Shropshire Council

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

Date: 16 April 2024

Committee:
Health Overview and Scrutiny Committee

Date: **Wednesday, 24 April 2024**
Time: **3.00 pm**
Venue: **Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard
Assistant Director - Legal and Governance

Members of Health Overview and Scrutiny Committee

Jeff Anderson	Tracey Huffer
Nicholas Bardsley	Heather Kidd
Bernie Bentick	Peggy Mullock
Gerald Dakin	Ed Potter
Geoff Elner (Chair)	Edward Towers
Kate Halliday (Vice-Chair)	

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1   **Apologies for Absence**

2   **Disclosable Interests**

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3   **Minutes** (Pages 1 - 4)

To confirm the minutes of the previous meeting held on 29 January 2024.

4   **Public Question Time**

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 5.00 pm on Thursday 18 April 2024.

5   **Members Question Time**

To receive any questions from Members of the Council. Deadline for notification is not later than 5.00 pm on Thursday 18 April 2024.

6   **Local Care Services - Virtual Ward and Integrated Discharge Team** (Pages 5 - 18)

To receive an update on Local Care Business as Usual services – Virtual Ward and Integrated Discharge Team

Contacts – Claire Horsfield (Shropshire Community Health Trust, Director of Operations & Chief AHP) claire.horsfield2@nhs.net

Shirley Pickstock (Senior Advanced Clinical Professional (ACP) Shropshire Community Health Trust) shirley.pickstock@nhs.net

Dr Nassir Domun (Consultant Shropshire Community Health Trust)
nassir.domun@nhs.net

Sarah Robinson (Divisional Manager Urgent Care, Shropshire Community Health Trust)
sarah.robinson52@nhs.net

Claire Parker (Director of Partnerships and Place NHS Shropshire, Telford and Wrekin) claire.parker2@nhs.net

7   Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

To receive a verbal update from Councillor Geoff Elner.

8   Update from the Health and Wellbeing Board

To receive a verbal update from Councillor Cecilia Motley.

9   Response to the recommendations of the Rural Proofing in Health and Care Report (Pages 19 - 26)

To receive a verbal update on the response to the Committee's recommendations following consideration of this item at the Cabinet meetings held on 17 January 2024 and 21 February 2024.

Contact - Rachel Robinson, Executive Director of Health, Wellbeing and Prevention

10   Work Programme

To receive a verbal update.

Contact – Sophie Foster, Overview and Scrutiny Officer

11   Date of Next Meeting

To note that the next meeting of the Health Overview and Scrutiny Committee is scheduled to take place on Thursday 9 May, upon the rise of the Annual Council Meeting.

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	Committee and Date
	Health Overview and Scrutiny Committee
	24 April 2024

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 29 January 2024
In the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND
10.00 am

Responsible Officer: Ashley Kendrick Democratic Services Officer
Email: ashley.kendrick@shropshire.gov.uk   Tel: 01743 250893

Present
Councillor Geoff Elner (Chair)
Councillors Nicholas Bardsley, Bernie Bentick, Gerald Dakin, Kate Halliday (Vice-Chair), Tracey Huffer, Heather Kidd, Peggy Mullock, Ed Potter and Edward Towers

15   **Apologies for Absence**

Apologies were received from Councillor Jeff Anderson.

16   **Disclosable Interests**

Councillor Tracy Huffer declared an interest due to her employment in a GP practice.

17   **Minutes**

RESOLVED: That the Minutes of the meeting held on 20 November 2023 be approved and signed as a correct record.

18   **Public Question Time**

There were no public questions received.

19   **Members Question Time**

Members questions were received from:

Councillor Bernie Bentick, in relation to emergency department deaths

Councillor Heather Kidd, in relation to SATH's budget deficit.

Councillor Roger Evans, in relation to the NHS Emeritus scheme.

The full questions and responses provided at the meeting can be found on Responses to Members Questions (shropshire.gov.uk)   Page 1

20   **Primary Care Access Recovery Programme**

Gareth Robinson, Director of Delivery and Transformation, NHS Shropshire Telford and Wrekin, introduced the presentation which had been circulated with the agenda, which Members had previously received two development sessions to discuss in detail.

Members were provided with an overview of the Programme, which aims to modernise current practice, improve access to general practice, improve and maintain satisfaction and streamline care and advice. These were incorporated into four key "pillars"; empowering patients, implementing modern General Practice access, building capacity and cutting bureaucracy.

