



## **Committee and Date**

Health Overview and Scrutiny  
Committee

29 January 2024

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Minutes of the meeting held on 20 November 2023**

**In the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND**

**10.00 - 11.50 am**

**Responsible Officer:** Ashley Kendrick Democratic Services Officer

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### **Present**

Councillor Geoff Elner (Chair)

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

### **4 Apologies for Absence**

Apologies had been received from Tanya Miles, Executive Director for People.

### **5 Disclosable Interests**

There were no declarations of interest.

### **6 Minutes**

**RESOLVED:** That the minutes of the meetings held on 10<sup>th</sup> July 2023 and 21<sup>st</sup> September 2023 were confirmed as a correct record.

### **7 Public Question Time**

There were no public questions.

### **8 Members Question Time**

There were no member questions.

### **9 Rural Proofing in Health and Care Task and Finish Group**

Councillor Heather Kidd, Chair of the Rural Proofing in Health and Care Task and Finish Group, gave a presentation on their findings over the past six months. Members were advised that the members of the task and finish group had been clear from their first meeting about the topic, that addressing any inequalities of service provision between rural and urban areas required a system wide understanding of the opportunities and challenges. Having this would 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.

The Group made 14 recommendations which they believe will contribute to addressing inequalities of service provision between rural and urban areas including 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

These were as follows:

1. Recommendation: That an end-to-end evaluation of the travel and transport infrastructure which supports the Shropshire health and care system should be completed by the Integrated Care System to understand how effective the current provision is and to identify current and future demand. The evaluation should include:
  - Patient Travel Support
  - Public Transport
  - Concessionary Travel
  - Community Transport
  - A review of how health and care transport is co-ordinated at a system level
  - A mapping exercise to identify community capacity available to deliver voluntary community transport schemes, and whether there are sufficient services available and how best to provide an equitable service closing the gaps overall and in specific locations.
2. Recommendation: 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.
3. Recommendation: 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 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:
  - Mapping mobile coverage and broadband access and use across Shropshire.
  - Developing/strengthening partnerships with broadband providers to help identify and support people experiencing digital exclusion?
  - Working with telecoms providers to ensure that vulnerable people are not left without the means to seek help in an emergency through line outages

- Identifying the impact to vulnerable users of the plans to remove all analogue copper phone services nationally by 2025
  - 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?
4. Recommendation: 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.
  5. Recommendation: 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.
  6. Recommendation: The Group were very pleased to learn that the Rural proofing for Health Toolkit had been recommended for use within the Integrated Care System (ICS) by Simon Whitehouse (Chief Executive Officer for Shrewsbury Telford and Wrekin Integrated Care Board) and Cllr Cecelia Motley (in her role as Co-Chair of the Health and Wellbeing Board.) The Group recommends that the Toolkit be fully adopted into the Integrated Impact Assessment process of the ICS and all organisations whom it commissions and be accepted as a mandatory document to be completed when making changes to or introducing a new strategy or plan making process, so it can inform thinking from the outset.
  7. Recommendation: That the Shropshire Health and People Overview and Scrutiny Committees adopt the Rural proofing for Health Toolkit as a part of their own overview and scrutiny processes to support them in maintaining a robust view on the needs of their local rural populations when they review strategies, initiatives and service delivery plans.
  8. Recommendation: 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.
  9. Recommendation: 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.

10. Recommendation: 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.
11. Recommendation: 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.
12. Recommendation: 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.
13. Recommendation: That a deep dive be carried out into recruitment and retention policies and practices in the Shropshire health system by the Joint Health Overview and Scrutiny Committee including a review of best practice nationally encompassing the approaches recommended by the Rural Services Network to see if they would work in Shropshire.
14. Recommendation: That a permanent Mental health Commissioner role be appointed for Shropshire Council to provide system oversight and strategic leadership

Members were thanked for their hard work in preparing such a detailed report and it was stated that this piece of work had demonstrated what could be achieved by the scrutiny process. Thanks were also given to the Rural Support Network for their support and to Sophie Foster, Overview and Scrutiny Officer.

It was felt that a future report from the newly appointed Mental Health Commissioner would be beneficial.

Members queried whether the local plan had been discussed as part of the group's work. Members were advised that although it did not feature in the report, it had been noted that

the Local Plan process was too far along to influence, however it was hoped that the Rural Proofing for Health Toolkit would be used for any supplementary planning documents.

In response to a query regarding the pharmacy access scheme and targeted enhanced recruitment scheme, the Executive Director for Health confirmed that this would be taken to the ICS for them to respond as to how these have been viewed through a rural proofing lens.

Members noted that the Toolkit will be forwarded to the Marches Partnership and it was agreed that the report would be forwarded to full council.

The importance of monitoring was expressed to ensure accountability of the council and partners.

It was confirmed that a report would be brought back to committee regarding training on digital exclusion in rural areas.

### **RECOMMENDED:**

That members endorsed the report and adopted it in its entirety.

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

Members were advised that at the last meeting of JHOSC, members reviewed the performance level of SATH. Members were pleased with the engagement from the trust and were keen to see the outcome of the Quality Care Commission Inspection report which was expected shortly.

Members noted that SATH had highlighted issues regarding emergency urgent care, winter pressures and delays to patient discharge into the community and that this would be looked at at a local level by HOSCs. It was hoped that dialogue with the Trust would continue.

Members raised concerns that there was no consistency in inspections and that the council needed to understand why.

Members noted that the government were reviewing the Hospitals Transformation Plan but an update had not yet been received.

## **11 Update from the Health and Wellbeing Board**

Councillor Cecilia Motley, Co-Chair of the Health and Wellbeing Board, provided an update on recent changes to the way in which the Board works.

At the last meeting, Members discussed:

- a report from Healthwatch on complaints received and the way in which these are handled;
- a strategic housing report to ensure housing linked up with the work of the ICS;

- a report from Citizens Advice Bureau which explored the learning from their research into the local support system in Shropshire during the cost-of-living crisis along with recommendations for how partner organisations could work together to best support residents facing financial crises;
- an update from the ICS
- the ongoing work with smoking cessation and vaping, where a task and finish group were collating a response on behalf of the Council to the national policy paper 'Stopping the start: our new plan to create a smokefree generation';
- the Shropshire Healthier Weight Strategy 2023-28 and its endorsement in Shropshire.
- the first draft of the Prevention framework and final action plan which would be brought back to the next meeting of HWBB;
- the acceptance of the Better Care Fund and Winter Planning update.

Members discussed the topics raised and noted that the report from the smoking and vaping task and finish group could be brought to a future meeting.

Members raised concerns regarding issues at a Connexus housing development where contractors had left residents with no heating and damp issues which were resulting in mental health issues. The Executive Director for Health confirmed that she would look into this matter.

## **12 Local Care and Transformation Programme (LCTP) Task and Finish Group**

Members were reminded that this topic had been agreed on a previous work programme but not enough Members came forward for the Task and Finish Group. This was then put on hold and the committee instead chose to look at Primary Care Access, which had been done as a whole committee piece of work. Two informal meetings will be held via Teams with the ICB to inform the Members understanding ahead of the Committee on the 29/01/24.

Members noted that this topic would now be considered at the meeting in April 2024.

## **13 Work Programme**

Members noted the work programme which had been agreed at the previous meeting.

It was noted that the Local Care Transformation Programme would now come to committee in April and not January, and that a joint piece of work was taking place with the People Overview and Scrutiny Committee regarding mental health.

Members also noted the upcoming briefings.

## **14 Date of Next Meeting**

Members noted that the next meeting of the Health Overview and Scrutiny Committee was scheduled for 29 January 2024.

Signed ..... (Chairman)

Date: .....