

A consultation on a proposed new NHS Trust to provide community health services for Shropshire, Telford and Wrekin



Questions we would like your views on

You can send us any comments you may have on the proposals, however we would also welcome your answers to the following questions:

1. It is national policy that PCTs cannot continue to provide community health services. Recognising that, do you support the proposal to bring together Shropshire, Telford and Wrekin community health services into one new NHS Community Trust? (Please tick one option)

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

2. What do you think should be a new NHS Community Trust's priorities for improving community health services in Shropshire, Telford and Wrekin?

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.....

3. How should the proposed new NHS Community Trust develop closer working relationships with GPs, local authorities and the voluntary sector?

.....
.....

4. How should a new NHS Community Trust ensure that the patient's voice is heard?

Talking to patient groups	Yes / No	Forums and drop-in events	Yes / No
Regular patient/carer satisfaction surveys	Yes / No	One or two larger public events each year	Yes / No
Newsletter	Yes / No	Website	Yes / No
Emails and email newsletter	Yes / No	On the radio	Yes / No
Other (please state)			

.....
.....

5. Finally, please can you fill in the following details about yourself (you will not be identifiable from any information you give us.) Please let us know which of the following applies to you:

Service user Interested member of public NHS staff Voluntary/community organisation

Other (please state)

6. Gender:

Male Female

7. Age:

Under 15 15-24 25-44 45-64 65-74 75-84 85+

8. Which Ethnic Group do you belong to?

White Asian or Asian British Black or Black British Mixed Chinese Polish

Other Ethnic Group Prefer not to say

9. What is your postcode?

RETURN TO: FREEPOST RRZR-SZAA-BUBZ, Community Health Services consultation, Oak Lodge, William Farr House, Mytton Oak Road, Shrewsbury SY3 8XL

Foreword

Both NHS Telford and Wrekin and Shropshire County Primary Care Trust have been addressing a Government requirement to separate our community provider services from our commissioning responsibilities. In doing so, we have been working together to see how we can do this best for patients across our area.

Both PCTs feel strongly that community health services should continue to be provided in local communities and in partnership with GPs and local nursing staff – these are the people that know their ‘patch’ and understand the needs of their patients. We also know that in order to make NHS services work smoothly and most effectively for patients, we need to work closely with our colleagues in other organisations such as the local acute hospital trust, the mental health trust and local councils and voluntary organisations.

We have already had informal discussions with staff, patient groups and others to get to this point, and to have a better understanding of what local people, staff and local leaders want and expect. Our staff are very supportive of the Community Trust model.

By working together we have reached a preferred proposal to create a new Community NHS Trust, which will bring together both PCTs’ current community health services into one new NHS organisation, sharing good practice and working closely in local communities.

This consultation document introduces our initial plans for one Community NHS Trust, and we would like your feedback and views on whether you support this approach and how you think we can improve our plans moving forward.



Jo Chambers

Chief Executive Lead on behalf of Shropshire County PCT and NHS Telford and Wrekin

This consultation document is about bringing together into one new NHS Trust the community health services currently provided by the two local NHS Primary Care Trusts: Shropshire County and NHS Telford and Wrekin.

This means that community health staff would be working together to deliver services across Shropshire, Telford and Wrekin. District nurses, health visitors, community physiotherapists and other PCT staff who provide healthcare to people outside the major acute hospitals would be working together in a new NHS Community Trust for Shropshire, Telford and Wrekin. The existing community hospitals (Bishop’s Castle, Bridgnorth, Ludlow and Whitchurch) in Shropshire would also become part of the new organisation.

The proposals to set up a combined NHS Community Trust to manage all these services are being put forward by Shropshire County PCT and Telford and Wrekin PCT following informal consultation and discussion with staff, voluntary organisations, local authorities, GPs, patient and public representative organisations including LINK and CInCH and others.

This consultation is not about whether the PCT

should transfer the management of its community health services to another organisation. That is a requirement of national Department of Health policy for all PCTs. It is about the ideas behind bringing together Shropshire, Telford and Wrekin community health services into one community-based NHS organisation, and whether people support that approach.



Why do things need to change?

National policy is that by April 2011, all PCTs need to separate their two main roles - managing community health services provided directly to patients and commissioning services. 'Commissioning' means looking at local people's health needs and identifying and buying what services are required to meet those needs. Up to now, your two Primary Care Trusts have done both. This has been the same in all PCTs in England. We have therefore been the commissioners of all health services for our local populations as well as the providers of a wide range of community health services. Like all PCTs, we are now required to transfer the management of community health services to a different organisation.

Identifying the right kind of organisation to manage community health services

When our two PCTs started to explore what kind of organisation would be the best for managing local NHS community health services in future, we looked at a number of different ways to do this. These included, for example, the idea of establishing a 'social enterprise'. We also considered the possibility that our community health services might be merged with one of our local acute hospital trusts or the mental health trust. We looked at each option against a set of national 'tests' specifically for the purpose. This helped us compare the different options according to the quality of services to patients they could provide, how they could 'join up' services best, and their efficiency.

This comparison, together with our discussions with patient groups, staff and partners who will be affected by the changes, led us to believe that community health services would be best provided by an organisation that is specifically dedicated to providing services in the community. It would work closely in each local area with the GP practices there and local community groups, and with our local acute (general) hospitals to make sure that things work smoothly and in a joined-up way when patients move between care in hospital and at home or in the community. Our preferred option is a NHS Community Trust, dedicated to community services and remaining part of the NHS. This option, being an NHS organisation, reassures many patients and staff.

There are two specific services which we believe would be better for patients if they move from the PCT to specialist organisations, rather than be included in the NHS Community Trust. This is because they are specialist services themselves,

and have a strong natural link to two of our local specialist providers. Firstly the Advanced Primary Care Service (APCS) for orthopaedic conditions would be best placed if it was provided by the Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust, while palliative (or end of life) care services would be best placed being provided by the Severn Hospice.

What does this all mean for you?

Concentrating on providing care to patients

A new NHS Community Trust will be able to concentrate on providing services directly to patients, not being part of an organisation that has to commission services too.

We expect a number of benefits for patients to result from these changes. Bringing together all community health services within a single organisation means that staff will be able to focus all their time and energy on improving the way they care for patients, leading to a more personalised service, the sharing of best practice and the raising of already high standards.

Helping people get care closer to home

Establishing a dedicated Community Health Trust is an important step for Shropshire, Telford and Wrekin. Over 90% of all the contacts that people have with the NHS are not in acute hospitals such as the Royal Shrewsbury Hospital and Princess Royal Hospital in Telford. Many more NHS patients consult their GP or are visited in their own home by a district nurse or health visitor than go into an acute hospital for treatment. Given the central role that community health services play in delivering NHS care, it is vital that they are as patient-focused and efficient as possible.

Good community health services prevent the need for some patients to be admitted to hospital, including those with chronic conditions such as diabetes, asthma, chest disease, arthritis, hypertension, osteoporosis and stroke. People have told us that we should help patients manage their own condition and stay healthy enough not to have to spend time in hospital, unless they really need to. This is especially important as we continue to care for an



ageing population. A strong and viable local NHS Community Health Trust will, we believe, achieve this by ensuring easy access to responsive and continually improving services across the whole of Shropshire, Telford and Wrekin. When people do need to be admitted to hospital, it will be essential that the new Community Trust services work closely with local acute hospitals, and there is more about this further on in this document.

Meeting your needs, wherever you live in Shropshire, Telford and Wrekin

No matter where they live, people rightly expect services to be tailored to their needs. The varying geography of Shropshire, Telford and Wrekin means that we need to offer different solutions for different groups of people, based on many factors, including where they live.

Telford and Wrekin is a fairly compact area of 112 square miles. On the other hand, Shropshire is a large rural county of around 1,000 square miles. It is for this reason that the community hospitals in Shropshire (at Bishop's Castle, Ludlow, Bridgnorth and Whitchurch) are so important to their local communities. These hospitals mean that many people in Shropshire do not have to travel very long distances for a range of treatments that would otherwise only be available to them at the Royal Shrewsbury Hospital or Princess Royal Hospital. Equally, for people in the more compact area of Telford, community services that come into peoples' homes are especially important.

A new NHS Community Trust will have as one of its most important priorities that it will respond to the needs of the different communities across Shropshire, Telford and Wrekin.

Working closely with other organisations to make 'joined up' services for patients

We know from patients how important it is when they are admitted to hospital, or are discharged back home, that community health services and hospital services work closely and smoothly together, so that patients have a good experience of care. The Community NHS Trust will be committed to working closely with our local acute hospitals to ensure this happens. Having one community health services organisation for the whole of Shropshire, Telford and Wrekin, to work with The Shrewsbury and Telford Hospital NHS Trust which serves the same area, will make it easier to be 'joined up' rather than having two separate community health services covering the area as now.

In order to be responsive to different needs and circumstances across Shropshire, Telford and Wrekin, the new Trust will work very closely with GPs, local authorities and the voluntary sector. All have a key role to play. The coalition government's Health White Paper, published in July 2010, announced its intention to give GPs the lead role in commissioning health services for their patients. Meanwhile, councils will be responsible for public health responsibilities and voluntary bodies will have extra opportunities to become involved in providing services. It will be very important that all organisations work together well, and a Community Trust will be committed to doing that.

New and better ways of delivering patient care



Developing new and better ways to deliver community health services will be a key feature of the new organisation we are proposing. Staff will be able to share good practice from all parts of the county, and put the best of that into practice for patients across the area. For

example, while both PCTs deliver the following high quality services, Telford and Wrekin has a particularly good service for supporting people with long term conditions, and Shropshire's health visiting service has developed locality lead functions for breastfeeding, pregnancy related depression, travellers and emerging communities and safeguarding children. This enables a higher level of expertise for families, and advice and supervision to colleagues and access is improved for the harder to reach families. Being a larger NHS Trust will also bring more development and career opportunities for staff, which in turn improves services for patients.

We envisage that the new NHS Community Trust would give a high priority to:

- maintaining the high standards and continuity of services currently provided;
- expanding community nursing services to provide a wider range of alternatives to hospital admission, especially for people with long-term conditions and those approaching end of life;
- making best use of tele-healthcare technology to help diagnosis and avoid the need for patients to make long journeys to hospital outpatient departments;

- expanding the range of treatments available in local community hospitals, cutting travelling time for patients who would otherwise have had to go to the Royal Shrewsbury Hospital, the Princess Royal Hospital in Telford or acute hospitals outside Shropshire, Telford and Wrekin;
- expanding community rehabilitation and enablement services, particularly for stroke patients;
- introduction of initiatives across all the local community hospitals, which allow nurses to spend more of their time on direct patient care and less time on non-clinical work;
- closer working with local acute hospitals so patients moving between acute hospital, community hospitals and home or other community settings receive joined up, seamless care;
- closer working between NHS community health services and adult social care services provided or commissioned by local authorities;
- closer working between NHS community health services for children with those provided or commissioned by local authorities;
- investment in better IT systems to give staff faster access to patient information, quality performance data and costs.



Quality and value for money

With the new government's changes to the NHS, GP consortia are likely to replace PCTs as commissioners in the next few years. We expect that the consortia will look very closely at the quality, efficiency, cost-effectiveness and value for money which different providers can offer before they decide who to commission.

Competition between different health providers will grow. There will be a larger number and range of providers in the market, including non NHS providers. NHS providers, including a new Community Health Trust for Shropshire, Telford and Wrekin, will need to demonstrate that they can

deliver what local people need and therefore what commissioners want.

To be successful, the new Community Health Trust will need to satisfy patients, commissioners and staff. All three will be crucial to its long-term success. We also expect Trust directors and senior managers to promote and sustain a 'can do' culture, effective team-working and close and productive working relationships amongst and with frontline staff.

Providing 'good value for money', especially at a time when NHS and other public service budgets are under pressure, is crucial. The merger of two separately managed community health services – one for Shropshire and one for Telford and Wrekin – gives us the opportunity to have a 'leaner' management structure, with proportionately less money spent on non-clinical functions. A larger organisation will be in a stronger position to compete and manage the risks of being in a more competitive system, provided it can be efficient and offer value for money.

Specialising in community services

The NHS Community Trust will be dedicated to providing community services. We believe that community health services are best provided by an organisation that is able to focus on its specific task. It can concentrate on working with the GP practices, local groups and the networks that help with peoples' health and care across our area. It can also work with the full range of other organisations providing services to patients, where strong links are needed to make sure patients have a good, 'joined up' service when they need it, including the local acute trusts, mental health trusts and others. That takes time. Even with the very best of intentions, this would be much more difficult if those services were, for example, to be managed by a trust that is also responsible for delivering acute hospital care or mental health care, with all the different pressures and demands they involve.

A first key step towards a Foundation Trust and greater freedom to invest locally

As a NHS Community Trust, the new body we are now proposing would be very much part of the NHS, both in name and in status. The creation of this NHS Trust would be a first key step along the road to NHS Foundation Trust status. About half of NHS Trusts in England are already Foundation Trusts, which are part of the NHS. The national requirement is that all NHS Trusts will become NHS Foundation Trusts.

We are proposing that soon after a NHS Community

Trust has been established, it would start work on applying to become a NHS Community Foundation Trust. If successful, it would have the same benefits as existing Foundation Trusts already enjoy. It would have greater independence from the Department of Health to decide how best to provide the level, range and quality of care needed by local people.

Giving staff a greater say

Importantly, the proposed Foundation Trust would be based on a 'staff membership' model. This means that every employee, from the most senior to the most junior, would be a 'member' of the Trust. Perhaps the nearest analogy might be something along the lines of the John Lewis Partnership, except that as a non-profit making NHS organisation, the new Trust would have no profits or dividends to share out. Any surplus would be reinvested in the Trust locally for patients' benefit.

We are expecting more guidance from the Department of Health on the detail of the staff membership model for Community Foundation Trusts, so any ideas we have at this stage may be subject to change. However, we have talked with our staff about how we might like it to work locally. This might take the form of all staff having the right

to vote for a Council of Governors, who would then help the Trust Board to shape the strategy and policy for the Trust.

In practice, it would mean that district nurses, health visitors, community physiotherapists and other Community Trust

staff would have a greater say in how things are run, and even more opportunities than at present to make their voices heard. The frontline staff that provide services directly to patients would be in a better position than ever before to influence the decisions made by the directors of the Trust.

Ensuring that the patient's voice is heard

The patient's view on what works and what doesn't work, what is good and what is not so good, remains as vital as ever. Both our Primary Care Trusts already have a number of ways to hear the views of patients and their representatives about what they think of services and where they would like to see future improvements.

We need to ensure that a new NHS Community Trust builds on this. As part of this consultation, we want to hear from people who use local community health services about how they would like the proposed new NHS Community Trust to find out their views and keep them informed.

For example:

- would you like to take part in focus groups where you can give your views about the services you are already using?
- would you like to see more satisfaction surveys conducted more frequently with cross-sections of patients?
- would you like the opportunity to meet managers of services from time to time to discuss future plans and improvements?
- are there any other ideas you would like us to consider for keeping in close touch with you and other service users?

Possible timetable for establishing the new NHS Community Trust

At the same time that this public consultation is happening, the PCTs are having discussions with the West Midlands Strategic Health Authority and the Department of Health, who will assess our proposals in the future. Subject to the outcome of this public consultation, and to the decisions of the Strategic Health Authority and Department of Health, the decision will be made about whether an NHS Community Trust for Shropshire, Telford and Wrekin can be formed. It is anticipated that the first step of establishing a new NHS Community Trust for Shropshire, Telford and Wrekin would take place by April 2011.

Work would then begin on the new Trust's application for 'Foundation' status (based on a staff membership model). There would be a further public consultation about this at that stage. Depending on the outcome of the consultation, it could lead to a Foundation Trust being established no earlier than April 2012.



Further information

If you would like to obtain more detailed information about these proposals and how the proposed new organisation would be established, please visit the following websites:

NHS Telford and Wrekin: www.telford.nhs.uk/consultations

Shropshire County PCT: www.shropshire.nhs.uk/consultations

Responding to this consultation document

Public consultation on these proposals starts on 1 November 2010 and ends on 17 December 2010. All responses must be made within that time.

You can have your say in a number of different ways:

You can complete the attached form and return it to:

FREEPOST RRZR-SZAA-BUBZ, Community Health Services consultation, Oak Lodge, William Farr House, Mytton Oak Road, Shrewsbury SY3 8XL

Alternatively, you can complete the form online at:

www.telford.nhs.uk/consultations or www.shropshire.nhs.uk/consultations

You can also send us your comments to the same FREEPOST address above or email your views to:

consultation@telfordpct.nhs.uk or consultation@shropshirepct.nhs.uk

Obtaining further copies of this document

Further copies of this consultation document are available on request. Please call 01743 277688.

Alternatively, you can download copies at the following websites:

www.telford.nhs.uk/consultations or www.shropshire.nhs.uk/consultations

Alternative formats of this consultation document

Please contact us if you require the information in this document in other formats, such as large print, easy read or another language.

Want to talk to someone from the NHS Telford and Wrekin or Shropshire County PCT?

We will be organising a series of public exhibitions and attending a number of events during the consultation. Information will be on our websites once the details have been confirmed. If you want to arrange for someone from Shropshire County PCT or NHS Telford and Wrekin to attend your event, please contact us. If you wish to speak to someone about the consultation and cannot attend a public event, this can be arranged. Please phone 01743 277688 or email consultation@telfordpct.nhs.uk or consultation@shropshirepct.nhs.uk.

Who else can you talk to?

You may also wish to contact the local patient and public representative organisations, LINK (Telford and Wrekin) and CInCH (Shropshire). You could also send them a copy of your response to the consultation, so that they can ensure their feedback represents the views of local people. As laid out in the Health White Paper, they are likely to form new independent 'Healthwatch' organisations and represent patients, their carers and the public.

LINK: email: telfordandwrekinlink@staffs.ac.uk

tel: 01952 614180

www.telfordandwrekinlink.org.uk

CInCH: email: info@cinch.org.uk

tel: 01743 343 223

www.cinch.org.uk

JOINT HEALTH SCRUTINY COMMITTEE –13th December 2010

**TERMS OF REFERENCE FOR THE TELFORD AND WREKIN AND
SHROPSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

REPORT OF SCRUTINY MANAGER, TELFORD AND WREKIN COUNCIL

1.0 PURPOSE

- 1.1 To enable Members to consider updated terms of reference for the Joint Health Overview and Scrutiny Committee.

2.0 RECOMMENDATIONS

- 2.1 Members consider and agree the terms of reference attached as Appendix 1.

3.0 BACKGROUND

- 3.1 The Health and Social Care Act (2001) enables two or more local authorities to appoint a joint committee to exercise Health Scrutiny powers. The Joint Health Overview and Scrutiny Committee for Shropshire and Telford and Wrekin was established a number of years ago and the current terms of reference were agreed in 2003. The terms of reference attached as Appendix 1 update the work programme for the committee and recognises that both Council's have agreed a voting scheme for co-opted members.

4.0 EQUAL OPPORTUNITIES

- 4.1 Members will consider the impact of proposed NHS service changes across communities and for minority groups across both local authority areas.

5.0 ENVIRONMENTAL IMPACT

- 5.1 There are no environmental impacts directly arising as a result of this report.

6.0 LEGAL COMMENT

- 6.1 Section 8 of the Health & Social Care Act 2001 provides for joint committees to be formed between relevant authorities to exercise overview and scrutiny functions under section 21 Local Government Act 2000 in respect of health services in the area.

7.0 LINKS WITH CORPORATE PRIORITIES

- 7.1 Proposed changes to NHS services may have an impact on a number of corporate priorities but the main connection will be through Adult Care and Support.

8.0 FINANCIAL IMPLICATIONS

- 8.1 There are no specific resources identified for the Joint Health Overview and Scrutiny Committee and the associated costs will have to be met from within existing scrutiny budgets. The terms of reference state that the administration of the Committee will be shared by Telford & Wrekin Council and Shropshire Council and also that each local authority will identify an agreed resource to support the work of the Committee – as this includes specialist advice this could lead to a future budget pressure. The position will be monitored and reported through the financial monitoring and service and financial planning processes.

9.0 OPPORTUNITIES AND RISKS

- 9.1 Health Scrutiny has real influence on the services for local people. This is most effective when Committees take a constructive but challenging approach to the role.

10.0 WARD IMPLICATIONS

- 10.0 The framework would apply to proposed changes in health services across both local authority areas.

Report prepared by Fiona Bottrill, Scrutiny Manager 01952 383113

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 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 (2001) 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 Co-opted Members of the Committee have voting rights as determined by Full council at both authorities. A copy of the voting schedule is attached.

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

Political balance applies to this Committee. The political balance applies to each participating authority.

Substitution

Substitutes are not allowed for this Committee due to the background knowledge required and that individual co-optees who are not appointed by an organisation would not be able to appoint substitutes.

Questions and Evidence from the Public

If elected members not on the Committee, members of the public or representatives from other organisations have questions or comments relating to agenda items at a committee meeting these should be submitted in writing 24 hours before the meeting where possible. At the chairman's discretion a representative from a local group or organisation may be invited to present information relevant to an agenda item at the meeting. It should be noted that the Joint Health Overview and Scrutiny Committee does not consider individual patient issues or complaints.

Administration

In line with the Department of Health Guidance Telford and Wrekin Council and Shropshire 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

One third of the membership of the committee. At least 2 elected members must be present including 1 from each authority. There must be 2 representatives from each authority including co-optees.

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.

Appendix 1

SCHEME MADE UNDER PARAGRAPH 12 OF SCHEDULE 1 LOCAL GOVERNMENT ACT 2000

SCHEME TO GIVE VOTING RIGHTS TO CO-OPTED MEMBERS OF THE JOINT HEALTH SCRUTINY COMMITTEE WITH TELFORD AND WREKIN COUNCIL

In accordance with Paragraph 12 of Schedule 1 to the Local Government act 2000 (as amended by section 115 of the Local Government Act 2003) Shropshire Council has determined that its three co-opted members of the Joint Health Scrutiny Committee with the Borough of Telford and Wrekin Council (that is those members of the joint committee who are not elected members of the Shropshire Council) shall have permission to vote in accordance with this Scheme. [The Scheme does not provide the three co-opted members with voting rights on the Health Overview and Crime Reduction Scrutiny Committee.]

The co-opted members can only exercise their right to vote in respect of matters relating to the re-configuration of health services, including changes to Mental Health Services currently subject to consultation by the Telford and Wrekin PCT and Shropshire PCT. When the matter of the re-configuration of health services has been determined, this Scheme will be revoked

Dated 29 April 2010

BOROUGH OF TELFORD AND WREKIN

**SCHEME MADE UNDER PARAGRAPH 12 OF SCHEDULE 1
LOCAL GOVERNMENT ACT 2000**

**SCHEME TO GIVE VOTING RIGHTS TO CO-OPTED MEMBERS OF THE
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

In accordance with paragraph 12 of Schedule 1 to the Local Government Act 2000 (as inserted by section 115 Local Government Act 2003) the Borough of Telford and Wrekin has determined that the three co-opted members of the Joint Health Overview and Scrutiny Committee (that is those members of the committee who are not members of the authority) shall have permission to vote in accordance with this Scheme.

The co-opted members can only exercise their right to vote in respect of matters relating to the reconfiguration of health services. Including changes to Mental Health Services currently subject to consultation by the Telford and Wrekin PCT and Shropshire PCT. When the matter of the reconfiguration of health services has been determined, this Scheme will be revoked.

24th June 2010

**TELFORD AND WREKIN AND SHROPSHIRE
JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

13th December 2010

NHS CONSULTATION FRAMEWORK

REPORT OF SCRUTINY MANAGER, TELFORD AND WREKIN COUNCIL

1.0 PURPOSE

- 1.1 To enable Members to consider a framework that sets out 4 levels of consultation in relation to changes to NHS services.

2.0 RECOMMENDATIONS

- 2.1 Members consider the consultation framework outlined in Section 5.2 of the report.

3.0 PREVIOUS MINUTES

- 3.1 N/A

4.0 BACKGROUND

- 4.1 The Health and Social Care Act (2001) sets out the role of Health Overview and Scrutiny Committees and the requirements on the NHS in relation to consultation on changes to services. (This was further strengthened by the NHS Act (2006) and the Local Government and Public Involvement in Health Act (2007)).
- 4.2 The requirements relating to the Health Overview and Scrutiny Committee are:
- Where there is a proposed substantial variation or development in service NHS bodies are required to consult with the relevant health Overview and Scrutiny Committee.
 - Where a report or recommendation is made to an NHS body, that body must respond in 28 days where a reply is requested.
 - Where a committee feels that a consultation, or the reasons given for an exception to the consultation are inadequate or where they feel the

proposals are not in the interest of local health services it may refer the matter to the Secretary of State for Health.

