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Joint Health
Overview and
Scrutiny
Committee

28 March
2022

2.00 pm

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 28 MARCH 2022

Responsible Officer: Amanda Holyoak
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Present

Councillor Steve Charmley, Shropshire Co-Chair, Chairing the meeting
Councillor Derek White, Telford and Wrekin Co-Chair
Councillor Jayne Greenaway, Telford and Wrekin
Councillor Kate Halliday, Shropshire
Hilary Knight, Telford and Wrekin Co-optee
Dag Saunders, Telford and Wrekin Co-optee

Officers

Lorna Gordon, Democracy Officer (Scrutiny), Telford and Wrekin
Danial Webb, Scrutiny Officer, Shropshire Council
Amanda Holyoak, Committee Officer, Shropshire Council (notes)

Remote attendees

Councillor Heather Kidd (Shropshire)
Kerry Robinson, Senior Responsible Officer for the Musculoskeletal (MSK)
Transformation Programme

1 Apologies for Absence

Apologies were received from David Beechey, Ian Hulme, Janet O'Loughlin,
and Cllr Stephen Reynolds.

Cllr Heather Kidd sent apologies and was unable to attend in person due to the
need to self isolate, but joined the meeting informally remotely.

2 Disclosable Interests

None declared

3 Minutes of Last Meeting

Minutes of the meeting held on 22 November 2021 were confirmed as a correct record.

4 Musculoskeletal (MSK) Services Transformation Update

Kerry Robinson, Senior Responsible Officer for the Musculoskeletal (MSK) Transformation Programme, was welcomed to the meeting (attending via Teams). She explained that MSK services treated conditions affecting the joints, bones and muscles, as well as rarer autoimmune diseases and back pain.

She explained that the MSK Transformation Programme was about strengthening community provision over the next five years to improve the care that people received. Community MSK services included a range of specialisms which were delivered by a number of providers who had different ways of referring patients, running their services and recording information, and this impacted on the patient experience sometimes causing frustration and the feeling of being 'passed from pillar to post'

Staff shortages, record levels of demand and ageing population and the impact of covid were also significant issues.

The presentation covered the detail of phases of 1 -3 of the programme, what had happened so far, partners involved, reasons for change and benefits envisaged, patient feedback, and proposed next steps.

The intention was to simplify the referral process and enable teams across services to work in a more joined up model, to improve the patient experience and ensure people could access and move through and between MSK services more smoothly. It was not proposed to reduce services or limit the options available.

Following the presentation members of the Committee made observations and asked questions including :

- How many user groups had been involved to date?
- Would there be a single complaints procedure that all could learn from?
- It was essential to identify what the problems were, where they existed and that they were being dealt with
- Were Mental health providers full included in the work as they were not listed under key data point 4?
- Was there a plan in place to recruit, retain and train the work force – to be sure that the plan was deliverable?

In response Kerry reported that:

- She did not have the numbers of user groups involved to date to hand but would be happy to share this information after the meeting.

- It was hoped to achieve a standard complaints process but this was an on-going piece of work with issues outstanding. She agreed to keep the committee informed of this progress.
- Mental health providers were part of the ICS and were included in interdependency on planning.
- The workforce model prepare would be robust and ensure plans were in place to deliver the speciality and professional expertise needed.

The Committee were encouraged by the plan which would hopefully result in a streamlined service delivering better outcomes and experience, strengthening support available for primary care.

Members thanked Kerry for attending and asked to be kept updated as progress was made through each phase.

5 Primary Care Review Terms of Reference

Members considered proposals for the Committee's review of Primary Care which had been drawn up by working with CCG officers.

- An initial series of online briefings from partners in the CCG had been suggested, to cover primary care contracting, workforce and primary care networks.
- The Committee was asked to comment on the proposed approach and suggestion any other data required or issues to consider.
- Members made observations and comments including the following:
- this would be a very large piece of work
- there was a big difference between the way primary care networks worked in Shropshire and Telford and Wrekin, therefore, each briefing session should have representatives from both the Shropshire and Telford and Wrekin areas.
- The Committee should be able to have sight of equality impact assessments when changes of service were planned and happening, for both towns and rural areas where access and transport issues were significant.
- The real life patient experience and view should be feed in to the Committee's consideration to help ensure that all issues are identified.
- There should be a strong requirement for primary care data and information sharing

It would be useful to talk to GPs from across the whole of Shropshire and Telford and Wrekin to identify a baseline and find out what they want from the ICS, not necessarily in a committee meeting but in an informal setting with a basic formula of areas to cover to obtain some consistent information.

A member of the Committee asked that co-opted members be referenced in the proposed terms of reference as well as 'elected members' and felt that NHS data was not being withheld but was available on line although it would be time consuming to draw out what was needed. He felt that health inequalities in some of the Telford practice areas was one of the most significant issues.

Discussion also covered timescale and objectives and the respective role of the Health and Wellbeing Boards and the need to ensure there was no duplication of work.

It was suggested that the Shropshire and Telford and Wrekin Health and Adult Social Care Scrutiny Committees could look at issues within their own areas then bring them back into the Joint HOSC.

Scrutiny officers agreed to consider how best to engage with service users and GPs, perhaps via surveys or focus work and to update the terms of reference to reflect the discussions.

6 Proposed Changes to Renal Dialysis Services Report

Lorna Gordon, Scrutiny Democracy Officer, explained that the paper circulated linked to an informal workshop on 28 January 2022 which had covered the proposed move of a renal dialysis unit to Stafford Park and set out an overview of the questions that had been asked by Committee members about the location. The presentation used at the event was also attached. The move had been approved by the CCG Board on 10 February and the recommendation following the informal session was for the Committee to support the proposed relocation

The Telford and Wrekin Co-Chair explained that it had not been possible to arrange a formal committee ahead of 10th February to support the move but Committee members present at the informal workshop had been satisfied that the new location was much improved, was accessible, spacious, fit for purpose and would provide additional dialysis capacity and would be future proof with room for expansion. They had felt that engagement and consultation had been a good example of best practice. Plentiful free parking and the hospital transport provider had been consulted to provide continuity. It was recommended that the Committee formally support the move.

A Member asked if free wifi was available at the new site and it was agreed to find out and report back.

The Committee agreed to express its support for the location change.

7 Co-Chair's Update

The Chairs referred to the huge amount of change in the NHS underway and the need to work constructively with Health and Wellbeing Boards.

Signed (Chairman)

Date: