

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

2 NOVEMBER 2016

AGENDA ITEM 4: PUBLIC QUESTION TIME

1. Questions submitted by Mr C Deaves –

(Responses are in italics)

Q1. The “Decommissioning and Disinvestment Policy document is rather confused in its purpose. It does not contain clear policy statements that guide the CCG in its decision-making, rather it is a collection of vague statements and process descriptions. It is also described as an ‘interim’ document, with a final version being made available ... over the coming weeks...” from 10th August.

a) Does this committee agree that requests for decisions that derive from this document should be deferred until both the Policy and Processes have been clearly stated by the CCG and agreed in final form by this committee and other interested bodies, and that the accompanying requests for decisions should be rewritten in light of these agreed Policies and Processes?

The Committee has advised Shropshire CCG that it has concerns regarding the way this policy developed and its engagement with stakeholders.

b) Does this committee agree that the ‘Principles around decision-making’ (presented as Appendix Four of this document) need considerable improvement in respect or promoting transparency and full public engagement?

The Committee recognises that the CCG faces significant financial difficulties that require to review its current commissioning of health services, however the committee is keen that the public and stakeholders are appropriately engaged in this process.

Q2. Why should this document also apply to non-clinical Decommissioning and Disinvestment, this is surely outside the Terms of Reference of the CCG? These would seem to require a very different approach to decision-making by a different body.

That is a matter for the CCG to consider rather than this committee.

Q3. No mention of assurance processes in made in this document. What is the assurance process that will oversee the application and execution of the final Policy and Process documents, when they are produced?

That is a matter for the CCG to consider rather than this committee.

Q4. The “Decommissioning and Disinvestment Decision paper” has two appendices.

Appendix A contains considerable per-service data, both anecdotal and factual, relating to 2016/17 decisions. However, there is no supporting evidence as to what process was used to get from this information to the “Workshop outcome (1-5)” score, as presented in the table at the end of this Appendix.

a) Does this committee agree that the full route by which this process operated should be made transparently available to this committee for each service considered?

See the responses to question 1 above.

b) In addition, does this committee agree that the ‘embedded’ documents, (which are only available within the GGC IT system) should also be supplied, as these form part of the document (and in pre-IT days, would have also be been supplied as appendices)?

See the responses to question 1 above

Q5. Appendix B presents a table relating to 2017/18 decisions with no supporting information.

Does this committee agree that these decisions should be disregarded until full supporting information has been provided in a transparent fashion?

See the responses to question 1 above

Q6. The “Decommissioning and Disinvestment Update paper” contains several unexplained references to CAP.

What is this body?

Clinical Advisory Panel: a CCG advisory group made up of GPs and other clinicians

2. Questions submitted by Mrs G George, Chair, Shropshire, Telford and Wrekin Defend Our NHS

– *(Responses are in italics)*

Could the following questions be put to the Health and Adult Social Care Scrutiny Committee?

1. Rural midwife-led maternity units are currently provided at Ludlow, Oswestry and Bridgnorth. SaTH has identified that these cost more to run than the income received for providing the services, and wants Shropshire CCG to bear the additional cost (around £1.5 million a year). There is currently no indication that the CCG is willing to do this, placing the rural maternity units at risk. There is no agreement that the contract between SaTH and the CCG for the coming financial year will include provision for rural maternity units. Will the Health and Adult Social Care Scrutiny Committee make urgent representation to the CCG and SaTH on the importance of these services to families in Shropshire's rural communities?

The Committee has already raised questions with the CCG regarding its Disinvestment and Re-commissioning plans. The Committee is also seeking information regarding the future plans for rural maternity services.

2. It emerged at the Joint HOSC of 18th October that Simon Wright, the leader of the Sustainability and Transformation Plan for Shropshire, Telford and Wrekin, seemed unaware of the existence of Minor Injuries Units in Shropshire; also that David Evans, as outgoing Accountable Officer for Shropshire CCG, was unable to commit to a future for Minor Injuries Units in Shropshire. The loss of MIUs would be important in its own right, and would further undermine our increasingly vulnerable community hospitals. Will the Health and Adult Social Care Scrutiny Committee establish the current intentions for Minor Injuries Units, and lobby for these important services to continue?

The Joint Health Overview and Scrutiny Committee will continue to request regular updates from the boards overseeing the Sustainability and Transformation Plan and the Future Fit/Community Fit regarding the proposals for community services. Members from the Joint Committee recently visited two Urgent Care Centres in Halton to better understand what services could be delivered to rural communities.