



Telford & Wrekin  
COUNCIL

<u>Committee and Date</u>
Joint Health Overview and Scrutiny Committee
29 January 2010
10am

<u>Item/Paper</u>
Public

## **MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 30 OCTOBER 2009 IN THE SHREWSBURY ROOM, SHIREHALL 11.00AM – 12.55PM**

**Responsible Officer** Michelle Evans

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### **Present**

#### **Members of the Joint Committee**

*Shropshire Council:*

Karen Calder, Gerald Dakin (Chairman), Ann Hartley, Jo Jones, Liz Parsons and Tina Woodward

*Telford and Wrekin Council:*

Dilys Davis (Co-optee), Veronica Fletcher, Angela McClements, Val Lindley (Co-optee), Dag Saunders (Co-optee) and Derek White (Chairman)

### **Also Present**

Keith Barrow, Leader of Shropshire Council

Jacqui Seymore, Cabinet Member for Adult and Consumer Care, Telford & Wrekin Council

John MacDonald, Programme Director

Jo Chambers, Chief Executive, Shropshire County Primary Care Trust

Paul Tulley, Director of Strategic Planning & Commissioning Shropshire County Primary Care Trust

Simon Conolly, Chief Executive, Telford & Wrekin Primary Care Trust

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

Steve Evans, Shrewsbury & Telford Hospital NHS Trust (SaTH)

Fiona Bottrill, Scrutiny Manager, Telford & Wrekin Council

Ken Clarke, Head of Finance and Audit, Telford & Wrekin Council

Tom Dodds, Lead Officer Performance, Scrutiny and Innovation, Shropshire Council

Michelle Evans, Committee Officer, Shropshire Council

### **1. Apologies for Absence**

- 1.1 Apologies for absence were received from Val Beint, Director of Community Services, Shropshire Council and Liz Nicholson, Director of Children and Young Peoples Services, Shropshire Council

### **2. Declarations of Interest**

- 2.1 No declarations of interest were received.

### **3. Minutes**

- 3.1 The minutes of the meeting held on 27 April 2009 were confirmed as a correct record.
- 3.2 In response to a query it was confirmed that a site visit to The Wirral would be arranged once the results of the consultation were known.

#### **4. Shropshire, Telford & Wrekin Health Economy**

- 4.1 The Committee considered the report of Shropshire and Telford Executive Group – copy attached to the signed minutes – which presented conclusions and recommendations as to the next steps in taking the clinical strategy forward.
- 4.2 Mr John MacDonald, Programme Director gave a presentation – copy attached to the signed minutes. He explained that the key conclusion was to consolidate services for the most sick and injured onto one site as these services could not be sustained on both sites indefinitely. He went through the clinical strategic options and the plans to immediately address critical issues which would involve investment in Accident and Emergency and general surgeons, concentrating emergency and major vascular surgery on one site whilst retaining general surgery and paediatrics on both sites for a limited period of time.
- 4.3 Mr MacDonald explained that the longer services were delivered across both sites, the greater the risk to sustaining quality services in the long term. Therefore, the ranking of options in the interim needed to be concluded and a decision made as to how quickly to move forward to the best option.
- 4.4 Mr MacDonald reported that a risk management and contingency plan for middle grade staff would be submitted to the Primary Care Trust and SaTH Boards in January following which it would be presented to the Joint Health Overview & Scrutiny Committee for information together with six monthly progress reports.
- 4.5 In conclusion, Mr MacDonald stated the need to move to a single site as soon as possible and he reported that a public consultation would be undertaken mid 2010 on the interim options and the principle of a single site for the longer term.
- 4.6 Mr Tom Taylor, Chief Executive of SaTH explained the proposals made at the SaTH Board meeting that had taken place the previous day. He explained the three levels of service starting with the bronze service which had certain risks, to the gold service which would involve being on one site, however, in order to address the immediate risks, the SaTH Board had recommended adopting the silver service and appointing an additional vascular surgeon in order to provide a cross county service.
- 4.7 Mr S Evans, SaTH gave a clinical perspective and explained the importance of maintaining clinical standards. He explained that due to technological and training advancements over the last 10 years, there were now more specialist surgeons and less general surgeons. These specialist surgeons were experts in particular areas of surgery but did not have the breadth of knowledge and/or skills for emergency surgery.
- 4.8 Mr Evans explained that at present a specialist vascular service was not provided and even in life threatening situations such as an Aneurysm, it was a lottery as to whether patients were seen by a specialist vascular surgeon. Therefore, the plan was to provide a specialist vascular surgery rota, which the Royal College of Surgeons recommend being provided from a single site however in the interim a cross county service could be provided on both sites.
- 4.9 It was felt by the Joint Committee that consultation was not required for the appointment of an additional vascular surgeon as this was not a major change however formal public consultation would be required if moving services from either site or to a single site. . Members discussed the need to be clear about the 2020 vision before any services were moved between hospital sites. The services

provided by SaTH had been rated 'Excellent' by the Care Quality Commission and consultants at PRH had informed the PCT Board at the public meeting that vascular and breast surgery were safe and sustainable until 2016. In light of this Members enquired whether it would be reasonable to use this time to work with partners to develop plans and to run a single consultation process on the future of vascular surgery, the 2013 and the 2020 option. Members also commented on the need to ensure that any changes to vascular surgery were appropriate for a largely rural area and questioned if vascular surgery was centralised at the Royal Shrewsbury Hospital would the teams supporting the surgeons also move.

- 4.10 The move from a bronze service to a silver service was welcomed by members as it was recognised that everything needed to be in place before moving to a gold service. Concern was raised as to how West Midlands Ambulance Service would be affected by any changes. The importance of working together to achieve the best service for Shropshire was highlighted.
- 4.11 Mr Simon Conolly, Chief Executive, Telford & Wrekin Primary Care Trust apologised for having to reschedule the PCT Board meetings. Without prejudicing what would be decided the following Monday, he reported that the Board had met informally for 3 hours the previous Tuesday evening and had engaged in a very heated and thoughtful dialogue. A representative from the Royal College of Surgeons had made it clear that the best option for vascular services was for a gold standard single site, however, he also recognised the validity of the network model which was being proposed. Mr Conolly felt that the Board would wish to move away from a bronze service as soon as possible without further consultation in order to rapidly implement this.
- 4.12 Mrs Jo Chambers, Chief Executive, Shropshire County Primary Care Trust explained that the Primary Care Trust as commissioners of services had a responsibility to commission the safest and best services that it could and it was felt that improvements should happen as soon as possible. As the same amount of investment was required in order to move from a bronze service to either a silver service or a gold service, the Board of Shropshire County Primary Care Trust had decided that it would support the move to a gold service as soon as possible which would mean that more patients would survive an emergency situation which, at the end of the day, was the responsibility of the Primary Care Trust. It had therefore been recommended to move to a hub and spoke model as soon as possible.
- 4.13 In response to concerns raised, Mr Paul Tulley, Director of Strategic Planning and Commissioning, Shropshire County Primary Care Trust explained that the decision on vascular surgery would not impact on, or have a detrimental effect on, other services at the Princess Royal Hospital. However he had not attended the meeting of Telford & Wrekin Primary Care Trust the previous week and so could not address the specific issues.
- 4.14 A number of concerns were raised by Members about the validity of clinical data, that not enough information had been received in order to make an informed decision and the differing views of surgeons and clinicians on how to take services forward. Other issues raised included whether other services were gold standard and why the focus was on vascular surgery.
- 4.15 Mr MacDonald clarified that the information had been given by the Head of Vascular Surgery and that there had been considerable clinical involvement and external input. He reassured the Joint Committee that it had never been intended to move general surgery or Accident and Emergency without a full consultation, however the

Joint Committee were currently only being asked to discuss the move to a network or hub and spoke model for vascular surgery.

- 4.16 Mr Taylor stated that it was clear that all the Boards wished to move towards providing the best services as soon as possible, however, further work was required in order to be in a position to do this, which was why the SaTH Board wished to employ an extra surgeon in the interim and then come back in 2010 for public consultation.
- 4.17 Members of the Joint Committee supported the recommendations to move ahead to a shared rota as soon as possible. It was felt that these ideas had been discussed for a long time and the evidence showed that a lot of work had gone into them before being reported to the Joint Committee.
- 4.18 The Leader of Shropshire Council felt that the reason for the recent controversy was that the public had not had a say, so it was now very important to involve the public, and to listen to what they say.
- 4.19 The Lead Officer Performance, Scrutiny and Innovation clarified the recommendation before the Joint Committee, which was proposed, duly seconded and **RESOLVED:**
- A. That the Joint Health Overview and Scrutiny Committee agree the move to a network solution to facilitate vascular surgery as soon as possible without consultation.**
- B. That any move to a hub and spoke, single site vascular surgery would require formal public consultation.**

