



defended the decision to consolidate services, noting that the service met NICE guidelines for centralised specialist services. He explained that three specific factors contributed to recent problems with stroke services. The service had seen considerable increase in demand for its services, via accident and emergency services creating additional demand on urgent specialist services. The service also struggled to recruit to every post, created an additional burden on existing staff, particularly specialist therapeutic staff. Finally, the service required a new and more reliable CT scanner. The committee was informed that none of the challenges that the service faces relate to consolidating its services, and that operating decentralised services would in fact make staffing challenges worse. The committee wishes to be assured that action is being taken to improve the service and will expect to receive an update report in time for its next meeting in January 2019.

Throughout the consultation process, the committee has stated that key to them understanding the impact of Future Fit proposals has been to learn whether or not delays in ambulance response times in rural areas has resulted in poorer outcomes for rural residents. We would therefore be grateful if you could advise when you will provide the information it has requested. The committee have repeatedly asked for the modelling of ambulance services to be carried out in advance of the consultation.

In addition to this concern members also identified further concerns around travel and transport. These include travel times to a single accident and emergency unit; travel from rural areas for planned care; and eligibility for passenger transport. The committee recognises that the county of Shropshire's size and dispersed rural population present challenges for travel and transport that the Future Fit programme would not be able to resolve. However, the committee notes the mitigation that will be put into place to address concerns raised throughout the consultation process, such as clearer eligibility criteria for passenger transport, and a clearer policy for claiming transport costs.

Committee members also advised that measures to reduce the demands of travel for patients, particularly those living in rural area, could be put into place without waiting for any of the Future Fit proposals to be implemented. Such measures include greater use of tele-healthcare consultations, better use of online booking of out-patient appointments and reducing the need for patients to return to clinics. The committee asked for clarity prior to the consultation on what mitigation measures were possible.

The committee also notes proposals for an oversight group to track mitigations put into place. It welcomes this proposal for an oversight group, and would like to know what democratic accountability is proposed for this group.

Allied to concerns around travel and transport is the concern that Future Fit will not in itself address the need you have identified to move to more community-based care. We note that irrespective of which option is chosen, Future Fit will only succeed if it is supported by properly integrated community-based care. The committee notes the intent of both clinical

commissioning groups to move resources from acute care into community services, and the ongoing work of the local Sustainability and Transformation Partnership (STP) to deliver integrated community services but felt that these plans are still aspirational and questioned whether the activity that was being planned was at sufficient scale and resourced appropriately to make the necessary changes across the whole system. Looking forward the committee would therefore like to understand how the clinical commissioning groups are working with the local authorities and other partners to more closely integrate services across STP areas.

There were elements of the consultation and the proposed next steps that the committee was unable to agree on. Some members of the committee believe that the consultation's focus on acute care to the detriment of community and primary care was a major flaw. Future Fit itself recognised the importance of this central interdependency at the outset, yet failed within the consultation to give sufficient reassurance to the public about how the step-change required would be resourced and delivered. Some members of the committee stated that there was insufficient consideration given to alternative models proposed during the consultation in particular a single site alternative for emergency care and a two-site emergency provision both of which attempted to demonstrate how integrated systems of care across Shropshire and Telford and Wrekin could operate. Whilst these approaches to acute care had been rejected by Future Fit at an earlier stage, some members believed that the alternative proposals submitted represented developed and integrated thinking. Some members stated that there was insufficient information for the public on how the capital required for Future Fit implementation would be made up and what the ongoing revenue consequences would be, separately under option 1 and option 2. These members consider that affordability was an important issue for the public as this could impact on the future provision of other health services particularly in the community. Some members expressed that, as indicated previously, there was insufficient information and detail on travel and transport implications of the changes and what the limitations would be of Future Fit's ability to respond. Some members stated that the implications of moving the consultant-led women's and children's unit away from which they believed to be the area of highest need were not adequately addressed by the consultation in terms of how this could be sufficiently mitigated. Some members of the committee believe that the consultation has demonstrated that opposition to Future Fit's proposed option is so strong that it is necessary for the proposals to be reconsidered. They note that for a consultation to be meaningful, it should be able to influence the final decision that is made.

Other committee members disagree with this perspective. They conclude that the consultation demonstrates that people like to have services located near to them, irrespective of broader strategic objectives. They note that although people in Telford and Wrekin who responded to the consultation were largely opposed to locating accident and emergency services in Shrewsbury, those in mid Wales were largely supportive. These members also note that the consultation's purpose was primarily to identify and address issues with the proposals, rather than a referendum on whether to accept them.

Because of this disagreement, the Committee is unable to make any joint recommendations relating to the consultation's adequacy or regarding the committee's overall response.

Finally, the Committee notes the provisions of the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 and accompanying guidance and reserves its right to comment further when formally consulted on the final proposals in accordance with regulation 23 *et seq* of those regulations.

Yours sincerely



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