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

Date: 14 June 2019

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Monday, 24 June 2019**
Time: **10.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

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**
Cllr Karen Calder (Co-Chair)	Cllr Derek White (Co-Chair)
Cllr Madge Shineton	Cllr Stephen Burrell
Cllr Heather Kidd	Cllr Paul Watling
Coptees:	Co-optees:
David Beechey	Carolyn Henniker
Paul Cronin	Hilary Knight
Ian Hulme	Dag Saunders

Your Officers are:

Amanda Holyoak Committee Officer, Shropshire Council 01743 252718
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AGENDA

1 Apologies for Absence

2 Disclosable Pecuniary Interests

3 Minutes (Pages 1 - 28)

The Minutes of the following meetings are attached for approval:
3 December 2018, 17 December 2018 and 11 January 2019

4 Midwifery Services in Shropshire and Telford and Wrekin - Current Position

To receive an update – to follow

5 Transforming Midwifery Care Programme Update

A presentation will follow

6 Future Fit Update (Pages 29 - 30)

To receive a verbal update. The Terms of Reference for the new STP Implementation Oversight Group are attached.

7 Merger of CCGs

To receive a presentation from the Chief Officer, Telford and Wrekin CCG and Accountable Officer, Shropshire CCG (to follow)

8 Mental Health

To receive an update report (to follow)

9 Future Work Programme and Meeting Dates

To discuss the Future Work Programme and meeting dates.

SHROPSHIRE COUNCIL,TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on Monday 3 December 2018 10.00 am – 1.27 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton
Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Rob Sloan
Shropshire Co-optees: David Beechey, Ian Hulme
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders

Others Present:
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Senior Responsible Officer - Future Fit and Chief Officer Telford and Wrekin CCG
Fiona Ellis, Commissioning Lead, Women and Children, Shropshire
Simon Freeman, Senior Responsible Officer - Future Fit and Accountable Officer Shropshire CCG
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Jessica Sokolov, Deputy Clinical Chair, Shropshire CCG
Francis Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford & Wrekin CCG
Pam Schreier, STP Communications and Engagement Lead
Rod Thomson, Director of Public Health, Shropshire Council
Debbie Vogler, Associate Director, Future Fit
Andrea Webster, Senior Programme Manager, Future Fit
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council

1. Apologies for Absence

Apologies were received from Paul Cronin, Shropshire Co-optee.

2. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate. Councillor Madge Shineton declared a connection with the Health Concern Wyre Forest Group.

3. Minutes of the last Meeting

It was noted that the minutes of the meeting held on 26 November 2018 would be presented at the 17 December 2018 meeting for approval.

4. Midwifery Led Services

The Chair welcomed Dr Jessica Sokolov, Deputy Clinical Chair, Shropshire CCG and Fiona Ellis, Commissioning Lead, Women and Children, Shropshire CCG to the meeting.

They provided a presentation updating the Committee on the Shropshire, Telford and Wrekin Midwife Led Unit Review. This covered: options development and appraisal; Identification of hub sites; the NHS England Assurance process; Feedback received from a stakeholder feedback event held on 24 October and next steps. The critical path diagram indicated Joint HOSC input on three occasions in 2019. A copy of the presentation is attached to the signed minutes.

It was confirmed that the 12 week consultation period but this would not take place until after the the Borough of Telford and Wrekin elections in May 2019. It was hoped the consultation would be as early as possible but could be as late as the summer holiday period.

During discussion, Members made observations and asked tquestions:

- SATH has recently agreed to extend closure of MLUs for a further year – how will that impact on proposals?
- What will the public consultation look like?
- Was it envisaged that there would be a preferred option set out in the consultation?
- The number of hubs was likely to be a key issue of debate with rural Shropshire and high levels of need in some Telford areas with critical issues around maternity.
- Was data was likely to be skewed on use of Consultant Led Units (CLU) and Midwife Led Units (MLU) as many had not booked in to a MLU due to availability being unreliable?
- The list of services to be offered from hubs included areas covered by Public Health funding, for example, obesity and smoking cessation. What will be consulted on if public health funding no longer covered these areas? Could there be long term risks to health safety and welfare if proposed cuts to the Public Health budget took place?
- To what extent would Independent investigations into Maternity Services influence thinking?
- Clarity of the role of General Practitioners would be required
- Would the public consultation fall within the summer holiday period. Were there any lessons to learn from the timing of the Future Fit consultation?

In response, CCG officers clarified that:

- Closure of the MLUs on safety grounds did not impact directly on the review which was a distinct process. However, the inability to staff the current model had been a driver for the review. The MLUs did not currently births and postnatal stays but were open to provide other services.

- Advice on the consultation was being sought from the STP Communications and Engagement Team and the intention was to conduct as exhaustive a consultation as possible. The consultation plan would be presented to the Joint HOSC for its input. A preferred option would be identified but all clinically and financially viable options would be included.

- It was hoped that discussion around hub locations would not be divisive, the review area was all part of the same system within the STP footprint. A huge amount of information had been collected for over 10 years on trends for birth preferences, before temporary closures had become necessary and also on the level of need in Telford and Wrekin and Shropshire. All recommendations would be evidence based. It was also pointed out that the current configuration was inequitable.

- Public health funding was a key concern for CCGs in keeping women and babies health and well, particularly in relation to smoking and obesity. It was not clear yet how this would be resourced but there was a joint programme and care would be taken to ensure there was no duplication. All of these issues would be considered together. The Chair reported that Shropshire's Health and Adult Social Care Overview and Scrutiny Committee had requested impact assessments on the proposed public health budget cuts.

- The reporting date for the Ockenden review had been moved back several times already as the investigation had expanded. It had been decided not to delay the CCG's MLU review to await an outcome but if any changes were subsequently needed then they would be addressed at that time.

- Patients were saying that they wanted GPs to be more involved in maternity care and they had been identified as having a key role in co-ordinating health and liaising with services on behalf of mother and baby patients. In recent years there had been a shift in maternity care being provided exclusively by midwives and this had led to GPs not being as confident in delivering these services. Although it was not envisaged that GPs would be located in hubs, better communication was envisaged. A key message had been that there was now too much emphasis on the birth plan and not enough on becoming a family.

Dr Sokolov added that nowhere else in the country had five midwife led units for a population the size of Shropshire's and there were many other ways of delivering services. The review would outline a case that would be sustainable and delivered good outcomes.

The Chair thanked Dr Sokolov and Ms Ellis for the update. She asked that responses to questions raised at the 24 October stakeholder meeting be made available for Joint HOSC members. The Committee looked forward to receiving the draft consultation plan at a future meeting.

5. Community Learning Disabilities Health Services in Shropshire, Telford and Wrekin

The Chair welcomed Frances Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford and Wrekin CCG. She presented a paper to members (copy attached to signed minutes) which outlined the learning disabilities services locally, the proposed process to move to a new model and the impact that would have on a cohort of individuals who accessed Oak House for carer respite.

The new model would involve closure of the Oak House bedded unit and the money being reinvested in an intensive health outreach service. This would support a more comprehensive and effective community service, reasonable adjustments for people with Learning Disabilities in GP practices, acute hospitals, and alternative respite provision. Support for carers of people with mental health needs would be part of the new model.

Proposals going forward included each Oak House individual and their carer/s having a face to face assessment to consider the impact of any closure. This would include access to day care, respite options including the amount and impact of that respite and any financial implications. This information would be reviewed and a forward plan developed for each individual. Key principles for these plans were set out in the report.

It was agreed that the plan could be made available to the JHOSC prior to any decision to close Oak House. Individuals would also have another face to face meeting to discuss their plans and implementation phase of the plans prior to any closure. Members noted that the service had been under review for at least 16 years and it did not fit the idea of living an ordinary life.

The Chair referred to the recommendation in the report and clarified that the role for the Committee lay in consideration of the consultation process and that the CCG Boards would make any decisions. She referred to the key principle identified that individuals would not be penalised financially and questioned how long this protection would remain in place for. Members also welcomed the principle of living a normal life but did not want to see elderly carers suddenly losing respite opportunities and were concerned that work on capacity was undertaken before any beds were taken out of the system. Ms Sutherland explained that alternative bedded provision would likely be in a bedded unit such as a care or nursing home specially trained to support those individuals. There would be more flexibility in the new model.

Members asked if it was intended that the £1m saved in maintenance costs would be directly invested in the service. Mr Evans emphasised that this was not a cost saving exercise, but one of finding more focused solutions for a small but important and vulnerable group of individuals. Both CCGs would be very sympathetic when looking at budgets in the future and would ensure there was no simple cost transference.

The Committee agreed that plans to date appeared to be fair and proportionate and asked Ms Sutherland to return to the Committee with an update once the next stage was complete. In response to a question about the timeframe, she said that NHS clinicians and social workers would talk to individuals and until that had been done it would be difficult to provide a timescale.

Members looked forward to an update as soon as possible, and asked for as much information as possible, bearing in mind the need to anonymise any information presented to the Committee.

Ms Sutherland was thanked for attending meeting.

6. Future Fit

Simon Freeman, David Evans, Debbie Vogler, Pam Schreier and Andrea Webster were welcomed to the meeting for the Future Fit item. A presentation was made to Members (a copy is attached to the signed minutes). The Committee asked that any future presentations be made available prior to the day of the meeting.

It was agreed to structure discussion under the headings of each of the papers before members. The comments and questions of members of the Committee are set out in italics below.

Consultation Findings Report

How will the product of consultation be conscientiously taken into account when finalising the decision, when 65% of respondents had disagreed with the preferred option. Would the response be related to mitigation and assurances only or be more open minded.

Mr Evans said that it had always been made very clear that only clinically sustainable and financially viable options would be consulted on. Other viable options could have been identified through the consultation but none had been.

Members had heard that some alternative options had been proposed through the consultation.

Mr Evans said that options raised through the consultation, for example a new hospital between Shrewsbury and Telford, and proposals based on the Northumbria model had been raised and responded to previously. He reminded members that over 40 options had been considered in 2014, some of which had related to a single centre but none of them had been affordable. The Northumbria model had been raised and subject to a report commissioned by SATH. Other suggestions raised through the consultation were related to tweaking or modification of the options suggested, and more community care and outreach

Will there be a response made to substantial responses made to the consultation, for example, that submitted by Shropshire Save Our NHS.

There had been 34 large submissions made, including that from Shropshire Save Our NHS, and those contributing them had been approached for permission to share those responses publicly. These would be added to the Future Fit website and would form an appendix to the full decision making business case.

Was there confidence that capital money from the Treasury was still secure?

There was confidence that the Treasury had underwritten the capital money.

What is the definition of Shropshire used in the 'demographic highlights' slide of the presentation – was there confidence that this was the right definition and right approach? Some Telford and Wrekin postcodes would be outside the Telford and Wrekin Unitary Authority.

Mr Freeman said that the term Shropshire in this slide referred to the Unitary authority of Shropshire and all those resident in it, including Shifnal and not just those in the hospital catchment. Future Fit was about looking at how to best meet the needs of the whole population through a whole system.

There were lots of comments in relation to telemedicine – did this mean the Future Fit model was now out date?

Why was the word 'however' used only in relation to the Telford and Wrekin population, what was this intended to convey? (pages 22, 23, 40)

Mr Freeman said that the report was authored by Participate who were completely independent of both CCGs. *The Committee requested that a response to this question be brought to the 17th December meeting*.

What assurances did the CCGs ask of Participate to ensure their report was an accurate reflection to the responses provided.

Participate were an independent company, and had been involved in numerous similar consultation exercises previously. Clear terms of reference had been set and both CCGs had confidence that the report accurately reflected the responses received. There had not been any surprises and the main themes including travel and transport were the ones which were expected to have emerged. Ms Schreier confirmed that she personally had looked at all of the responses.

Two separate reports had been written by the Programme Team on large responses and any comments received that had not been submitted on a survey form had been summarised in a separate report.

It was confirmed that details of mitigations would be available for the meeting on the 17th December. Drafts would be considered by CCG Boards in the next week but they would be updated during the implementation period.

The Co-Chair said nothwithstanding the emphasis that the consultation did not represent a vote or referendum, was there any feedback on the weight of the response rejecting the preferred option,or was this simply seen as a need for mitigation.

Mr Freeman commented that moving services would always be unpopular and if the position was reversed, the same level of objection would have come from elsewhere. It was not a vote, but about clinical evidence supporting the right services and clinical outcomes for patients.

Mr Evans said it had been made very clear before, during and after the consultation that what was important was understanding of the impact on individuals, families, work colleagues and communities and the consultation had clearly asked what the impact would be, whichever the preferred option. Ms Vogler reiterated that the model needed to improve services for the whole population and the equalities impact work had shown that this would happen, although there would be a need to provide mitigation for smaller groups.

Would the Future Fit Team agree that there had been a communications problem around the consultation

Ms Vogler said that every effort had been made to articulate the difference between Urgent Care and Emergency Care and that some people felt this had not been done effectively in some cases. Mr Evans said more work could be done on explaining the range of conditions.

Some members stated that population growth and deprivation were not just urban issues and that a balanced approach was needed.

Mr Freeman referred to the national deprivation definition. The Director of Public Health drew attention to a March 2017 LGA and Public Health England publication which identified that the government underestimated levels of and the effect of poverty and deprivation in rural areas. It was agreed to circulate the link to this publication after the meeting.

The presence of clinicians at some Future Fit events had helped those present to understand the background to the consultation. Whilst noting the pressure on clinicians, the Committee felt it would be very useful to have clinicians present for the next Joint HOSC meeting

The Women and Children's unit had only opened four years at a cost of £28m. How would issues related to its move be mitigated

Mr Freeman said the relative capital costs of the two builds was not the basis of the decision. The issue option appraisal was based 50% on cost and 50% on non-financial assessment and an Independent Review had said this was a robust process. This would not be revisited. The Unit was a modular building and could be used for other purposes. Ms Vogler said mitigation plans would be put in place where there was a differential impact.

People of working age had not participated as much in the consultation and had been prohibited from doing this in the day time.

It was acknowledged that people of this demographic could be difficult to reach but a number of evening meetings had been held to accommodate people of working age and information had been handed out at train stations at the suggestion of a member of the JHOSC.

The Chair said the Committee would need to comment on whether the consultation process had been fair, and reached as many people as possible. At the halfway stage the Committee had felt that this was being done well, the list of people and

groups the Team had conversed with and pop up meetings was extensive. She was of the opinion that no more could have been done and from what she had seen this had been an example of a good consultation to date.

Summary of Key Stakeholder Organisation responses

Bullet point summaries were set out in the paper but it was confirmed that these responses would go forward in their full format as an appendix to the decision making business case.

Summary of Individual Responses to Future Fit Consultation

This section provided information on the detailed letters and e-mails received from individuals. The report would feed into the conscientious consideration phase and provide CCG Boards with overview of feedback from individuals, main themes of feedback and a document to support a discussion on any potential material issues for consideration and any mitigation required.

Members referred to comments that centralisation of stroke services had not been a success.

Mr Evans said the national evidence base showed that centralised services resulted in better outcomes for patients. Stroke services were already centralised and did not appear to have been improved as much as they should have done. Reasons for this would be brought to the 17 December meeting but were likely to do with equipment not being fit for purpose and lack of a seven day service.

Draft Equalities Impact Assessment Report

The Draft Equality Impact Assessment examined if any protected characteristic group or other vulnerable group were likely to experience any disproportionate impact from the proposals, and paid particular attention to the nine protected characteristics under the Equality Act 2010 and four additional groups: people living in rural areas; people living in areas of deprivation; carers and Welsh speakers, as a first language. The document would be taken to the December Board meetings of the CCGs and form part of the decision making case, and be considered by the Joint committee of the two CCGs early in 2019. An element of realism would be required as not all circumstances could be fully mitigated but reduced to some extent.

A member requested that the full EIA be provided to the Joint HOSC for consideration.

Ms Vogler confirmed that the EIA was an ongoing piece of work, and was a lengthy document containing much data. It was confirmed that both Joint HOSC Chairs had seen the full version and also the Directors of Public Health of both Local Authorities. It was currently an aspirational document and talked about how mitigation work could be undertaken and how. If mitigation action was to be taken it would have to be affordable, practical and sustainable.

Concern was expressed that over time some of this work might get diluted or lost and that mitigations might not be strong enough, especially where addressing small parts of what were big problems, eg those related to transport.

Had the four recommendations for inclusion in mitigation plans set out on page 16 been fully accepted?

This would be a decision for the Programme Board and then the Joint Committee. The Chair observed that the STP would need to get to grips with addressing some of these issues.

Travel and Transport Draft Mitigation Plan

Members considered proposed solutions to travel and transport issues identified through a variety of means, including the Participate Report on the consultation.

Why had the threshold for eligibility for non-emergency transport changed?

Mr Freeman agreed that more information on non-emergency passenger transport and eligibility criteria would be brought to the meeting on 17th December. He understood that the criteria had not been changed but was now enforced properly. He reported that the current service was commissioned by the CCGs but from next April the contract would be managed by the Trust.

It was also agreed that details of how to access help towards the cost of travel would be brought to the meeting, especially as this was currently underclaimed.

It would be important not to rely on the Voluntary Sector for transport - volunteers were ageing themselves and new volunteers were not coming forward. Many areas did not have a voluntary car scheme. It was also important to remember that people travelling often needed a carer with them.

Mr Evans said that mitigations would be put in place to address change to the way services were delivered but not in response to the general challenge of transport already faced in Shropshire.

A travel and transport set of proposals to mitigate the effect of changes should have been in place for the consultation as it was known that this would be of public concern from the outset. Issues regarding border issues and concessionary fares should be taken into account.

Mr Freeman said that the impact was surprisingly small. Attempts had been made to engage the wider community in terms of wider transport issues but this had only been partially successful.

Telford and Wrekin Neighbourhood Working Programme

The Chair commented that this was a useful and easy to read document which described what was going on well.

The Co-Chair reported that the Telford Health Scrutiny Committee had recognised how valuable some of this work had been in Telford and Wrekin and applauded the direction of travel. However, it had identified some sceptism, including from GPs, about how much impact it could have and also some structural issues which would need to be addressed across organisations. There also appeared to be some gaps in staff, particularly as those undertaking projects often had day jobs. The extent of the impact assumed in the Future Fit model of this work had not been seen so far.

Mr Evans acknowledged the significant challenge at hand. He referred to a recent pilot programme in Telford whereby a paramedic with rapid response team had helped prevent 60 ambulance journeys to hospital over a four week period. Small scale wins through admission avoidance would help to make the incremental steps needed to achieve the vision. He acknowledged that there was a long way to go over the next 5 years but he was also confident it could be done and that necessary resources would be available. He also referred to evidence that investing in the third sector could often provide more value.

Shropshire Care Closer to Home Transformation Programme Update

The Chair commented that the Telford and Wrekin document had been much easier to read. The Shropshire update contained lots of figures and assumptions in terms of reductions. The Chair also felt that the Telford document reflected a feeling that 'we' referred to both Telford and Wrekin Council and CCG but this was not reflected in Shropshire.

Why had there been difficulties engaging stakeholders in the phase 3 design sessions, referred to in the 'corrective actions' section and why was progress behind the timeline?

Dr Sokolov explained that there had been difficulties with this phase of the work due to work on the Winter Plan. She also explained that the data had been provided in order to help allay fears about a bed gap. Mr Freeman said that the Shropshire Out of Hospital Programme faced challenges that Telford and Wrekin did not, including ageing infrastructure, and delivery over a vast area.

Reference was made to the use of an independent health consultant by Shropshire Council and Shropshire CCG to facilitate working together.

Dr Sokolov also reported that the Shropshire closer to Home Programme Board included representatives of the Acute Trust, Mental Health Trust, Acute Trust, Public Health, voluntary organisations, Local Authority and patients. Work over the last three years had included introduction of Community and Care Co-ordinators into every GP practice, and social prescribing pilots across the county. These were all ongoing and the local authority led on social prescribing.

She reported on three phases in the closer to home work – fraility front door, rapid response in the community using skills from the secondary sector, and social prescribing.

A member expressed concern that officers working on social prescribing at Shropshire Council had recently been issued with redundancy notices.

It was agreed that the more public facing document be presented to the meeting on the 17th.

Questions from Members of the Public

The Chair asked if any members of the public wished to ask questions.

Questions and comments were made in relation to paperwork that had been available at the recent Programme Board meeting, and whether those present had been given full access to full copies of responses to the consultation.

Ms Vogler confirmed that access had been available to all of the documents and these would be added to the website once those had submitted them had given permission.

Another member of the public expressed the view that people living in rural areas were routinely discriminated against when services were reconfigured.

In response, officers said there would be impacts in terms of travelling but the gains would be better outcomes.

Another member of the public felt that the consultation should have also covered maternity, community and mental health services as well as acute services, and another felt that there as a lack of imagination in proposed solutions to transport and travel problems.

The Chair observed that the Committee was able to comment and ask questions about the consultation process, whether it had been fair and equitable and whether people had been able to access it.

NHS officers reminded all present of the Assurance process that the Programme had travelled through to date, including that set out by NHS England and the West Midlands Clinical Senate.

The Chair encouraged anyone with outstanding questions to contact her and the Co-Chair ahead of the next meeting on 17 December 2018. She thanked all committee members, officers and members of the public for attending.

The meeting concluded at 1.27 pm.

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SHROPSHIRE COUNCIL,TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on Monday 17 December 2018 10.00am at Meeting Point House, Southwater Square, Telford

Members Present:

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton
Telford and Wrekin Councillors: Andy Burford (Co-Chair), Stephen Burrell, Rob Sloan
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders
Shropshire Co-optees: David Beechey, Paul Cronin

Ohers Present:

David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council
Amanda Holyoak, Committee Officer, Shropshire Council
Rod Thomson, Director of Public Health, Shropshire Council
Danial Webb, Scrutiny Officer, Shropshire Council
Sir Neil McCay, Chair, Shropshire, Telford and Wrekin STP
Simon Freeman, Chief Officer Shropshire CCG
Simon Wright, CEO, Shrewsbury and Telford Hospital Trust
Julian Povey, Chair, Shropshire CCG
Debbie Volger, Future Fit
Louise Jamieson, Shrewsbury and Telford Hospital Trust
Nicky McGrath, Shrewsbury and Telford Hospital Trust
Phil Evans, Shropshire, Telford & Wrekin STP
Andrew Tapp, Shrewsbury and Telford Hospital Trust (Part)

1. Apologies for Absence

No Apologies were received.

2. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they have a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

3. Minutes of the last Meeting

It was noted that the minutes of the meetings held on 26 November 2018 were approved. The minutes from the meeting on 3 December 2018 were deferred for consideration at the next meeting.

4. Future Fit

The Co-Chair confirmed the purpose of the meeting was for the JHOSC to consider the Future Fit Process and to provide their feedback on the consultation. It was noted that the members from the two Councils may have differing opinions.

Sir Neil advised that he had recently been appointed as the Chair of Shropshire, Telford and Wrekin STP. The STP oversaw the development of plans for the future, but considered more than just hospital services. The ambition of the STP was to provide the highest possible quality of care, and although Future Fit was not the only part of reaching this ambition, it was a crucial role.

Members received the presentation in respect of stroke services, which had been centralised at PRH for some years. There were some issues in respect of the service, such as delays from A&E, lack of therapists and there being only one CT scanner at PRH, however, work was being undertaken on this.

In respect of travel and transport, the Committee were informed that there were two streams, one looking at ambulance modelling and the other in respect of general travel. The specific criteria requested previously around both non-emergency patient transport and the travel costs scheme were included in the presentation.

Members requested information in respect of lessons learnt from the consultation process. It was noted that a more substantial piece of work would be undertaken in respect of this at the end of the process, however, some initial points were included in the presentation.

A discussion took place and members asked the following questions.

The stroke service could not wait for Future Fit to be implemented before the improvements took place. What measures were being put in place?

Mr Wright agreed that this could not wait for Future Fit to be implemented and work was ongoing. A clear set of actions had been developed, although some were strategic, the majority were not and could be implemented more quickly. A business case had been developed for an additional consultant, discussions were being undertaken regarding therapists providing 7 day cover and an additional business case was being developed for improvements to radiology at PRH, including the procurement of an additional CT scanner.

What was the direct pathway for stroke services? If a patient had a letter from a GP, could they bypass A&E?

Mr Wright advised that direct access was not currently in place, however, contingency plans had been drawn up following the previous announcement of the temporary overnight closure of A&E which included direct access. These pathways would still be implemented, and this was likely to be in the next few weeks.

A discussion was held in respect of the 'golden hour' and the additional training and resources that had been put in place by West Midlands Ambulance Service.

Mr Wright advised that WMAS were one of only a few trusts which provided a paramedic in each ambulance. A discussion took place on the general awareness of strokes and

Members were assured that if a patient needed to be thrombolysed, they would not wait in A&E for this.

A discussion was held in respect of clinical outcomes and delays in ambulances reaching patients. For example, it could take two hours for an ambulance to reach parts of rural Shropshire. The committee had asked for a report on several occasions relating to this.

It was noted that this data would be collected by West Midlands Ambulance Service. It was agreed that this report could be looked into, although the Committee acknowledged it would not be a short piece of work. It was noted that the complexity of the patient would need to be taken into account and the context of their admission.

Dr Povey noted that there had been a dramatic change in stroke services over the past 10 years. Shorter strokes, such as TIAs, were being seen more and centralisation of the service had improved the service offered to patients.

The Co-Chair noted that the stroke services had been raised as an example of centralisation. Members were pleased to hear that steps were being taken to improve the service.

In some areas, public transport was non-existent, and some areas did not have a direct route to either RSH or PRH.

Mr Evans acknowledged the transport difficulties in rural areas, but stated that the Travel and Transport Plan could not solve all of the travel difficulties in rural Shropshire. In terms of mitigation, these were in regards to transport between the sites. It was noted that this work went together with the digitalisation of healthcare and minimising the need for patients to attend hospitals. It was also noted that the Travel and Transport Group met every four weeks and there were no plans for this to discontinue.

In respect of non-emergency patient transport, members stated that there should be an additional criteria for an escort when the patient had an emotional need for one, as well as when there was a medical need.

It was noted that this service was commissioned by the CCGs and was currently under review.

Where there plans to engage stakeholders who took part in the consultation.

The Stakeholder Reference Group would continue and consultation would continue with seldom heard groups.

Equalities Impact Assessment

Members discussed out of hospital strategies and felt that this should have been done first, the document did not feel like a plan, it was aspirational and a statement of intent. Members sought assurances that the correct priority was placed on this work and that the plans would be developed.

Members discussed the Call to Action and noted one of the actions from this was that acute services were not changed in isolation, as primary care services were interdependent.

Mr Freeman said that plans were in place and the CCGs had been working on this. A discussion was held in respect of joint working between the authorities, although it was noted that the authorities had different challenges.

Following discussions with GPs, positives had been raised in respect of some work, however, concerns had been raised that there were no additional resources for this work and it was being undertaken on the top of the 'day job'.

It was noted that the public health responsibility sits with the Local Authorities, not with the CCGs, however, it was noted that too much money was spent on acute care. The solution for heath care nationally was a different service model, focused on prevention and self management, with fewer admissions to hospital. It was noted that delivery needed to be different for urban and rural areas, as some schemes worked well in urban areas, but did not in more rural locations. Sir Neil stated that the bedrock of the system needed to be out of hospital care, and when significant effort had been put in in other locations, this had shown significant reductions in hospital admissions. He advised that he had been encouraged by the work he had seen, although acknowledged that there was a lot of work left to do. Mr Freeman stated that the long term financial plan included this work and resources were there for the future.

Residents of Powys were a large percentage of the trusts catchment, what work had been undertaken with Powys in respect of this?

Members were advised that a similar model was being developed in Powys and a similar paper was available for Powys, which would be shared with the committee.

The Shropshire and Telford and Wrekin plans could not operate in isolation and some members requested closer working between the two authorities in respect of this.

Some GP practices had seen their funding cut and additional services had closed at these surgeries.

It was confirmed that funding to practices had been realigned to ensure equal funding, however, other than this, practice funding had not been cut. Dr Povey noted that primary care was not just delivered in GPs, but by pharmacist, nurses and outreach workers. It was also noted that each practice had its own needs.

Members noted that the Travel and Transport plan was 'woolly'.

Mr Freeman stated that the work was completed by ORH, who were a respected firm in respect of this work. Similar impacts were seen for both options.

The concerns expressed by the public were predictable and some Members raised concern that the travel and transport information had not been made available during the public consultation period. This left significant anxieties for the public. It was felt that the mitigation plan was aspirational and the document did not contain any practical details of what could be implemented.

Ms Volger stated that the plan was not different to any other scheme of this type. It was noted that the plan will strengthen. Mr Evans stated that the X5 bus was one potential for improved access to both hospital sites. It was noted that there were difficulties in tickets

between England and Wales, as well as between bus and trains, which would take time to sort. It was also noted that concession tickets did not begin until 9.30am.

A discussion was held regarding the scheduling of appointments. Mr Wright advised that it was hoped that the day case list could continue until 10pm in the future, which would mean patients not having to arrive so early in the morning, which can be difficult if arriving by public transport. A new booking system was in the process of being implemented at SaTH, and it was hoped this would be more agile. It was also noted that many outpatients' clinics also take place in community hospitals, and these could be promoted more.

Some Members raised their concern that the public consultation had asked the public if they agreed with the options presented. The large majority of the public were opposed to the preferred option. Did the Future Fit team agree that they should have communicated the model more effectively?

Other Members disagreed and stated that the evidence showed that there was only one viable option, which was the preferred option. Other Members disagreed with this, as both options consulted on were considered viable by the CCGs.

Members felt that work needed to be completed to convince the population as they were not behind the proposals.

Members expressed their concerns regarding finance, although they acknowledged the CCGs comments previously that they had not heard anything to advise that the funding would not be provided.

Some Members did not think the consultation was adequate due to the steps being taken currently. Some Members did not believe that the comments made during the consultation were being taken on board. Concerns were expressed that the Gunning Principles were not being followed, especially following the comments made by the CCGs that the consultation contained 'nothing that would make us change our minds'. Members raised their concerns regarding clinical outcomes, should the Women and Children's Unit move to Shrewsbury, and the mitigations proposed in the plan, given that Telford had significant areas of deprivation.

Other Members stated that the mitigations for both options were very similar. Shropshire Members expressed that rural deprivation is hard to measure and felt that the number was greater than in Telford and Wrekin.

Ms Volger stated that agreement with the options were dependent on where people lived, with a high percentage of respondents from Powys and the Welsh boarders agreeing with Option 1, and a high percentage of respondents from Telford and Wrekin agreeing with Option 2. Ms Volger said that they were still in the conscious consideration phase.

Some Members raised that a further question was also asked as part of the public consultation and that was about the impact on residents. It was this information which would be taken into account. Other Members stated that the first question asked if residents agreed with the proposals, and they gave a clear view.

Mr Evans advised that they had not received any notification to suggest that the £312million would not be underwritten by the Treasury.

Members asked if the Trust were expecting any movement of patients to other trusts following the reconfiguration.

Mr Wright advised this had been looked at but most patients are most concerned about waiting times and that the most modern techniques were being used. It was noted that patients from outside the area may wish to use the Trust's services.

Members asked if there had been serious consideration given to other models which had been proposed during the public consultation, for example the Northumbria Model and the model put forward by Shropshire Defend our NHS.

Members noted the Northumbria comparator document that was included as part of the public consultation, but felt this did not reflect the model which had been proposed. The report provided by the CCGs focused on acute services.

Members were assured that if any specific models had been proposed that they would like the CCGs to look at, they would ensure this happened.

Ms Volger advised that the Northumbria model was not financially viable so had been discounted as an option, although elements of the model had been included in the proposals. In respect of the proposals put forward by Shropshire Defend our NHS, it was considered that there was nothing new in the proposals apart from the inclusion of two A&Es, which was not possible.

The Chair asked if any members of the public wished to ask questions.

The consultation findings showed that the public did not support Future Fit, and asked that Members of the committee work together to establish a common strategy.

A request was made for the ambulance modelling data to be published, as it was promised to be released as part of the consultation.

Mr Freeman advised that this would be published as part of the Decision Making Business Case in January 2019. Ms Volger advised a summary had been published.

There were still unanswered questions about the numbers of medical beds, nurses, therapists and other staff groups. Misleading impressions had been given in respect of the whole system approach. A request was made for the draft plans of phase three of Shropshire CCGs plan. The consultation showed that Future Fit had completely failed to convince the public of the model.

Mr Evans advised that a written response would be provided.

The county was split regarding the Future Fit programme and a compromise was needed to make the proposals acceptable to most people in the county.

Dr Povey stated that a new model was needed for the future of hospital services in the county, otherwise, there was a risk the system would deteriorate. It was not possible to go back to the drawing board.

5. Proposed Next Steps for Joint Health Overview and Scrutiny Committee

The Co-Chair advised that the Committee's written response to the consultation would be prepared.

6. Co-Chairs Update

The Co-Chair advised that the next JHOSC meeting was scheduled for 11 January 2019 in Shrewsbury.

The meeting concluded at 12.29pm.

Chair: _____

Date: _____

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SHROPSHIRE COUNCIL,TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on Friday 11 January 201 2.00 pm – 5.15 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

Shropshire Councillors: Karen Calder (Chair), Heather Kidd, Madge Shineton
Telford & Wrekin Councillors: Andy Burford (Co-Chair), Stephen Burrell, Rob Sloan
Shropshire Co-optees: David Beechey, Paul Cronin, Ian Hulme
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders

Others Present:
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Chief Officer, Telford and Wrekin CCG
Antony Fox, Vascular Surgeon/Deputy Medical Director for Transformation, Shrewsbury and Telford Hospital Trust
Mr Prasad Rao Consultant Ophthalmologists
Kate Ballinger, Community Engagement facilitator
Claire Cox, Sister Head and Neck services
Clare Marsh, Matron Head and Neck services
Andrew Evans, Operations manager
Adam Gornall, Clinical Director of Maternity Service, Shrewsbury and Telford Hospital Trust
Jon Hart, Senior Project Manager (Secondary Care), Telford and Wrekin CCG
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Deb Moseley, Democratic and Scrutiny Services Team Leader, Telford and Wrekin Council
Francis Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford & Wrekin CCG
Rod Thomson, Director of Public Health, Shropshire Council
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council

1. Apologies for Absence

There were no apologies

2. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

3. Minutes of the last Meeting

It was noted that the minutes of the meeting held on 17 December 2018 would be presented at next meeting for approval.

4. Proposed Reconfiguration of Ophthalmology Services

The Chair welcomed Mr Anthony Fox, Deputy Medical Director, Shrewsbury and Telford Hospital Trust, and a number of his colleagues to the meeting.

Mr Fox introduced a report and presentation (copy of both attached to signed minutes). These explained the need for the proposed reconfiguration of ophthalmology services and set out the engagement plan designed to seek the views of Eye Department Service users, interested parties and staff.

During discussion, Mr Fox and colleagues responded to the following questions from Members:

Were the reconfiguration proposals joint ones from both commissioners and provider?

