

DRAFT

**MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY PANEL
MEETING HELD ON 11 JULY 2008 AT THE SHIREHALL, SHREWSBURY
2.30 PM – 4.30 PM**

Responsible Officer Michelle Evans

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Present

Members of the Joint Panel

Shropshire County Council:

Dilys Gaskill, Yvonne Holyoak (Chairman), Viv Parry, Liz Parsons, Stuart West, Margaret Winckler

Borough of Telford and Wrekin Council:

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

Also Present

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

Jo Chambers, Chief Executive, Shropshire County Primary Care Trust (SCPCT)
Simon Conolly, Chief Executive, Telford & Wrekin Primary Care Trust (TWPCT)
Tom Taylor, Chief Executive, Shrewsbury & Telford Hospital NHS Trust (SATH)

Liz Nicholson, Interim Corporate Director, Community Services, Shropshire County Council
Alison Smith, Principal Scrutiny Officer, Borough of Telford & Wrekin

1. Apologies for Absence

1.1 Apologies for absence were received from Veronica Fletcher (Borough of Telford & Wrekin).

1.2 Although not members of the Joint Panel, apologies were received from:
Doris Ankers, Shropshire County Council Health Overview and Scrutiny Panel (co-optee)
Martin Bennett, Shropshire County Council Health Overview and Scrutiny Panel (co-optee)
James Gibson, Shropshire County Council Health Overview and Scrutiny Panel
Peter Martin, Shropshire County Council Health Overview and Scrutiny Panel
Shirley Sambrook, Shropshire County Council Health Overview and Scrutiny Panel

Barbara Craig, Cabinet Member for Community Services, Shropshire County Council

John MacDonald, Programme Director, Strategy for Developing Health & Healthcare

2. Declarations of Interest

- 2.1 Although not members of the Joint Panel, the following declarations were received: Mrs M Shingleton declared a personal interest as an Independent Health Concern Councillor. Mrs S Sambrook declared a personal interest as a member of the League of Friends at Shrewsbury and Telford Hospital NHS Trust.

3. Minutes

- 3.1 The minutes of the meeting held on 29 January 2008 were confirmed as a correct record.

4. Developing Health and Health Care A Strategy for Shropshire, Telford & Wrekin

- 4.1 The Chairman welcomed everyone to the meeting and explained that the purpose of the meeting was to receive an update following the meeting held on 29 January 2008.
- 4.2 The Joint Panel received an interim report and a presentation (copies attached to the signed minutes) on the progress that had been made in developing a strategy for health and health care and the further work required to complete the strategy by October 2008.
- 4.3 The Chief Executive, SCPCT updated members and explained the work that had been on going to help shape the strategy. She discussed the key strategic issues and objectives that had been identified and the models of care being worked towards which would underpin the future delivery of health care.
- 4.4 The Chief Executive, TWPCT looked at the objectives of the proposed Vision of Health Care Services for 2020 which focused on the prevention of disease, the promotion of healthy lifestyles and independent living, services close to home and the provision of sustainable and accessible hospitals.
- 4.5 Four scenarios and options for acute services were discussed and it was explained that no change, nor even minimum change, would not address the challenges faced. Concentrating different services on different sites was a possibility however the clinical leaders were recommending the development of a new hospital between Shrewsbury and Telford as the major emergency centre for the area with RSH and PRH providing a range of more routine/local services.
- 4.6 It was reported that engagement was ongoing with partners, stakeholders and the public and that the final report would be presented to the Joint Panel. Any changes would have to be formally consulted upon and any proposals would be shared with the Independent Reconfiguration Panel for advice throughout.
- 4.7 The Chief Executive, SATH explained that the proposed new hospital would be relatively small and would mainly treat the acutely ill and/or injured. He went on to explain that the current Paediatric Services at the RSH and PRH were not large enough for training accreditation and a decision would be needed on which site the in-patient would be based.
- 4.8 Members were then invited to comment on and ask questions about the progress made in developing the strategy.

- 4.9 It was confirmed that there were four PCT run community hospitals in Shropshire, situated at Whitchurch, Bridgnorth, Ludlow and Bishops Castle. Resources were however shared with both SATH and RJAH. There were no community hospitals in Telford & Wrekin.
- 4.10 Members were informed that the Choice & Book service offered patients a choice of appointment time and/or GP/hospital. As patients would have more information they would be in a position to make more informed choices. There was currently no data available on take up rates as the service was relatively new. It was felt that in the future patient choice would increasingly relate to quality issues.
- 4.11 In response to a query about finances it was confirmed that the Primary Care Trusts were in financial balance.
- 4.12 Concern was raised that a new hospital would increase estate costs and take resources away from public health. It was explained that investment would have to be made in order to keep the existing estate up to date irrespective of the 2020 vision and it was recognised that the whole estate would have to be affordable.
- 4.13 It was felt that technological advances in diagnostics would make the service more specialist and costly. On the other hand, simpler diagnostic kits would enable many simple procedures to be done as often as possible.
- 4.14 It was believed that healthy lifestyles could only be achieved through collaboration with the local authority and by engaging with the community. Healthy lifestyles could not be forced upon people so partnership working would be essential.
- 4.15 The Panel's comments were noted and would be addressed in the final report. Members were informed that the pathway groups would continue to look at best practice around the country in order to create the best model and to look at alternative ways of delivering health care.
- 4.16 In response to a query the Chief Executive, SATH explained that the Trust had been £34.2 million in debt however an agreement had been reached with central government whereby £12.3 million be paid off and the balance would remain on the books. He confirmed that the Trust had paid off £4.1 million in 07/08.
- 4.17 In response to a query about the planned services for the Borough of Telford & Wrekin, the Chief Executive, TWPCT explained that Telford & Wrekin did not need community hospitals but needed more local services. He explained that two new health clinics were being developed and that extended hours were being introduced across GP practices to allow for more routine booked appointments.
- 4.18 In response to a query the Chief Executive, SCPCT explained that the Trusts had to learn how to work with different communities and there were a whole suite of initiatives being employed to help reach hard to engage groups for example using text messaging to engage with teenagers.
- 4.20 The Chief Executive, TWPCT encouraged members to respond to the Consultation on the draft NHS Constitution which ends on 22 October 2008.
- 4.21 The Chief Executive, SCPCT explained that it was hoped that the final report would be submitted to the Strategic Health Authority and the two PCT Boards by the end of October at which time it would become public. She explained that by the next

meeting they would have a sense of whether further work and/or consultation was required.

4.22 The Interim Corporate Director confirmed that a further briefing and/or Joint Panel would be arranged in mid-October.

4.23 The Chairman thanked the Panel and the Trust representatives and stated that it was essential to all work together in order to get the best services for the people they represent.

Chairman: _____

Date: _____

Developing Health and Health Care

A Strategy for Shropshire, Telford and Wrekin

Briefing to 10th 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 11th and 12th November and the two PCT Boards on 25th 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:

9th July Staff Leadership an Engagement Event

15th and 16th July Public Engagement Events

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

11th September Staff Event focussing on workforce issues

9th/10th October Public Engagement events focussing on Children's/Acute

13th 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 11th and 12th 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 25th November 2008 for consideration.

John MacDonald
Chair
Clinical Leaders Forum