



<u>Committee and Date</u> Joint Health Overview and Scrutiny Committee 3 April 2009 11.30am

<u>Item</u> 3 Public

<u>Paper</u> A

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 11 DECEMBER 2008 AT THE SHIREHALL, SHREWSBURY 9.30AM – 11.25AM

Responsible Officer Michelle Evans

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Present

Members of the Joint Committee

Shropshire County Council:

Yvonne Holyoak (Chairman), Viv Parry, Stuart West, Margaret Winckler

Borough of Telford and Wrekin Council:

Val Lindley (co-optee), Angela McClements, Dag Saunders (co-optee), Derek White (Chairman)

Also Present

Barbara Craig, Portfolio Holder for Community Services

David Beechey, Shropshire County Council Health Overview and Scrutiny Panel (co-optee)

Madge Shingleton, Shropshire County Council Health Overview and Scrutiny Panel (co-optee)

John MacDonald, Chair of the Clinical Leaders Forum & Programme Director

Jo Chambers, Chief Executive, Shropshire County Primary Care Trust (SCPCT)

Jane Povey, Medical Director, SCPCT

Paul Tulley, Director of Strategic Planning and Commissioning, SCPCT

Simon Conolly, Chief Executive, Telford & Wrekin Primary Care Trust (TWPCT)

Tom Taylor, Chief Executive, Shrewsbury & Telford Hospital NHS Trust (SATH)

Ruth Houghton, Interim Assistant Director, Community Services, SCC

Tom Dodds, Lead Officer Performance, Scrutiny and Innovation, SCC

Ken Clarke, Head of Audit and Democracy, TWC

Alison Smith, Scrutiny Manager, TWC

Deborah Moseley, Assistant Democratic Services Officer, TWC

Michelle Evans, Senior Committee Officer, SCC

1. Apologies for Absence

1.1 Apologies for absence were received from Dilys Davis (TWC), Veronica Fletcher (TWC), Dilys Gaskill (SCC) and Liz Parsons (SCC).

1.2 Although not a member of the Joint Committee, apologies were received from James Gibson (Shropshire County Council Health Overview and Scrutiny Panel)

1.3 Apologies were also received from Val Beint, Director of Community Services.

2. Declarations of Interest

2.1 Although not a member of the Joint Committee, Madge Shingleton (SALC) declared a personal interest as an Independent Health Care Councillor.

3. Minutes

- 3.1 The minutes of the meeting held on 10 November 2008 were confirmed as a correct record.

4. Shropshire, Telford & Wrekin Health Economy

- 4.1 The Committee considered the report of Shropshire and Telford Executive Group which had been presented to the Boards of Shropshire County Primary Care Trust and Telford & Wrekin Primary Care Trust together with two reports from the Clinical Leaders Forum setting out a clinical vision for health services in Shropshire, Telford & Wrekin (copies attached to the signed minutes). Members also received a presentation from the Chair of the Clinical Leaders Forum (copy attached to the signed minutes).
- 4.2 The Chair of the Clinical Leaders Forum reminded members of the key principles of making sense clinically and making sense to the communities they served, and recapped on the three strategic objectives of prevention of ill health, promotion of good health and providing care closer to home. He informed members that there had been much debate around the provision of sustainable and accessible acute hospital services and the importance of developing capacity in primary and community care.
- 4.3 The Chair of the Clinical Leaders Forum gave examples of how the Models of Care identified by the Pathway Development Groups would lead to improved services. The Clinical Leaders Forum had concluded that there needed to be a single site for the seriously ill and injured because providing the service on both sites was not sustainable. More work was to be done to look at the impact of population catchment and growth, rurality and travel times and deprivation issues.
- 4.4 The Chair of the Clinical Leaders Forum explained to members the different options available. A timetable was given for assessing and developing the options however it was recognised that there could be slippage. He then described the outstanding work to be completed including a detailed social impact assessment and external assessment by the National Clinical Advisory Team. Engagement activities were currently being planned to feed into the formal consultation process.
- 4.5 It was felt that the Joint HOSC should not be involved in the workshop to map out the engagement process as it needed to maintain its independence and autonomy to enable it to effectively scrutinise future services. It was therefore requested that Professor Bob Sang be invited to a future meeting of the Joint HOSC to present the draft Engagement Plan. The Chair of the Clinical Leaders Forum would take this request back to the PCT who would decide on the best way forward.
- 4.6 In response to a query the Chair of the Clinical Leaders Forum explained that travel and deprivation issues had been looked at in the long term. Services would still be provided on both sites but it would be critical for services to be provided on a single site for the seriously ill and injured by 2020.
- 4.7 The Chief Executive, SaTH explained that the decision about where to site services would need to be agreed by the SaTH Board as they were the accountable body with responsibility for providing services. Their decision would then go back to the PCT and possibly the Department of Health for a final decision. The Chief Executive TWPC added that the recommendation needed to be an agreed position between

the two PCTs and SaTH. It was inconceivable to get to the stage of recommendations without agreement between the 3 parties.

- 4.8 It was confirmed that protocols would be agreed with the Ambulance Service showing which hospital would provide which services. These protocols were used all over the country to avoid patients being taken to the wrong hospital. The PCT were urged to clearly define what services would be provided where, to ensure that time was not wasted going to eg a Community Hospital, if this was not appropriate.
- 4.9 In response to a query, the Chief Executive, SaTH explained that a full range of training facilities were available for junior doctors. However the deanery did not treat the Trust as one site so training opportunities were spread over the two sites. SaTH would need to look at how services were configured in the future to ensure it would not lose its training accreditation.
- 4.10 The Chair of the Clinical Leaders Forum explained that there would be implications for the workforce however it was more mobile than in the past with better IT links. Further work needed to be done on workforce issues. The shift to primary care would be phased in to ensure that support was available to properly deliver services.
- 4.11 The Chief Executive, SaTH explained that many processes needed to be streamlined and made more efficient, for example, blood samples taken by a GP were collected at a certain time eg 2000 samples collected at 5pm but there were not enough machines to process the samples even though they had been empty for most of the day.
- 4.12 The Portfolio Holder for Community Services hoped that SaTH and the PCT would work closely together. She welcomed a national review of primary care capacity which was long overdue.
- 4.13 In response to a query the Chief Executive, SCPCT explained that most services were provided by primary care however more could be done with support from community services. The Director of Strategic Planning and Commissioning, SCPCT added that the role of community hospitals in end of life care needed to be developed.
- 4.14 It was felt that members of the Joint HOSC may disagree and have different views on certain points however they would strive to do their best to work together. The Joint Committee now wished to look in depth at what was being proposed to ensure that it was workable. It was important to get this right to ensure a strong and healthy economy for the benefit of the communities served. It was proposed that a small working group be set up as it was a huge piece of work for the Committee to consider as a whole.
- 4.15 In response to a query the Chair of the Clinical Leaders Forum advised that the population and catchment figures had been provided by the Local Authorities and that population growth would be taken into account. A lot of work had already been undertaken looking at drive times but more work was needed to look at this in the longer term.
- 4.16 The Chair of the Clinical Leaders Forum advised members not to lose sight of the fact that the four options for the shorter term would be a stepping stone to a long term solution. He reiterated that there would be no change for the vast majority of services across both sites. However, there was a clear message that complex work eg for the critically ill, should take place in the best place for the patient, with the best opportunities for a surgeon and therefore the best chance of survival. The issues for

further development were broader than just where services would be provided and were more about improving services for patients.

- 4.17 The Chief Executive, SaTH reported that the Trust also provided services to patients in Powys. The Joint HOSC were only concerned with the health economy of Shropshire, Telford and Wrekin and did not wish to take Powys into account. However the Chief Executive of SaTH explained that it would lead to problems for this health economy if SaTH were to lose funding from Powys which funds staff in both Shrewsbury and Telford.
- 4.18 The Medical Director, SCPCT explained that they welcomed working together and the opportunity to significantly improve the quality of care for patients.
- 4.19 In response to a comment that the environmental impact of treating people at home needed to be addressed, the Chair of the Clinical Leaders Forum explained that this would be looked at but another issue would be the appropriateness of care at home.
- 4.20 The Chair of the Clinical Leaders Forum explained that some staff would need to become more mobile however some services would only be provided at one hospital, for example, all surgeons would be based on one site.
- 4.21 The Portfolio Holder for Community Services was confident that improvements would be made by working together and taking difficult decisions that not everyone would agree with.
- 4.22 The Scrutiny Manager, TWC requested a steer as to how Joint HOSC were to be involved. She requested that meetings take place when conclusions from individual work streams were reached so that members could ask detailed questions on each of the work streams.
- 4.23 The Chief Executive, TWPCT explained that the current proposals were different to what had happened in the past. They were clinically led and not financially led and he was confident that they could deliver the quality expected by patients.
- 4.24 The Chief Executive, SaTH concluded that it would not be an easy process but it was important that they took their time in order to make the right decisions.
- 4.25 The Chairman thanked the officers for attending and noted the timescales. She urged the Chair of the Clinical Leaders Forum to take back members' comments.
- 4.26 It was agreed for the Chairmen of SCC and TWC Health Scrutiny to meet to look at the issues and come back with a programme for Joint HOSC to consider.

Chairman: _____

Date: _____