

SHROPSHIRE COUNCIL/TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on 28 September 2015 at Castle Farm Community Centre, Hadley, Telford at 12.30pm

PRESENT – Cllr A Burford (TWC Health Scrutiny Chair) (Chairman), Cllr G Dakin (SC Health Scrutiny Chair), Mr D Beechey (SC co-optee), Cllr J Cadwallader (SC), Cllr V Fletcher (TWC), Mr I Hulme (SC Co-optee), Ms D Price (substitute for Mrs M Thorn – SC Co-optee), Mr D. Saunders (TWC Co-optee), Cllr R Sloan (TWC), Ms G Stewart (substitute for Mr B Parnaby -TWC Co-optee)

Also Present –

K Allward (Integrated Community Services Lead, SC/Community Health Trust)
F Bottrill (Scrutiny Group Specialist, TWC)
S Chandler (Director Adult Social Care, SC)
Cllr L Chapman (Portfolio Holder, Adult Social Care, SC)
J Ditheridge (Chief Executive, Community Health Trust)
I Donnelly (Assistant Chief Operating Officer, SaTH)
D Evans (Accountable Officer, Telford & Wrekin CCG)
W Greenwood (SaTH)
A Hammond (Deputy Executive, Telford & Wrekin CCG)
A Holyoak (Committee Officer, Shropshire Council)
N Nisbet (Finance Director, SaTH)
A Osborne (Communications Director, SaTH)
J Smith (Access and Assessment Manager, TWC)
P Taylor (Director of Health, Wellbeing and Care, TWC)
P Tulley (Chief Operating Officer, Shropshire CCG)
S Wright (Chief Executive, SaTH)

JHOSC-1 APOLOGIES FOR ABSENCE

Apologies were received from Cllr T Huffer (SC), Mr B Parnaby (TWC Co-optee) and Mrs M Thorn (SC Co-optee)

JHOSC-2 DECLARATION OF INTERESTS

None

JHOSC-3 MINUTES

RESOLVED – that the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 12 February 2015 be confirmed as a correct record and signed by the Chairman.

JHOSC-4 HOSPITAL TRANSFER

The Chairman stated that the Joint Committee had asked for an update on the current position on delayed discharge and transfer of care of patients from hospital. The Joint Committee was mindful of the huge spike in patient admissions last winter, which led to a lot of cancelled operations, and wanted reassurances that the various health and social care bodies were working together to address capacity issues before the onset of the winter period.

Anna Hammond (Deputy Executive: Integrated Care, Telford & Wrekin CCG) gave a presentation, which provided information on:

- Definitions of terms – it was added that a change in the Department of Health's guidance/terminology was expected soon;
- Targets for each defined area of delayed transfer of care (DTC) and medically fit for discharge (MFFD);
- Performance against key targets – for acute care, there had been a growth over the summer period of the proportion of beds being occupied by patients waiting to be transferred from hospital – up to 5.4% against a target of 3.5%. Delayed days in Shropshire community hospital beds had fallen since April but were still above target. There was an improving trend for reducing the number of FTT patients but the total remained above target. For Better Care Fund patients, the Telford & Wrekin health economy had achieved their target in months 1-3, but the Shropshire health economy was above target.
- Key challenges - these included different interpretations locally of definitions and targets for DTC and MFFD, and access to domiciliary care particularly in the most rural parts of the county.
- Commissioning Strategies – there were three key plans in development based around admission avoidance, improving patient flow and early supported discharge schemes. Winter planning was built into this.

Julie Smith (Access and Assessment Manager, TWC) explained the Telford & Wrekin approach, which meant that from 12 October 2015 there would no longer be a hospital social work team. It was realised that assessing people in a hospital setting was not the right thing, and that the way forward was to provide information and assistance to help people to stay at home. This would involve working with partners and key professionals, with a joint hub of intermediate care services based at the PRH site to receive referrals/contacts. It was planned that people would be seen initially within an hour. In terms of the discharge of more complex cases who had been admitted to an acute hospital, a fact finding assessment would be carried out by SaTH staff on the ward. If a patient was identified for discharge, a senior social worker would co-ordinate the discharge and the support package that was required for the patient, with the aim of the patient leaving an acute bed within 24 hours.

Kerrie Allward (Integrated Community Services Lead, SC/Community Health Trust) explained Shropshire's approach to commissioning, which was similar to Telford & Wrekin's. A model of Integrated Community Services (ICS) had been developed, bringing together a number of different Council and health

services with voluntary/independent sector providers. ICS would be the default service for Shropshire in terms of patient discharge from hospital, and there were similar patient pathways as the Telford & Wrekin model. ICS had been trialled in the Shrewsbury area from November 2013, and rolled out in phases to the rest of the county. The final phase (for the north and south of the county) was due to be launched shortly.

Ian Donnelly (Assistant Chief Operating Officer, SaTH) gave a presentation which provided information on:

- SaTH definitions of and targets for MFFD and DTOC;
- Performance against key targets – for DTOC there had been a continued rise in delays over the period April 2014 to August 2015. On average the DTOC figure was currently running at 8% (equivalent to 53 beds) against a national target of 3.5%, with an agreed stretch target of 2.5%.
- Weekly discharge pattern and quarterly discharges;
- Cancelled operations – last winter's spike had returned to normal levels. It was stressed that urgent operations were not cancelled;
- Comparison and percentage of delays by site (RSH and PRH) across the last two years;
- Increase in over 70s admissions – there had been a marked increase in over 70s admitted to both hospitals, with a significant rise over the last winter period.

The Committee then went on to ask questions of NHS and Local Authority representatives regarding delayed transfer of care and discharge, and highlighted particular issues:

With the new strategy of having a joint/integrated team to assess patients for discharge etc, to what extent were family and/or primary carers involved in the assessment process?

And how would self-funders be looked after to ensure they were safe after discharge from hospital?

The Access & Assessment Manager, TWC explained that the first assessment of a patient for hospital discharge would take place on the ward and be relatively quick. Depending on the likely pathway, there would then be further discussions with other professionals and the family/carer. Any domiciliary care/rehabilitation required would be funded free for up to six weeks. Self-funders would not be treated any differently, and would be covered by re-enablement funding for the first 6 weeks. Voluntary sector partners (eg Red Cross) were being used to ensure people were safe when they went home. The Assistant Chief Operating Officer, SaTH added that the 'fact-finding' document from the initial assessment provided enough information about the patient to determine discharge.

There were still concerns that patients were being discharged from hospital late at night. Was this practice still continuing?

The Assistant Chief Operating Officer, SaTH advised that this may still happen following discussions with the patient's family and/or with a care home that was admitting the patient. However, if necessary, discharge would be delayed until the next morning.

Was there a reduction in the amount of elective surgery as a result of the sort of increase in cancelled operations seen last winter?

The Deputy Executive: Integrated Care, Telford & Wrekin CCG reported that there was a planned reduction in elective surgery during the third quarter to take account of the likely increase in admissions. The Assistant Chief Operating Officer, SaTH added that occasionally temporary additional resources had been put in to address demand and keep cancellations to a minimum.

Within the independent care sector, it was felt that more practical assistance from the health services was needed to allow patients to be admitted to a care home and for their needs to be met. To what extent were communications between SaTH and the independent care home sector taking place?

The Assistant Chief Operating Officer, SaTH stated that the capacity teams at each hospital site did discuss daily discharges with the independent sector.

Clarification was sought as to the main cause for delayed transfer of care within the ICS model in Shropshire.

There was some disagreement as to whether this primarily related to the Hospital Trust or to other health services. The Accountable Officer, Telford & Wrekin CCG advised that a significant proportion of the health element would be related to intermediate care and its availability. Some would relate to social care. However, all sectors were committed to reducing the number of DTOCs.

Mr I Hulme provided an example of a case where he believed the transfer of care had not been handled properly, and that the elderly patient had been sent home without proper care in place. It was felt that the system was understaffed and overstretched, that family and friends needed to be part of the discharge planning process, and that the quality of care needed to be higher.

The Chief Executive, Community Health Trust expressed regret for any such failures. Patient safety always came first, and elderly patients were not treated any differently.

The Joint Chairs stated that it was clear that the JHOSC still had concerns about the continued rise in DTOCs above the target figure, and the missing of key targets. While acknowledging the measures being put in place, regular monitoring was needed in order to see the direction of travel. The Committee wished to have a regular single report submitted by all partners in the health economy, with a greater explanation of the reasons for delays in the system, and how this was impacting on admissions. The Chief Executive, SaTH

suggested that such a report could be produced within the next month, and agreed that a single version agreed by all partners would be preferable. SaTH would be committed to trying to reduce the numbers of people coming into hospital, and that the report to Members would include the Trust's plans for dealing with any increases in demand over the winter period while maintaining patient safety and standards of care.

The Committee welcomed the offer of a further report within the next month, which would be circulated to Members for information.

JHOSC-5 FUTURE FIT

Simon Wright, Chief Executive, and Adrian Osbourne, Communications Director, Shrewsbury & Telford Hospital NHS Trust presented a paper setting out the framework for developing a Consultation Plan for formal consultation on the Future Fit proposals for safe and sustainable acute and community hospital services..

The Chair welcomed Simon Wright, who had just started his role as Chief Executive of SaTH, to his first meeting of the JHOSC.

In the context of the overall Future Fit programme, the Chief Executive, SaTH explained the challenges facing the Trust in terms of the numbers of consultants and other specialists, and being able to put together staff rotas for both hospital sites. He confirmed that the services are safe however, rotas are difficult and services are frail. Decisions needed to be made in a timely and measured way to produce a resilient solution, rather than have to introduce emergency measures in the event of one consultant leaving.

