

**MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MEETING HELD ON 19 JUNE 2014  
9.00 AM - 11.30 AM**

Responsible Officer: Jane Palmer  
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Present:  
Councillors Gerald Dakin (Co-Chair), Derek White (Co-Chair), Tracey Huffer,  
Simon Jones, John Minor, David Beechey (Co-Optee), Ian Hulme (Co-Optee), Dilys  
Davis (Co-Optee) and Richard Shaw (Co-Optee)

**1 Apologies for Absence**

Apologies for absence were received from Veronica Fletcher, Mandy Thorn, Martin  
Witnall.

**2 Disclosable Pecuniary Interests**

None were declared.

**3 Minutes**

**RESOLVED:**

That the Minutes of the meetings of the Joint Health Overview and Scrutiny  
Committee held on 24 and 26 March 2014 be approved as correct records and  
signed by the Joint Chairs.

**4 Future Fit**

Dr Caron Morton, Accountable Officer for Shropshire Clinical Commissioning Group  
and Mr David Evans, Accountable Officer for Telford and Wrekin Clinical  
Commissioning Group working jointly on the Future Fit Programme provided an  
update report on the Programme's key areas. A copy of the presentation slides are  
included as part of the formal record of the meeting.

Under the proposals, the five year implementation programme, would include the  
delivery of more hospital services within the community at a local level and the  
development of a new acute hospital in the region. It was noted that care would be  
provided in three main areas: acute, planned and long term. It was noted that no  
decision had yet been made on the location of the new acute facility but could either  
be at the PRH in Telford, the RSH in Shrewsbury or on a site between the two.

Members noted that an acute, emergency care centre would deal with high risk patients, an urgent care centre would deal with those with less serious injuries. Dr Morton added that the emergency care centre would have X-ray, ultra-sound, therapies, mental health and social care, out of hours GP provision and beds would be available; more than currently provided. The Committee acknowledged that emergency and urgent care would work together to provide the best outcomes for patients.

Mr Evans stressed the need to ascertain the reasons why people go to hospital to receive care. He stated that people gravitated to A&E departments because they provided 24 hour cover; however he stated that a distinction needed to be made between a life threatening condition and what could be safely treated the following day.

It was set out that a group would be looking at the long list of options and the Accountable Officers will be involved in this. The short list will be developed in September. Then there will be a period of significant engagement and communications to listen to what people think about the options. The formal consultation is planned for early summer 2015.

Questions were asked about the financial sustainability of the programme and the impact of external factors on the programme e.g. patient behaviour, funding reductions in social care and capacity of Voluntary and Community Organisations. . The Accountable Officers responded that it will take 5 years to undertake any building work required – but the implementation will be phased. It will be important to change the culture before changing services. The Programme Board is acutely aware of the funding reductions in Adult Care Services.

Members commented that training staff would take a number of years to ensure that staff have the right skills to provide services differently.

The Committee commended the work that has been jointly undertaken over the last 10 months to resolve the issues faced by the Hospital Trust. Members welcomed the way the NHS had worked together and the level of clinical engagement that had been achieved to date.

Responding to the three issues highlighted in the report, the Committee made the following main points:

1. The Committee was invited to note the revised timetable for the Programme Execution Plan [page 22 of the report refers] – this to take place as soon as possible after the 2015 General Election in accordance with advice received from NHS England. The Committee agreed to endorse the revised timetable.
2. The Committee was invited to endorse the models proposed [page 24 of the report refers]

Members commended the work undertaken by all the local NHS partners as part of the Future Fit programme and requested that the following information be provided before endorsement will be considered:

- The number and opening hours of the urgent care centres and their proposed locations which takes into account the presence of community hospitals in Shropshire but none in Telford an Wrekin
  - Further details of the staffing arrangements for the urgent care centres including the rotation of staff between the urgent care centre and the emergency centre which will ensure that the services and staffing at each of the Urgent Care Centres will be the same.
  - Further information on the finances available to support the implementation of the programme.
  - Details of the changes required in Primary Care to ensure that any changes made through the Future Fit Programme are sustainable ( the Committee recognise that this is outside the remit of the Future Fit Programme and will invite NHS England to attend a future meeting)
  - Report on the emergency feasibility study
  - Report on the external clinical assurance
  - Feedback on the engagement of nursing and care homes on the proposals
  - Further detail is provided on the stand alone diagnostics and treatment centre
  - Further detail on the Information Management and Technology that will be required to support the Future Fit Programme including who will develop the programs required, cost and affordability, fit with National Systems, and its likely life span.
3. The Committee was invited to endorse the proposed approach to the development of the short list [page 25 of the report refers]

The Committee endorsed the proposed approach to the development of the short list, subject to the following:

- Assurance that the process will take into account the different models of existing provision between the two local authority / CCG areas.
- Assurance that the Local Planning Authorities are engaged at the earliest appropriate opportunity regarding proposed locations for the emergency care and urgent care centres.
- Assurance that nursing / care homes are engaged in the long list and short listing process.

- Assurance that the business community is engaged in the long list and short listing process.
- Observer status for the Joint HOSC representatives at the short-listing workshops and meetings.

The Committee stressed the importance of the NHS continuing to make the case for change during this process so that at each stage of the Future Fit Process the public and stakeholders understand the reasons for change and why health services cannot remain the same.

#### **RESOLVED:**

- i. That the above points raised be formally conveyed to the Joint Responsible Officers of the Future Fit Programme;
- ii. That the significant progress made to date be commended;
- iii. That the general way forward outlined during the presentation be supported; and
- iv. That further update reports on progress with the Future Fit programme be made, as appropriate, to future meetings of the Joint Health Overview and Scrutiny Committee.

#### **5 Clinical Services Strategy - Shrewsbury and Telford Hospital NHS Trust**

The Committee received a presentation from a representative of the Shrewsbury and Telford Hospital NHS Trust [SaTH] on its Clinical Service Strategy, a copy of the slides are included as part of the formal record of the meeting.

It was noted that particular challenges for Shropshire's acute hospitals related to emergency care, critical care and acute medicine. Working together with patients, communities and partners through the NHS Future Fit Programme, the NHS across Shropshire, Telford and Wrekin and mid Wales was continuing its work to develop a long term vision for safe and sustainable hospital services to meet the needs of both urban and rural communities. Members noted that, alongside this work, Shrewsbury and Telford Hospital NHS Trust had a wide ranging programme in place to sustain services in the short to medium term whilst building for the future.

Key areas drawn to the Joint Committee's attention included:

- The Women and Children's Centre – had just been released to the Trust from the building contractors – a great asset to the county
- Reconfiguration of women's midwifery and obstetrics. Need to improve self-promotion – live birth rates in Shropshire are excellent

- Cancer Strategy – key focus on early intervention and prevention
- Unscheduled Care – recognition of the need to implement changes in future in order to manage the challenges ahead
- Scheduled Care – understanding that the urgent care and elective care needed to be separate. Focus on continuous improvements, capacity and efficiency. Need to promote own success – some areas of specialist surgery are the best in the country.

Members asked a number of questions and made comments on the areas raised during the presentation, including:

- Cardiology – desire to repatriate the planned angioplasty. Primary angioplasty to be scheduled and managed better.
- Critical Care Unit – comments relating to the need to improve accommodation and staffing in Critical Care to be fed back.
- Service review of ophthalmology and osteopathy – need to consider whether this can be better or differently managed to accommodate the level of demand.
- Cancer screening – people will be offered screening re bowel cancer from 2015.
- The Future Fit model for planned treatment should reduce the number of cancelled procedures – processes will be fit for purpose and managed efficiently with the right level of capacity to manage the level of demand i.e. the right procedure at the right time.
- Future Fit model supported but need to ensure that the level of skills and the right workforce are there to meet the demands of the future.
- Need to keep pace with the decisions made as part of the Future Fit Programme.

Members asked for assurance on the safety of current service provision. The Committee were informed that services are safe but fragile e.g. if a couple of A&E consultants were to retire. Plans are being considered to cover this scenario such as extended nurse practitioners, ambulatory care model and looking at international recruitment.

The Chairman thanked the SaTH representative for the interesting and informative presentation.

Signed ..... (Chairman)

Date: