

LJC Meeting 23rd March 2016

Apologies for absence

Cllr Karen Calder, Chrissie Jupp

Pecuniary Interest – Funding

1. David Evans– Future Fit

Future Fit and planning guidance CCGs and Trust have got for this year. Does matter around what we are trying to do around Future Fit. Trying to agree best models of care for our patients. Meeting need for acute hospital services for the future – as far as we can see 20 years or so – system model of care.

Sustainability and transformation Plan.

Coming up with a plan for the next five years. Had to agree what the footprint – Shropshire telford and Wrekin – sustainable transformation plan areas – umbrella Plan

Slides can be circulated

Has to be submitted by NHS by June 2016

Problems recruiting specific staff members

Changes in demographic – life expectancy increasing – success story – challenge on the other. Two groups who use resources – elderly and very young – increasing number living longer and people moving in and expansion of the newtown in Telford we will see influx of younger people with or about to have children – challenge at both ends of the spectrum. Chronic long term illness – diabetes, respiratory illness etc.

Clear we want to develop a system where we have less reliance upon hospital beds.

Principles – home is normal / empowerment for patients and clinicians / sustainability / new ways of working.

Clinical model – networks of care – sometimes having to travel further is worth it – especially for emergency care – clinicians said one A&E – site to be decided – supported by urgent care centres.

Network services to join them up

Reduce admissions to hospital by 32% by delivering services locally or differently

Deficit reduction plan

Get system back into balance – local deficit – 14.5m and S and T £14.5 – deficit of £29m overall level of money available locally is in region of £1b

Most challenging patient in Telford turned up at A&E 400 times last year!!! Needs to access help but help not to access a&e so don't feel the need to go to a&e

Questions:-

John – mentioned social care – when do you think we will see more integration of health and social care – one place to go for care and treatment

A – I think we might see some pilots on that in next 12 – 18 months – Telford CCG perspective – need to get acute service to work is to totally change way we deliver community and primary care services – discussion with local authority so includes social care and CVS as well – need to take into account housing transport and environmental issues as well. What are the population needs and how do we devolve those – group of practices supporting by community nursing CMHT, school nursing midwifery CVS, social care – begin to work in different way. Co-locate people out of one place develop relationships. Don't let the money interfere with this – let's have a budget for population and stop worrying about who is paying for it. Population 30 – 50 thousand

Local authority has moved to locality working model – health hasn't yet.

Mark Whittle – reinventing the wheel – cottage hospitals –

- A. Mindset of how services used to be delivered around a cottage hospital framework – doesn't need a base – expansion of how do we deliver services – these are the services you currently have – future fit this is what it will look like.

John Cole – restraints in money available

- A. Yes – not very efficient – yes – we don't have the services we need – not terribly good at treating them in the most effective way. Over 70 age group begin to lose functionality independence to do things really quickly –

Where is this A&E going to go

- a. Process to go through – have not made that decision – work need to do to understand implications.

Telford – high levels of deprivation in some areas – no cars – on other hand rural shropshire rural deprivation – no cars and no buses. Got to be able to justify decision we make.

4. Roy Aldcroft – Chairman, Patients Participatory panel – GP surgeries expected by Care Quality Commission to find ways to engage with their patients – websites, direct discussion, nursing staff etc. Community Coordinator – participation within participation groups is a problem – we try to get volunteers to come to meetings to discuss things – county discussion forums and national forum. MD started in 1978 with PPG and it comprises up to 15 members of that practice over the age of 18 – no top limit – currently we have 5 volunteers of the surgery – not good – like to get a load more – we meet once every 6-8 weeks with senior partner with Dr Richards – practice manager – CC and IT manager – it is a response to issues that arise nationally, locally that comes both ways political end or NHS end or things being brought to groups attention by people attending the surgery. Use facilities to best of their ability – get the most out of that surgery and for that purpose we try to improve communication – eg on-line appointments – not a way around getting through on the phone – prescriptions – ringing or emailing them in.

Activities group gets up to – did a survey – patient groups tend to do – quite hefty doing any form of survey – asked about 50 questions of all the patients who attended over 5 years – common things – telephone system lack of access to own GP, and some problems with feedback with IT and tests that may have had. Gave us a way of identifying areas where we weren't performing as we should be. Receptionists are the ones who get a bit of stick. Receptionists needed a system to feedback to the practice. Gone through four sessions of deciding the telephone message when you ring up!!!! Can't agree to the changes as more than one service uses the service. Networking with other patient groups helps – with the county one – we can lobby the closer working together of health and social

services. Embedded with the Future Fit process – who is going to fund the services the GPs are going to have to provide? If your area doesn't have a PPP do think about starting one off. Not a complaints committee – it is about how the facilities within the practice are advertised and promoted. We operate a website again for patients to comment on the system.

Drayton medical practice doesn't blow its own trumpet – it is one of the best in the county – quality care commission assessment – to get opinion on local health care and how it is delivered – done very well – we need to tell people. Need to publish statistics – number patients they see – number of appointments missed etc. – 17,500 patients on the books. With 12 doctors – 2-3 students – now a teaching practice.

Biggest problem – getting people to participate – at moment we need 10 people of all ages and abilities.

Roger Hughes Questions: Vetting – what criteria

John Cole – do they have to be registered with MD practice

John Cadwallader – open 5/7ths of its time – used to be open Saturday – now not. Has it been discussed

- A. Yes comes up every time – one late night or Saturday morning as used to be. If they do a Saturday morning they would have to cut out one of the afternoons during the week. Got 3 Drs willing to do Saturday morning

Mark Whittle – government edict 7 days a week.

- A. Not just the Drs - nursing staff etc as well. Had the discussion 3 weeks ago – gone back to discuss it further – but if the GPs don't want to do it they don't have to.

Drayton set up as an experiment – so many Drs in one space – PFI – top floor still empty – company rents building trying sell upstairs.

John Cole – split the practice – two competitive practices in one building. Drs currently abusing their monopoly in the town.

5. Dr Richard Priestley – MD NP

Seeks to develop a long term vision for the town and produce a credible plan that helps stimulate growth and development – takes the town plan one stage further – Consultation is essential. Steering group established – 12 people on it – councillors and others invited to join. Seek to manage the process and take it forward and ensure that it meets the requirements. Has to follow national processes and procedures – working reasonably well to date. Maximise resources and investment in the town – good evidence base – process should be completed by April 2017. Urgency not to get caught up in local elections. Lots of publicity – lots in the Drayton Messenger.

Process determined by central government – can fail on two counts – essence of what we want to do – or fail in sense of the procedure – robust round of consultation undertaken November 2015 – Jan 2016 – second round coming up November 2016. Ideas to inform draft to then consult with.

To do it properly – needs professional input – Data Orchard – planners providing input and support – taking us through the process. Independent examination in Jan 2017. Appointing someone professional to look at the process and policies and validate it has met those requirements. Referendum in March 2017. Town council will undertake referendum. Publication in April 2017. On

target in terms of time frame - next stage looking at analysis of the questionnaire. Hard work – we have a respectable percentage of questionnaires returned. Engaged with the Grove school to ensure we capture the younger age group.

Phased implementation – MD NP – equally involve not just MD but parts of 3 neighbouring parish councils – because of their proximity and because of the considerable relevance of the industrial land being in those parishes. Hinterland included as well.

Questions – Relationship between this and CIL – guide to where monies are spent and also will increase payment from 15 to 25%.

No sites put forward yet not in the SAMDev and LDP.

Mark Whittle – timescale on the Marina Development

- A. No proposal has to be formulated originally – got a fairly good response – needs to be developed to create a credible project.

Peter Eardley – increase in the CIL – how much money? Marina putting houses out there who would get the CIL –

- A. the parish in which the houses are built

Stephen Clifford – Woore also going down this route.

6. item to be considered after the meeting

7. Apologies – on a raid – written report please if not available.

8. Minutes – Cllr Wynn was present on the 9th December 2016. Approved

The steering group believed that they had agreed that the £13,040 was to be spent in the parishes. Objection we had was that it was centralised – but if there was chance to even it up then we might be at that point. Haven't had the opportunity to bid.

Proposal – Paul Wynn – permission to go ahead and get shelter to MD – used by more people in MD than everyone else.

4477.00

So agreed – up – to £1,500 MDTC

SYA - £677.14

Maurice Chandler - £1,800

Norton in Hales £500.00

Agreed that remainder now to be promoted through the parish councils –nick to agree process.

Contact all the parishes – to promote grants – limit of £2k

Book steering group meeting

