

# Developing Health and Health Care

## A Strategy for Shropshire, Telford and Wrekin

### **Briefing to 10<sup>th</sup> November Joint HOSC Meeting**

#### 1. INTRODUCTION

The main focus of work I during Phase 2 (July – November) has been on:

- refining the models of care for those Pathway Development Groups where the Model of Care developed during Phase 1 and summarised in the Interim Report has been agreed. The PDGs include Maternity and the New Born; Planned Care; Mental Health; End of Life; Getting Healthy, Staying Healthy;
- further development of the model of care for long term conditions;
- development of models of care for the areas of learning disabilities and dementia;
- further assessment and appraisal of challenged strategies (children's health and acute care).

Considerable attention has also been paid to assessing the capacity in primary care and the ability of primary and community care to support activity as care moves closer to home. Six areas were identified as important in this regard:

- workforce;
- integrated community teams;
- diagnostics;
- information technology;
- the estate; and
- care coordination and information for patients and professionals.

In carrying out this work, the project plan had been revised to bring it, as far as possible, in line with the timetable for the Strategic Plan, ensuring that the Strategic Plan is informed by the overarching plan and that the commissioning intentions and activity projections and the overarching plan is consistent.

## 2. UPDATE ON PROGRESS

### **Pathway Development Groups**

The eight Pathway development groups have reviewed and updated their Models of Care and final reports have been completed. Two further areas have been included in the Long term Conditions report – dementia and learning disabilities. The reports have been updated in light of:

- Lord Darzi's Next stage review report;
- West Midlands Next stage Review report;
- Further analysis and work by the PDGs;
- Feedback from the Strategic Health Authority;
- Feedback from a number of events with the key stakeholders including the local authorities, patients, the public, voluntary sector.

Summaries of each of the PDG reports have been completed and will be considered at the Clinical Leaders Forum on 11<sup>th</sup> and 12<sup>th</sup> November and the two PCT Boards on 25<sup>th</sup> November.

### **Challenged Strategies**

The Interim Report identified five challenged strategies. Much of the work in Phase two has concentrated on emergency hospital services (particularly A and E and acute surgery) and paediatrics. These are discussed briefly below.

#### A. Emergency Hospital Services

The work during Phase 2 has focuses on:

- urgent care;
- sub specialisation in general surgery;
- the medical workforce and implications for future provision of services;
- clinical linkages.

A number of options for the provision of hospital emergency services in the immediate future (five years) were identified in the Interim Report and further analysis and assessment has been carried on these options.

### **Children's Services**

The work of the Children's PDG has concentrated on developing the Model of care and the three components (Hospital at Home, Paediatric Assessment Units and in patient paediatrics. This work has involved work audit of activity, discussion with key stakeholders and more detailed planning of the three elements.

An external assessment of the work and process followed by the Children's PDG was completed. This was carried out by Dr Steve Ryan, Medical Director, Alderhey Children's Hospital and John Adler formerly Chief Executive, Sheffield Children's Hospital and currently Chief Executive Sandwell and West Birmingham NHS Trust. The conclusions of this review were that:

- The process of option development, consultation and engagement – “the process to have been well constructed with a great deal of purposeful and useful engagement which is imperative given the fact that a very recent service review (2006/7) had fallen by the wayside. .... We noted that those we spoke to did not feel that there was a foregone conclusion to the current review, something that is particularly important given previous experience. As the process moves forward we would recommend two further elements that need to be incorporated:
  - a. The voices of children and young people themselves
  - b. A formal equality impact assessment to address potentially differential impacts of the options in respect of the various equality strands. It is essential that such an assessment is undertaken and fully considered before any choice of a preferred option”.
- The Options – “the four options outlined were a good basis for going forward and represented a template for giving real choices at any impending consultation. We did not identify any other primary options which had been overlooked.” The review also recommended that:
  - a. Hospital at Home is a very variable concept in its delivery and will need to vary according to the circumstances....We would agree with and emphasise the point that Hospital at Home is not the replacement for an inpatient service but rather one component of an integrated service;
  - b. “The review team put the question – what are the critical time points by which the likes of workforce issues (e.g. European Working Time Regulations or resource issues) will make change unavoidable? The fact that there were no clear answers to this was not a surprise as nationally there is a great deal of uncertainty about these issues. That being the case it may be possible to see the options forming a road map – at least from 1 to 3.”
  - c. “We had a sense that there was limited local experience in extended nursing roles of the kind that would be needed for the assessment model that we are suggesting. However, we felt that the nursing teams at both sites were “up-for-it” in terms of extended roles, though not at the cost of compromising nursing care. It is likely that the uncertainty and stalemate over many years has contributed to system inertia and therefore nursing development may need to be paced appropriately. “
- Clinical Linkages – the external review team's conclusion on clinical linkages was that “whilst they were an important consideration, and should be optimised wherever possible, no linkages were so imperative per se as to dictate a specific

solution in terms of the future configuration of children’s services. This means that there is room to consider fully the range of other issues (e.g. facilities, population access).”

- National and Regional Policy – the external review team concluded that “the process and options are consistent with national and regional policy.

### **Building Capacity in Primary Care**

Phase 2 has involved considerable work looking at how the capacity in primary care can be developed and strengthened in order to support care closer to home. This has included:

- Diagnostics;
- Primary Care Teams;
- Care Coordination and Navigation of the System;
- Workforce;
- Information Technology;
- The Estate.

### **Engagement**

The main engagement events during Phase 2 have been:

9<sup>th</sup> July Staff Leadership an Engagement Event

15<sup>th</sup> and 16<sup>th</sup> July Public Engagement Events

Participation in Telford and Wrekin and Shropshire Citizen Panel, results awaited.

11<sup>th</sup> September Staff Event focussing on workforce issues

9<sup>th</sup>/10<sup>th</sup> October Public Engagement events focussing on Children’s/Acute

13<sup>th</sup> October External Review Children’s PDG process

### **2020 Option Appraisal**

The Option Appraisal Steering Group has been established and is finalizing the options to be considered and looking to secure technical and analytical support.

It has been agreed that the Stakeholder Group will be developed from the Shared Governance Group to provide an informed group of stakeholders to work alongside the Steering Group.

A Programme Board is to be established to oversee the implementation of cross health economy aspects of the Overarching Plan, the 2020 Option Appraisal and other cross local health economy initiatives.

### 3. COMING TO A CONCLUSION

The Clinical Leaders Forum will be meeting on 11<sup>th</sup> and 12<sup>th</sup> November to consider:

- The PDG Reports;
- The Options for the Challenged Strategies;
- The 'Business Plan' to include activity, finance and workforce implications.

With regard to the challenged strategies the following issues will need to be taken into account:

- Access of patients to hospital services;
- Model of Care;
- Clinical linkages;
- Clinical risks;
- Implications for the estate.

These will be assessed against the two criteria of [Making Sense Clinically](#) and [Making Sense to Communities](#).

The Clinical Leaders recommendations will come to the PCT Boards on 25<sup>th</sup> November 2008 for consideration.

John MacDonald  
Chair  
Clinical Leaders Forum