Mr Fox explained that CCGs had been present at the first stakeholder engagement session, and at that event the Telford and Wrekin Commissioner had agreed with the principle of centralisation but stated that preference would be given to provide local care for their own population of patients. At this session service users had identified that one site was crucial for service users as familiarity and confidence in surroundings and floor plan was essential. There had been a strong preference from service users for one site where all tests and treatment could be offered in one appointment, having all services at one site was more important to patients than travel issues that may arise as a result.

Was there capacity to cope with additional patients on site at Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH)

A significant proportion of service users were given lifts to access the service and the relocation of Clinic 10 into the Copthorne Building at RSH had not created significant issues for service users.

Were there any capital implications connected to the proposals?

There would not be any more expenditure required other than that for the proposed cataract suite referred to in the presentation.

T*o what extent would feedback be able to influence decision making*

The Community Engagement Officer explained the different requirements around engagement and consultation. Engagement had started at the first stakeholder event in 2017, and comments gathered in each event had informed and helped shape following stakeholder events, there was a clear path showing where responses from service users and stakeholders had been taken on board. It was not always possible to do what people wanted but where legitimate concerns were

raised it was important to understand the reasons for them and mitigate as necessary.

How did this fit with Future Fit proposals if the preferred option is approved and PRH becomes the centre for planned care

Mr Fox explained that it was not possible to await the outcome of Future Fit and the future work that would be needed on all planned care services. He emphasised the urgent need to provide a sustainable service to keep the activity within the county.

How extensive was the current problem relating to referral to treatment time, past maximum waiting time for follow up appointment and serious incidents, was this still an ongoing concern?

In January 2016 there had been 3,300 patients waiting longer than clinically recommended. These numbers had been significantly reduced and as at 3 August 2018 it was 689 patients. Risks were being managed in the best way possible with the resources available and a robust assurance process had been introduced following the October 2016 risk review meeting.

Why could cataract treatment not be available at both PRH and RSH, was it intended to carry on using the portacabin at PRH and was this building sustainable

The Sister Head and Neck Services explained that a new purpose built cataract suite would enable more patients to be seen safely and efficiently. It was confirmed that a portacabin was in use at PRH which had a limited life expectancy but provided a busy outpatient functioning environment. Work on clinic flows was being undertaken.

How many patients were reliant on Non Emergency Passenger Transport (NEPT)? Was it correct that patients with impaired vision were not able to take carers with them when using NEPT.

The operations manager said he did not have figures to hand but was able to report that of the 54 survey responses received over the week that roughly 10% had travelled by hospital transport. Provision of NEPT was to be taken on by SATH.

Future time frame

A six week engagement process had started this week and had received over 50 responses already. Proposals were not likely to go to the SATH Board before its March meeting. The Engagement Plan would be updated with dates as currently planned and recirculated to committee members. Members felt it would also be useful to see a copy of the survey.

Would it be possible to improve access to the appointment system

It was confirmed that this was an area that had been identified for action.

The committee congratulated the team for improvements made to date and looked forward to a future update at a future meeting with an analysis of engagement activity.

The Committee expressed its appreciation to Mr Fox and colleagues for their time in attending the meeting.

5. Community Learning Disabilities Health Services in Shropshire, Telford and Wrekin

The Chair welcomed Frances Sutherland, Head of Commissioning Mental Health and Learning Disability, Telford and Wrekin CCG. As requested by the Committee at its last meeting, she provided an update on the new model and the impact that it would have on the cohort of individuals who accessed Oak House. Local Authority social workers and the CCG Complex Care Team had been out to see carers. Of the 18 who accessed Oak House, 16 had been seen face to face, one had not been in and one had refused to see the team.

Key issues identified included: anxiety about what would be happening, especially after such a long period of uncertainty; the need to be sure that any level of skills offered through new provision would offer the same skills as available from Oak House staff; desire for the same amount of respite as currently available; the desire for respite closer to home, particularly Telford residents; some who received day care in Telford and Wrekin were pleased to hear that respite was available from the same location; concern that service users would find change difficult and the need to plan very carefully; carers trusted the Oak House Team and wanted them to manage any transition; some elderly carers were pleased to hear about opportunities for moving from respite care to permanent care; there was a desire for Oak House staff to be available in community settings and to act to provide advice and offer advocacy for patients at GPs or hospital; contact for 52 weeks a year with staff and not just when in Oak House was welcomed.

The replacement offer intended would involve: bed based care; nobody having to travel further than they did already; same or increased availability of day care; any new provider really understanding how essential clear communication would be between respite and families. It was intended that there would be clear transition period for each individual and consideration given to financially protecting the seven service users funded by local authorities.

Members asked if there would be phased approach, and if it would require a longer lead in time as two service users had not yet been talked to. They heard that it would be open ended as necessary.

Ms Sutherland asked if the committee felt that a reasonable level of engagement had been offered so that it would be possible to move on to look at options for people. and the Committee confirmed that it agreed this was the case. Members observed that it was being handled very sensitively and felt this was a good opportunity to be proactive when considering future permanent care plans.

The Chair asked for brief regular written updates as progress continued so that members would remain briefed and so that attendance at a future meeting could be requested if necessary.

The Committee congratulated those involved in addressing a difficult and anxious time for service users and carers in a sensitive and compassionate way.

6. Urgent Treatment Centres

Jon Hart, Senior Project Manager (Secondary Care) was welcomed to the meeting. He presented a briefing paper (copy attached to signed minutes) on Shropshire and Telford and Wrekin CCGs' plan to procure nationally mandated Urgent Treatment Centres and related plans for communication and engagement activity. Implementation date was intended to be 1 October 2019.

Members heard about the membership of the Joint Project Group, which included patient representatives, who would be directly involved in development of the service specification. Members were asked to comment on the level of communication and engagement proposed.

Questions from members included:

Were there any capital implications which needed to be taken account of?

It was not anticipated that there would be any capital infrastructure requirements or extra resources required.

Would there be adequate pharmacy access in order to collect prescriptions, in some parts of the county access to pharmacies was limited.

Mr Hart reported that he had attended a Local Pharmacy Committee meeting and that negotiations were ongoing. NHS England would ensure that there was adequate coverage of community pharmacies.

Would the IT systems be compatible with those of other providers and make use of electronic patient care summary?

Mr Hart said that the new provider would be required to use EMISS as used by other providers in Shropshire. Members urged links be made with the work of STP Group on the electronic patient care summary in order that the summary record would be available across the entire system. Mr Evans, Chief Officer, Telford and Wrekin CCG, confirmed the STP aspiration was for the summary record to be integrated in this way.

Would opening times be 12 hours a day or could they be for longer?

The UTCs would be open for 12 hours a day and demand activity models were currently being finalised to ensure that these hours of opening would be at the optimum time. It was not anticipated that procurement of the UTCs would result in much increased footfall at PRH or RSH, patients would enter the site with an urgent health care need and would be treated in the UTC or Emergency Department according to streaming criteria

A Member emphasised the need for extremely clear communication and referred to current public confusion about where to go, particularly in relation to the pre-bookable appointments through the extended hours service available in Telford and Wrekin . Mr Evans said that information was helpful to know, as each GP should have clear information on its website. This would be checked in light of the feedback.

In response to further questions, Mr Evans confirmed that the Urgent Treatment Centres were a mandated service which was required to meet a national set of standards. They would be a stop gap ahead of implementation Urgent Care Centres through Future Fit and were needed to replace existing services that would be out of contract this year.

He also reported that there would be very rigorous assessment process and set of criteria in relation to quality of service and a robust set of performance indicators and contract management.

In response to a question, Mr Hart said he would speak to the procurement team and seek information on how the social value act would be built into the specification.

A Member suggested that if an in-house provider won the contract then it would be a good idea for staff rotation between ED and UTCs. It was confirmed that it would be possible to add training requirements into the specification.

The Committee said it could not comment on the level of planned communication without more detail but looked forward to hearing more detail around developments at a future meeting.

7. Maternity Learning

Mr Adam Gornall, Consultant Fetomaternal Medicine and Maternity Clinical Director made a detailed presentation on Women and Children's Care Group Maternity Learning. A copy of the presentation is attached to the signed minutes and is also available from: https://www.sath.nhs.uk/wp-content/uploads/2018/11/Maternity-Learning-Presentation-AG.pdf

The presentation included facts around SATH mortality and morbidity, perinatal mortality, national and local initiatives to reduce mortality and morbidity, Mortality and morbidity results, investigations and haring learning from incidents, national audit, and results of CQC maternity survey 2019 and a summary of learning. Members expressed their gratitude to Mr Gornall for making the presentation to the Committee as it had helped them to achieve a real understanding of a positive picture within an emotive and sensitive area.

The Committee expressed concern about cuts to public health budgets, especially in relation to support for smoking cessation both before and during pregnancy. Mr Gornall confirmed that one third of still born and neo-natal were attributed to foetal growth restriction which was connected to smoking. Members asked why smoking levels appeared to be so poor in comparison with other areas of the West Midlands

and heard that those areas were not doing any better in terms of smoking cessation, but this was the result of a different ethnic mix.

Member asked about the morale of staff in the light of constant media attention and bad publicity. Mr Gornall said working in the Unit felt very hard at the present time, morale was difficult to sustain and sickness rates had increased dramatically. However, there had not been any problems recruiting which was pleasing. Maternity services across the country were on a journey and he did not believe that SATH was starting from a lower level than other services, the data provided in the presentation showed a similar picture to other units in the region.

A Member also referred to Healthwatch conversations with staff who were working extremely hard and experiencing low morale. Mr Gornall reported that since risk meetings a positive reporting culture had emerged and people felt supported within a positive learning culture rather than feeling frightened and worried.

Mr Gornall was thanked for the extremely useful presentation.

8. Future Fit

The response made by the Joint HOSC to the CCGs was received (copy attached to the signed minutes)

It was agreed that it should be clarified to the Future Fit Team that each Local Authority had retained the right to make a referral to the Secretary of State, and this power did not lay with the Joint HOSC.

9. Joint HOSC Work Programme

Items suggested for future consideration:

Mental Health and CAMHS

Provider Quality accounts

End of Life Strategy

Direction of STP

Out of hours neighbourhood work for Powys, Shropshire and Telford and Wrekin

Primary Care Strategy

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futurefit
Shaping healthcare together

Report to Joint Health Overview and Scrutiny Committee

Meeting Date:	24th June 2019
Report Title:	Implementation Oversight Group Terms of Reference
Presented by:	Debbie Vogler Associate Director Shropshire, Telford & Wrekin CCGs
Report for	For Information
Purpose of Report:	The purpose of the report is to share with the JHOSC the draft Terms of Reference for the new Implementation Oversight Group (IOG)
Summary	The Joint Committee of the two CCGs met on 29th January 2019 and approved a series of recommendations for the reconfiguration of acute hospital services. The Future Fit Programme Board was established in 2014 and now the Programme is moving into implementation phase, the governance arrangements will need to change. The CCGs have led the consultation and decision making phase of the Programme and now it is the Acute Trust, SATH who will lead on the implementation phase. The Programme Board therefore needs to transition into an Implementation Oversight Group (IOG) to support the oversight of the Acute Trust's development of the Outline Business Case (OBC) and the Full Business Case (FBC) over the next 5 years and provide assurance that the development and implementation is in line with what has been approved in the Decision-Making Business Case of the two CCGs. These Terms of Reference for the IOG set out the revised process by which Shropshire and Telford & Wrekin sponsors and stakeholders will oversee this implementation phase and ensure that any recommendations set out by the CCG Joint Committee are delivered. This IOG will sit within the STP governance structure and report to the System Leaders Group and any future Shadow ICS Board.
Recommendation:	The Joint HOSC is asked to: Note the Draft IOG Terms of Reference

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Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Shropshire, Telford & Wrekin STP
Acute Reconfiguration Implementation Oversight Group (IOG)
Terms of Reference

1.0 Introduction

The Joint Committee of the two CCGs met on 29th January 2019 and approved a series of recommendations for the reconfiguration of acute hospital services. The Future Fit Programme Board was established in 2014 and now the Programme is moving into implementation phase, the governance arrangements will need to change. The CCGs have led the consultation and decision making phase of the Programme and now it is the Acute Trust, SATH who will lead on the implementation phase.

The Programme Board therefore needs to transition into an Implementation Oversight Group (IOG) to support the oversight of the Acute Trust's development of the Outline Business Case (OBC) and the Full Business Case (FBC) over the next 5 years and provide assurance that the development and implementation is in line with what has been approved in the Decision-Making Business Case of the two CCGs.

These Terms of Reference for the IOG set out the revised process by which Shropshire and Telford & Wrekin programme sponsors and stakeholders will oversee this implementation phase and ensure that any recommendations set out by the CCG Joint Committee are delivered. This IOG will sit within the STP governance structure and report to the System Leaders Group and any future Shadow ICS Board.

These terms of reference relate initially to the implementation of acute hospital services reconfiguration, as further interdependent services reconfigurations are developed, consulted on and approved, they could fall within the IOG terms of reference as they reach implementation phase.

2.0 Purpose

The purpose of the IOG is to:
Oversee arrangements, in accordance with detailed mitigation plans and subsequent implementation plans for the reconfiguration of acute hospital services, that address the recommendations and assumptions as set out in appendix 1 and approved by the Joint Committee of the two CCGs in January 2019.

It will ensure that these plans are also adequately reflected in the Final Business Case and where changes are proposed that these have the necessary approvals through the relevant statutory organisations. It will need to ensure, as far as possible, that final arrangements set out in the OBC and FBC and approved by both the Acute Trust and Commissioners, are progressed effectively throughout the implementation stage over the next 5 years.'

The oversight group will provide scrutiny for the actions taken by all partners to address and mitigate operational and quality risks and provide key sponsor organisations with a single forum to oversee the implementation of the reconfiguration of acute hospital services.

It is expected that as other reconfiguration of services are agreed between commissioners and providers, that the IOG could be a single forum to oversee other such service changes.

3.0 Key Objectives

The key objectives of the Implementation Oversight Group will be to:

- Ensure the smooth transition from the Future Fit Programme Board Governance arrangements into the implementation phase led by SaTH.
- Ensure detailed plans identify (a) those priority issues that must be dealt with prior to the approval

of the FBC, and (b) those issues that will need to continue to be addressed during implementation phase.

