

TELFORD & WREKIN COUNCIL/SHROPSHIRE COUNTY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Tuesday, 29 January 2008 at 2.00 p.m. at the AFC Telford Learning Centre, Wellington, Telford

PRESENT – Councillor D.R.W. White (TWC Health Scrutiny Chair)(Chairman), Councillor V.A. Fletcher (TWC), Councillor D. Gaskill (SCC), Councillor Y. Holyoak (SCC Health Scrutiny Chair), Mrs V. Lindley (TWC), Councillor V. Parry (SCC), Councillor E. Parsons (SCC), Mr D. Saunders (TWC)

Also Present – Councillor D. Beechey (SCC HOSC) , J. Chambers (Chief Executive, Shropshire County Primary Care Trust), S. Conolly (Chief Executive, Telford & Wrekin Primary Care Trust), J. MacDonald (Programme Director: Strategy for Developing Health & Health Care) and T. Taylor (Chief Executive, Shrewsbury & Telford Hospitals NHS Trust)

Officers – P. Donohue (Head of Service Development: Adult & Consumer Care, TWC), K. Clarke (Head of Audit & Scrutiny, TWC), L. Nicholson (Acting Director for Community Services, SCC), T. Dodds (Lead Officer – Scrutiny & Modernisation, SCC), M. Evans (Senior Committee Officer, SCC) and P. Smith (Senior Democratic Services Officer, TWC)

JHOSC-1 APOLOGIES FOR ABSENCE

Ms D. Davis (TWC), Cllr A. McClements (TWC), Cllr S. West (SCC) and Cllr M. Winckler (SCC).

JHOSC-2 DECLARATIONS OF INTEREST/PARTY WHIP

None

JHOSC-3 SHROPSHIRE, TELFORD & WREKIN HEALTH ECONOMY

The Chairman reported that the Joint Committee had been re-convened in order to have oversight of the development of an over-arching strategy for health services across Shropshire and Telford & Wrekin. He welcomed the Health Service representatives to the meeting, and invited Jo Chambers and Simon Conolly to make a presentation on the background to the Strategy Development, and the progress that had been made so far. A briefing paper was attached to the agenda.

Over the last few years, there had been considerable work done within the Shropshire, Telford & Wrekin Health Economy by each of the organisations to develop their strategies for improving the health and health care services for the populations served. More recently, the West Midlands Strategic Health Authority

(SHA) had published their Strategic Framework: Investing for Health, and had asked all health communities to develop an overarching strategic framework for their health economy. In addition, Lord Darzi's Review of the NHS had made a number of recommendations to strengthen and improve the NHS, with a key feature being the development of care pathways across primary, secondary and social care. As with other health economies in the West Midlands, it had been agreed that a Programme Director be appointed to support and facilitate the development of the strategic framework. A significant element of the Project Plan was that much of the work would be led by clinicians, who would be asked to look at the evidence and give a professional opinion on the future shape of good quality services.

The timescales for developing the Strategy were very challenging, with the review expected to report in April 2008. The project was being steered by the Clinical Leaders Forum (CLF) comprising the clinical directors from each of the four NHS Trusts and the Directors of Commissioning and the lead communications officer for the project. It was chaired by an independent chair, supported by a project team. The Acting Director for Community Services, SCC and the Corporate Director: Adult & Consumer Care, TWC had been invited to join the Forum as observers. The project had four main streams of work:

- a) the development of eight clinical pathways as recommended by Lord Darzi – maternity and new-born care; children's health; planned care; mental health; staying healthy; long term conditions; acute care and end of life care. There would be a working group for each pathway, led by a clinician, with membership from primary and secondary care clinical services, patients, key partners (including social care services) and the voluntary sector.
- b) Review of strategies for services specified as key challenges by the SHA - paediatrics, A&E/Urgent Care, emergency surgery and obstetrics. In addition, the local health organisations had agreed that a service strategy should be developed for urology.
- c) a Business work stream to ensure that the financial, contracting and market management issues were fully incorporated.
- d) An engagement plan to support the work of the project and ensure effective and early engagement with key stakeholders. Phase 1 of the Engagement Plan was largely complete, and Phase 2 over the next couple of months would include the agreement of engagement plans for each Pathway Development Group.

The principles underlying all the work to develop the Strategy were that any proposals should make sense clinically and make sense to the community being served.

Members were then invited to question the NHS representatives about the development of the Strategy and the Project Plan. Issues/questions included:

Who was paying for all the work to develop this Strategy, and how would the implementation of the Strategy be paid for?

Response – No additional money was coming from central Government. The Strategic Health Authority was funding the Programme Director, and the individual Trusts were meeting any costs to backfill staff who were involved in the Review. It was too early to know what the outcomes of the Review would be, and what costs

might be associated with them, but Primary Care Trusts had been asked to retain a contingency sum in their 2008/09 budget.

How did services for Adults with Learning Difficulties (ALD) fit into the Project Plan, and were the demographic changes of an increasingly elderly population being taken into account?

Response – ALD would fit broadly into the mental health clinical pathway. Older People cut across a number of the pathways, but would be built into their approach.

How would people be consulted, and who was monitoring the process?

Response - Engagement was taking place with partner organisations, patients and the public about the process that was being undertaken. If the final Strategy led to any significant service changes, there would need to be formal public consultation of those proposals. A 'Shared Governance' Group, consisting of key stakeholders, would sit alongside the Clinical Leaders Forum, and would have a key role in providing assurance that the process was robust and that there was effective engagement.

It was important that local authority services, such as for ALD and children & young people, were reflected in the review process. And would the outcomes lead to any issues for local authorities if they were being asked to provide more community based services?

Response - it was agreed that the process should not lose sight of services that were delivered with partners. However, in terms of areas like ALD, most of the clients were supported by the local authority and therefore it would not be a key focus of the NHS strategy. In terms of "who pays for what", this would be determined by national regulations.

Would the milestones for implementing the Strategy be determined by individual health trusts or would it be driven by central Government targets?

Response – it was likely to be a bit of both, although it was felt that if all health organisations in Shropshire could sign-up to a joint approach, then they would be in a better position to set their own agenda.

How were the clinicians being engaged in the process, and was there a danger that the views of a handful of powerful clinicians might have a disproportionate influence?

Response – it was important to ensure that clinicians were given time to properly participate in the process. They were being actively engaged at all levels, supported by a good communications process. It was felt there were enough stages in the process where views could be challenged to ensure that no single individuals or small groups could wield undue influence.

How was the whole process going to be completed by April 2008?

Response – the pathway groups had already started meeting to look at key issues, and there was a workshop in a couple of days time to discuss the strategic principles and overall thinking. It was believed that 3 months was achievable, but that further detailed work would need to be carried out once the framework was established. The process could also be aided by sharing experience with NHS organisations elsewhere, as across the country they were all undergoing a similar exercise.

The Chairman added that he would hopefully be sharing information with other Health Scrutiny Chairs in the West Midlands about the Strategic Health Reviews, and what processes were being followed. It was felt that Scrutiny Members should not be too closely involved in the Project Plan and the development of the Strategy, but should have a role in monitoring the process. Accordingly, it was suggested that four Health Scrutiny Members (two from Telford & Wrekin and two from Shropshire County) should become part of the 'Shared Governance' Group.

RESOLVED –

- (a) that the process that the NHS in Shropshire, Telford & Wrekin are engaged in be endorsed.**

- (b) that in terms of the shared governance arrangements for overseeing the process, it be proposed that two Telford & Wrekin Health Scrutiny Members and two Shropshire County Health Scrutiny Members be nominated to sit on the 'Shared Governance' Group**

The meeting closed at 3.25 pm

Chairman.....

Date.....