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 Tuesday 7 March 2017 2pm in the Quaker Room, Meeting Point House, Southwater Square, Town Centre, Telford, TF3 4HS

Members Present:
Shropshire Councillors: Gerald Dakin (Chair), John Cadwallader, Heather Kidd
Telford and Wrekin Councillors: Andy Burford (Co-Chair), Veronica Fletcher and Rob Sloan
Shropshire Co-optees: David Beechey, Ian Hulme, Mandy Thorn
Telford and Wrekin Co-optees: Carolyn Henniker, Dag Saunders

Also Present:
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Rod Thomson, Director of Public Health, Shropshire Council
Jessica Tangye, Telford and Wrekin Council
Debbie Vogler, Future Fit Programme Director
Louise Mills – Service Delivery Manager Health Improvement, TWC
Richard Kubilius, Shropshire CCG
Debbie Llewellyn- Sims - Implementation Lead EHWB Shropshire / Telford & Wrekin
Joanne France – Shropshire Community NHS Health Trust
Carolyn Gavin - Clinical Lead, Shropshire Community NHS Health Trust

1. Apologies for Absence

Apologies were received from Councillor Heather Kidd.

2. Disclosable Pecuniary Interests

None

3. Minutes

The minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 1 February 2017 were agreed as an accurate record.

4. Update on the Future Fit Programme

The Chair welcomed the Programme Director of the Future Fit Programme (FFP) to the meeting. D. Vogler provided an update since the last meeting of the Joint HOSC; stating that two pieces of work were currently being prepared; the independent review of the FFP options appraisal process which was progressing as a mini tender and was expected to conclude early May 2017; and the additional analysis of potential changes to Women's and Children's services as part of the integrated impact assessment. It was noted that the reviews could cost up to £100,000 and up to £30,000 respectively. Costs would be shared by both Shropshire and Telford & Wrekin CCGs. Members highlighted that the costs of the Future Fit Programme to date had been considerable, around £700,000 and that the

additional costs of the review and impact assessment would delay the process for a further 9 months and this piece of work although non-recurring was an unexpected cost pressure but it was budgeted for by the CCGs and would go forward. Members expressed their concern about the levels of capital underpinning the FFP and that this had not been established or acknowledged despite questions posed at previous committee meetings. The Programme Director stated that the financial consultation process was being considered in June at which point the CCGs would know how much capital money was available. The Committee noted that the Options Appraisal document provided financial as well as clinical models and there was an indication of the cost of the capital required but there was no clarification on how this would be funded. The Programme Director highlighted that the NHS Assurance Stage II would have to be assured by the CCGs of capital funding and revenue.

It was noted that there was enormous public unrest about the time it was taking to develop the Future Fit model and with-it hospital services were becoming less sustainable. There had been a reduction in the range of specialties within the hospital. A briefing paper had been prepared by SaTH for the Committee pre-meeting which outlined the current state of services including the smaller planned services that had become unsustainable within Neurology, Ophthalmology, Dermatology, Cancer services. There had been a reduction in the range of specialities within the hospital and there was no change in the state of emergency services, they remained unmaintainable at RSH and PRH. It was recognised that the reconfiguration plans were still not tenable and there had been too great a focus on emergency care.

Members noted that due to the population across Shropshire, Telford & Wrekin, services such as ophthalmology and dermatology had large areas to cover but the problem was not due to recruitment as had been acknowledged was one of the principle problems in the sustainability of emergency services. It was felt that service re-design was needed, which had to be achieved as well as/ at the same time as the hospital reconfiguration.

Members noted that recruitment of medical and health professionals was not just a local problem but a national problem that applied throughout the profession to the extent that universities were reporting a drop in student numbers. Recruitment to the PRH and RSH Accident and Emergency service was unattractive for a mixture of reasons, including the lack of linkage with a university, the dual site working and extensive cover required by the on-call rota and the reduced opportunity for career progression for consultants. It was also recognised that the split sites had an impact on specialist services such as Stroke services where intervention had to be carried out quickly, where quality are and equipment was needed for an acute period of time not possible over two sites.

D. Vogler left the meeting 2.25pm

5. 0-25 Emotional Health and Wellbeing Service

The Chair introduced the Commissioners from Shropshire and Telford & Wrekin CCG, the lead from Telford & Wrekin Council and three of the four organisations delivering the new emotional health and wellbeing services for 0-25 year olds. Representatives from

Shropshire Community Health Trust, Kooth and Healios attended the meetings and it was acknowledged that The Children's Society was the fourth partner organisation.

The Committee had kept abreast of the developments in the commissioning arrangements of the new Emotional Health and Wellbeing Service for 0-25 year olds and the Committee and had expressed its views and concerns over the course of the commissioning process. Members were looking forward to an update on progress. It was noted that this was an innovative partnership and the scale of the transformation of mental health services was vast.

Debbie Llewellyn Sims - Implementation Lead EHWB Shropshire / Telford & Wrekin set the scene and provided an update from a Commissioner perspective.

She explained that the Provider partnership arrangement was an innovative one, as the needs of the Commissioners could not be met by one provider alone. As this was a new way of working Commissioners were working very closely with providers to check everything was on track for the launch of the new service on 1 May 2017. Commissioners had set up an Implementation Assurance Group in December and this continued to meet on a monthly basis. In terms of governance and decision making arrangements, processes had been tested through 16 complex case studies which had been designed to show how providers would respond to needs.

The Providers were invited to update the Committee on their work, it was noted that The Children's Society was working to create a new identity and brand to demarcate the service which was different to what had been in place before.

Healios was a digital channel offering young people and family members' early access to treatment and assessments. The treatment was evidence based and wide ranging including therapeutic assessments, counselling and help with CBT interventions. Evidence techniques were used which had been endorsed by NICE clinical guidelines.

Kooth had been established in 2004 as an anonymous, confidential service provided 365 days of the year for young people to register and access tool kits and peer to peer support, clinical monitoring and one to one online counselling as well as providing a messaging support service 24/7. Kooth was about instant access to services, '3 clicks' to access information and advice. Reaching a wide audience, Kooth had around 39,000 users and concentrated on early intervention before self-harm. Provision was through a pool of psycho therapist and qualified counsellors, and escalation was in place where needed. The system had the ability to pick up on trends in particular areas, such as self- harm which was identified as a problem area in Telford & Wrekin.

It was noted by the existing provider, Shropshire NHS Community Health Trust, that CAMHS was no longer fit for purpose and there was need to provide support earlier. The primary focus of the new Emotional Health and Wellbeing Service was what children wanted from the services interlinked with other key services at schools, scouts and other organisations for children. The new service was aimed at preventing referral gaps and to stop pushing people around the system. Responsiveness was key, putting the right elements of the service in place at the right point not via the traditional referral therefore increasing access to services. A family-centred approach was needed, high quality and to provide greater capacity at different levels where young people needed it.

The services were expected to adapt and change over the period of the contract, which was agreed would give more choice and access to services. There was a move away from the referral model and waiting list culture to peer support, links with school projects, pathways already in localities, provision of early support. There had been limited options other than Cognitive Behavioural Therapy and the partnership was working towards increasing access to wider therapeutic services.

Engagement and participation had been important in designing the service model and would continue to be important also in terms of recruiting young people. The model was being stress tested – 16 cases had been used to identify what additional work needed to be done before the launch of the service on 1st May. Members were concerned that demotivated existing staff were involved in the new service but it was confirmed that staff would be retrained and new approaches were being piloted. This is where the Partnership Board would be important in sharing developments, performance, outcome measures, and accessibility through qualitative and quantitative data with the Commissioners. Members noted that a culture change that was necessary, particularly where existing staff were transitioning from CAMHs to the new service. Internal working groups had been set up, expert knowledge was being shared, training was ongoing and there would be greater visibility from operational and clinical leadership. Members were concerned that motivation levels would be difficult to quantify.

The partnership was still working to understand need, where there were clusters and trends around particular areas, in order to identify whether other groups/ affiliates needed to be subcontracted; the new model allowed for spot purchasing.

Concern was expressed in terms of rural areas, schools and communities and how the partnership would ensure there was enough access and visibility in dispersed rural communities. It was noted that The Children's Society was working with young people in rural areas to establish where drop-in centres would be best located.

The Committee asked about availability of services and whether a diagnosis was needed before services and tools could be accessed. It was confirmed that a diagnosis would not be required; key to the new service was the range of service and choice available. As well as counselling and therapy there would be points of access in schools and support workers providing support. Pathway work was being developed, exploring the difficulties a child and family could present with if there was no diagnosis and assessment of need. It was noted that initial intervention did not necessarily work, ongoing assessment, intervention, monitoring and evaluation was needed. Services were confidential and anonymous intended to offer confidence and reduce the stigma attached to mental health illness.

The Chair highlighted that the strength of the service was its flexibility, and the confidence of those people who came into contact with young people – the 7-teaching alliance was important. The 7-teaching alliance would deliver training and teaching programmes, provide CPD around Emotional Health and Wellbeing and utilised a cascade model to ensure training and knowledge was cascaded to people within organisations and through events linking with partners and alliances.

It was agreed that the Joint HOSC would look to revisit the service in 12 months after it had time to establish itself. It would be important for the partnership to establish and

demonstrate what success looked like; to answer the question of where the partnership wanted to be in 12 months and how would partners be tested. In 6 months, it was agreed that an update on the services' progression would be welcomed. It was suggested that a dashboard of performance would be a good starting point to identify what was going well and not going so well. It was noted that an outcomes framework had been developed as part of the tender process and there would be a contract assurance process. This would be reported to Joint HOSC at high level. Work was being done with the University of Birmingham to look at models of evaluating the new service.

The Committee was assured that the partnership organisations were in constant dialogue, communication was open so ensure a responsive, adaptable service. In terms of capacity, population size and demographic had been considered. Kooth was re-evaluating its capacity and was providing a detailed report to the Commissioner looking at young people, ethnicity and trends. Prevalence data would be collated to estimate how large the population was with diagnosable mental health problems. Early data suggested that 7000 children and young people across the county suffered with mental health illness. Additionally, there was the Mental Health Five Year Forward View by NHS England and the expectation that 35% of the population should be accommodated by 2021. It was noted that there was capacity within the community for mental health support that was untapped. Demand, management and capacity was a new way of working but part of the challenge in progressing services was lack of data.

Healios was re-engineering pathways across all providers to optimise pathways so people at risk received help quickly. Monitoring recommendations on CSE was being carried out by the Local Authority and T&W Safeguarding Children Board. Many of the same young people would be engaged with the new service, the Committee was concerned to know if this was being monitored. It was noted that young people had been part of the implementation assurance group.

The Chaired summarised by thanking the partnership organisations for attending and Members had been impressed by the energy and thought that had gone into responding to the Committee challenge.

6. Chairs Update

It was noted that a briefing on the sustainability of clinical services provided by SaTH had been circulated at the committee pre-meeting. The paper outlined the fragility of services and actions being taken to recover services and ensure long term sustainability. The Committee noted with concern the following updates:

- Emergency Departments at RSH and PRH had 5 substantive Consultants and 4 locum Consultants. Across the substantive and locum staff a 1:5 on call rota was worked (1:4 was tipping point). One of the locum Consultants would be leaving on 1 April 2017 and the Trust was advertising for a replacement.
- Ophthalmology long term sustainability was being reviewed. The service was closed to new referrals for glaucoma, general surgery and Adult surgical squint surgery.
- Neurology Outpatient Service would be changing temporarily due to being a particularly challenged speciality with constraints in delivering national access

targets due to consultant workforce gaps. The workforce position had led to increasing delays of 30 weeks for a first appointment and 9 weeks for an urgent referral. The Neurology Outpatient Service was being temporarily closed to all new referrals for 6 months from 20 March 2017.

- Dermatology Outpatient Service was in a fragile position following resignation of a locum with immediate effect with only a single Consultant to deliver and oversee all aspects of the service. During Consultant annual leave the service would require an alternative provider to be secured to accommodate Acute Dermatology in-patient activity.
- Spinal Service was not taking referrals for spinal problems since the Consultant who specialised in spinal surgery went on long term sick with no notice. The Trust was in discussions with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust regarding their capacity to support this service.

The Committee expressed their concerns that taken together the fragility of these services, this was an extremely worrying situation that should have been raised with the Joint HOSC before now. It was noted that formal consultation may be required for some of the service changes being proposed in the long term, particularly Ophthalmology where there had been a history of problems. It was noted that with updates in technology, such as tele-medicine and tele-diagnostics, possibilities were being explored for diagnosis and treatment at a distance. There was also a move towards increasing minor surgery in General Practice to address the referral volumes. The CCGs were looking at their estates, levels of intervention and other forms of care that could replace intervention and reduce the number of buildings in use.

Members agreed that a letter from the Chairs should be sent in response to SaTH and to the Accountable Officers at both CCGs requesting a discussion on these issues to understand the detail.

The meeting ended at 4.00pm

Chair: …… Date: ……..