

ACTIVE LIFESTYLES, LEISURE & CULTURE SCRUTINY COMMITTEE

Minutes of the meeting of the Active Lifestyles, Leisure & Culture Scrutiny Committee held on Wednesday, 8th September, 2010 at 4.00 p.m. in the Civic Offices, Telford, Shropshire

PRESENT: Councillors V.A. Fletcher (Chairman), K.T. Blundell, R.G. Chaplin, J.A. Francis and F.R. Picken
Ms D. Davis (Co-optee)
Also Present: Councillor D.G. Allen (for agenda item 4)

ALSC-1 APOLOGIES FOR ABSENCE

Councillor C.N. Mason and Ms J Gulliver and Mr D Saunders (Co-optees)

ALSC-2 DECLARATIONS OF INTEREST

Councillor V.A Fletcher declared a personal interest in agenda item 4 (Provision of Ophthalmology and Musculoskeletal services) as she knew one of the NHS representatives who was presenting the item..

ALSC-3 APPOINTMENT OF VICE-CHAIRMAN FOR 2010/11

No nominations were put forward for the position of Vice Chairman of the Committee. Consequently, neither a vote nor decision on the matter could be taken. It was agreed to continue the year without an appointed Vice Chairman, and on occasions where the Chairman was unable to attend meetings, a Chairman for that particular meeting would then be elected at the meeting.

ALSC-4 PROVISION OF OPHTHALMOLOGY AND MUSCULOSKELETAL SERVICES AT EUSTON HOUSE, EUSTON WAY, TELFORD – STAKEHOLDER INVOLVEMENT

The Chairman welcomed Nicky Wilde (Primary Care Development Manager – Commissioning) and Dr Shailendra Allen from Trinity Medical Practice, who presented the report of the NHS Telford & Wrekin Commissioning Group.

In relation to Ophthalmology Services, the service provider (Shrewsbury & Telford Hospitals Trust) had been struggling to meet the 18 week target for referral to treatment time. To allow for additional capacity, a Community Based Cataract Surgery service had been commissioned for patients in Telford & Wrekin. The service would provide treatment for patients being referred by GPs and optometrists for cataracts. The service would include assessment, management and treatment of cataracts, thereby providing an alternative to hospital based outpatient care. Patients would only be referred to hospital when there was a need for general anaesthetic or complex treatments.

In terms of Musculoskeletal Services (MSK), this was one of the priority areas for improvements in waiting times and care/clinical outcomes. A new community based

model had been developed, based on a MSK Clinical Assessment and Treatment Service (CATS) that would support people with managing their conditions and to improve the quality of care and clinical outcomes. It would provide an alternative to hospital-based care for Telford & Wrekin patients referred by GPs and other health care professionals, and would significantly reduce the demand on secondary care.

It was proposed that both re-designed services would be located at purposely designed premises at Euston House, Euston Way, Telford from Spring 2011. There had been extensive discussion with local clinicians and GPs in developing a service specification, and engagement with patients and the public to determine their views on the services. This included working through LINKs on undertaking focus groups and a questionnaire, and involving patients in the Ophthalmology redesign. The initial results of the patient surveys were very positive, with a strong preference for a community based outreach service rather than a hospital based service. In terms of stakeholder engagement, the Committee were being asked to confirm that the consultation undertaken was sufficient to meet the requirement for patient and public involvement in service change.

Members asked a number of questions, including:

What effect would this service change have on other services provided at the Princess Royal Hospital (PRH)?

Response – only cataract surgery under local anaesthetic would be moved to Euston House. There were no specialist ophthalmic beds at the PRH anyway, and the Hospital Trust was currently struggling to meet waiting time targets. It was intended that the hospital would still provide the service, but closer to the patient. This model had been introduced successfully for rheumatology services.

What were the financial implications of the proposals?

Response – the re-design of Euston House had been funded through freed-up resources generated by General Practice through practice-based commissioning. Savings made from primary care services commissioned by GPs were being re-invested in developing identified services, including ophthalmic services.

For MSK services, would patients still have to go to Wolverhampton for assessment?

Response – this would depend on the type of disease, but it was anticipated that some tests would be done in Telford.

When did the survey/questionnaire go out to patients?

Response – although they had been talking to LINKs since July, the formal questionnaire for Ophthalmology services only went out last week. The deadline for responses was at the end of September. A similar exercise would need to be undertaken for MSK services.

Would there be parking charges for patients at Euston Way?

Response – there would be dedicated parking spaces for patients, and staff would be provided with permits to use the main car park adjacent to the railway station.

Members expressed concern that they did not have enough information to make a judgement on whether sufficient consultation and engagement had taken place, nor

to allow themselves, as a Health Scrutiny Committee, to comment on the proposals. Members requested details of the outcome of the patient surveys, more financial information on the proposals and a copy of the NHS procurement guidance. The NHS representatives agreed to provide this information, as well as figures on the usage of the existing Donnington outreach facility for Ophthalmology services.

RESOLVED – to defer further consideration of the proposals, pending receipt of further information from the NHS Telford & Wrekin Commissioning Group.

ALSC-5 SERVICE REVIEWS

The Organisational Improvement Manager presented a report that informed Members of the service reviews that were taking place within the Council, in line with the One Council Vision.

The programme of service reviews was currently being undertaken across all service delivery units within the Council. The reviews would look at how services were managed and operated to identify ways in which services can be delivered to the community more efficiently and effectively, within the resources available. The reviews needed to produce operational (non-staff) savings of 20% and were likely to lead to restructuring.

A Service Review Steering Group had been set up to oversee the programme and to monitor the progress of each service delivery unit, including information on changes in activity and savings. The timetable for service reviews taking place across the Council was detailed in the report.

The Scrutiny Manager advised that, in determining their Work Programme, the Committee needed to be aware of likely organisational changes in order to meet savings targets, and any consequent changes to services or the way they were delivered.

RESOLVED – that the report be noted, together with an acknowledgement of the role of the service reviews when planning the Committee's work programme.

ALSC-6 NHS CONSULTATION FRAMEWORK

The Scrutiny Manager presented a report that set out a proposed framework for use in considering changes to NHS services.

Under the Scrutiny arrangements introduced in June 2010, the Active Lifestyles, Leisure & Culture Scrutiny Committee was responsible for the statutory Health Scrutiny function, which included the work of the Joint Health Scrutiny Committee with Shropshire. It was likely that a number of upcoming health service changes would need consideration, and it was suggested that the Committee adopt a framework for NHS consultations. It was hoped that Shropshire Council would adopt a similar framework, so there would be continuity in terms of joint health scrutiny arrangements.

The framework identified four levels of consultation:

- Level 1- the change in service proposed is minor or there are immediate risks to the safety and welfare of patients or staff. Consultation is not required but patients should be involved in the development of the service.
- Level 2 – the change in service is not substantial but some consultation with patients is required regarding the proposed change.
- Level 3 – the change in service proposed is a substantial variation or development in service and requires a statutory 3 month consultation.
- Level 4 – the proposed change in service is a significant change in service but the decision has been made at a national level and therefore local consultation on whether the change should be implemented is not necessary. However the Committee may expect the local NHS organisations to demonstrate that patients and the public will be involved in how the change will be implemented.

During discussion of the proposed framework, it was suggested that at Levels 1 and 2 there needed to be consideration of the impact on staff and on other related services. This was agreed, and it was

RESOLVED –

- a) that the consultation framework outlined in paragraph 5.2 of the report, be approved, subject to the wording at Levels 1 and 2 being amended to include reference to the impact on staff and on other related services;**
- b) that discussions be held with the Primary Care Trust to apply this framework locally, and to ensure that all NHS staff are aware of the responsibility to notify the Committee of any proposed service changes.**

ALSC-7 CHAIRMAN’S UPDATE REPORT

The Chairman reported on the Scrutiny Chairman’s Forum on 16 August. Much of the discussion had been around the work programme for 2010/11, and this would be discussed in the next item on the agenda.

In terms of health scrutiny, a meeting of the Joint Health Scrutiny Committee had been arranged for 8 October 2010 to look at proposals for mental health services, cancer services and to receive an update on the re-configuration of health services in Shropshire, Telford & Wrekin.

Work was ongoing on rationalising the Scrutiny database, with some issues/reports being “signed off” if Members were satisfied that the recommendations had been addressed and actioned.

ALSC-8 2010/11 WORK PROGRAMME

The Scrutiny Manager presented a report which explained the process for developing the Scrutiny work programme for the current municipal year. The ideas from the Scrutiny Assembly meeting in July, along with any outstanding work from 2009/10, had been considered by the Scrutiny Chairman's Forum. It had been agreed:

- that the three topics for in-depth review would be Budget Formulation, Working with Community Groups to help Improve the Local Environment, and Affordable, Available & Flexible Childcare;
- that each Scrutiny Committee would scrutinise the relevant aspect of the budget proposals for 2010/11 during the budget consultation process;
- the allocation of supported Scrutiny meetings across the 7 Scrutiny Committees, as set out in Table 1 in the report. This took account of the statutory roles of some of the Committees and those Committees that would be undertaking an in-depth review.

The Active Lifestyles, Leisure & Culture Scrutiny Committee had been allocated 3 additional meetings to cover statutory health scrutiny issues. One meeting was allocated to scrutinise the budget proposals, leaving three meetings to scrutinise non-statutory issues. The issues that had been identified as potential areas for scrutiny by this Committee were appended to the report.

The Chairman reported that there were two urgent health-related topics that needed consideration – the NHS White Paper on Health Reform, and proposals locally for Transforming Community Services. She had discussed this with the Chairman of the Adult Care & Support Scrutiny Committee, and it was proposed that both Committees meet jointly to consider these issues. There was then discussion concerning the suggested scrutiny work issues at Appendix A of the report. Three topics were identified:

- cost effectiveness of the campaigns to promote active lifestyles. It was agreed that this should be done later in the year, and that Officers from the Council and the PCT be asked to provide briefing papers before deciding what depth this topic should be looked into.
- review of the schools curriculum to understand how much sport/swimming/physical activity is being provided in schools and how this could be enhanced. It was agreed that this could be a special interest meeting, maybe jointly with the Children & Young People Scrutiny Committee.
- West Midlands Ambulance Service and SaTH Foundation Trust applications. This could be a joint meeting with the Adult Care & Support Scrutiny Committee.

The Scrutiny Manager stated that suitable meeting dates would be formulated with the Corporate Diary and notified to Members as soon as possible

RESOLVED –

(a) that the following topics be examined by the Committee during 2010/11 :

- **The cost effectiveness of the campaigns to promote active lifestyles;**

- **Review of the schools curriculum to understand how much sport/swimming/physical activity is being provided in schools and how this could be enhanced (possibly in conjunction with the Children & Young People Scrutiny Committee);**
- **Ambulance Service and SaTH Foundation Trust applications (in conjunction with the Adult Care & Support Committee).**

(b) that the next meeting of the Committee be a joint meeting with the Adult Care & Support Scrutiny Committee, provisionally on 27 September at 3.00pm, to consider the Health Reform White Paper and the Transforming Community Service Proposals.

The meeting ended at 5.55 p.m.

Chairman:

Date: