

SCRUTINY COMMISSION 3
HEALTH AND CARE

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

PRESENT - Councillors D.R.W. White (Chairman), V.A. Fletcher, G.P. Hossell, C.N. Mason, H. Williams and D. Wright

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

Also Present – Councillor R.E. Groom (for SC3-4)
Mr. C. Cornell (Implementation Consultant, National Institute for Clinical Excellence)

Officers - P. Taylor (Head of Housing Needs & Community Care), N. Brookes (Business Manager – Housing Quality & Renewal), F. Carron (Business Manager – Prevention & Intermediate Care), Paul Smith (Agency Services Manager – Home Improvement Agency), B. Walker (Team Manager – Occupational Therapy), A. Smith (Scrutiny Manager) and P. Smith (Senior Democratic Services Officer)

SC3-1 **MINUTES**

RESOLVED – that the minutes of the meeting of the Commission held on 16 April 2008 be confirmed and signed by the Chairman.

SC3-2 **APOLOGIES FOR ABSENCE**

Councillors J.A. Dixon and A. McClements and Mr D. Saunders (Co-optee)

SC3-3 **DECLARATIONS OF INTEREST/PARTY WHIP**

Councillor C.N. Mason declared a personal interest in agenda item 5 – Adaptations to the Home for Disabled People.

SC3-4 **NATIONAL INSTITUTE FOR HEALTH & CLINICAL EXCELLENCE (NICE)**

The Chairman welcomed Chris Connell (Implementation Consultant, NICE), who made a presentation to Members on the work of the National Institute for Health & Clinical Excellence and its relevance to local authorities in terms of public health.

NICE was established in 1999 as an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. It was originally an NHS specific body, but its role was changing rapidly to involve a much wider audience. Guidance was produced in three areas:

- Public health – guidance on the promotion of good health and prevention of ill health for those working in the NHS, local authorities and wider public and voluntary sector.

- Health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS.
- Clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

All the guidance was produced following a rigorous, evidence-based process that took into account evidence from specialist research; from patients and clients on their experience; and from professionals/experts in that field. In relation to the guidance produced on new drugs, examples of their positive impact could be seen in the benefits to cancer patients, and in the uptake of drugs to tackle obesity.

Examples were given of the public health issues for which guidance had recently issued, including physical activity in the workplace, school based interventions on alcohol and interventions to prevent sexually transmitted infections. Recent clinical guidelines covered topics such as obesity, dementia, depression and falls. NICE provided considerable support to help organisations implement the guidance, including six implementation consultants based around the country (Chris Connell was consultant for the “West” region), implementation support tools, education initiatives and the sharing of examples of how organisations had worked together to implement guidance.

NICE was keen to broaden its work beyond the NHS and it was seen as being of increasing relevance to local authorities in terms of the public health and care agenda. It was emphasised that the more recent guidance could help Health Scrutiny Committees to carry out their work, in that they provided strong evidence-based recommendations that sought to maximise health benefits and the use of public monies. NICE was also keen to hear from people and organisations from outside the NHS about the sort of topics that should be selected for examination.

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

- given that the pharmaceuticals is a global industry, is there a body that co-ordinates the licensing of drugs between different countries?

Response: Mr Connell stated that there was a European Medicines Agency to which companies could apply for a Europe-wide licence. NICE had close links with similar organisations in other countries, and had helped in setting some of these up.

- Who is responsible for issuing the licences in the UK, and at what stage does NICE get involved in the development of drugs?

Response: In the UK, the Medical & Health Care Products Regulation Agency licensed the products once they had been developed. NICE then looked at the clinical and cost effectiveness of the products. This process could be quite lengthy, so NICE was looking to get information about a potential drug/medicine earlier in the process via the manufacturers’ trials. However, it was important that this did not compromise NICE’s independence.

- re: recent high profile NICE guidelines on drugs for dementia treatment – how were the views of patients/carers assessed in relation to the views of clinicians/doctors, particularly if they conflicted?

