

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Wednesday, 31 July 2019 at 10.00 am in Meeting Point House, Southwater Sqaure, Telford, TF3 4HS

Present:

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

Also Present:

Kate Ballinger, Community Engagement Champion
Jo Banks, Women and Children's Care Group Director, SATH
Emma Barber, Matrons RSH
Barbara Beal, Interim Director of Nursing, SATH
David Evans, Chief Officer, Telford and Wrekin CCG
Children's Services Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
Antony Fox, Vascular Surgeon/Deputy Medical Director for Transformation, Shrewsbury and Telford Hospital Trust
Josef Galkowski, Democratic & Scrutiny Services, T&W Council
Amanda Holyoak, Committee Officer, Shropshire Council Poppy Horrocks, Community Engagement Administrator
Nigel Lee, Shrewsbury and Telford Hospital Trust
Anthea Lowe, Services Delivery Manager, Legal & Governance, T&W Council
Jenny Price, Assistant Business Manager
Rachel Robinson, Director of Public Health, Shropshire Council Prasad Rao, Consultant Ophthalmologist
Colleen Smith, Department Manager
Jess Sokolov, Medical Director, Shropshire CCG
David Stout, Accountable Officer, Shropshire CCG
Pam Schreier, Corporate and Strategic Communications
Steve Trenchard, Programme Director, Mental Health Shropshire CCG
Debbie Vogler, Future Fit Programme Director

Apologies: S P Burrell, D Saunders and P Cronin

1 Declarations of Interest

None.

2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 24 June 2019 be confirmed and signed by the Chair.

3 Royal Shrewsbury Hospital Midwifery Led Unit

Following the last meeting Jo Banks, Women and Children's Care Group Director for SaTH, returned to provide an update of progress. She stated that accommodation had been sourced for community-led midwives and that the proposed relocation of services during refurbishment were now fully operational.

4 Transforming Midwifery Care in Shropshire, Telford and Wrekin : Pre-Consultation Update

The Committee heard an update from Dr. Jess Sokolov, Medical Director at Shropshire CCG on Transforming Midwifery Care in Shropshire, Telford and Wrekin with the purpose of supplying additional information following the presentations heard on the 24 June 2019. The following draft reports were provided to the committee:

1. Pre-consultation Engagement Report.
2. Seldom Heard Groups Pre-Consultation Report.
3. Equality Impact Assessment.

Members asked the following questions and received responses as follows:

How can the Transforming Midwifery Care team do an Equality Impact Assessment without consulting the population? One can't be completed unless individuals know what is going to happen to the service.

Debbie Vogler, Associate Director of Shropshire and Telford CCGs, cited that at this stage it was to do with setting out the current needs of the population and the impact of potential changes and what they would need in the future. Furthermore, until it was known where and how many hubs would be available, it could not be said what the differential impacts would be. At the time of the meeting, the discussion was centred on what the proposals were and what the differential impact of the options might be.

Were men excluded from impact assessment? It had an impact on them as well.

It was confirmed that the pre consultation engagement was directed at women and their families, therefore men could engage and will be actively encouraged to respond to the survey.

Had a decision been made regarding how many hubs there would be and where they would be located? The Equality Impact Assessment could not be satisfied by justifying the decision after it was made and it was assumed a decision had, therefore, not been made.

Ms Vogler, replied that no decision had been made and that other options will still be explored along with the options from the CCG, simply that Transforming Midwifery Care in Shropshire, Telford & Wrekin had a proposal on offer. Likewise, the final decision would not be made until the consultation response period was over.

Would there be other options available? Were people still able comment on the proposals and influence policy decision?

Ms Volger responded that the options available at the moment had been looked at, including several different units (such as Midwifery Led Unit and Midwifery led community hubs). At the moment data, travel times and distances were still being received, therefore the CCG were almost ready to propose a preferred option however time was being taken to make a conscientious decision, before the Board meeting next month. People will still able to comment on the consultation and subsequently able to influence the policy decision.

What services were envisaged as being available in the hubs?

The services envisaged to be available at the hubs were post-natal and ante-natal services, scanning, peri-natal mental health, breast feeding and peer support. Transforming Midwifery Care hoped access to these services would become more equitable. Alongside this, enhanced services would be available county-wide through outreach from the hubs.

What feedback would be given to GP Practices and health visitors?

Communication between different areas of operation within patient care was not always as it should be. Therefore, there was a need to start using electronic communication more. For this to happen, details needed to be worked up by the Trust, rather than it being imposed on the Trust by the CCG.

Why did the document lack detail on hubs, of which the Committee had heard about in other meetings?

Ms Vogler explained that the Board had to formally agree what was taken to consultation, hence why this detail was not in the report prepared for the Committee. Officially, the hubs locations had not yet been decided for consultation, rather what had been heard in previous meetings was the thinking at a point in time..

With reference to travel times, would there be an opportunity for the Committee to comment on the bus service?

Ms Vogler responded by saying she hoped to bring a travel analysis in September, around the same time that the CCG Boards meet.

The Consultation was hoped to be in June, what is the date now?

Ms Vogler reminded the Committee that a timetable had been shared at the last meeting which stated that the Consultation would go out in September. She further explained that before that could be done, the assurance process proposed by NHS England needed to be complied with. Until the assurance process was completed it was not possible to share the materials. It was likely to be in early September, exact consultation dates were not available at the time of the meeting.

Would the latest travel times be operating from a different set of baseline?

There were some challenges with transport, especially from the North-West of the County. A more recent piece of work has been commissioned from the MLCSU Strategy Unit so therefore it was completely new.. Likewise, transport was analysed for 13 different scenarios of locations of hubs via car and public transport.

At the previous meeting, broadband access was discussed and it was acknowledged it was an issue especially in the south. Would further details be provided in September?

A large piece of work on digital transformation within the STP was currently under way and an update could be presented to Committee in September.

On pages 57 and 59, the appendices, the scale of the graphs were different; the scale for Shropshire was 15,000 whereas it was 8,000 for Telford. It therefore appeared out of context, and skewed the visual perspective accuracy. Could this be rectified?

It was agreed that it would be rectified.

Is the NHS pushing cost savings?

The Committee were advised that this was not the case rather that the transformation was about clinical sustainability of midwifery services. The Trust said there was a pressure to keep the MLU staffed. Likewise, the model had not changed to follow the population change, therefore impacting patient experience. Commissioners paid a national tariff for care, and this was still happening, but the purpose of the consultation was to have staff working flexibly rather than in buildings where there was a lack of patients.

What was being done to improve communication?

In response, it was highlighted that engagement with staff was important and there had been early engagement with 86 members of staff which had continued since then. Likewise, there was an active dialogue with midwives and other staff within the units as evidence had shown that good staff engagement led to good medical outcomes. Likewise, it was said that a further 29 FTE midwives had been recruited, who would all be in post by

October. The key message for communities was that Telford & Wrekin attracted good staff.

Pam Schreier then presented the draft Communication and Engagement plan. Included was;

- Consultation document with pull out survey, which would be widely distributed to places of interest such as GP's, Schools. Community Centres, Hospitals. It would also be advertised via screens in hospitals, GP's and other partnered organisations with social media.
- New website in development, which would have all consultation documents including versions in large print. Likewise, it would also have an online survey as well as a thorough FAQ document. Finally, all documents from today and those in the future would be displayed on this website.
- Social media platforms such as Twitter/Facebook would have updates and news.
- Use of a Baby Buddy app, a new app which had a large user take-up, also used to promote consultation survey.
- Staff drop in events at a number of locations, as well information stands at targeted venues and events. Paying particular attention to those less likely to be heard, who are reflected as the individuals in the impact assessment?

Sutton Hill Medical Practice had their own scanning unit, would this still be used?

A hub was proposed in both north and south Telford; the location of the southern one would be somewhere in the Sutton Hill location.

Concern was expressed about reaching rural areas of the County. Would Scrutiny be advised when the consultation was launched? Would the draft consultation document be provided so that examine the language could be examined?

Ms Vogler said that the formal draft documents would be brought to the Committee in September together with the draft consultation.

5 Proposed Reconfiguration of Ophthalmology Services

Tony Fox, Vascular Surgeon, Deputy Medical Director for Transformation, Shrewsbury and Telford Hospital Trust provided a brief summary on the proposed reconfiguration of Ophthalmology Services;

- Risk Review from NICE Commissioners in October 2016
- Highlighted a number of challenges faced by unit:
 1. Workforce recruitment
 2. Training status
 3. Ability to supervise and train trainees in Euston House
 4. Unable to keep up with demand and continues to be an issue.
- The Committee meeting in January 2019 presented an update on clinical arrangements in North Shrewsbury Hospital and the Cataract Theatre.
- Closure of the Glaucoma and Squint Services which had now reopened.
- Collaboration with Virginia Mason Institute optimized patient flow through triage grading system and had led to great improvements.
- Led to further improvements with substantive junior and consultant workforce.
- Hosted a number of stakeholder events since 2016, for example;
 1. This Committee in January 2019
 2. Visually impaired groups in April 2019.
- Following the Committee meeting in January 2019, a number of issues had been unresolved. However, SaTH did address the following;
 1. Engagement with CCG
 2. Accessibility for service users.
 3. Non-emergency transport.
 4. Capital investment.
 5. Patient sustainability at Princess Royal Hospital and Royal Shrewsbury Hospital.
 6. Linking Princess Royal Hospital and Future Fits.
- Stakeholder event in June 2019 had good feedback from attendees.
- Patient engagement around updated Quality Impact Assessment dedicated to finding out the concerns from users.
- Advantages and disadvantages to the proposal to reduce units from 3 to 2:
 - Advantages:
 1. Patients having one-stop show
 2. Multiple experts in one place
 3. Reduced travel time for teams to allow more patient facing time.
 4. Reduce travel time for some but not others.
 5. Financial benefits in terms of high rentals at Euston House.