- Support the development of the final FBC for approval by the statutory bodies – SaTH, Shropshire CCG and Telford and Wrekin CCG.
- Ensure sufficient resources are in place to deliver key agreed milestones
- Ensure appropriate assurance is provided to statutory bodies of SaTH, Shropshire CCG and Telford and Wrekin CCG on a quarterly basis via central reporting? Sharing of minutes?
- Ensure appropriate assurance is provided to regulators
- Provide progress reports to the JHOSC
- Receive progress updates from the Shropshire system in relation to the implementation plans and any interdependent programmes, working together to gain the required assurance within an agreed timescale.
- Receive a detailed regular update of OBC and FBC progress from SaTH and updates against the actions identified.
- Ensure the system and regulators receive assurance regarding any identified risks
- Work together through this forum to coordinate work to reduce the burden of multiple contacts, multiple plans and requests.
- Receive reports from SaTH (and other providers or commissioners where appropriate) on implementation progress of acute reconfiguration plans and other interdependent programmes
- Ensure that there is a collective responsibility to determine whether the group is assured on any particular issue.
- Ensure that the group is sighted on all communications and reporting between the Trust and any other statutory bodies on matters relating to implementation to support the triangulation of information and assurance to the group.

4.0 Chairing arrangements
The IOG will be chaired by the Chair or an Accountable Officer from one of the two CCGs.

5.0 Decision Making
The IOG holds no decision making authority in terms of approving any amendments to the implementation of the model as set out in the PCBC and DMBC or to the recommendations and actions set out by the Joint Committee of the two CCGs on 29th January 2019. It would be the responsibility of the IOG only to make any recommendations to the CCG Governing Bodies

Where issues arise that require a different solution than is otherwise described in the clinical model for option 1 as set out in the DMBC and PCBC, then a decision would be necessary from the respective statutory bodies.
In the respect of the IOG making any recommendations to the statutory bodies, the voting members would be the sponsor organisations of SaTH, T&W CCG and Shropshire CCG.

6.0 Governance and Reporting Arrangements
A formal quarterly written report from the IOG to the respective statutory bodies will sets out progress, risks and opportunities and any issues that needs escalating for a decision.

The IOG will also formally report progress to the SLG and/or to the System ICS Shadow Board

Minutes of the meetings will also be made available to Sponsor Boards members and to the ICS Shadow Board members.

7.0 Frequency
The meeting will be quarterly, as a minimum, the Chair of the Board may arrange extraordinary meetings at their discretion.

8.0 Quoracy
The meeting will be quorate subject to each sponsor organisation being represented as a minimum

9.0 Administration
Administration will be managed within the STP administrative team, with the intention that:

- Notes, actions and key messages from each meeting shall be circulated to members one week after the meeting has taken place via email.
- Meeting papers shall be circulated to members at least three working days prior to each scheduled meeting via email.

10.0 Attendees
Representatives from the following organisations will be members

Chair: David Evans, Chief Officer T&W CCG.

Sponsor Members:

- SaTH -Director of Finance or nominated deputy
- SaTH -SSP Programme Director
- SaTH - SSP Medical Director or nominated deputy
- T&W CCG -Director of Finance or nominated deputy
- T&W CCG - Out of Hospital Care SRO
- T&W CCG- Clinical representative
- Shropshire CCG - Director of Finance or nominated deputy
- Shropshire CCG - Out of Hospital Care SRO
- Shropshire CCG – Medical Director/Clinical representative

Stakeholder Members:

- Powys Teaching Health Board
- Shropshire Community Trust
- Robert Jones Agnes Hunt NHS Foundation Trust
- T&W Local Authority
- Shropshire Local Authority
- West Midlands Ambulance Service NHS Foundation Trust
- Welsh Ambulance Services NHS Trust
- Healthwatch T&W
- Healthwatch Shropshire

In Attendance:

- STP Associate Director- Future Fit
- STP Communications and Engagement Lead
- STP Programme Director
- STP Finance Director

Observers:

- JHOSC Chairs
- Powys CHC

Other organisations / nominated colleagues to be co-opted to attend the meeting as deemed necessary.

Appendix 1:

Recommendations approved by the Joint Committee of Shropshire and Telford and Wrekin CCGs in January 2019.

Recommendation 1: Consultation Process
The CCG Joint Committee is asked to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made.

Recommendation 2: On-going Engagement
The CCG Joint Committee is asked to support the need for the Clinical Commissioning Groups to continue to engage with and feedback to stakeholders the outcome of the consultation and the decision-making process, including those from seldom heard groups.

Recommendation 3: Principles of Consultation
The CCG Joint Committee is asked to reaffirm the model underpinning the future provision of hospital services for Shropshire, Telford and Wrekin and mid Wales upon which the consultation process was based.

1. Our patients receive safer, high quality and sustainable hospital services by creating:
    a. a separate emergency care site where specialist doctors treat the most serious cases
    b. a single planned care site where patients would not have to wait as long and beds are protected for their operations
    c. urgent care centres based at both hospitals providing care 24 hours a day, every day for illness and injuries that are not life threatening but require urgent attention
    d. a model where both sites provide most women and children's services
    e. a model where both sites continue to provide the vast majority of outpatient services and diagnostic tests
2. Patients receive the very best care in the right place at the right time
3. Patients receive their care in better facilities
4. We can continue to have two vibrant hospitals in our county
5. We attract the very best doctors, nurses and other healthcare staff to work at our hospitals and have the right levels of staff working across both sites
6. We reduce the time people spend in our hospitals
7. We reduce the number of times patients need to come to hospital
8. We are more efficient with our resources

Recommendation 4: Consultation Findings
The CCG Joint Committee is asked to note that the Programme Board has confirmed by consensus that the consultation findings have presented no new viable alternative models or no new themes or key issues that might influence the preferred option.

Recommendation 5: Preferred Option
The CCG Joint Committee is asked to confirm the previous unanimous decision on the preferred option, Option 1, in accordance with (a) the recommendation from the Programme Board; and (b) the following mitigations within the final DMBC:

5.1 Travel and Transport Report and mitigations plan.

5.2 Equality Impact Assessment (EIA) recommendations and mitigation plan is aligned with the previous recommendations from the Integrated Impact Assessments (IIAs) carried out in 2016 and 2017.

5.3 Progress on Out-of-Hospital Care Strategies for both Shropshire and Telford and Wrekin CCGs to be described and to focus on co dependencies in assuring the delivery of the acute model assumptions.[1]

5.4 A clear description of the services on each site, particularly around service provision at the Urgent Care Centres.

5.5 Reconfirming affordability, including the patient flow assumptions since the PCBC was approved; noting that further refinement will be included within the Outline Business Case (OBC) which is expected for approval in July 2019.

Recommendation 6: DMBC
The CCG Joint Committee is therefore asked to Receive and Approve the contents of the DMBC, including its key appendices.

Recommendation 7: Implementation Oversight
The CCG Joint Committee is asked to note and approve the proposal for an Implementation Oversight Group (IOG) to be established under the STP governance structure to take forward oversight of the development of the OBC and FBC. All sponsor organisations will be represented on this Group.

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