Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 27 June 2016

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Tuesday, 5 July 2016**
Time: **10.00 am**
Venue: **Quaker Room - Meeting Point House, Southwater Square, Town Centre, Telford, TF3 4HS**

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Joint Health Overview and Scrutiny Committee

Shropshire	**Telford & Wrekin**
Gerald Dakin (Co-Chair)	Andy Burford (Co-Chair)
John Cadwallader	Veronica Fletcher
Heather Kidd	Rob Sloan
David Beechey (co-optee)	Rajash Mehta (Co-optee)
Ian Hulme (co-optee)	Barry Parnaby (Co-optee)
Mandy Thorn (co-optee)	Dag Saunders (Co-optee)

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AGENDA

1 Apologies for Absence

2 Declarations of Interest

3 Minutes (Pages 1 - 8)

To confirm the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 2 March 2016 (Appendix A)

4 Review of the Terms of Reference for the Telford and Wrekin Joint Health Overview and Scrutiny Committee (Appendix B) (Pages 9 - 18)

5 Progress of the Future Fit Programme, submission of the NHS Sustainability and Transformation Plan

Mr David Evans, Future Fit Accountable Officer and Telford and Wrekin CCG Chief Officer and Shropshire CCG Accountable Officer, Simon Wright, Chief Executive of the Shrewsbury and Telford Hospitals NHS Trust and Chair of the STP Board will attend to respond to the attached questions. (Appendix C – to follow)

6 Update on the Consultation and Engagement on the Procurement of the Child and Adolescent Mental Health Services for Telford and Wrekin and Shropshire (Appendix D) (Pages 19 - 22)

7 Chair's Update

SHROPSHIRE COUNCIL/TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Wednesday 2 March 2016 at Shirehall, Shrewsbury 1.00 pm – 3.30 pm

PRESENT – Cllr G Dakin (SC Health Scrutiny Chair) (Chairman) Cllr A Burford (TWC Health Scrutiny Chair), Mr D Beechey (SC Co-optee), Cllr V Fletcher (TWC), Mr I Hulme (SC Co-optee) Cllr H Kidd (SC), Mr B Parnaby (TWC Co-optee), Mr D Saunders (TWC Co-optee), Cllr R Sloan (TWC) Mrs T Thorn (SC Co-optee)

Also Present –

A Begley (Director of Adult Services, SC)
Cllr L Chapman (Portfolio Holder for Adults, SC)
Cllr A England (Portfolio Holder Adult Social Care, TWC)
F Bottrill (Scrutiny Group Specialist, TWC)
D Evans (Accountable Officer, Telford & Wrekin CCG)
S Gregory (Shropshire Community Health Trust)
A Hammond (Deputy Executive, Telford & Wrekin CCG)
A Holyoak (Committee Officer, Shropshire Council)
N Holding (Head of Improvement and Transformation, SaTH)
P Tulley, (Chief Operating Officer, Shropshire CCG)
D Vogler (Future Fit Programme Director)
S Wright (Chief Executive, SaTH)

1. Apologies for Absence

Apologies were received from Cllr J Cadwallader (SC) and Mr R Mehta (T&W co-optee)

2. Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

Mandy Thorn declared that she was a provider of services commissioned by Shropshire CCG and Shropshire Council.

3. Minutes

RESOLVED: that the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 5 February 2016 be confirmed as a correct record and signed by the Chairman.

Page 2 - Mr Parnaby clarified that it was Telford and Wrekin Healthwatch that was carrying out a survey with children and young people. Page 8 - Mr Saunders said he had asked the Chief Executive of SaTH at the meeting whether the Trust was providing a safe and appropriate service and the Chief Executive had agreed that this was the case.

4. Future Fit and Community Fit

Debbie Vogler, introduced herself as the new Future Fit Programme Director. She referred to the timeline in the report circulated with the agenda (copy attached to signed minutes).
Members heard that a revised Strategic Outline Case was due to go to the Shrewsbury and Telford Hospital Trust Board within the next week. This report set out proposals for two vibrant hospitals with services balances across the two sites.

The Programme Director also reported that:

- The deficit reduction plan was on track and would be concluded in the next 2 weeks. The draft report had been validated by PricewaterhouseCoopers.
- Workshops were due early April in relation to the Rural Urgent Care offer
- Interpretation of data in relation to Community Fit, including Adult Care data, was due end April
- Consideration of the final decision making process was due to be agreed on 23rd March
- The engagement and communications for the Future Fit Programme was continuous – pop up events and community events have been held.
- Engagement sessions would be held to share the Strategic outline Case.
- A Joint Board decision making workshop would be held on the 23rd March to discuss the challenges around the decision making process.

In response to questions from the Committee, members heard that:

- The timescale for Future Fit and the Sustainable Transformation Plan had been aligned and was consistent.

    - Patient experience was being taken into account for Future Fit and STP with all workstreams engaging Healthwatch, Health and Wellbeing Boards and patients. The Committee questioned the extent to which very rural areas were represented on each workstream and stressed the importance of ensuring better engagement in rural areas.

- West Midlands Ambulance Service and the Welsh Ambulance Service had membership of the Future Fit Programme Board. WMAS also had membership of the STP partnership board and operational board.

The Committee identified that social care providers, eg Shropshire Partners in Care, were not represented on the Programme Board. The Senior Responsible Officer undertook to consider this issue.

The Committee questioned progress on Community Fit, when outcomes of the data gathering work would be forthcoming and when a description of what would actually happen on the ground would be made available. Members heard that the next phase of Community Fit would describe a shift of activity from the acute sector to the community sector. They were concerned that adequate capacity in the community was ascertained before the Future Fit options were identified. The Chief Executive of SaTH emphasised that work needed to start immediately to ensure that community provision was able to manage the health of the population differently.

Members emphasised the need to treat the voluntary sector, private sector and local authorities as equal partners going forward and recognition of the importance of support from carers, family and friends. The SRO acknowledged that the voluntary sector was very important to the transformation of services moving forward. He was committed to working with the voluntary sector on that basis and some two year grants had been offered to help stabilise the voluntary sector.

The Chief Operating Officer, Shropshire CCG, reported that he was chairing the Rural Urgent Care Group within the Future Fit Programme. The work underway included identifying where gaps would be, and how the opportunity to deliver in rural settings could be maximised. It could be that services already located in rural areas would be utilised to work together differently. He reported that there were two patient representatives from South West Shropshire on the Group. There would not be a fixed final answer but opportunities to try things out. The Chairman asked if the Strategic Outline case would put rural and urban urgent care in perspective. He felt it was important to be clear about what an Urgent Care Centre could offer. The Chief Executive of SATH said there would be more collections of and an extended range of services in vibrant hubs possibly complemented by mobile services.

He referred to the need for a different relationship with the public regarding how they were going to manage their health in future, and the need to talk about a wellness and health service rather than an illness service, in order to support communities to live healthier lives. He said work was underway with colleagues in both local authorities to support communities in this respect.

With regard to potential risks, members particularly asked about risk 38 – Commissioner Affordability. They also asked about potential estate failure and whether SATH had been able to maintain the maintenance budget.

The Chief Executive of SATH explained that the quality of estate was variable between the two hospital sites and the solution lay in the long term. The deficit recovery plan recognised the need to address this within the costs of

delivering Future Fit. With regard to risk appetite against risk, a balance needed to be struck and an ambitious and transformational approach was needed to achieve what was necessary, eg using technology to minimise travel for planned activity. Innovation was needed across the system along with less duplication. All stakeholders were committed.

A question was asked about the local NHS acceptance of the Total Control Offer and if this had been without reservation. The Accountable Officer, Telford & Wrekin CCG replied that it had been accepted but not without reservation. It was reasonable within the financial climate and the local NHS was working with colleagues in NHS England to recognise the issues. This is not without challenge but it was as good a settlement as the local NHS could get.

The Cabinet Member for Adult Services for Telford & Wrekin Council commented that the Community Fit Programme had been taken over by fact finding and data sets. He recognised that this was necessary but had not resulted in any decisions about services and in his view this programme has become subservient to Future Fit.

The Accountable Officer, Telford & Wrekin CCG reported that both CCGs had a clear vision for the urgent care centres, particularly in urban areas. This was based on a notion of developing primary and community care based around GP practices, with some acute teams moving out into the community. He cited one practice in Telford which also offered social care alongside primary care. He explained that one programme was not driving the other but that the two programmes were intertwined.

The Chair commented on the importance of staff in community and urgent care centres having the correct skills to treat patients and reduce demand on urgent care services.
Members also asked about Risk 23 and the care of people requiring elective surgery, how the risk was being mitigated and how it would be resolved.

The Chief Executive of SATH apologised to anyone who had had an appointment cancelled. He explained that the whole health and care system was challenged and the Trust will continue to work with the CCG to manage this risk. The Future Fit model for a single emergency site would further reduce the risk. In response to a comment that patients do not know where to go and that signage at the hospital site is confusing he acknowledged that it was confusing to have an urgent care and A&E on the same site but this would not be the case in the Future Fit model. Patients requiring emergency care would go by ambulance, all other patients would go to an urgent care centre.

In referring to the governance structures around the STP and Future Fit, the Committee highlighted the need for all to be clear about the function of the Scrutiny Committee particularly as the governance structure diagram currently showed no place for Scrutiny. The SRO said this was not intended to convey

that there was no role for scrutiny. He also stated that STP and Future Fit would be subject to Assurance by NHS regulators as well as by Scrutiny.

5. Maintaining Safe, Effective and Dignified Urgent and Emergency Care

Members were reminded of discussion at the Committee's December 2105 meeting on the 'Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services – Developing our service continuity plan'. The challenges that prompted initiation of the Future Fit work continued to grow, the most significant of these being the availability of sufficient workforce to continue to provide two 24 hour emergency departments and associated clinical services. There continued to be a risk that a situation could be reached where maintaining two was unsafe and emergency measures would need to be taken.

The Chief Executive of SATH emphasised that development of emergency measures would categorically not pre-judge the essential work through Future Fit to develop an agreed vision, but would only be taken to mitigate clear and present risks to the safety of services provided.

Another stakeholder workshop had been held on 22 February, involving members of the public and health professionals. The review and conclusions would be going to Full Trust Board at the end of March.

The Portfolio Holder for Adult Social Care, Telford and Wrekin Council drew attention to a slide in the circulated presentation outlining scenario D which stated that an overnight closure of RSH would not be possible due to the complexity of service moves for trauma and acute/emergency surgery. The Chief Executive again reiterated that this absolutely did not presuppose any outcome for Future Fit. Developing a Business Continuity Plan was routine practice for any Trust but as this was so sensitive in the Future Fit context, the decision had been made to involve the public in the stakeholder workshops and for it to be as transparent and iterative process as possible.

If a tipping point scenario were to occur, SaTH would have to maintain safe emergency care. The clinical view was that an overnight closure would be the ultimate fullback position, and a range of mitigation plans would be in place to ensure that this would not happen

He also reported that the return of an A&E consultant recently had made the service more resilient.
The review and conclusions would be going to the Full Trust Board at the end of March 2016.

Members of the Joint HOSC said they had been impressed by the openness, honesty and transparency of SATH during this process.

6. Winter Pressures and Hospital Discharge

Nick Holding, Head of Improvement and Transformation, SATH, shared the detail of process improvement work around discharge and To Take Out Medication (TTO) which had used methodologies learnt from Virginia Mason Hospital.

His presentation covered: how the problem to solve had been identified; how the methodology had been implemented; a summary of progress made in reducing To Take Out Medication lead time and delays.

This had reduced TTO by 67% over 3 hours and potential release of approximately 300 hours per day of bed usage time across inpatient areas.

A deep understanding had been developed through working with clinical teams and pharmacy, ideas had been implemented, adapted as necessary and tried again. There was confidence that change would be sustained as teams themselves had come up with the solutions and owned them. The methodology of trying things out on a small scale and then expanding them had been shared by Virgina Mason.

The Committee commented on very impressive time savings and asked if a risk assessment had been carried out with regard to the speeding up of these processes. The Committee were reassured that the process itself had not changed and that appropriate quality checks remained. The focus of the process had been on removing elements that had added no value.

The Portfolio Holder for Adult Social Care, Shropshire Council, asked if any work had been scoped with regard to improving patient discharge. Members noted that the same sort of approach had been initiated around the discharge of respiratory patients who made up around 40% of all emergency admissions.