The newly formed Primary Care Improvement and Transformation Board, which is chaired by the Chief Medical Officer, has 3 primary areas of oversight in its widest definition to include General Practice, Pharmacy, Optometry and Dentistry:

1. Ensuring development and implementation of the system GP Access Recovery Plan.
2. Primary Care Transformation e.g. Fuller Report 'Next Steps for Integrating Primary Care'
3. Pharmacy, Optometry and Dentistry – oversight of the delivery of development plans and monitoring of service delivery in partnership with the Shared Commissioning and Contracting service provided by BSOL

21   **Update from the Joint Health Overview and Scrutiny Committee (JHOSC)**

Members noted that the next meeting would take place on 27 February 2024 with discussions focussing on urgent and emergency care and an update on winter planning.

22   **Update from the Health and Wellbeing Board**

In the absence of the Co-Chair of the Health and Wellbeing Board, the Executive Director of Health provided an update on the recent meetings and focus of the Board.

Members requested a future update on children's social prescribing and dental services.

Members noted that a report would be receive in April with regards to community transport and a document on substance use and associated action plan would also be circulated.

It was felt that communications could be improved with regards to social prescribing and it was also suggested that that focussed and outreach work with regards to vaccinations be looked into.

23   **Update on the Rural Proofing in Health and Care Report**

Members were advised that the report had been well received by Cabinet who would be preparing a report in response which would be brought back to committee. The report had also been taken to the People Overview and Scrutiny Committee who would be forwarding

the report to SHIPP, as well as being taken to the Joint HOSC on 27 February 2023. Once adopted by Joint HOSC, it would be taken to the Health and Wellbeing Board.

Members expressed their delight at this being the first report produced by a council using the Rural Services Network Toolkit, which can be shared with partners to also adopt and embed rural proofing in people's minds.

24   Work Programme

Members noted the work programme and upcoming briefings.

Work programming sessions for 2024/25 would commence in March 2024 to identify priorities going forward.

25   Date of Next Meeting

Members noted that the next meeting of the Health Overview and Scrutiny Committee is scheduled to take place on Monday 11 March 2024.

Signed   ....   (Chairman)

Date: ....

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Shropshire Community Health

NHS

NHS Trust

STW Virtual Wards and Integrated Discharge Team

April 2024

Introduction to the Virtual Ward

Shropshire NHS - Virtual Ward - Master on Vimeo

Current Pathways

Frailty
- Managing deterioration of health in Community (step-up)
- Step-down Management of Frailer Adult with changes in health status
- Care Home Virtual Ward
- Early Supported Discharge

Respiratory
- Management of exacerbation of Bronchiectasis – Step-up & Step down
- Management of upper and lower respiratory tract infections – oxygen step-down included
- Management of COPD, asthma, bronchiectasis and ILD

Cardiology
- Managing acute-on-chronic heart failure (step-down & step-up) with ability to deliver IV Furosemide

Parenteral
- UTI with ESBL
- Cellulitis
- Re-hydration using subcutaneous fluids

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Patients suitable for Virtual Ward

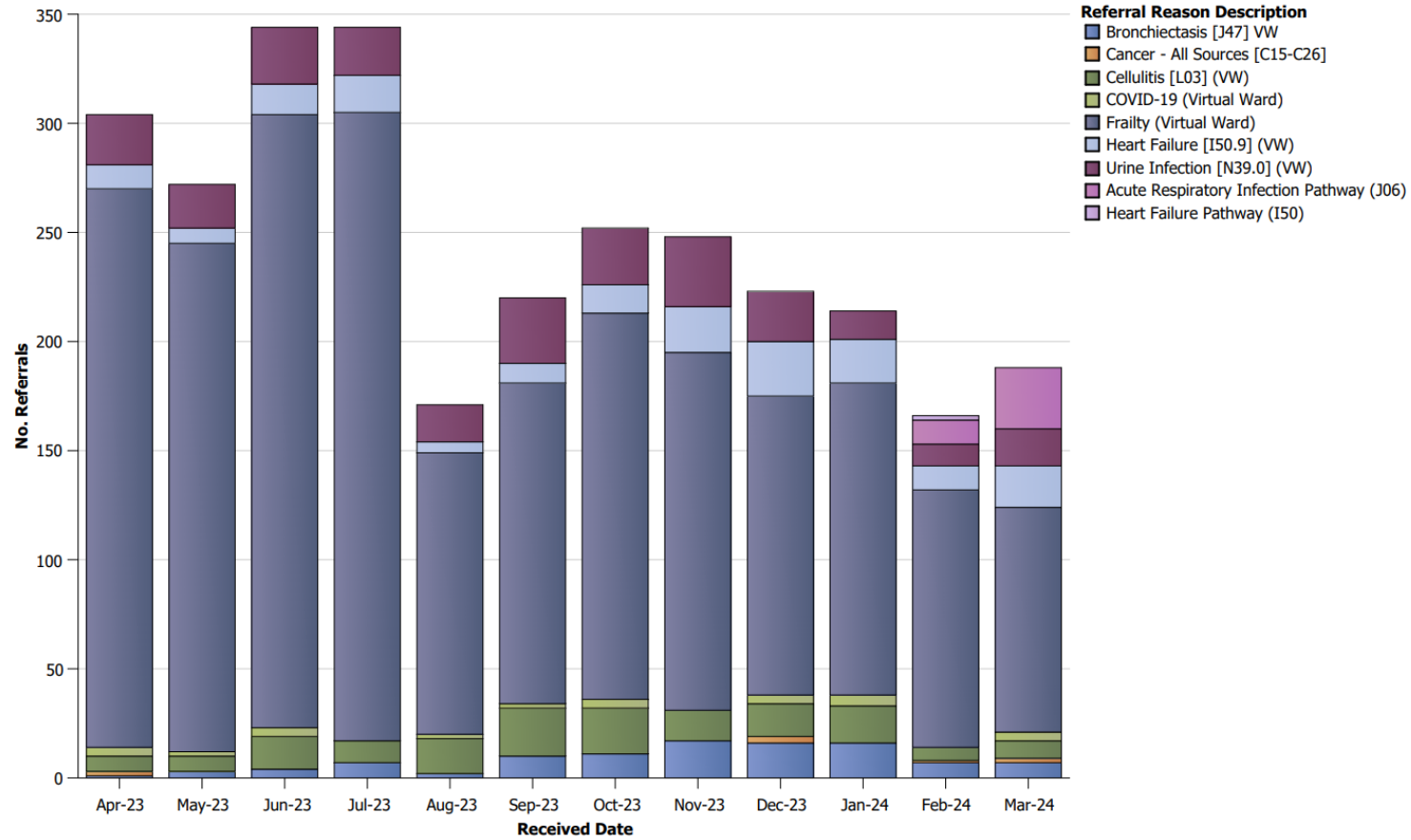|			
Patients who are housebound or ambulatory	Any Care Home resident	Patients who already have a pre-existing package of care.	Frequent attenders (x2+ in last 6 months).
Patient on palliative care/ End of Life register. Or seems more appropriate to palliate given clinical presentation.	Patients who can have IV Antibiotics in the community as per DAART/ community IV pathways.	Patients who do not need ventilatory support acutely. I.e. Anyone who does not meet the right to reside criteria.	Anyone who has/or needs an advance care plan to say they should be for community-based care only.
Patients who can have their antibiotics IV at home or need step down to oral.	Patients who may find admission distressing (e.g. Advanced Dementia, Learning Disability).	Patients already under community teams/Virtual Ward caseload.	