(Reference: Centre for Public Scrutiny: Pulling it all together, A guide to legislation on overview and scrutiny in English Local Authorities April 2010)

- 4.3 The Regulations for overview and scrutiny do not define the term 'substantial'. The guidance on health scrutiny from the Department of Health states that local NHS bodies should aim to reach a local understanding or definition with their Health Overview and Scrutiny Committee and that this should be informed by discussion with other key stakeholders. However, the guidance does state that when considering if 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 potential to use the service. More specifically they should take into account:
- Changes in accessibility to the service - for example both reductions and increases in a particular site or changes in opening times for a particular clinic
 - Impact of the proposal on the wider community and other services – including economic impact, transport and regeneration
 - Patients affected – changes may affect the whole population or a small group. If it affects a small groups this might still be regarded as substantial.
 - Methods of service delivery – altering the way a service is delivered may be a substantial change for example moving a particular service into community setting rather than being entirely hospital based
- 4.4 Where proposals for changes to health services relate to more than one local authority area a Joint Health Overview and Scrutiny Committee may be established.

5.0 PROPOSED CONSULTATION FRAMEWORK

- 5.1 Under the Scrutiny arrangements introduced in June 2010 the Active Lifestyles, Leisure and Culture Scrutiny Committee undertakes the Health Scrutiny function which includes the work of the Joint Health Scrutiny Committee with Shropshire Council.
- 5.2 Members of the Committee are asked to consider adopting a framework for NHS consultations. The framework is set out below and identifies 4 levels of consultation the committee may wish to apply to proposed changes to NHS services:
- Level 1- the change in service proposed is minor or there are immediate risk to the safety and welfare of patient or staff. Consultation is not required but patients should be involved in

the development of the service and the impact on other services and staff should be considered.

- Level 2 – the change in service is not substantial but some consultation with patients is required regarding the proposed change and the impact on other services and staff should be considered.
- 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.

5.3 Members are asked to consider the framework outlined above and agree if discussions should be held with the Primary Care Trusts and SaTH to apply this framework locally.

6.0 EQUAL OPPORTUNITIES

6.1 Members would consider the impact of proposed NHS service changes across communities and for minority groups.

7.0 ENVIRONMENTAL IMPACT

There are no environmental impacts directly arising as a result of this report.

8.0 LEGAL COMMENT

8.1 The Legal comment is contained in the main body of the report which sets out the remit of the committee and the requirements that need to be compiled when agreeing the consultation framework.

9.0 LINKS WITH CORPORATE PRIORITIES

9.1 Proposed changes to NHS services may have an impact on a number of corporate priorities but the main connection will be through Adult Care and Support.

10.0 FINANCIAL IMPLICATIONS

10.1 There are no financial implications for the Council arising directly from this report.

11.0 OPPORTUNITIES AND RISKS

11.1 Health Scrutiny has real influence on the services for local people. This is most effective when Committees take a constructive but challenging approach to the role.

12.0 WARD IMPLICATIONS

12.0 The framework would apply to proposed changes in health services across both local authority areas.

Report prepared by Fiona Bottrill, Scrutiny Manager 01952 383113

**TELFORD AND WREKIN AND SHROPSHIRE
JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

13TH DECEMBER 2010

JOINT HOSC WORK PROGRAMME

REPORT OF SCRUTINY MANAGER, TELFORD AND WREKIN COUNCIL

1.0 PURPOSE

- 1.1 To enable Members to consider and amend the Committee's work programme.

2.0 RECOMMENDATIONS

- 2.1 Members consider and, if appropriate, amend the work programme attached as Appendix 1.

**Joint HOSC Work Programme
2010 /2011**

Date Agreed	Issue / Agenda Item	Timescale / date for consideration
	Developing Health and Healthcare – consider consultation document	13.12.10
	Consultation on proposed new NHS Trust to provide community health services for Shropshire, Telford and Wrekin – agree response to consultation	13.12.10
08.10.10	Consultation Framework	13.12.10
08.10.10	Updating Joint HOSC Terms of Reference	13.12.10
08.10.10	Outcome of consultation on mental health services	February 2011
	Developing Health and Healthcare – to agree response to consultation	February 2011
08.10.10	Implementation of Gynaecological Cancer IOGs	Written briefing
08.10.10	Implementation of phased increase in community support and reduction in in-patient beds	TBC
08.10.10	Support for families and carers of service users of community mental health services	TBC
08.10.10	Hospital at home	TBC