Frail elderly patients were also being managed differently so that the shortest possible time was spent in hospital, to minimise loss of function. Packages were needed for when frail elderly patients left hospital and work would be taking place involving primary care to minimise admissions.

The Chief Executive referred to around 40 initiatives rolling out which had been developed by clinicians. The hospital was on a journey and one of the most challenging areas was making change stick. Allowing staff who were delivering the care to find their own solutions was the best chance of this.

The SRO, Telford and Wrekin went on to talk about winter pressures. The demand for services and the complexity of needs of patients and communities had remained high and at 10 February, system performance had been 12% below trajectory. There had been 210 attendances at PRH on one day in the previous week, these numbers were not unusual and meant A&E performance had dropped. As a consequence, patients had been located in

areas that SATH would have preferred them not to be in. The SATH team had been performing heroically in these circumstances.

The Emergency Care Improvement Programme had recently undertaken a diagnostic report (copy attached to the signed minutes). This had identified five areas for the Strategic Resilience Group to prioritise. Members discussed these areas, particularly the acute frailty pathway and heard that most beds in SATH were occupied by over 75s.

Members asked about working with local authorities on discharging to assess into a safe environment and planning of post-acute care in the community as soon as an acute episode was complete rather than in hospital before discharge. A solution needed to be found to ensure domiciliary care was responsive to avoid hospital deconditioning.

The Chief Executive of SATH said the report reflected a direction of travel 'home is best' but referred to the challenge in recruiting domestic care workers, both in Shropshire and Telford and Wrekin, especially as the needs of patients were becoming more complex. There was a backlog of patients due to lack of domiciliary care and this was impacting on management of emergency patients safely. He said large employers needed to look at how to make domiciliary care roles more attractive.

The Director of Adult Services, Shropshire Council, commented on a complex picture with many variables. Organisations needed to work together as one system he felt that there was more appetite for this now than at any time previously and it was essential to take advantage of local freedoms.

Mrs Thorn reported on an increased number of people working in social care but the need for more, particularly in rural areas. It was very difficult to find people who were available at the right time who were also able to travel. A blended approach was needed and she said that Shropshire Partners In Care would welcome the chance to work with health colleagues on this. She also pointed out the issues around free care coming to an end on leaving hospital

The SRO said it was essential that the public were helped to understand that home was best, and that care homes and hospital beds were not the place to be unless in an emergency.

A Member referred to isolation experienced by some people at home on their own for 23 hours a day and the deterioration that could lead to. He pointed out that Age UK had waiting list for Day Centres. The SRO said that he recognised that as a commissioner he needed to re-direct resources and commission services in a different way to prevent frail elderly people becoming isolated at home, and not eating, drinking enough or taking medication.

Another Member referred to work needed especially in rural areas where issues were more complex. She said significant work needed to be undertaken, not just on health and social care but also housing. The Chief

Exec of SATH reported that there was to be a national symposium on rurality which SATH would be chairing. There were other rural locations Shropshire could learn from and it was important to get these issues on the agenda at a national level. He said he would confirm the dates once this had been arranged. Mrs Thorn also referred to work underway through the Local Enterprise Partnership, BIS and CCG.

Another Member reiterated the need to talk to local communities to help them find solutions themselves, e.g. through establishing a local transport scheme, day centre, or visitor scheme.

The Committee hoped that there had been a step change in tackling these problems across all organisations.

7. Deficit Reduction Plan for the Local Health Economy

The SRO, Telford and Wrekin Council explained that it was clear that the deficit reduction plan could not be addressed in isolation and active engagement with partners including local authorities was sought. Guidance had been issued in September 2015 and a Sustainability and Transformation Plan (including the deficit reduction plan) needed to be delivered by June 2016.

It was essential to submit the Sustainability Transformation Plan on time otherwise ability to access further funding would be severely limited.

In the past, the deficit had been passed around from one organisation to another but maturity of discussion in the last six months had helped moved on from that – it was a health and social care economy and the only way to solve this was by working together.

Members went on to discuss the GP age profile and sustainability in Shropshire and Telford and Wrekin, the need for changes to the way primary care worked, opportunities to deliver primary care, community care and social care from the same locations, and dementia diagnosis rates and prevention.

Members noted that a first draft of the STP was required by 11 April 2016 and the sign off date was 30 June 2016.

8. Chairs's Updates

The Committee was informed on the decisions taken by the CCG Boards in relation to the procurement of 111/Out of Hours services for Telford & Wrekin and Shropshire

Chair: …… Date: ……..

TELFORD & WREKIN COUNCIL

JOINT HEALTH OVIERVIEW AND SCRUTINY COMMITTEE FOR SHROPSHIRE AND TELFORD & WREKIN - 5 JULY 2016

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

REPORT OF TELFORD & WREKIN SCRUTINY SPECIALIST (STATUTORY SCRUTINY OFFICER) AND SHROPSHIRE COUNCIL STATUTORY SCRUTINY OFFICER

1.0 PURPOSE

1.1 To review the terms of reference of the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee.

2.0 RECOMMENDATIONS

2.1 The Committee reviews the draft terms of reference attached as Appendix 1and 2.

3.0 PREVIOUS MINUTES

3.1 Telford & Wrekin Council:
CCC – 4 13th July 2013
FC 35 – 12.09.13
J HOSC 6 - 28th September 2015

4.0 BACKGROUND INFORMATION

4.1 Full Council in both local authorities have previously given full voting rights to the co-opted members of the Joint HOSC. The voting scheme approved expires in September 2016. Procedures in both authorities are in place to extend the voting rights for co-opted members on the Joint HOSC and to confirm that each local authority has retained the power of referral following consideration of a substantial variation or development in service by the Joint HOSC

5.0 TERMS OF REFERENCE FOR THE SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE.

5.1 The draft voting scheme for co-optees on the Joint HOSC is attached as Appendix 1 and the draft terms of reference for the Joint HOSC are attached as appendix 2.

6.0 EQUAL OPPORTUNITIES

6.1 The Joint HOSC will consider equality of opportunity in access and equity of care.

7.0 ENVIRONMENTAL IMPACT

7.1 There is no direct environmental impact resulting from this report.

8.0. LEGAL COMMENT

8.1 Rules and procedures covering the Council's public health scrutiny responsibilities are set out in the Local Government Act 1972 as amended (section 101), the National Health Act 2006 (as amended by the Health and Social Care Act 2012) and most recently The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The legislative provisions allow for a local authority to choose how the public health scrutiny function is undertaken; a local authority can choose to discharge its functions through its own overview and scrutiny committee, that of another authority or through a joint overview and scrutiny committee with one or more other authorities.

The proposal in this report is complaint with the regulatory requirements.

9.1 LINKS WITH CORPORATE PRIORITIES

9.1 The role of the Joint HOSC contributes to the Council's priority to improve the health and wellbeing of our communities and address health inequalities

10.0 OPPORTUNITIES AND RISKS

10.1 The changes to the terms of reference for the Joint HOSC will need to be agreed through the correct processes by both local authorities

11.0 FINANCIAL IMPLICATIONS

11.1 The adoption of the draft terms of reference in and of itself does not give rise to any changes to existing financial resource implications. Reference in the report to the power to refer matters to the secretary of state, which if agreed would remain with the Council is an action which has the potential to give rise to future costs should these powers be used.

RP 27/6/16.

12. 0 WARD IMPLICATIONS

12.1 There are no specific ward issues resulting from this report.

13.0 BACKGROUND PAPERS

13.1 None

Report prepared by Fiona Bottrill, Scrutiny Group Specialist 01952 383113

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DRAFT SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE

Purpose
To act as a discretionary Joint Health Overview and Scrutiny Committee (Joint HOSC) to consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council including matters referred by both Telford and Wrekin and Shropshire Healthwatch.

To meet when proposed changes to services are identified to confirm if the Committee will undertake the role of the Committee as a mandatory Joint HOSC and statutory consultee in relation to NHS proposals for a substantial variation or development in service.

To actively research any statutory consultation and respond in line with Health Scrutiny Regulations and the Department of Health Guidance on Health Scrutiny (2014).

Powers of the Joint Health Overview and Scrutiny Committee
The Joint Health Overview and Scrutiny Committee exercises the powers of both a discretionary and a mandatory Joint HOSC, as set out in the Health and Social Care Act (2001) consolidated in the NHS Act (2006) and amended by the Localism Act 2011 and the Health and Social Care Act 2012, to review any matter relating to the planning, provision and operation of health services across the local authority areas. Both Telford and Wrekin Local Authority and Shropshire Council Local Authority have delegated the health scrutiny power to the Joint HOSC for pan Shropshire health matters**.** When the NHS make a proposals for a substantial variation or development of service the Joint HOSC will be the only Scrutiny Committee which will:

- Respond to the consultation
- Exercise the power to require the provision of information by relevant NHS body or health service provider
- Require members or employees of relevant NHS bodies or health service provider to attend before it to answer questions in connection with the consultation.

However, both local authorities have retained the power of referral as set out in the Councils' Constitutions. Any referral of proposed substantial change or variation in service to the Secretary of State will be made in line with Health Scrutiny Regulations and the Department of Health Guidance.

The roles and responsibilities of the Joint HOSC, commissioners and providers of NHS and Local Authority public health services is set out in the Department of Health Guidance, Guidance to support Local Authorities and their partners to deliver effective health scrutiny (2014)

Membership of the Joint Health Overview and Scrutiny Committee

There will be three 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. Copies of the voting schedules are attached.

Executive Members for Health and Social Care and Health and Wellbeing Board Chairs 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.

Administration
In line with the Department of Health Guidance the support for the Joint HOSC will be made available by the local health and social care system to enable the powers and duties associated with the function to be exercised appropriately.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. 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 (2014) the Joint Health Scrutiny committee must:

Strengthen the voice of local people, ensuring that their needs and experienced are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective.

Operate in a way that will lead to rigorous and objective scrutiny of the issues under review and carried out in a transparent manner that will boost the confidence of local people in health scrutiny.

In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operated and should therefore take into account the effect of the proposals on sustainability of services as well as their quality and safety.

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.

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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

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 & Wrekin has determined that the three co-opted members of the Joint Health 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 exercise their right to vote in respect of any matters relating to the work of the Joint Health Overview and Scrutiny Committee. The Scheme will be revoked after 3 years at which point Council can determine if it should be renewed.

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Meeting of the Joint Health Overview and Scrutiny Committee: July 2016

0-25 Emotional Health and Wellbeing Service

1. Responsible Officer

Anna Hammond, Senior Responsible Officer for the programme (Deputy Executive Commissioning and Planning, Integrated Care from Telford and Wrekin CCG). Produced on behalf of Shropshire CCG, Shropshire Council, Telford and Wrekin Council and Telford and Wrekin CCG.

2. Purpose of this document

This document will provide a brief update on the engagement activities carried out to support the procurement of the 0-25 emotional health and wellbeing service. There is also a summary of the changes and proposed changes which will be made a result of the messages we have heard from children, young people, professionals and organisations.

3. Summary of the activities and changes to the

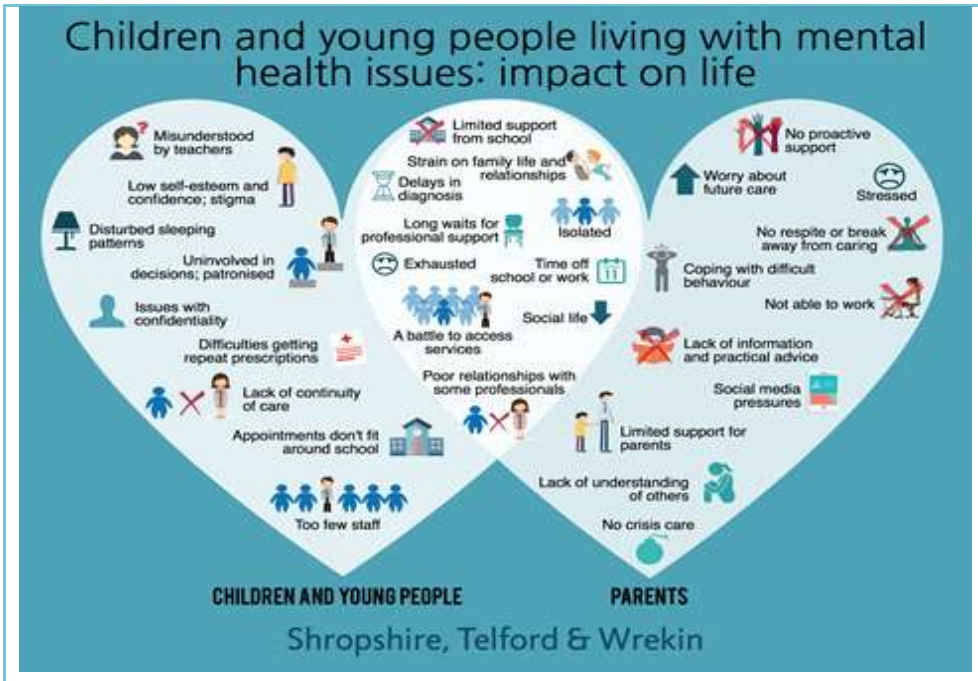
Together the engagement work has produced a rich set of information which will be valuable in the design and implementation of the new service

