



Date: Monday, 23 January 2023  
Time: 2.00 pm  
Venue: Addenbrooke House, Telford  
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## JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### TO FOLLOW REPORT (S)

- 3 Minutes of the Previous Meeting - 19 December  
2022 (Pages 1 - 6)**  
To follow

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## **SHROPSHIRE AND TELFORD AND WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **Minutes Of The Joint Health Overview And Scrutiny Committee Meeting Held On 19 December 2022, At Shirehall, Shrewsbury 12.30 – 2.30 pm**

#### **Members Present**

Councillor Steve Charmley, Shropshire Co-Chair, Chairing the meeting  
Councillor Derek White, Telford and Wrekin Council Co-Chair  
Councillor Heather Kidd, Shropshire Council  
Hilary Knight, Telford and Wrekin Council Co-optee  
Councillor Stephen Reynolds, Telford and Wrekin Council  
David Sandbach, Shropshire Council Co-optee  
Dag Saunders, Telford and Wrekin Council Co-optee

#### **Others Present**

Councillor Claire Wild, Shropshire Council (for item 4)  
Tom Dodds, Scrutiny Manager, Shropshire Council  
Liz Noakes, Director of Health and Wellbeing, Telford & Wrekin Council  
Rachel Robinson, Executive Director Health, Wellbeing and Prevention  
Stacey Worthington, Senior Democracy Officer (Scrutiny), Telford & Wrekin Council  
Sam Yarnall Democracy Officer (Scrutiny), Telford and Wrekin Council  
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)

#### **1 Apologies for Absence**

Apologies were received from Councillor Jayne Greenaway,  
Lynn Cawley, Councillor Kate Halliday and Louise Price

#### **2 Disclosable Interests**

None declared

#### **3 Minutes of Last Meeting**

Minutes of the meeting held on 9 November were confirmed as a correct record.

#### **4 Prevention, Primary Care, Urgent and Emergency Care, and Discharge Shropshire Council Task and Finish Group**

Councillor Claire Wild, Chair of the Task and Finish Group, was welcomed to the meeting. She provided the background to the establishment and work of the cross-party task and finish group, highlighted the key findings and recommendations to date and the proposed areas of focus for future overview and scrutiny. The Group had recognised the dedication of NHS and social care

staff and future progress could only be made through a true system wide approach.

The Group had focused on three main areas - reasons for attendance at A&E, adequacy of hospital infrastructure and discharge. It was absolutely essential to have a reliable set of data and performance indicators to establish actions to address issues and a meeting with NHS representatives was needed to understand how action could be formulated across the system.

It was reported that Sam Tilley, NHS Shropshire Telford and Wrekin, was unfortunately unable to attend the meeting to discuss the report as hoped due to pressures on the system and the impending ambulance workers strike.

Members of the Committee thanked Councillor Wild and the group for its excellent report evidencing the longstanding issues.

Nicola Dymond, Executive Director Strategy and Integration NHS T&W was in attendance at the meeting to present on a later agenda item - but was able to report on a full system bed utilisation exercise underway (MCAP – Making Care Appropriate for Patients) for all acute and community beds, to identify whether patients were being treated at the right level of care based on their individual clinical need and identifying issues around patient flow.

This would provide a strong evidence base on which to develop solutions and more detail would be available in the new year. **The committee asked for early sight of the outcomes of the review to help inform its work programming and potential future lines of enquiry.**

The Committee also asked that the Task and Finish Group report findings and the full system bed utilisation exercise were triangulated with HealthWatch Shropshire and Health Watch Telford and Wrekin in terms of the issues and feedback they were aware of through their work and research.