Performance of Service

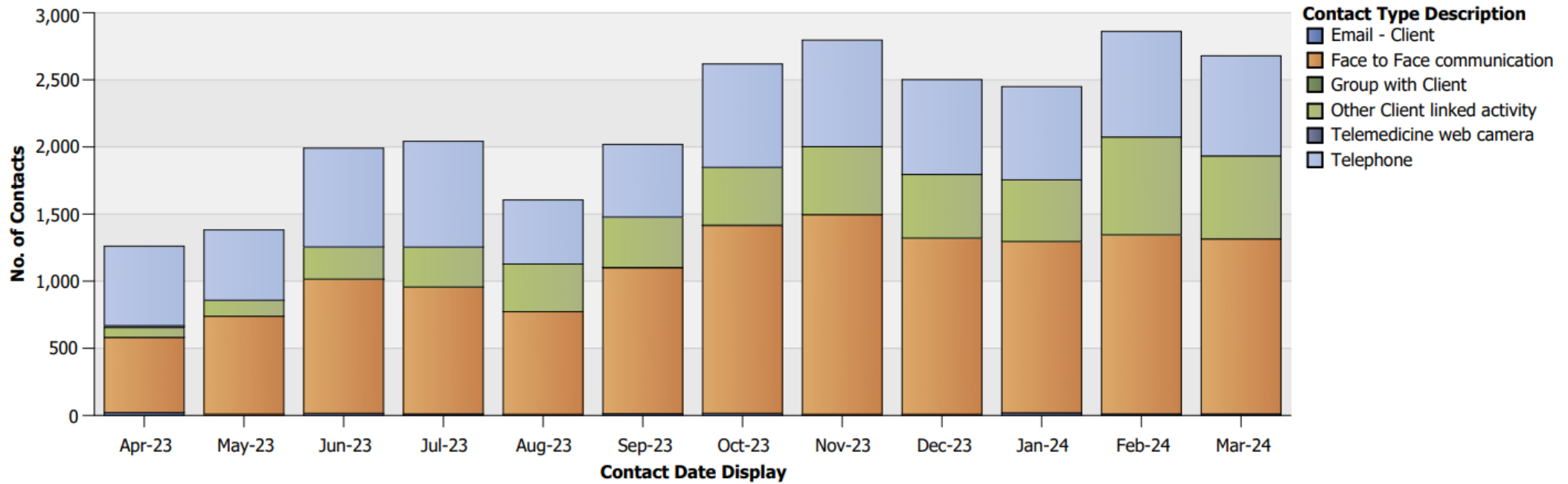Total referrals to VW is 4,156

Average Length of Stay is 14 days

8% of patients readmitted within 30 days

Pathway Utilisation

Referrals by Team and Referral Reason

Referral Reason Description
- Bronchiectasis [J47] VW
- Cancer - All Sources [C15-C26]
- Cellulitis [L03] (VW)
- COVID-19 (Virtual Ward)
- Frailty (Virtual Ward)
- Heart Failure [I50.9] (VW)
- Urine Infection [N39.0] (VW)
- Acute Respiratory Infection Pathway (J06)
- Heart Failure Pathway (I50)

Contact Medium

Workforce – Locality model
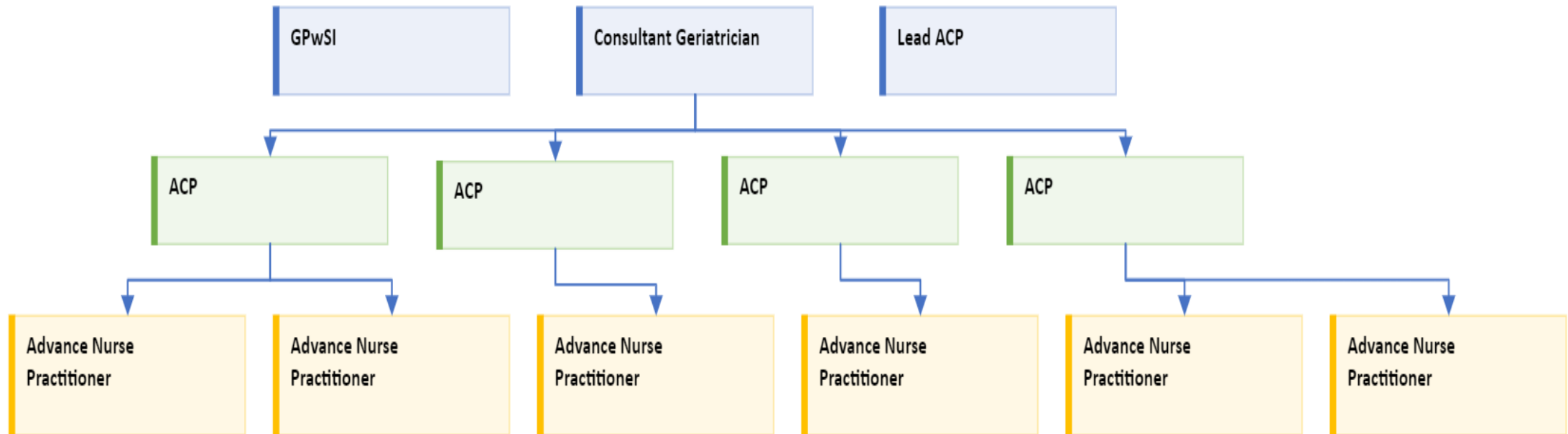
Clinical Scenario

Introduction to the Integrated Discharge Team

April 2024

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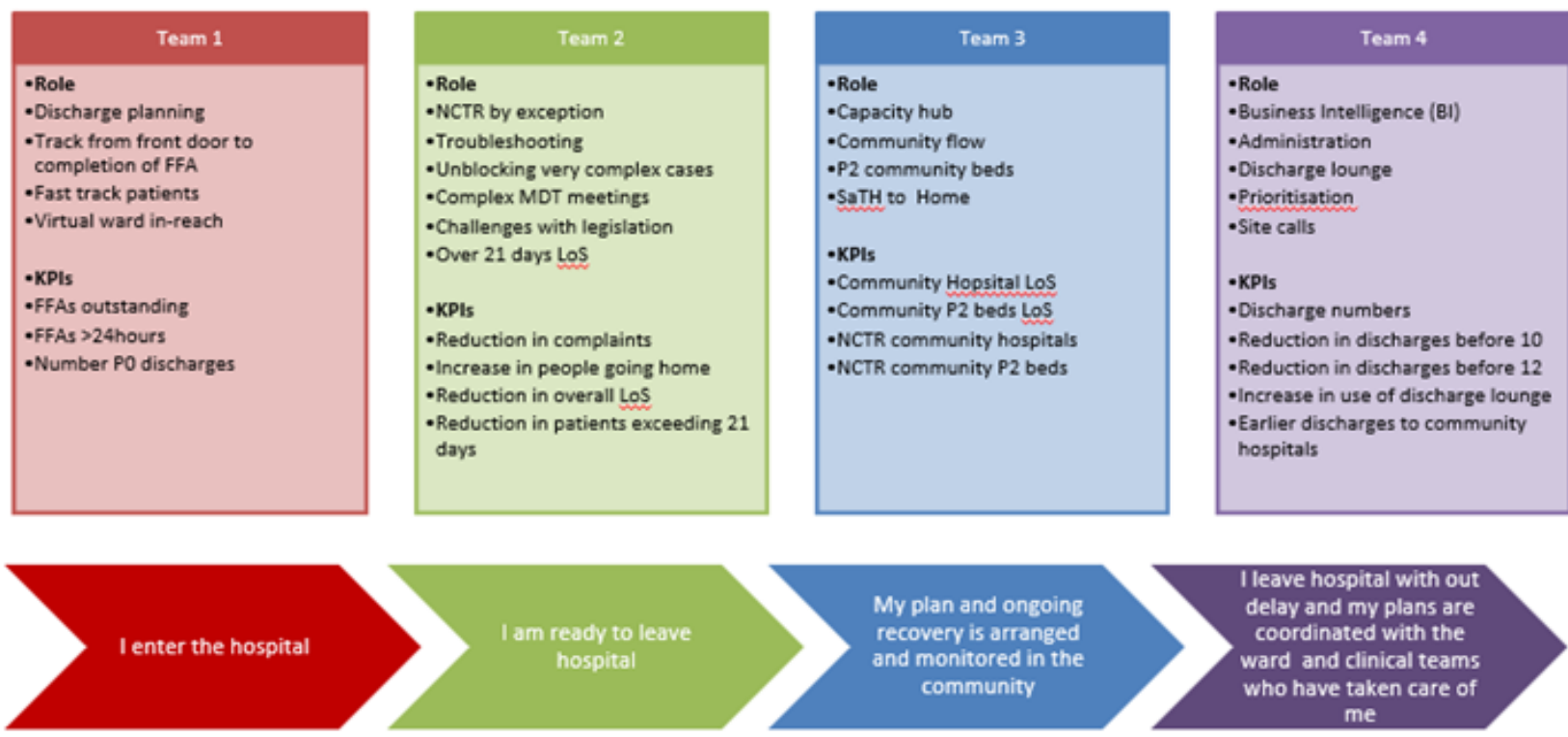
Integrated Discharge Team

- SCHT Strategic priority of building community care capacity, supporting people to stay well and out of hospital.
- Key objective to enhance the IDT improvements across STW, further reducing the length of stay (LoS) for patients with 'No Criteria to Reside',
- Partnership working across Health and Social Care Teams
- Ambition to promote and commit to adopting a home first philosophy
- Discharge people from hospital at the right time, to the right place and with the right care

Complex discharge coordination D2A	Virtual ward step up and step down
Community Flow Team	
RAPID RESPONSE Step up	Care navigation from acute to post acute care

Improving Lives in Our Communities

Commitment to Quality   Respect & Dignity   Working Together   Compassionate Care   Everyone Counts
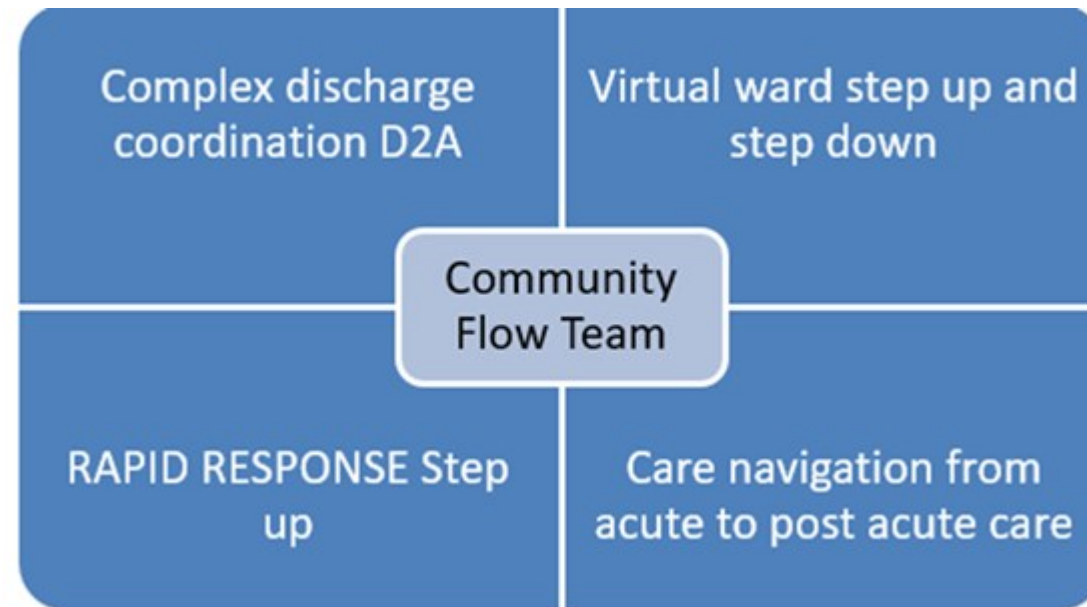
The Integrated Discharge Team

- Mutual endeavor and single narrative across the system to support people home as a default option, ensuring continuity of care co-ordination from admission through to discharge
- Co-located Team including Shropshire, Telford and Wrekin, Powys Health and Social Care Staff

Team 1	Team 2	Team 3	Team 4
•Role •Discharge planning •Track from front door to completion of FFA •Fast track patients •Virtual ward in-reach •KPIs •FFAs outstanding •FFAs >24hours •Number P0 discharges	•Role •NCTR by exception •Troubleshooting •Unblocking very complex cases •Complex MDT meetings •Challenges with legislation •Over 21 days LoS •KPIs •Reduction in complaints •Increase in people going home •Reduction in overall LoS •Reduction in patients exceeding 21 days	•Role •Capacity hub •Community flow •P2 community beds •SaTH to Home •KPIs •Community Hopsital LoS •Community P2 beds LoS •NCTR community hospitals •NCTR community P2 beds	•Role •Business Intelligence (BI) •Administration •Discharge lounge •Prioritisation •Site calls •KPIs •Discharge numbers •Reduction in discharges before 10 •Reduction in discharges before 12 •Increase in use of discharge lounge •Earlier discharges to community hospitals
I enter the hospital	I am ready to leave hospital	My plan and ongoing recovery is arranged and monitored in the community	I leave hospital with out delay and my plans are coordinated with the ward and clinical teams who have taken care of me

Key Achievements

- Positive working relationships between partner organisations has created shared learning and understanding
- Recruitment to plan for IDT staffing inline with the business case, 19 staff employed to date with 3 vacant posts in progress of recruitment
- Reduction in the number of patients meeting No Criteria to Reside
- Reduction in average days complex NCTR from baseline 4.6 days to a range of 2.5 to 3.4 days- achieving a reduction in LoS by 2 days in acute hospital. 24/25 target set at 2.5 days via demand and capacity planning
- MDT approach taken to Transfer of Care Documents involving therapy and IDT have taken over completion of the ToC documentation enabling therapists to focus on direct clinical care.
- Development of Policies across organisation to develop improved prcesses including Housing / Homelessness and Choice policy
- Move to Business as usual with service improvement plans and KPI / metrics

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Cabinet **17th January 2024**		Item
		Public

Report of the Health Overview and Scrutiny Committee- Rural Proofing in Health and Care

Responsible Overview and Scrutiny Officer:	Sophie Foster
email: sophie.foster@shropshire.gov.uk	Tel: 01743 255248
Health Overview and Scrutiny Chair:	Cllr Geoff Elner
Task and Finish Group Chair:	Cllr Heather Kidd

1.   Synopsis

To report the findings and recommendations of the Rural Proofing in Health and Care Task and Finish Group following their investigation looking at the options to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire which have been adopted by the Health Overview and Scrutiny Committee.

2.   Executive Summary

2.1.   This is the report of the Health Overview and Scrutiny Committee which adopted the report of the Rural Proofing in Health and Care Task and Finish Group. It sets out key findings, conclusions and recommendations of their work considering delivering health and care services to rural communities. The members of the Task and Finish Group have been clear from their first meeting about the topic, that addressing any inequalities of service provision between rural and urban areas requires a system wide understanding of the opportunities and challenges.