3.1 Experience Led Commissioning

The team have worked with Experience Led Commissioning (ELC) to ask the question *'What needs to happen to build strong emotional wellbeing and resilience in children, young people and families in Shropshire, Telford and Wrekin?'* ELC have evaluated our local insights which have been collected over the years and looked at a database of national insights. In addition a set of interviews were carried out with the following groups:

I. Children living with mental health issues under 16 years old (n = 16)
II. Children and young people living with mental health issues 16 years and older (n = 20)
III. Parents of children and young people living with mental health issues (n = 39)
IV. Foster parents and people paid to support children in care (n = 20)
V. Frontline health and social care staff (n = 20)
VI. Frontline education staff (n = 20)

The full insights are published on the Telford and Wrekin CCG website. Some of the key findings are illustrated in the diagram below.



In March the commissioners held an event with children and young people, professionals, community groups and organisations to consider the insights collected at that point and a develop a plan for the future. The following 'dream' was developed with those in the room

As part of the process ELC worked with commissioners on a 'commissioner challenge'. This is where the full ELC insights were shared and commissioners challenged on what actions will be taken as a result. They produced a 10 high impact actions (documented below) which will form the basis of next steps.

Healthwatch Telford have recently carried out a survey with over 4000 young people. This has now been evaluated and shared. Feedback will be considered and any relevant findings included in the specification

3.2 Provider Engagement

Commissioners were very keen to open a dialogue with potential providers, to help them fully understand aspirations and for them to influence the development of the service specification. The effective delivery of all aspects of the service model is contingent on the right organisations working together to provide the service. This will be commissioned through a prime provider arrangement. The commissioners have now held three provider market events to help this dialogue and provide an environment for providers to meet and work with each other.

- The first was held in March and attended by 10 organisations.
- The second event was held in June specifically for VCS organisations and was attended by over 20 organisations.
- The third event was in the middle of June and open to all interested providers. It was attended by over 80 people from over 40 different organisations ranging from micro providers to large third sector and NHS organisations. Young people were involved in presenting the vision and also met the potential providers in a series of Q&A sessions and speed meetings.

4. What has changed as a result of the engagement activities?

- Incorporation of a range of ideas into the service specification (e.g. families have requested that support/intervention is provided prior/instead of diagnosis)
- Commissioners have committed to carry out additional work, prior to the commencement of the new service, on peer support and mapping existing services
- Feedback was received from service users, families, professionals and a variety of organisations that the scope of the procurement should be extended to include neurodevelopmental pathways, eating disorders and specialist CAMHS learning disability services. It was felt that this would provide a much more coherent service offer. This

recommendation is currently being considered by the CCGs.

- In order for organisations to form meaningful partnerships as part of the prime provider model, they have asked for the ITT stage of the procurement to be extended by 4 weeks. This will change the start date to the 1st May 2017
- Potential providers have asked that another market event is held to facilitate the joint working between providers. This will also provide an opportunity for potential providers to talk to commissioners.
- Smaller providers (who do not necessarily want to be a formal provider within the prime provider model) have asked that an overview of their organisations is shared so informal relationships/networks can be developed across the health economy and service users made aware of their offer. Commissioners have asked that each organisation completes a short proforma which will be collated and shared
- One of the major concerns was that the service would be inundated with demand from over 18s. Therefore the scope has been narrowed to only include those over 18s (up to 25) who are already in the service.
- The feedback has helped to design questions for use in the bidding process. Young people and parents/carers will continue to be involved in the procurement.

ENDS