Response – there was a tremendous response from the public about this issue. Anecdotal evidence did have limited value, and “hard” demonstrable evidence would outweigh it. In the end, NICE had to make a judgement, and its conclusions were that these drugs were not cost or clinically effective in the early stages of dementia.

- re: obesity in children – does NICE also look at making sure that children are well nourished?

Response – the guidelines on childhood obesity and child nutrition were probably the most comprehensive in the UK so far. The report looked at a whole range of issues, and included specific guidance for schools.

– does anybody audit or monitor the performance and ethics of NICE, and is there a government representative on NICE’s governing body?

Response – NICE had been scrutinised by the House of Commons Health Select Committee, and had been looked at twice by the World Health Organisation. Decisions or guidelines of NICE could be appealed by the public or drugs companies, and could also be subject to judicial review. There was a government minister who was responsible for NICE, but the Minister did not sit on any of NICE’s internal management bodies. However, the government did have the final say on which topics were selected for examination.

- does NICE intervene if something goes wrong with a drug once it is licensed and approved (eg appearance of side-effects)?

Response - there was a reporting system within the NHS to pick-up any safety issues. If there was sufficient evidence of a problem, we would review and alter our guidance accordingly.

The Chairman thanked Mr Connell for attending the meeting. The value that NICE guidance could bring to Health Scrutiny work was now better appreciated – for example, in relation to the Commission’s work on alcohol treatment and prevention.

SC3-5 ADAPTATIONS TO THE HOME FOR DISABLED PEOPLE

The Head of Housing Needs & Community Care and his team provided a presentation looking at the Council’s statutory responsibilities to provide adaptations to help people to remain in their homes; the types of adaptation available; the assessment process; the funding streams and budgets; the Council’s performance; and issues and challenges for the service.

The presentation provided details of the role that Occupational Therapy played in carrying out assessments and identifying what options were available to the applicant in order to meet their needs. One of the options was to apply for a Disabled Facilities Grant (DFG), and further information was provided about the Grant. It was delivered via the Home Improvement Agency (HIA), and was a mandatory grant scheme with a limit of £30,000 for individual grants. The grants were means tested, and the HIA organised and planned the identified works for clients. It helped around 175 people a year. The Government had recently made the DFG process more flexible, but there were concerns about the increasing demand for the service, given the increasingly ageing population. For example, it was estimated that there were 14,900 households in the Borough where one or more residents had a disability. In terms of

performance, the average time for Occupational Therapy to make their recommendation following referral was 6 weeks, and Telford & Wrekin was one of the few authorities in the country that did not have a waiting list. Grant applications were determined on average in 19 weeks, which was in the top quartile of national performance.

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

Were assessments made for Social Registered Landlords (RSLs), and were tenants informed what the recommendations were?

Response – Occupational Therapy handled all referrals irrespective of where they originated from and tenants of RSLs would be informed. Sometimes an issue arose where a RSL would recommend a tenant move to another property which had already been adapted rather than have their existing dwelling adapted. It was often a balance between maximising the sustainability of properties and the wishes of the tenant about where they wanted to live, and the HIA worked with Wrekin Housing Trust to address any issues.

Mrs Lindley referred to cases she was aware of where applicants for adaptations had not been offered the option to apply for a DFG, and they had been instead steered towards a voluntary organisation - Soldiers, Sailors & Airforce Families Association (SSAFA) - who funded some adaptations.

Response - people were referred to SSAFA if they were ineligible for assistance from the Council (eg: if there was no assessed need). However, if people were eligible, they would be made aware of the availability of DFGs. Any individual cases where this was alleged not to have happened could be looked at outside the meeting.

Was there any budget to commission custom-made adaptations?

Response – most work was undertaken by two technicians, but for very specialist jobs use was made of the expertise of retired engineers.

The Chairman thanked the officers for their attendance, and stated that the issue of adaptations in RSL properties might be something the Commission would want to look at further.

SC3-6 RE-APPOINTMENT OF CO-OPTEEES FOR 2008/09

The Chairman reported that the existing co-optees on the Commission had indicated that they wished to continue in their role. One of the co-optees needed to be nominated by the newly formed Local Involvement Network (LINK) for Telford & Wrekin. Mrs Lindley had been the representative from the former Patient and Public Involvement Forum, and it was hoped that she would be able to continue this role for the LINK. However, this was still to be formalised, and it was therefore proposed that Mrs Lindley be re-appointed on an interim basis.

RESOLVED –

- (a) that Ms D Davis and Mr D Saunders be re-appointed as co-opted members of the Commission for 2008/09.**

- (b) that Mrs V Lindley be re-appointed as a co-opted member of the Commission on an interim basis, pending formal notification from the Local Involvement Network.

SC3-7 NOMINATIONS TO JOINT HEALTH SCRUTINY COMMITTEE

The Chairman reported that the Commission needed to appoint six members to the joint Borough of Telford & Wrekin/Shropshire County Council Health Overview & Scrutiny Committee for 2008/09.

The next meeting of the Joint Committee was likely to be on Friday 11 July 2008 at Shirehall, Shrewsbury.

RESOLVED – that Ms D. Davis (co-optee), Cllr V.A. Fletcher, Mrs V. Lindley (co-optee), Cllr A. McClements, Mr D. Saunders (co-optee) and Cllr D.R.W. White be appointed to the Joint Health Scrutiny Committee for 2008/09.

SC3-8 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 June to September 2008.

RESOLVED – that the report be noted.

SC3-9 CHAIRMAN'S UPDATE

a) The Chairman reported that there had been delays in the progress of the NHS Strategy for the Shropshire, Telford & Wrekin Health Economy. Further information was now going to be presented to the Joint Health Scrutiny Committee on 11 July 2008.

b) The Chairman sought Members' views on possible agenda items for the next meeting on 10 September 2008.

RESOLVED – that the two main agenda items should an update on the implementation of the Prevention of Alcohol Misuse & Harm Reduction Strategy, and a presentation from the Director of Public Health on obesity issues in the Borough.

SC3-10 DATE OF NEXT MEETING

The next meeting of the Commission was scheduled for 6.00pm on Wednesday, 10th September 2008.

The meeting closed at 8.00pm

Chairman.....

Date.....

Developing Health and Health Care

A Strategy for Shropshire, Telford and Wrekin

Briefing 7: 09 September 2008

1. Introduction

Welcome to our 7th briefing to inform stakeholders and staff about the work to develop an overarching **Health and Health Care Strategy for Shropshire, Telford and Wrekin**.

The NHS in Shropshire, Telford and Wrekin is working with local communities and partner organisations to develop an overarching Health Care Strategy for the local area. The strategy will provide a framework for the provision of health services to local people by health and social care organisations and the staff who work for them.

*“When assessing the options we will need to ensure that they **make sense to communities**. This includes making sure that services are accessible, affordable and provided close to home wherever possible. We will also need to ensure that they **make sense clinically**. This includes making sure that they are clinically safe, that they meet the health needs of the people we serve and that we can actually recruit and develop the staff needed to provide those services.”*

It will describe how we plan to improve health and health services over the next five years until 2012/13. It will set out how patients will be treated, what improvements are needed, the implications for staff, and the financial plan. It will also outline a longer-term vision for the local NHS, outlining the main improvements that will be needed in the over the next decade.

Our local work forms part of a nationwide development process led by Health Minister and practicing surgeon Lord Darzi to shape the vision for the NHS over the next decade.

2. Engaging with the development of this strategy – Your say



There are **three** events taking place in September and October to engage local communities and staff in the development of the Strategy, and allow people to contribute to the final report which is to be launched mid October.

NHS Staff Leadership and Engagement Event

12 noon to 4.30pm, Thursday 11 September 2008
Park Inn, Telford

NHS Public and Stakeholder Engagement Event, Telford

10am to 3pm, Thursday 9 October 2008
International Centre, Telford

NHS Public and Stakeholder Engagement Event, Shrewsbury

10am to 3pm, Friday 10, October 2008
The Lord Hill Hotel, Shrewsbury

For more details on these events please visit our website, contact the Project Team by email communications@sath.nhs.uk or write to:

Judith Barford, Developing Health and Health Care Project Team, Shropshire County PCT, Mytton Oak Road, Shrewsbury, Shropshire SY3 8XL.

