Primary Care Strategy

CCG Merger

Learning Disability Service (written update only unless further work needed)

STP – (it was suggested that there be a special meeting on the STP and Care Closer to Home work).

Chronic pain service

Members noted that the provisional date for the next meeting was Wednesday 31 July.

The meeting concluded at 1.25 pm