## **5. Next Steps**

- 5.1 Members discussed how they wished to proceed with joint scrutiny and the agenda items for future meetings. It was agreed to focus on hospital at home services for children and care in the community. The Lead Officer Performance, Scrutiny and Innovation agreed to circulate the Children's Care Pathway Development Group report and summary to members.
- 5.2 It was clear that the Joint Committee needed to work closely together on the issue of a single site and to ensure that services in the community were sustainable. It was felt that the Joint Committee could no longer sit back and let the PCT and SaTH Boards set the agenda. It was felt that more would be achieved if a number of small working groups were set up to go out and do some work and report back.
- 5.3 In response to a query regarding the redevelopment of Mental Health Services at Shelton Hospital, the Lead Officer Performance, Scrutiny and Innovation reported that the outline business case had to be approved by the end of the year. The next workshop between South Staffordshire & Shropshire Foundation Trust and the Health Overview & Scrutiny Committees would take place at 4pm on Tuesday 1 December when Members would be updated on the project.
- 5.4 It was agreed that the Terms of Reference for the Joint Committee be updated to remove the Chairman's casting vote.

5.5 It was also agreed that the Chairmen of the Health Overview & Scrutiny Committees write to the PCT and SaTH Boards to clarify what would happen in the interim and what would happen next.

Chairman: \_\_\_\_\_

Date: \_\_\_\_\_

**TELFORD & WREKIN COUNCIL  
SHROPSHIRE COUNTY COUNCIL**

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE– 29<sup>th</sup>  
JANUARY 2010**

**TERMS OF REFERENCE**

**REPORT OF SCRUTINY MANAGER, TELFORD AND WREKIN COUNCIL  
AND LEAD OFFICER PERFORMANCE, SCRUTINY AND INNOVATION,  
SHROPSHIRE COUNCIL**

**1. PURPOSE**

- 1.1 To agree the Terms of Reference for the Shropshire, Telford and Wrekin Joint Health Overview and Scrutiny Committee.

**2. RECOMMENDATIONS**

- 2.1 **Members consider and agree the Draft Terms of Reference for the Shropshire, Telford and Wrekin Joint Health Overview and Scrutiny Committee attached as Appendix 1.**

## **Draft Terms of Reference**

### **Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee**

#### **Purpose**

To jointly consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council.

To meet when proposed changes to services are identified to confirm whether formal statutory consultation would be necessary.

To actively research and respond to any formal consultation within the agreed consultation period, usually the statutory 12 weeks period.

#### **Annual work programme topics for 2009/10 and 2010/11**

Proposals from the NHS under Developing Health and Healthcare, a Strategy for Shropshire, Telford and Wrekin

Mental Health Services – Modernising Mental Health Services in Shropshire and Telford and Wrekin

Any other issues that Members feel will impact on the planning and implementation of health and healthcare across both Local Authority areas.

#### **Powers of the Joint Health Overview and Scrutiny Committee**

The Joint Health Overview and Scrutiny Committee exercises the powers set out in the Health and Social Care Act (2011) consolidated in the NHS Act (2006) to review any matter relating to the planning, provision and operation of health services across the local authority areas.

#### **Membership of the Joint Health Overview and Scrutiny Committee**

There will be six elected members from each local authority.

There will be three co-opted members from each local authority area who are independent of the relevant Council.

*The voting rights of co-optees is to be determined.*

Executive Members for Health and Social Care issues may attend the meeting at the Chair's discretion in a non voting capacity.

#### **Chairing Arrangements**

Meetings alternate between the Council areas. The appropriate Chair will take the lead for meetings in their Local Authority Area.

### **Chairs' Casting Vote**

The Chair will not use their casting vote due to the alternating venue.

### **Political Balance**

Both Authorities have agreed to waive political balance.

### **Administration**

In line with the Department of Health Guidance Telford and Wrekin Council and Shropshire County council will share the cost and resource implications of supporting the Joint Health Overview and Scrutiny Committee. Meetings will alternate between local authorities. Each council will take the lead in arranging venues and co-ordinating agendas with organisations and individuals invited to present reports or papers or give evidence, for the meetings taking place in their Local Authority Area.

The agenda will be agreed by both Health Scrutiny Chairs at an agenda setting meeting about 10 working days before the Joint Committee meeting. Papers and presentations will be considered during this meeting to establish running order and specific instructions to those attending.

Pre-meetings will be at the Chair's discretion, to be attended either by the Chairs' alone or for members of the whole joint Health Overview and Scrutiny Committee.

### **Additional Support**

Each local authority will identify an agreed resource which it can provide to support the work of the Joint Committee. This may be officer time and/or a financial contribution to cover the costs of any specialist advice.

### **Frequency of Meetings**

To be detailed in the Joint Committee Work Programme.

### **Quorum**

*To be determined following agreement of final membership numbers.*

### **Ways of Working**

Under the Department of Health Guidance (2003) the Joint Health Scrutiny committee must:

- Represent the interests of the population that receives services provided by or commissioned by the NHS body
- Operate in a way that will lead to rigorous and objective scrutiny of the issues under review.

The Joint Committee will hold formal meetings, and will undertake visits – which as far as possible will involve representatives from both authorities. Each authority will be able to lead and undertake individual pieces of work. The Joint Committee may also hold meetings with relevant representatives and officers outside of the main scrutiny forum such as focus groups, public meetings and consultation with relevant patient/service user groups.

**Reports**

Wherever possible all reports will present joint evidence based conclusions and recommendations. However, where differences exist reports will be able to include sections setting out evidence based conclusions and recommendations reflecting the different views within the joint committee.

**Review of Terms of Reference**

Annually or as required when issues arise for joint scrutiny.

**TELFORD & WREKIN COUNCIL  
SHROPSHIRE COUNTY COUNCIL**

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE– 29<sup>th</sup>  
JANUARY 2010**

**CONSULTATION ARRANGEMENTS**

**REPORT OF SCRUTINY MANAGER, TELFORD AND WREKIN COUNCIL  
AND LEAD OFFICER PERFORMANCE, SCRUTINY AND INNOVATION,  
SHROPSHIRE COUNCIL**

**1. PURPOSE**

- 1.1 To inform Members of the developments on the strategy for the 'Future of Health and Healthcare in Telford and Wrekin and Shropshire' and enable Members to come to a view on their expectations of an adequate consultation process and agree to communicate this to NHS organisations.

**2. RECOMMENDATIONS**

- 2.1 **Members of the Joint Health Overview and Scrutiny Committee agree their expectations of an adequate consultation process on the Developing Health and Healthcare, A Strategy for Shropshire, Telford and Wrekin.**
- 2.2 **Members of the Joint Health Overview and Scrutiny Committee agree that the Chairs write to the Chief Executives of the PCTs, SaTH and Strategic Health Authority to communicate the expectations of the Committee regarding the consultation process.**

**3. PREVIOUS MINUTES**

- 3.1 4.9 - Joint Health Overview and Scrutiny Committee Meeting 30 October 2009

**3. THE ROLE OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE IN DEVELOPING HEALTH AND HEALTH CARE A STRATEGY FOR SHROPSHIRE AND TELFORD AND WREKIN**

- 3.1 For several years the NHS in Shropshire and Telford and Wrekin have worked to develop an overarching strategy for Health and Health Care in the area. The Joint Health Scrutiny Committee has a statutory

role in this process part of which is to determine if the proposed changes constitute a substantial variation or development in service and therefore require statutory consultation. When considering whether a proposal is substantial NHS bodies, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use or have the potential to use a service. Specifically they should take into account:

- Changes in accessibility of services
- Impact of the proposal on the wider community
- Patients affected

#### **4. INVOLVING LOCAL PEOPLE AND OPTIONS FOR CONSULTATION**

- 4.1 The local NHS has stated its commitment to working in partnership with people in Shropshire, Telford and Wrekin to develop this strategy. This has included seeking the views of local people and organisations on the principles on which decisions about future health services should be based. Following consultation in 2008 the PCTs and Shrewsbury and Telford NHS Hospital Trust agreed overarching principles which would be used to evaluate and appraise any recommendations for improving and developing health and health services. The principles and evaluation criteria agreed are attached Appendix 1.
- 4.2 Telford and Wrekin and Shropshire County PCTs have proposed to undertake several consultations on the changes to acute services at Princess Royal Hospital and the Royal Shrewsbury Hospital. The letter to the Chairs of the Joint Committee is attached as Appendix 2 and sets out the most recent discussions between the local NHS organisations and the Strategic Health Authority. This may result in some changes to the proposals for hospital services that were set out in a briefing produced by the NHS in November 2009. This briefing set out that the first consultation would take place in the middle of 2010 on concentrating certain services at either RSH or PRH in three years time by 2012/13. This includes:
- Emergency surgery (including major and emergency vascular surgery)
  - Part of accident and emergency services for the most seriously ill and injured
  - Inpatient children's beds
- 4.3 This consultation will also include the principle of whether to have a single hospital site in the longer term especially to bring specialist services for the seriously ill and injured together in the one place.

The PCTs aim to make a final decision by the end of 2010 following this consultation.

- 4.4 The PCTs have proposed to undertake a second consultation during the first half of 2012 on the location and detail of a single site for a hospital for the most seriously ill and injured. This would be either at the Princess Royal Hospital, Royal Shrewsbury Hospital or a new site between Telford and Shrewsbury.
- 4.5 While there may be changes to the options for consultation following discussions with the Strategic Health Authority it is in the interests of all stakeholders in this process that there is a consensus on the process through which these important decisions about health services should be made. At the meeting of the Joint Health Overview and Scrutiny Committee on 29<sup>th</sup> October 2009 some Members expressed concern that the PCTs intend to make interim changes to the location of services between PRH and RSH before consulting on the site for the single hospital. In particular there was concern that:
- The PCTs have not demonstrated that there was an overriding urgent clinical need to move the services set out in Section 4.2 before consulting on a proposal and location of a single site.
  - Moving the services on an interim basis is likely to predetermine the outcome of the consultation on the final hospital site.
- 4.6 In order to work constructively with the NHS on this issue it would be appropriate for the Joint Health Overview and Scrutiny Committee to be clear about its expectations of the consultation process and what Members consider to be an adequate consultation. The PCTs have been invited to attend a future meeting of the Joint Committee to discuss the consultation process. One option the Joint Committee may wish to consider would be to combine the consultations on the interim and long term proposals. This would mean that any interim relocation of services would be in line with the longer term strategic vision for health services in the area.

## **5. EQUALTY AND DIVERSITY**

- 5.1 When considering the PCTs' proposals for consultation Members will look at the range of people engaged in the process.

## **6. ENVIRONMENTAL IMPACT**

- 6.1 There are no environmental implications resulting directly from this report.

## **7. LEGAL IMPLICATIONS**

- 7.1 The Joint Health Scrutiny Committee is the statutory consultee for changes to NHS services that are substantial variations or developments.

**8. OPPORTUNITIES AND RISKS**

- 8.1 The decisions about the future of health and healthcare in Shropshire and Telford and Wrekin will have an enormous impact on the people in the local authority area. It is the role of the Joint Health Overview and Scrutiny Committee to ensure that the views of local people are taken into account in this process and that the decisions made are in the interest of the health service in the area.

**9. FINANCIAL IMPLICATIONS**

- 9.1 There are no direct financial implications for the Local Authorities from this report but Members may wish to consider the cost to the PCT of managing several consultation processes.

**10. WARD IMPLICATIONS**

- 10.1 Issues affecting health and healthcare will affect all wards in across both local authority areas.

**11. BACKGROUND PAPERS**

**Report prepared by Fiona Bottrill (Scrutiny Manager, Telford and Wrekin Council, Tel: 01952 383113) and Tom Dodds (Lead Officer Performance, Scrutiny and Innovation, Shropshire Council, Tel: 01743 255834)**

# Developing Health and Health Care

## A Strategy for Shropshire, Telford and Wrekin

### Guiding Principles and Options Appraisal Framework

#### Introduction

Work is currently underway to develop an overarching strategy for Health and Health Care in Shropshire, Telford and Wrekin. This will build on the strengths of the NHS, but also ensure that the quality of NHS services is maintained and improved to reflect the changing needs of local communities over the next five years and beyond.

The local NHS is committed to working in partnership with people in Shropshire, Telford and Wrekin to develop this strategy. This has included seeking the views of local people and organisations on the **principles** on which decisions about future health services should be based.

We asked for views between December and February and have received very positive feedback. This feedback means that we will continue to use the two overarching principles that were proposed in our consultation paper. These are:

- **Proposals must make sense clinically**
- **Proposals must make sense to the communities we serve**

These overarching principles have been developed into a more detailed framework which will be used to evaluate and appraise any recommendations for improving and developing health and health services. For each of the two **principles** there are three **themes**. Within each of these **themes** we have then set out **criteria** that will be used for evaluation and appraisal.

Your feedback was also very supportive of these themes and criteria. We have made one change, which is to include an explicit reference to the value of working in partnership to develop integrated services and to improve health and well-being. This has been included in the "Affordable, Sustainable and Fit for Purpose" theme.

The final framework is set out overleaf. You can find our consultation paper on the Guiding Principles as well as this final version of the framework on our website.

[www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk)

Document Information		Status	Final
Date	20 March 2008	Version	Version 2
Author	Shropshire, Telford and Wrekin Clinical Leaders Forum	Intended Audience	Public, Partner Organisations

Making Sense Clinically	Themes	Criteria
	<i>Health, Wellbeing and Equity</i>	<ul style="list-style-type: none"> <li>- To offer equitable access to health and healthcare services according to need across the populations we serve, taking personal circumstances and diversity into account.</li> <li>- To develop and commission all health care based on locally agreed care pathways.</li> <li>- To maximise the opportunity to avoid preventable disease including through primary prevention and clinical pathway redesign.</li> <li>- To meet the current, forecast and changing needs of the populations of Shropshire and Telford &amp; Wrekin.</li> </ul>
	<i>Quality, Safety and Effectiveness</i>	<ul style="list-style-type: none"> <li>- To deliver care and dignity in patient services which are safe, of good quality and clinically effective.</li> <li>- To ensure that care is responsive to emerging policy, evidence and technology, including that clinical teams are appropriately configured to deliver safe and effective care.</li> <li>- To deliver evidence-based care within patient care pathways (from prevention to tertiary care) which minimise gaps, duplication and delay.</li> </ul>
	<i>Supporting and Developing the Workforce</i>	<ul style="list-style-type: none"> <li>- To ensure the Shropshire and Telford &amp; Wrekin local health economy is an attractive and effective place for the training of clinical staff.</li> <li>- To deliver organisational sustainability and accredited clinical services through carefully planned change, while recognising that the role of individual clinicians may need to change.</li> <li>- To ensure that NHS workforce planning becomes a robust exercise conducted in close partnership across the organisations.</li> </ul>

Making Sense to the Communities we Serve	<i>Involving People in making decisions about their future Health Services</i>	<ul style="list-style-type: none"> <li>- To improve opportunities for people to be fully engaged in their own personal health and lifestyle choices.</li> <li>- To increase personalisation and choice in health services.</li> <li>- To ensure that all stakeholders are involved and influential in the development of options for clinical services from an early stage.</li> <li>- To help people navigate their way through the health and care system.</li> </ul>
	<i>Affordable, Sustainable and Fit for Purpose</i>	<ul style="list-style-type: none"> <li>- To be affordable within available resources.</li> <li>- To take into account forecast changes in demographics and to be robust in the short term (2009) and in the medium term (2020).</li> <li>- To take advantage of opportunities to work together across the public sector and with the community, voluntary and independent sectors to improve health and wellbeing, provide integrated services and improve our collective contribution to the communities we serve</li> <li>- To ensure that process leads to the right framework of health services for people in Shropshire and Telford &amp; Wrekin that supports equity in health status and health services</li> </ul>
	<i>Personalised Services and Access to Care, Closer to Home</i>	<ul style="list-style-type: none"> <li>- To assure the public that in formulating and assessing options for safe and appropriate services, the Pathway Development Groups will have demonstrated that balanced consideration has been given to both the Princess Royal Hospital and the Royal Shrewsbury Hospital</li> <li>- To promote independence by providing equitable health at home or as close to home as possible, whenever this is clinically safe, clinically effective and affordable</li> <li>- To continue to develop clinically appropriate alternatives to hospital admission, so that patients are only admitted when their needs cannot be met outside hospital</li> <li>- To deliver enhanced access to diagnostic services, without the need for hospital-based out-patient or in-patient assessment</li> <li>- Where hospital-based services must, by necessity, be provided further away, patient travel plans will be developed to ensure appropriate access according to clinical need, including for clinical emergencies</li> <li>- To develop clinical pathways and discharge arrangements which facilitate early yet safe hospital discharge</li> </ul>

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Our Ref: JC/CAT

12 January 2010

Cllr Gerald Dakin  
Chair - Health Overview and Scrutiny Committee  
The Shirehall  
Abbey Foregate  
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Cllr Derek White  
Chair – Health Overview and Scrutiny Committee  
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Dear Gerald and Derek

### **Developing Health and Health Care: A Strategy for Shropshire, Telford and Wrekin**

We are writing to update you on progress with our work on Developing Health and Health Care. This information will be reported to our public Board meetings, the first of which is NHS Telford and Wrekin on 12 January 2010 and thought it would be helpful to advise you directly of the latest position.

The Chairmen and CEOs of Shrewsbury and Telford Hospital, Shropshire County PCT and NHS Telford & Wrekin met with the Chairman and CEO of NHS West Midlands (West Midlands SHA) in December 2009 to update the SHA in relation to the Health and Healthcare Strategy for Shropshire, Telford and Wrekin.

The CEO of the SHA has advised that, as with all public services, the economic context in which the work is taking place has changed significantly. Furthermore that:

- The partners in the local health economy should work on the basis of nil or minimal capital resources in the short and medium term.
- The partners should review their plans in the light of this.

- Clear plans for the challenged specialties of inpatient paediatrics, vascular surgery and emergency surgery need to be produced rapidly, risk assessed robustly tested and jointly agreed.
- The partners must revisit the 2020 proposals in the context of a climate where capital funding will be severely constrained or unavailable. To prepare a timeline and a process for this review.

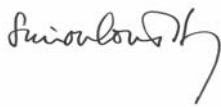
The three organisations are working closely together to undertake this work and will have further discussions with the SHA over the coming months.

This programme of work will need to have strong clinical input, and strong clinical testing, together with continuing public engagement in the process. We are committed to doing so.

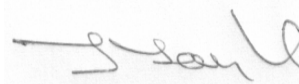
Yours sincerely



**Jo Chambers**  
**Chief Executive**



**Simon Conolly**  
**Chief Executive**



**Tom Taylor**  
**Chief Executive**

cc Mr Keith Barrow, Leader – Shropshire Council  
Mr Andrew Eade, Leader – Telford & Wrekin Council

**TELFORD & WREKIN COUNCIL  
SHROPSHIRE COUNTY COUNCIL**

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE– 29<sup>th</sup>  
JANUARY 2010**

**WORK PROGRAMME FOR JOINT HEALTH SCRUTINY COMMITTEE**

**REPORT OF SCRUTINY MANAGER TELFORD AND WREKIN COUNCIL  
AND LEAD OFFICER PERFORMANCE, SCRUTINY AND INNOVATION,  
SHROPSHIRE COUNCIL**

**1. PURPOSE**

- 1.1 To agree the work programme for the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee.

**2. RECOMMENDATIONS**

- 2.1 **Members discuss and amend the draft work programme attached as Appendix 1 and agree the work programme for the Joint Health Overview and Scrutiny Committee.**
- 2.2 **Members agree that dates for future meetings are agreed in consultation with the Chairs.**

**Draft Joint Health Scrutiny Committee  
Work Programme January – April 2010**

January	Work
29 <sup>th</sup> Joint Committee Meeting	To agree Terms of Reference
	To agree expectations of the Joint HOSC regarding consultation
	To agree work programme
February	
Visit to St. Helen's and Knowsley	To gather evidence on Hospital at Home
Visit to Warwickshire	To gather evidence on Hospital at Home
Joint Committee Meeting	To receive evidence from PCT on consultation proposals and rationale
	To receive evidence from WMAS on their engagement in the process and implications of the proposals for WMAS
	Review Work Programme
March	
Joint Committee Meeting	To receive evidence from Strategic Health Authority on the strategic vision of health services in Telford and Shropshire
	To receive evidence from SaTH on the implications for the RSH and PRH of the proposals
	To receive a report on the Hospital at Home scheme being developed to determine the level of consultation required and view of Joint HOSC on proposals
	Review Work Programme
April	
Joint Committee Meeting	To receive evidence from the Mental Health FT and PCTs on Modernising Mental Health Services
	To review the Work Programme

Future meetings to be agreed