- Disadvantages:

1. Relating to access and transport

Kate Ballinger, Community Engagement Champion, provided a summary for those who were not present at the January meeting;

- 3 large stakeholder events had taken place in Shropshire, Telford & Wrekin and Wales. This had included patient groups such as Guide Dogs, Health Watch, Commissioners and Councillors which led to very good engagement.
- Over 280 responses to the survey, with a majority of responses coming from respondents that had services that day. Surveys had been handed out at clinics and also a telephone line.
 - 85% of respondents stated they would prefer to have one appointment with everything in it (i.e preferred a one-stop shop).
- Biggest issue surrounded transport:
 - Advantage of offering services in Shrewsbury was that it was a drop-off point and disabled spaces were right outside clinic.
 - Patient transport can get there too.
 - Further to work was required to figure out best way of giving information to patients on how to recover travel expenses.
- Positive feedback about the Eye Care Officer, currently funding was only available for one, however would prefer two (one for each site) if possible.
- Main concerns surrounded patients unfamiliar with site:
 - To combat this, work was taking place with groups to get companions as they had proven to be a real benefit to the patient.
 - Ongoing engagement with groups such as Sightwatch Shropshire.
- Good feedback from patients which had led to direct change
 - i.e different colour spots on walls to direct patients to correct location, however feedback showed that a lot of patients were unable to distinguish the spot and the wall, which therefore led to a black line being painted round the spot.
- Currently analysing letters to make sure they were clear and easily understood.

Members asked the following questions and received responses as follows;

Were the volunteers for everyone? Did patients have to book them? How would patients know they were there?

Ms Ballinger responded that this was a new role, and that the volunteers were for all patients, and patients would be made aware of them when they were contacted by letter regarding their appointment.

It was mentioned that the Squint and Glaucoma units were suspended for some time. Presumably there was some backlog of patients?

It was stated that new patients were not accepted as they were directed to other clinics, so no backlog. The surgeon that had just been appointed and would start in 2020 was a Glaucoma Surgeon.

Concern was expressed that whilst it had been acknowledge that transport was the biggest issue, and that over 1,000 those operations had a TF postcode, a decision had still been taken to move the service further away from those patients?

Mr Fox explained that a number of options had been considered, including a brand new £4 million ophthalmology unit. Euston House used sophisticated equipment but was ageing, and therefore led to challenges in training new staff as well as having the ability too. Therefore, there was a need to consolidate the cataract service independently of Future Fit.

How much was the capital programme going to cost for unit?

Mr Fox responded by saying that in total, it would cost around £2 million.

Were there any discussions around Princess Royal Hospital and how much it would cost? Presumably there was something at this site?

This was the location that was in the discussion around a new unit. There was not sufficient theatres or unit, nor were they expected for some time.

Decision may prove contradictory following Future Fit? Was there confidence that the investment was protected?

Mr Fox replied that a decision on Future Fit was years away and that work was needed now to maintain and sustain the care currently being offered. Whilst the strategy might be questioned in time, this decision sought to provide the best solution for patients with what was currently available.

What was the current status of non-emergency transport? Was this included in the letter to patients? Patients need to know their options.

Ms Ballinger responded that at the moment transport was not available for patients to go to an appointment, however if a patient had a procedure at their appointment, transport was available to get home. Budgets had been cut, and a lot of patients no longer had familial support.

Was there a record of how many patients were not attending their appointments?

Ms. Price responded by saying that the number of people not attending appointments was minimal, and the most common reason a patient did not attend was ill health. Tony Fox further added that efforts were made to accommodate appointment times for transport to get there for 7.30am.

Waiting lists were getting longer and cataracts ruin people's lives. Was the CCG squeezing funds?

Members were advised this was not the case.

Reference was made to a particular cataract patient who would soon be unable to drive but had been told her operation would not be until 2020?

Ms Price requested that the patient call her directly. She further stated that waiting times would be improved by moving theatres because two more operating rooms would be added.

The figures regarding the amount of surgeries had taken a considerable down turn on previous years? Previously Nuffield has been used, would this be done again?

Ms Price put this down to workforce issues and indicated that the use of Nuffield was being investigated.

Continued concerns regarding access were expressed, including the aging equipment at PRH. Would this require replacement shortly? If so, what finances were available or would the result be a full removal of services?

Mr Cox responded to this by emphasizing that at no point had they said the service was going to close, and that a full maintenance programme would ensure the infrastructure was maintained as long as possible.

Given the limited life span of the building, why not deal maintenance issues now?

Dr. Fox responded by admitting one of the things they haven't done very well is looking at individual specialities and where they will be in 1, 3, 5 and 10 years' time.

Cllr Derek White, gave an example of perceived failings of the department, citing that anecdotal evidence about waiting times and the loss of personal details resulting in severe sight loss.

Was there a timeline for the plan?

Mr Fox responded by saying that it would go to the Board in September, and that some work needed to be done regarding fire safety regulations, and therefore the cataract unit would open in December, and then be operational

at the end of the year.

6 Co-Chair's Update

The meeting ended at Time Not Specified

Chairman:

Date: Wednesday, 2 October 2019