The Communications Director, SaTH reported that the Framework had been agreed by the Future Fit Programme Board on 13 August 2015. Further work had taken place since then on developing the Consultation Plan, which would be submitted to the Programme Board on 1 October for approval. The Framework document included details on Consultation Principles, the Consultation Plan timetable, key requirements, resources and risks. The formal consultation period on the Future Fit proposals would take place between December 2015 and March 2016. All communities and stakeholders would be able to have their input into the process and make their views known, but it was not a public vote or opinion poll. The pre-election period for Welsh Assembly elections in the Spring gave a window for the review and analysis of the comments received, with a decision being made in late Spring 2016. A detailed consultation plan/programme would be worked on during October 2015, and any comments/views from the JHOSC could be fed into that final Plan.

Members of the JHOSC then expressed views on, and asked a number of questions about, the Future Fit Programme and the Framework for the Consultation Plan.

Concern that the Programme is just focussing on acute hospital services and their reconfiguration, and not addressing issues of an ageing population, preventative care, and new ways of working etc.

The Communications Director, SaTH stated that Future Fit was one part of a wider approach to addressing all the issues in the health economy, and it needed to be linked to those other things. The Accountable Officer, Telford & Wrekin CCG added that ensuring safe clinical services in hospitals had always been a key part of Future Fit, but it was recognised that it was linked to wider health and care issues within Shropshire and Telford & Wrekin. The Chief Executive, SaTH agreed that there needed to be wider solutions in the long term, but at the same time solutions needed to be in place to protect services against current fragilities in the system.

Concern that there might be a misunderstanding as to what this consultation was about, and that it needed to be made clear what was being consulted on and what changes in service were being proposed. Acute services could not be divorced from all other sectors of the health economy, and all the implications needed to be understood.

The Accountable Officer, Telford & Wrekin CCG advised that a lot of the work that had been carried out previously had been clinically-led and looked at a whole range of care pathways/outcomes and models of care. While much of the public focus had been on emergency care, it should be clear that the Programme was also about other issues such as long term conditions, planned care etc.

During the consultation it was important that the public were engaged directly, and that the consultation goes to them rather than the other way round.

The Communications Director, SaTH stated that there would be a lot of consultation activities and events, and these would be outlined in the detailed Consultation Plan.

The consultation should do more to promote Urgent Care Centres so that the public could understand the role they would play if A&E services were confined to one hospital site.

The Accountable Officer, Telford & Wrekin CCG stated that roughly 75% of patients currently seen in A&E could be more appropriately treated in Urgent Care Centres or other settings. Urgent care centres in Telford and Shrewsbury, but not rural urgent care centres, would be part of this consultation.

What were the timescales and what would happen if the timetable slipped?

The Accountable Officer, Telford & Wrekin CCG explained that if the formal consultation did not start in December 2015, it would then be delayed to May 2016, after the Welsh Assembly elections.

The Co-Chair said that the issue of A&E is an emotive subject and often people see A&E as the hospital. However, more should be done to promote the Urgent Care Centres on both sites so they are in a position to do much of what an A&E currently does. Members of the public should be advised of this.

The Chair explained that one of the roles of the Joint HOSC is to make sure that people understand the facts and that the process for Future Fit is clear. He asked who will be carrying out the consultation? Will it be each CCG or a Joint CCG Committee?

The Accountable Officer, Telford & Wrekin CCG responded that the consultation will be the responsibility of the Commissioners. The consultation in July will be run by both CCGs.

It was agreed that comments and feedback summarised above be considered by the Future Fit Engagement and Communications team in the construction of the final Consultation Plan.

JHOSC-6 JOINT HOSC TERMS OF REFERENCE – UPDATE

The report of the Scrutiny Group Specialist, TWC was received. Appended to the report were proposed amendments to the Joint Committee's terms of reference in order to reflect more recent guidance from the Department of Health in relation to health scrutiny. In particular, guidance published in 2014 provided greater detail on the specific powers of delegation of health scrutiny issues. If any consequent changes were required to each Authority's Constitution, these would be dealt considered through the appropriate process operating within each Council.

In response to a question, the Scrutiny Specialist added that there would be no changes to the voting scheme for the JHOSC, but she would circulate the scheme to members for information.

RESOLVED – that the draft terms of reference, as shown at Appendix 1 of the report, be endorsed.

JHOSC-7 JOINT HOSC WORK PROGRAMME 2015/16

The Scrutiny Group Specialist, TWC reported that the two main agenda items at this meeting would continue to be the focus of the current year's work programme. Members had also agreed to look at mental health services for children, and this needed scoping.

Reference was made to any follow up work relating to the scrutiny of wider mental health services. The Scrutiny Group Specialist and the Director of Health, Wellbeing & Care, TWC advised that the issue about the future of the Castle Lodge facility had been picked up by Telford & Wrekin's Health & Adult Care Scrutiny Committee, and that Shropshire might want to look separately at anything of specific concern to them. It was reported that a commissioning review of mental health services would be discussed at a meeting the

following week, and the Chair advised that any developments would be monitored in case any joint issues arose.

JHOSC-8 CHAIRS' UPDATE

Cllr Burford advised that he would circulate the current TWC Health & Adult Care Scrutiny Committee work programme to JHOSC members.

The meeting closed at 2.52 pm.

Chairman.....

Date.....