Having this will help to identify the most suitable and effective options that need to be explored and implemented to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire.

2.2.   This work arose from Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) frequently highlighting concerns about rurality and access to health and care services through their work. This Task and Finish Group was therefore commissioned to draw together the key points and observations that have arisen through the work of the committee during 2022/2023, to review the latest local and national evidence on rural proofing, hear from local system providers and take the opportunity to learn from other areas of the country.

2.3.   Against this context, the Task and Finish Group has looked in detail at the available data and information, carrying out a desk top review of the available research and case studies into rural proofing and the impact of living rurally on access to health and care services. Hearing from customers, service users, and patients about their experiences of accessing health and care when living rurally. Hearing from providers of health and care services about current approaches to delivering to/serving rural communities and sought evidence and learning from other areas of the country.

2.4.   The system and organisations that have fallen within the scope of this work are complex, multi-dimensional and dynamic. With national, regional and local actions and activity being identified and reviewed whilst the Task and Finish Group has been in operation.

2.5.   The Group have made 14 recommendations which they believe will contribute to addressing inequalities of service provision between rural and urban areas. These recommendations were unanimously adopted by the Health Overview and Scrutiny Committee and included recommendations:
- to Shropshire Council
- to the Integrated Care Board
- promoting a system working approach across all Integrated Care System stakeholders
- promoting a consistency of approach with local and regional partner Councils

3.   Recommendations

Cabinet Members are asked to:

3.1.   Consider and comment on the report and recommendations of the Task and Finish Group attached at appendix 1.

3.2.   From the 14 recommendations that were outlined in the report, the Cabinet are asked to endorse those which relate to Shropshire Council which are included in section 7 of this report.

3.3.   Provide a response to the recommendations to the HOSC with an action plan setting out what will be done by when for those that have been accepted, and for any that are not accepted, provide the reason why.

Report

4. Financial Implications

4.1. Whilst there are no direct financial implications from this report, should the Cabinet wish to adopt any of these recommendations then appropriate financial advice on the costs involved should be sought.

5. Climate Change Appraisal

5.1. Work completed by the Task and Finish Group has identified the following points related to their work which could have benefits for climate change and the environment:

- By undertaking an end-to-end evaluation of the travel and transport infrastructure which supports the Shropshire health and care system the Groups recommendation has the potential to benefit the climate by reducing the number of individual car journeys made by residents and so reducing carbon emissions and improving air quality.

6. Background

6.1. Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) had highlighted concerns about rurality and access to health and care services through their work. This Task and Finish Group was commissioned to draw together the key points and observations that have arisen through the work of the committee during 2022/2023, to review the latest local and national evidence on rural proofing, hear from local system providers and take the opportunity to learn from other areas of the country.

6.2. The Task and Finish Group has carried out its work with a strong focus on learning from the available information by organising its review around three stages:

- Carrying out a desk top review of the available research and case studies into rural proofing and the impact of living rurally on access to health and care services.
- Hearing from customers, service users, and patients about their experiences of accessing health and care when living rurally.
- Hearing from providers of health and care services about current approaches to delivering/serving rural communities.

6.3. This has included learning about the findings of the work completed by the National Centre for Rural Health and Care to produce the Rural Proofing for Health Toolkit.

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6.4.   They have heard from a wide range of people and organisations via written submissions and through witnesses attending their meetings; providing the opportunity to share their knowledge and experience of receiving or delivering health and care services in rural communities.

6.5.   Their key findings, conclusions and recommendations are set out in their report, attached at appendix 1.

6.6.   The group's conclusions and recommendations recognise that, although the significant responsibilities to tackle health inequalities is shared by the wider Integrated Care System, Shropshire Council as a commissioner and Place co-ordinator has an important role to play. This is through co-ordinating and leading the way in identifying the challenges facing different areas, building local capacity, embracing coproduction and community delivery, and devolving power and resources to communities and neighbourhoods.

6.7.   The Health Overview and Scrutiny Committee have agreed to adopt the Rural Proofing for Health Toolkit as a part of their own overview and scrutiny processes to act as a framework to support them in maintaining a robust view on the needs of local rural populations when they review strategies, initiatives and service delivery plans. The Chair Cllr Geoff Elner is writing to the People Overview and Scrutiny Committee to recommend that they do the same.

6.8.   The group also believes there exists the opportunity that the Rural Proofing for Health Toolkit be recommended at a regional level for use by its partner local authority of Telford and Wrekin to support the work of the Joint Health and Overview Scrutiny Committee. That this could be broadened to include the Shropshire Association of Local Councils for use in their work with Parish Council's, creating a consistency of approach to rural proofing, and making the links to the local Joint Strategic Needs Assessments that are being developed.

6.9.   There is then opportunity and scope to expand the use of the toolkit to Herefordshire, Monmouthshire and Powys to help provide evidence for cross border working and shared outcomes for the newly founded Marches Forward Partnership. The formal adoption of the toolkit could be stated as part of the Memorandum of Understanding by all the authorities, helping to embed rural proofing of health and care, contributing towards a greater shared understanding of the opportunities and challenges of delivering health and care services to rural communities.

7.   Report Recommendations

- The group recommends that rurality and the accessibility factors that are associated with it becomes a key consideration for Shropshire's health and care system (including Shropshire Council) when adapting or introducing a new service or policy and recommend the use of the Rural Proofing for Health Toolkit to achieve this.

- That an evaluation be undertaken by Shropshire Council to understand the impact of digitalisation on protected and vulnerable demographics (including those living rurally.) Understanding more about the current and future needs in different communities and investigating alternative delivery

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models to provide the infrastructure, access to equipment and support to enable all communities to benefit from the advantages which digital services can provide. The evaluation should include:

- o Mapping mobile coverage and broadband access and use across Shropshire.
- o Developing/strengthening partnerships with broadband providers to help identify and support people experiencing digital exclusion?
- o Working with telecoms providers to ensure that vulnerable people are not left without the means to seek help in an emergency through line outages
- o Identifying the impact to vulnerable users of the plans to remove all analogue copper phone services nationally by 2025
- o Working with other council departments, NHS partners, voluntary and/or faith organisations and district councils, to build on the model of an integrated services hub to enable people to access a number of services in one locality

- That an evaluation be undertaken by Shropshire Council in their role as commissioner and Place co-ordinator to understand how the Council's intelligence and data gathering function can contribute to discussions and research on how to identify small pockets of deprivation in rural communities. Testing how ambitious the strategic plans are about strengthening the power of community, leading the way by using robust data to identify the challenges facing different areas, building local capacity, embracing coproduction and community delivery, and devolving power and resources to neighbourhoods.

- The Groups research has shown that local support from the voluntary sector does, and will continue to play, a vital role in supporting residents by providing access to health and care services in rural locations. However, as resources are required to do this; sufficient understanding of the needs of the voluntary organisations and planning time needs to be built into the system. The Group recommends that the Rural Proofing for Health Toolkit be completed alongside the impact assessment process, as in each section it includes prompts to consider the ask being made of the voluntary sector.

- Whilst this Group have focussed on rural proofing specifically in the health and care system their findings have shown that its impact is much wider ranging and relevant to all areas of the Council and the support provided to rural communities. The Group therefore recommends that the Shropshire Council 2020 Community and Rural Strategy be updated and implemented.

- That the Rural Proofing for Health Toolkit be recommended for use to its partner local authorities of Telford and Wrekin to support the work of the Joint Health and Overview Scrutiny Committee. To the Shropshire Association of Local Councils for use in their work as Parish Council's, creating a consistency of approach to rural proofing. Then this be expanded to Herefordshire, Monmouthshire and Powys as with evidenced cross border working through shared interests and the new Marches Forward Partnership, the Group recommends that the adoption

of this Toolkit forms part of the Memorandum of Understanding by all the authorities which will contribute towards a shared understanding of the opportunities and challenges of delivering health and care services to rural communities.

- That communication between Council officers, system partners and councillors be reviewed to ensure that the best use of councillor's knowledge of their communities and where there may be previously unidentified health needs. It is recommended that regular briefing updates are provided to councillors from Council officers and system partners so that Members are aware of developments in service delivery and can feed in their local knowledge to the work being developed, sharing new developments and service offers with their communities especially supporting with facilitating communication with historically hard to reach groups.

- That an agreed system approach to 'local' be defined to assist with having comparable data at a local rather than regional level. With Shropshire Council using its role as a public health authority and leader of the Health and Wellbeing Board to ensure that rural communities' travel time to services is an integral factor in the planning of services in the health and care sector.

- That the process and legal obligations for Equality, Social Inclusion and Health Impact Assessment (ESHIA) in terms of responding to impacts identified through the ESHIA be clarified for Officers and Members and until then that this matter be logged on the Shropshire Council strategic risk register.

- That a permanent Mental health Commissioner role be appointed for Shropshire Council to provide system oversight and strategic leadership.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Local Member: All

Appendices

Appendix I: Report of the Rural proofing in Health and Care Task and Finish Group

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