During discussions, members raised the following points:

- The NHS was in a bad state nationally and within that context performance in Shropshire and Telford and Wrekin was at the bottom end of all metrics;
- SaTH was subject to excess demand and it appeared that 30 – 33% of patients arriving at A&E were not referred on anywhere else after being seen. This represented a significant waste of resources - A&E was the last line of defence where patients were guaranteed to see someone if they could not access help elsewhere;
- It was good to hear about the bed utilisation exercise – but how quickly would the information gained lead to action - it was critical that changes were made in time for next winter. **The committee asked for sight of a timeline for proposed actions;**
- There was concern about lack of beds in the right places and that centralisation would have a particular impact on rural areas;

- There had been previous research undertaken which had shown that there was a large number of unnecessary visits to A&E– members wanted to know why that information did not appear to have been acted on, and if it had been what actions were taken, what was the impact, what was the learning and how had it contributed to the services and plans delivered during 2022 and 2023;
- The health literacy recommendation in the report would be key in moving forward;
- Issues around availability of doctors, pharmacists and transport to facilitate discharge remained, particularly at bank holidays and weekends remained. Why had it not been possible to address this long standing issue;
- Analysis was required to identify whether patients presenting at A&E were more likely to be registered with certain GP medical practices;
- The ICB performance survey work starting in January in relation to access to GP appointments would need to gain the patient view as well as the view of the practices, particularly as some patients just gave up seeking help;
- A significant number of Shropshire residents were registered over the border with GP practices in Wales and the ICB performance survey should include Welsh GPs to reach all Shropshire residents.

Following discussion, it was agreed that further briefings and updates in the new year on the learning from recent studies and research locally and from the current winter's plans and actions be held. This would shape the scope for future work and key lines of enquiry, and prepare for a meeting be held with wider system key partners so that recommendations could be made in time for plans for the next winter.

The committee thanked Councillor Wild for attending the meeting and the Director of Strategy and Integration for the information provided.

## **5 Interim Integrated Care Strategy**

Nicola Dymond, Executive Director Strategy and Integration, STW ICB introduced the draft interim Integrated Care Strategy for Shropshire, Telford and Wrekin, a live document which was to be presented at the Integrated Care Partnership (ICP) meeting on 21 December 2022. The draft strategy had been developed in co-operation with the two Health and Wellbeing Boards and other partners across the Shropshire Telford and Wrekin ICS. Timescales had been very tight and guidance on next steps in developing a Joint 5 Year Plan was expected to be available on 23 December 2022.

An ICP workshop had been held in November and 40 stakeholders had met to consider priorities, major challenges and how to work going forward. There was a strong focus throughout the strategy on prevention, inequalities and strengthening local communities.

The Committee made the following observations:

- The strategy was aspirational, as others had been before – the use of public health data would be key;
- Housing – although homelessness was listed as one of the wider determinants of health, members felt that there was not enough emphasis on the impact of housing;
- There did not appear to be any reference within the Strategy to Pharmaceutical services;
- Although there was reference to pockets of rural deprivation in Telford, the issue of rurality in Shropshire was not referred to;
- The importance of cross border working should be included; eg for prevention work;
- The term 'equitably targeted to people in greater need' was not clear and there was also some confusing technology – eg 'marmot'
- Whilst there were many references to mental health, the word 'dementia' did not appear,
- It would be useful to define within the strategy what was meant by the term 'local community' , and to clarify 'equity according to need'
- There was no specific reference to the possibility of a future pandemic
- Greater emphasis on issues around digital exclusion
- Where did the Strategic Plan recently approved by SaTH fit with the Strategy? A Primary Care Strategy was also required.

The Director of Strategy and Integration, Director of Wellbeing, Health and Prevention, Shropshire Council and Director of Health and Wellbeing, Telford and Wrekin Council responded to comments and questions raised explaining that:

- A clinically led process had identified the health and care clinical priorities;
- The pandemic had demonstrated how one solution would not fit all and targeting according to need would take place using JSNA information;
- The Interim Strategy was a high level one and as work became more detailed the actions around dementia would become clearer;
- It was acknowledged that further work on pharmaceutical services was required;
- An Integrated Strategy Committee would keep oversight of individual organisation's strategic plans within the framework;
- The document was live and being continually shaped and updated

Committee members were thanked for their useful comments which would be taken on board as part of the engagement process.

## **Work Programme**

Tom Dodds, Scrutiny Manager reported that in future it had been agreed that there would be a focus on a fewer more substantive topics, utilising an approach with offline and informal briefings and workshops. Work should be scoped and desired outcomes identified early on. It was agreed to set up a

series of regular informal sessions, with an early session on the MCAP data when available.

It was agreed that the annual report of Shropshire and Telford and Wrekin Healthwatch would provide valuable information for the Committee.

The meeting concluded at 2.30 pm.

Signed ..... (Chairman)

Date:

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