

SCRUTINY COMMISSION 3
HEALTH AND CARE

Minutes of a meeting of Scrutiny Commission 3 held on Wednesday,
7 October 2008 at 6.00 p.m. at the Civic Offices, Telford

PRESENT - Councillors D.R.W. White (Chairman), G.P. Hossell, C.N. Mason and A. McClements

Mrs A Cox, Ms D. Davis and Mrs V. Lindley (Co-optees).

Also Present – Councillor R.E. Groom

Mr. B. Taylor (Chairman – Telford & Wrekin Primary Care Trust), Mr S Conolly (Chief Executive – Telford & Wrekin Primary Care Trust), Mr J. MacDonald (Programme Director – Developing Health & Healthcare)

Officers – R. Webb (Corporate Director: Adult & Consumer Care), A. Smith (Scrutiny Manager) and P. Smith (Senior Democratic Services Officer)

The Chairman welcomed Annette Cox to her first meeting of the Commission following her appointment as a co-optee.

SC3-11 **MINUTES**

RESOLVED – that the minutes of the meeting of the Commission held on 4 June 2008 be confirmed and signed by the Chairman.

SC3-12 **APOLOGIES FOR ABSENCE**

Councillors J.A. Dixon, V.A. Fletcher, H. Williams & D. Wright and Mr D. Saunders (Co-optee)

SC3-13 **DECLARATIONS OF INTEREST/PARTY WHIP**

None

SC3-14 **WORLD CLASS COMMISSIONING**

The Chairman welcomed Brian Taylor and Simon Conolly from the Telford & Wrekin Primary Care Trust, who made a presentation to Members on the World Class Commissioning standards that the Trust would be assessed against in December 2008.

As the NHS nationally was now achieving most of the Government's central targets and in the context of the shift of emphasis away from acute services to preventative services, Primary Care Trusts were increasingly being seen as the local leaders of the NHS. In order to ensure that PCTs were 'delivering the goods' and to provide challenge and support to strengthen commissioning, the World Class Commissioning programme had been developed. Trusts would be assessed in relation to

improvements to a chosen set of health outcomes, improvements in scoring against 10 commissioning competencies (details of which were provided) and the quality of their governance arrangements. Every PCT also had to review the vision of what it was striving to achieve and the goals which would deliver that vision. Telford & Wrekin had identified 5 goals, one of which was about engaging and listening to the public about their own health and that of the entire community. In terms of the health outcomes against which progress would be measured, reducing health inequalities and increasing life expectancy were mandatory. The remaining 8 outcomes were at the discretion of individual PCTs. Telford & Wrekin PCT had assessed a number of health outcomes against a set of principles and criteria, which had resulted in the following outcomes being selected - teenage pregnancy, alcohol related admissions, smoking quitters, child obesity, heart disease and stroke, breastfeeding, patients admitted within 18 weeks, and patient reported experience.

Following the presentation, Members asked a variety of questions, including:

- why was only child related obesity selected as one of the key health outcomes?

Response: Telford & Wrekin was an outlier for child obesity rates compared to the national and regional averages, and tackling obesity at an early stage was the most effective approach. Obesity in the rest of the population would still be addressed through the PCT/TWC joint Strategy.

- Would the focus on the 18 week admission target (ie from referral to treatment) lead to consultants putting pressure on GPs to delay referrals?

Response: The 18 week target was a key measure of accessibility to health care. If consultants in a particular hospital were unable to meet the target, then patients had the option to choose to receive their treatment at another hospital that could provide admission within 18 weeks. Locally, around 10% of people now chose a centre other than the Princess Royal and Royal Shrewsbury hospitals. Informed patient choice and competition was seen as a key factor in driving up standards and performance in the acute sector.

- What information was available to patients to enable them to make informed choices, and how detailed was this information?

Response: The PCT was working with GPs to make patients more informed of the choices open to them. At the moment, only fairly superficial information on hospitals was available (via the NHS Choices website for instance). Over time, it was expected that more detailed information (such as success rates of surgeons etc) would become more generally available.

- How would the message about patient choice, as well as that of the PCT as the "local leader of the NHS", get through to residents?

Response – it was accepted that this would not happen overnight, but investment was being made in making information available to patients, such as plasma screens in every GP surgery, customer service points in the Town Centre and the creation of a public relations team. Other ways could be through advertisements etc.

Members also suggested that information could be disseminated via publications such as the Council's Insight magazine and parish magazines.

- would achievement of these local priorities be hindered by central government controls on capital and revenue spending?

Response – Planning for better facilities and longer term capital projects could be made against the financial backdrop of the PCT continuing to receive above average annual increases in funding, in order to bring it up to its “fair share” of NHS resources.

– were all PCTs being assessed at the same time, and what form did the inspection process take?

Response – All PCTs were being assessed on a “rolling programme” basis. Telford & Wrekin PCT was being inspected towards the end of the process for the West Midlands region. A self assessment based on the 10 competencies had to be submitted along with various other documents prior to the Inspectors’ visit. The visit itself would include a full “challenge” day with the Trust Board.

SC3-15 UPDATE ON DEVELOPING A HEALTH AND HEALTH CARE STRATEGY FOR SHROPSHIRE AND TELFORD & WREKIN

The Chairman welcomed John MacDonald, Programme Director for the work to develop an overarching Health and Health Care Strategy for Shropshire, Telford & Wrekin. The Strategy would provide a framework for the provision of health services to local people by health and social care organisations and staff who worked for them. Attached to the agenda was a recent briefing paper and a report on a Development Workshop held earlier in the year.

Mr MacDonald outlined the work that had been carried out in Phase 1 of the project, to develop the guiding principles underpinning the Strategy and to identify the key strategic issues. There were two overarching principles – that proposals must make sense clinically and they must make sense to the communities being served. Five major strategic themes had been identified based around demographics and the health of the population; access to services; clinical viability; financial viability; and care closer to home. Since June, a lot of work had been carried out on Phase 2 of the development of the Strategy by the eight Pathway Development Groups, each led by a senior clinician. The eight models of care were maternity and new born; children’s health; planned care; mental health; getting healthy, staying healthy; long term conditions (which was now being extended); acute care; and end of life care. Two new models of care looking at dementia and learning disabilities had now been added. The Groups were looking at the main issues facing local services, beginning to identify options for addressing the challenges, and working with stakeholders to complete the analysis and to prepare options for the future.

An NHS Staff Leadership and Engagement event had taken place the previous month, and Public and Stakeholder Engagement events were taking place later that week in Telford and Shrewsbury. Views and output from these events would feed into the process for pulling together the overall Strategy. The Strategy would begin to be finalised by the end of October, and would be presented to a meeting of the Joint Health Scrutiny Committee during November.

Following the presentation, Members expressed a number of views relating to the options being discussed around the “challenged strategies” of emergency care and children’s services, and where these might be located. Mr MacDonald accepted that there had to be a debate and consultation on these matters, but that this needed to be an informed debate. It was stressed that the main focus of the current work was on improving health and health services over the next five years in order to achieve national NHS objectives, and looking at what could be delivered in that timescale based around changes in existing services. The Strategy would also outline a longer term vision for the local NHS, including the future options for the provision of acute care. However, any long term option would require a further rigorous process of consultation and planning.

The Chairman advised that any proposals for service changes arising from the Strategy would be closely scrutinised, and a request had been made for additional resources to carry out this work. He also encouraged Members to attend the Public Engagement Event in Telford on 9 October 2008.

SC3-16 FORWARD PLAN

The Commission received a report that identified the key decisions to be made by Cabinet relating to the work areas of the Commission, as detailed in the current Forward Plan for the period from October 2008 to January 2009.

RESOLVED – that the report be noted.

SC3-17 DATE OF NEXT MEETING

The next meeting of the Commission was scheduled for 6.00pm on Wednesday, 5th November 2008.

The meeting closed at 7.38pm

Chairman.....

Date.....