

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting of the Joint Health Overview and Scrutiny Committee
held on 7 June 2023 2.00pm – 3.50 pm in the
Council Chamber, Shirehall, Shrewsbury**

Members Present:

Shropshire Councillors: Kate Halliday
Shropshire Co-optees: Lynn Cawley, Louise Price
Telford & Wrekin Cllrs: Nigel Dugmore, Ollie Vickers (Chair), Derek White
T&W Co-optees: Simon Fogel, Hilary Knight, Dag Saunders

Others Present:

Tom Dodds, Overview & Scrutiny Manager, Shropshire Council
Sophie Foster, Overview & Scrutiny Officer, Shropshire Council
Stacey Worthington, Senior Democracy Officer, T&W Council
Sam Yarnall, Democracy Officer (Scrutiny), Telford and Wrekin Council
Rachel Robinson, Executive Director of Health
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)

1. Apologies for Absence

Apologies were received from Councillor Steve Charmley, Councillor Heather Kidd and David Sandbach

2. Disclosable Interests

None were declared. Councillor Nigel Dugmore reported that he was a pharmacist and operated a community pharmacy in Donnington.

3. Minutes of last Meetings

The minutes of the meeting held on 23 January 2023 were confirmed as a correct record.

4. Shropshire, Telford & Wrekin Five Year Joint Forward Plan (JFP)

The Chair invited Claire Parker, Director of Partnership and Place, NHS Shropshire, Telford and Wrekin to present the report on the draft Five Year Joint Forward Plan.

In introducing the report, the Director of Partnership and Place reported that NHS England feedback on an earlier draft of the Plan had been received the day before and further work was needed on a number of sections. In addition, the outcomes of the 'Big Conversation' engagement activities were yet to be added, including outcomes of work with seldom heard communities, and this would influence and be reflected throughout the plan.

Members made comments, suggestions and asked a number of questions which included:

How many people had been involved in engagement activity?

The Director said she would arrange for this information to be made available to the committee after the meeting.

What was being done to mitigate areas of poor internet and mobile phone connectivity, particularly in rural areas of Shropshire?

Digital exclusion would be highlighted as a priority in the Plan through linking to a Digital Strategy which was currently under development and co-production. The Digital Strategy would be made available to the Committee in due course and comments would be welcome.

Potential links with the work on digital exclusion being undertaken by Shropshire's Social Task Force were also identified.

Would community pharmacies be able to cope with an expansion of their role to help relieve pressure on GP surgeries - particularly at a time when many were closing, partly because the NHS agreed price for drugs was frequently far lower than the cost of buying them in?

The Plan mentioned lack of access to a pharmacy in many rural areas, but how would this challenge be addressed?

There was a barrier to pharmacists willing to become community pharmacy prescribers as there was a lack of GPs willing to act as mentor for the required time period.

The Director reported that the pharmacy and dental section of the report were to be further developed. She confirmed that work force issues in community pharmacy remained a concern along with the existing contract which had almost another three years to run and which focused on volume rather than outcomes. The Community Pharmacy liaison officer for the ICB was working with the Local Pharmaceutical Committee and pharmacists to on the Forward Plan, the development of which would continue even after its submission on 30 June 2023.

There was a push in the recovery plan to move work to community pharmacies but it was acknowledged that many patients lived a long drive from a community pharmacy. A member of the committee who was a community pharmacist explained that prior to the pandemic pharmacists had been able to prescribe antibiotics and other medicines for some conditions and infections in adults but this was now limited to children under 16.

If pharmacists were also able to prescribe for adult issues such as minor ear or urinary tract infections and dermatological problems this could relieve pressure on GPs enormously, however in order to qualify as a community pharmacy provider a mentor was required and extremely difficult to find.

The Committee felt that there was much potential in developing opportunities for community pharmacy prescribers which would help reduce demand on general practice and accident and emergency departments. Members asked if there was

anything that could be identified in the Joint Forward Plan which could help to support the mentoring system and facilitate this.

The Director said she felt that there was potential explore support for mentoring and for this to be reflected in the plan. She also noted that the Shropshire and Telford and Wrekin Drug and Alcohol Teams provided a very good model with almost all prescribing done by non-medical prescribers.

How many GP Practices still relied on analogue telephone systems, was it true to say this was as many as 50% of practices, and could this inhibit access to primary care?

The Director reported that a significant amount of work was underway on telephone access. She recommended to the Committee that representatives of Primary Care be asked to attend a meeting to report on the issue and the impact that the Recovery Plan would have on primary care across the system.

There was a difficult picture of health provision in the country as a whole but particularly in the county with an ICS recovery plan, an acute trust in special measures, and serious work force and financial issues. In the light of both national and local issues, how would it be possible to attract staff, reduce demand and sustain development?

Had the Taunton Vale model been analysed as a possible model for Shropshire and Telford and Wrekin primary care?

How would the examples of good practice set out in the Plan be rolled out quickly?

Responding to these questions, the Director explained that the Joint Forward Plan was an overarching plan addressing population health in the broadest sense, setting out clear priorities and demonstrating how the Integrated Care Strategy would be delivered. Detailed funded plans would sit below it to address issues around workforce, retention, digital exclusion, clinical priorities, quality and safety, access, waiting lists, sustainability and primary care, all of which needed to be delivered within the finance available.

The Director reminded the committee that GP practices were independent contractors who decided on the models they wished to utilise but suggested that the Primary Care Team be asked to provide feedback on the Taunton Vale model and respond to other questions related to primary care.

The Committee said that it had experienced difficulties in obtaining responses and meeting attendance from Primary Care representatives in the past. The Director said if a clear steer on what was needed could be provided to her she would look into helping facilitate a response to a request.

There did not appear to be a focus in the plan on issues such as transfer from secondary care to primary care, or about the other interactions between services and sectors. Would it be possible to give that more prominence in the plan?

The Director felt this was a very helpful point which she would take away for consideration.

The Director went on to answer further questions in relation to bowel cancer, cervical care screening and the nature of health inequalities and confirmed that it was intended that the Plan should be striving for excellent rather than average services.

She said she would confirm what the reference to a reduction in travel going forward meant once the two hospitals specialisms were underway, but thought that this meant there would be less need to travel out of county to access services.

She also reiterated that the outcomes of engagement were yet to be reflected in the Plan. Healthwatch representatives confirmed that the feedback from Big Conversation events had been shared and were confident it would be integrated into the plan.

The Scrutiny Manager, Shropshire Council asked if it was felt that there would be any value in committee members acting as a sounding board for the ICB on a more ongoing basis which would allow quicker pace of feedback.

The Director said she had welcomed the challenge and ideas from the Committee and would find further input from elected members very useful – the development of the plan would not stop once it had been submitted on 30th June.

Members were also reminded that the Integrated Care Partnership provided high level input into the plan.

The next iteration of the Plan would include actions to be included in year 1 and year 2 – some around recovery, some around sustainability and would also identify ambitions for years 3 – 5. Monitoring and scrutiny of plan could then start.

The Director of Partnership and Place thanked members for the extremely useful discussion and was thanked for attending the meeting.

5. Calling for an Ambulance in an Emergency – Report from Healthwatch

The report was presented by Committee Member Lynn Cawley, Chief Officer, Healthwatch Shropshire who also provided a presentation (copy attached to web page for the meeting)

She reminded members of the context of the report and explained the work undertaken in response to a request from the Executive Director of Health Shropshire Council for qualitative information to go alongside quantitative data on ambulance delays, to help in understanding the whole patient journey and picture.

Members noted the variety of ways in which the public could respond to the request for information and the use of local media to promote the work with a very good response of 168 in total. The presentation also set out where respondees lived, who had reported on their own experience, numbers reporting on the experience of others and numbers of professionals, eg from care homes had responded.

The presentation covered both negative and positive experiences of respondents and highlighted where this had resulted in immediate action – for example Shropshire Council Integrated Place Partnership Board had developed a falls

pathway when carers had highlighted when responding to Healthwatch that they were not trained or qualified to help people up following a fall.

The presentation highlighted some distressing cases where elderly and dementia patients had been left lying after a fall for extremely long periods of time in distress, discomfort and little dignity.

The response from the ICS to the report was that the situation was very complex and a holistic approach across organisations was needed to address it. A number of community based initiatives, changes to processes and systems in hospital and discharge and community support were in place and these would be tested in the winter.

Individual responses from organisations had already been received, and this included details of measures taken to help reduce demand on the ambulance service, for example a number of mental health support initiatives.

The Committee was pleased to learn that the report had been shared with Healthwatch England and had helped to inform reports made to policy makers within central government.

The Committee thanked Lynn for the excellent presentation and report and went on to ask when she thought the right time would be to look into this again. As both Shropshire and Telford & Wrekin Healthwatch were small organisations with big remits and heavy workloads she felt that this should not happen until the system confirmed it had made changes and improvements, and at that point these could be tested to see if they were working.

During discussion members reiterated that good communication between organisations was essential, noting for example that not all GPs were aware of services being provided by Shropshire Council, eg the 2 Carers in a Car scheme.

It was confirmed that a response to the report from Telford and Wrekin Council could be added in at a later date.

Members confirmed that the Joint HOSC and Healthwatch had a symbiotic relationship and potential to work together in each of their roles very effectively and thanked Lynn for the excellent report.

6. Work Programme

Sophie Foster, Overview and Scrutiny Officer, Shropshire Council gave a brief outline of the plans for future committee meetings which would be informed by informal activity between meeting dates.

The July meeting would cover winter planning, October meeting SATH performance update, and the February meeting would return to the Five Year Plan.

The Committee suggested that it might be useful to hear directly from the Ambulance Service directly in the context of the above and noted the proposals.

7. Date of Next Meeting

Tuesday 4 July 2023

Chair: _____

Date: _____