Document Information		Status	FINAL
Date	09 September 2008	Version	Briefing 7
Author	Clinical Leaders Forum	Intended Audience	General Distribution

3. Involving you in “Developing Health and Health Care”

On 15th and 16th July over 100 members of the public, community representatives and NHS staff participated in the events which were held at the Holiday Inn, Telford, and Shrewsbury Town FC, in Shrewsbury. These events were organised by the region’s four health Trusts. A report from these events was published on 9th September and is now available from our website.



The events aimed to provide an opportunity for local people to:

- Find out more about the process to develop a strategy for health and health care in Shropshire, Telford and Wrekin
- Hear about the progress to date, providing input and comments to ensure that the work continues to focus on the most important challenges facing health and health services
- Help to identify the ways in which these challenges might be addressed
- Advise on ways to continue to involve patients and communities in shaping future health services.

The morning session featured group workshops where participants discussed the major issues facing health and health services in the eight pathways (maternity & newborn care, children’s health, getting healthy staying healthy, planned care, end of life care, long term conditions, acute care, mental health).

The afternoon session was reserved to patient and public participants, who were asked to work in small groups to consider the following questions and feed back their top issues to all participants:

- What do we want the NHS to look like?
- What will help us to achieve this? What factors do we need to consider?
- What are the main obstacles and how do we overcome them?
- How do we continue to involve patients and communities?



The issues highlighted by participants in the feedback from their group work were:

Key messages from Telford

- Everyday ‘stuff’ locally and centres of excellence (recognising complexity)
- Transparent/holistic integration of health and social care
- Continuity of care and flexibility, locally
- “good hospitals ==> good services”
- easy access to information at all interfaces and places
- GP and primary care team at the centre
- As local as is practicable: except where evidence indicates otherwise

Key messages from Shrewsbury

- ‘Fit for purpose’: continuity and efficiency of care – equity for all ages
- Equity of accessible care for the whole population: spread ‘acute’ excellence to all care
- Patient/person/customer-focussed, holistic: data that works
- A partnership with patients and their organisations - high quality for all and in all settings
- A GP of choice and direct quick referral (stronger community base and local agency) ... stress free
- Respect and dignity: my views matter; continuity and co-ordination of my data
- Local determination

The event report provides more information about the issues discussed at these events. It is accompanied by notes from morning workshops where participants discussed the eight pathways. For a copy of the report or more details on these events **please visit our website or contact the Project Team** by email communications@sath.nhs.uk.

4. National End Of Life Care Strategy Launched



As well as being an important aspect of our work locally, End Of Life Care (ELC), has been a key topic on a national level this month as the Department Of Health launched its document, **End Of Life Care Strategy, Promoting high quality care for all adults at the end of life.**

The national programme aims to improve the quality of care at the end of life for all patients and enable more patients to live and die in the place of their choice.

Our local work has begun to suggest a vision for delivering high quality care and support to people with a life-limiting condition and their families, especially in the weeks and days immediately preceding and after death. A number of possible actions have been identified:

Action 1: Expand the role of the GP with a special interest in end of life care

Action 2: Extend the use of the supportive care pathway in Shropshire, Telford and Wrekin

Action 3: Ensure that our commissioning strategy meets the needs of the population

We are continuing with our work to develop local plans that support the implementation of the national End of Life Care Strategy and welcome your views and comments.

For more information on the National programme, to download the strategy, leaflets, resource packs etc, please visit the website: www.endoflifecareforadults.nhs.uk

To find out more about our local work please visit our website at www.ournhsinshropshireandtelford.nhs.uk and visit the **End of Life** page in the **Pathways** section.

5. Workforce matters

You will be aware that the role of our workforce is an essential aspect of each of the eight Pathway Development Group (PDG) workstreams. Healthcare workforce planning is key to the success of all our strategic work across the NHS.

As part of the first guiding principle of our strategy locally, ***Making sense clinically***, there is a key theme to develop and support our workforce. This will help us:

- To ensure the Shropshire and Telford & Wrekin local health economy is an attractive and effective place for the training of clinical staff.
- To deliver organisational sustainability and accredited clinical services through carefully planned change, while recognising that the role of individual clinicians may need to change.
- To ensure that NHS workforce planning becomes a robust exercise conducted in close partnership across the organisations.

With this in mind, we have set up a **Workforce Project Group** to work with each of the eight Pathway Development Groups (PDGs) to identify what workforce skills and requirements would be needed to implement and deliver the care pathway. Each PDG has been asked to contribute to a **Skills Template**

and consider the workforce opportunities, roles, skills and training required across each levels of the NHS (e.g. Primary and Community Care, Continued Supportive Care, Acute Care etc.).

The PDGs have fed back their initial thoughts, and the Workforce Project Group has reviewed these submissions to identify the common themes and key issues that cut across more than one pathway. These themes and issues will form the basis of the **Tabletop Workshops** at our staff event to be held at The Park Inn Telford on 11th September, where we are asking staff across Shropshire and Telford & Wrekin to contribute to this work. We will share this work more widely after the staff event.

6. Remember to have your say on the NHS Constitution

There is still time to share your views on the NHS Constitution. The proposed Constitution for the NHS in England was published in June. It aims to:

- safeguard the core principles and values of the NHS for the next generation, while setting a clear direction for the future
- reaffirm rights to NHS services, free of charge and with equal access for all
- enshrine patient rights to choice and to NICE-approved drugs recommended by clinicians
- empower both staff and patients, containing clear pledges on the ways in which the NHS will strive to go beyond the stated rights to improve the working environment.

The draft constitution has been developed over the past few months with the active engagement of staff, patients and the public. The NHS is consulting widely on the constitution and how to put it into practice until 17 October 2008. There is a link to the draft Constitution and the Consultation document, along with leaflets and booklets explaining more, on our website www.ournhsinshropshireandtelford.nhs.uk.

To feedback your comments on the draft Constitution you can email nhsconstitution@dh.gsi.gov.uk or write to **NHS Constitution, Room 611a, Richmond House, 79 Whitehall, London, SWA1 2NS**

7. Send us your stories – Pioneers wanted!

Have you come across any examples of our **Developing Health and Health Care** strategy already in operation? Do you know someone who is already leading the field in the pathway development work we are currently exploring?

We are looking for great stories which will help us to explain the types of future healthcare pathways, themes, methods, or approaches we are exploring in this strategic review. The stories will be used as Case Studies to illustrate how our plans might benefit our patients and staff in the future.

These may be examples where new services are being implemented locally, but we are also interested in relevant stories from outside our region. Please let us know if you hear anything, even if the project is at an early phase.

If you have any great ideas, or can put us in touch with the right people, **then please contact the Project Team** by email communications@sath.nhs.uk

8. Find out more and make your views known

You can find out more from our website at www.ournhsinshropshireandtelford.nhs.uk. It includes information about the process, opportunities to become involved, reports from local engagement events and links to national legislation and policy which must guide how we shape local health services. Please feel free to link to this site from your public websites and intranets.

You can contact the Project Team at communications@sath.nhs.uk or via the website at www.ournhsinshropshireandtelford.nhs.uk

Public Engagement Events: October 2008 Confirmation of Attendance

I will be attending the event on 9 October in Telford (venue tbc)

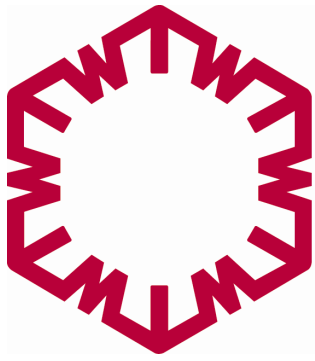
I will be attending the event on 10 October in Shrewsbury (venue tbc)
(Please ✓ tick one box only)

I will not be attending, but please keep me informed about progress

Your Details	
Your Name:	
Your Email Address: (please provide your email address if you have one)	
Your Postal Address: (you do not need to provide a postal address if you have provided an email address, as we shall send further details by email)	
Any Special Requirements (e.g. dietary, access, hearing loop, other):	
How can we ensure that this event is useful and successful for you?	

Travel and carer expenses will be paid if you are unable to claim these from another source. Claim forms will be available from registration on the day.

**Please email to communications@sath.nhs.uk or post to:
Judith Barford, Developing Health and Health Care, c/o Shropshire County PCT, William Farr House, Mytton Oak Road, Shrewsbury SY3 8XL**



Telford & Wrekin

C O U N C I L

FORWARD PLAN

EXTRACT

85th Edition

Published on 16th September 2008

Effective from 1st October 2008

Covering the period

October 2008 to January 2009



**DEMOCRATIC
SERVICES**

OCTOBER 2008

Title	Affordable Warmth Strategy 2008-2011	
Exempt	No	If yes please state Paragraph Number(s) under which item is exempt:
Lead Cabinet Member and Portfolio Area	Cllr Jacqui Seymour Adult and Consumer Care	
Why this is a Key Decision	Impact on terms of delivery of the Council's agreed policy	
Purpose	To seek approval for the borough's Affordable Warmth Strategy 2008-2011.	
Recommendation	That Cabinet approve the Affordable Warmth Strategy 2008-2011.	
Decision Maker	Cabinet	
Target Cabinet/Date of Decision	13 October 2008	
Proposed Consultation		
Contact	Name Neil Brookes Telephone No 01952 381888	Designation Housing Quality and Renewal Manager Email neil.brookes@telford.gov.uk

Title	Charging Policy for Home Care and Other Non-Residential Social Services	
Exempt		If yes please state Paragraph Number(s) under which item is exempt:
Lead Cabinet Member and Portfolio Area	Cllr Jacqui Seymour Adult and Consumer Care	
Why this is a Key Decision	Borough-wide implications	
Purpose	To implement changes to the Home Care and other non-Residential Social Services Charging Policy following Equalities Impact Assessment and Review	
Recommendation	That Members approve the changes to the Charging Policy	
Decision Maker	Cabinet	
Target Cabinet/Date of Decision	13 October 2008	
Proposed Consultation		
Contact	Name Karen Kalinowski Telephone No 01952 381011	Designation Head of Performance and Standards Email karen.kalinowski@telford.gov.uk

Title	Continuing Health Care Strategy	
Exempt	No	If yes please state Paragraph Number(s) under which item is exempt:
Lead Cabinet Member and Portfolio Area	Cllr Jacqui Seymour Adult and Consumer Care	
Why this is a Key Decision	Borough-wide significance	
Purpose	To provide details of the Continuing Health Care Strategy that Telford & Wrekin Primary Care Trust has developed in consultation with Council officers and other stakeholders and to request endorsement of the document	
Recommendation	That Members consider the Continuing Health Care Strategy and endorse it as a basis for continuing work with local health services	
Decision Maker	Cabinet	
Target Cabinet/Date of Decision	13 October 2008	
Proposed Consultation		
Contact	Name Paul Donohue Telephone No 01952 381100	Designation Head of Service Development Email paul.donohue@telford.gov.uk

Title	Housing Stock Condition Survey	
Exempt	No	If yes please state Paragraph Number(s) under which item is exempt:
Lead Cabinet Member and Portfolio Area	Cllr Jacqui Seymour Adult and Consumer Care	
Why this is a Key Decision	Impact on terms of delivery of the Council's agreed policy	
Purpose	To report findings of the Housing Stock Condition Survey 2008 and approve actions to respond to those findings.	
Recommendation	That Cabinet note the findings of the Housing Stock Condition Survey 2008 and approve actions to respond to those findings.	
Decision Maker	Cabinet	
Target Cabinet/Date of Decision	27 October 2008	
Proposed Consultation		
Contact	Name Neil Brookes Telephone No 01952 381888	Designation Housing Quality and Renewal Manager Email neil.brookes@telford.gov.uk