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Committee and Date

Health Overview and Scrutiny
Committee

Monday 20 November 2023

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 10 July 2023

In the Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

10.00 am - 12.00 pm

Responsible Officer: Ashley Kendrick Democratic Services Officer

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Present

Councillors Bernie Bentick, Steve Charmley, Geoff Elner, Kate Halliday, Heather Kidd, David Minnery, Peggy Mullock and Ed Potter

7 Apologies for Absence

Apologies were received from Councillor Gerald Dakin, Councillor Jeff Anderson (substituted by Councillor Roy Aldcroft), Councillor Tracy Huffer (substituted by Councillor Ruth Houghton) and Councillor Cecilia Motley (Portfolio Holder for Adult Social Care, Public Health and Communities).

8 Disclosable Interests

Nil

9 Minutes

RESOLVED:

That the minutes of the meeting held on 11 May 2023 and 15 May 2023 were confirmed as a correct record.

10 Public Question Time

Public questions had been received from Dr Ann Hewings and Chris Naylor with regards to Bishops Castle Community Hospital.

A copy of the questions and the responses provided are available from the web page for the meeting: [Agenda for Health Overview and Scrutiny Committee on Monday, 10th July, 2023, 10.00 am — Shropshire Council](#)

11 Members Question Time

Members questions were received from Councillor Heather Kidd and Councillor Ruth Houghton with regards to Bishops Castle Community Hospital.

In a supplementary question, Councillor Kidd requested reassurance that the findings and data surrounding the engagement activity would be shared with residents to ensure they are fully informed as to how outcomes had been reached. It was confirmed that the report and findings would be published on the Shropshire Community Health NHS Trust website for the public to scrutinise.

In a supplementary question, Councillor Houghton asked what incentives had been used to promote working at Bishops Castle Community Hospital, whether a regrading of posts had been considered to make it more attractive, whether overseas recruitment had taken place and concern over successful applicants being offered the job before being relocated to Ludlow Hospital. Members were advised that the job offers would be honoured if further recruitment led to a full complement of staff to enable a 24/7 service. Incentives included the development of staff such as university placements. Members were advised that there was a difficulty in recruiting from overseas for Bishops Castle as there needed to be a full support system in place which was currently unavailable.

The full questions and responses can be found on the website for the meeting: [Member Questions - Responses - HOSC 10.7.23.pdf \(shropshire.gov.uk\)](#)

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

Members were advised that at the meeting held on 4th July, members received a presentation from Gareth Robinson, Director of Delivery and Transformation, updating members on the learning from the review of the 2022/23 Winter Plan and how this had informed the outline plans for 2023/24.

Members indicated that they would like to learn more about the system, actions taking within Primary Care, the role of prevention and its role in future plans. It was agreed that a briefing session on Primary Care would be delivered on 14th August with agreement that an update would be provided to JHOSC in the Autumn on the progress of the Winter Plan.

Members noted that recruitment consistently remains a challenge for the system and it was agreed that a briefing to discuss this would be valuable. A date for this briefing was to be confirmed.

The next meeting of JHOSC on 24th October would focus on the performance of health service in Shropshire to ensure residents are receiving the best possible services.

Members also noted that there was a new suggestion for a potential 64 step down beds which were proposed to be housed in modular units at Royal Shrewsbury Hospital. This raised the question as to whether there could also be step down beds at Telford Princess Royal and increased provision over the weekends. Members questioned whether there was a recruitment plan for these units and it was confirmed this was an additional staffing pool, not existing staff. It was suggested that this matter be investigated further.

13 Local Care Transformation Programme

Simon Whitehouse, Chief Executive of NHS Shropshire Telford and Wrekin, gave a presentation which provided members with an overview of the Local Care Transformation

Programme, which identified the problems being faced and why transformation is necessary.

Members noted that the evidence base is compelling and there was a need to keep people in hospital for as short time as possible to get the intervention they need to then be in a position to leave hospital. Outcomes for people improve significantly when they are in the right setting with the appropriate wrap around care compared to those with a longer hospital stay.

It was reiterated that in terms of the model of care, this was not pre-determined. There was a commitment to redesign the models of care with stakeholders; focussing on prevention and early intervention that supports people staying in their own homes. There would also be a focus on the support for those with long term conditions, as if this was not provided well, this would result in longer hospital admissions where it was harder to regain independence. This must be a joined up approach, with every partner playing their part.

Lisa Keslake, Programme Director, Local Care Transformation Programme, advised members of the 5 critical programmes of work that sit within the Local Care Programme which required joined up working across all partners across the system. These were designed to stem the demand for further acute services, support people to stay well and healthy, maximise functionality and independence, receive care closer to and at home, and focus NHS resources more appropriately for the needs of local people. Programmes of work included community based services such as rapid response, an integrated discharging team, the opening of 250 'Virtual Ward' beds, creating neighbourhood teams and reviewing community based services.

Members received an overview of 'Virtual Wards' and the three main pathways; frailty, respiratory and cardiology and were presented with data showing an increase in total step up vs step down referrals which were exceeding the target for total referrals.

Members raised queries and/or concerns including:

- It was questioned as to whether studies been carried out in the south west where digital technology is a significant issue, as well as the recruitment of staff;
- The number of patients in hospital who had no medical reason to be residing in hospital had not reduced over the past two years.
- It was felt that there was inadequate urgent care and that this model did not take into account acute emergencies which require immediate access to urgent care.
- The continuing problem of culture within health organisations and the latest results of the staff survey in which bullying and other unacceptable behaviour was highlighted and how the ICB would be addressing these issues.
- What if any barriers are there to rolling the Transformation programme out and what are the plans to expand?
- The long-term funding available to support virtual wards.
- Plans to expand the service.
- Support for young people

Members were advised that Virtual Wards were one area where recruitment had been successful, and it was confirmed that the figures of step up/downs from Virtual Wards in

the south west of the county would be provided following the meeting. Members were reassured that this was not a 'one size fits all' approach and would be implemented in the best way to give the most appropriate support.

It was acknowledged that bringing elective care waiting lists down would take out some attendance at GPs and reduce some unintended urgent presentations. With regards to the Care Model, it was imperative that people are supported through the appropriate pathway in a timely way to expedite the discharge from hospital.

It was stated that to address the culture, this would need to be a collective approach as to how to look after the workforce in a challenging environment. Positive promotion of the NHS within the community and within further education was key, as was providing employees with roles that are exciting which motivates them to stay within the job.

With regards to barriers, workforce is one of the biggest challenges yet one of the biggest areas for opportunities to work in integrated teams, which is a medium to long term endeavour. Options for approaches will be fed into the co-production and design process for the Plan.

Members were advised that funding has been made available to get Virtual Wards off the ground and build on the evidence base. It had been agreed collectively that this is a priority and that we build on co-production and collaboration, looking at services and how they are linked together to better meet the needs of the population we are responsible for.

Members noted that they are currently in the pre-consultation phase over the next 6-8 months which goes through NHSE Assurance before going to full consultation, with an engagement process taking place after September. They will work with Shropshire Council to ensure they can deliver in line with what we want to do.

Members raised questions surrounding the closure of Bishops Castle Community Hospital and it was confirmed that a Q&A document would be circulated following the meeting.

14 Rurality Task and Finish Group

The Chair of the Task and Finish Group reminded members that the group was set up to understand what rural proofing means for Shropshire, define what rurality means and to look at inequalities. They have met on a number of occasions with the first session taking place on 19 May to look at desktop evidence, the work of the committee and who should be interviewed. Further sessions had taken place with officers to understand the various challenges being faced, with two further sessions to understand the public's experience and bring further evidence together.

Recommendations would be shared with the committee at the next meeting on 20 November and taken forward to Cabinet on 13 December.

Acknowledgement was given to the various organisations who have been participating.

15 Work Programme

Members were advised that the committee work programme would build on learning from previous years and work to date has been an inclusive process for identifying areas of interest. These can translate into terms of reference.

RESOLVED:

To adopt the work programme.

Suggestions for further areas of scrutiny included the Local Care Transformation Programme, mental health in schools and alcohol and drugs.

Urgent care was also suggested however it was noted that this was currently being looked at through another committee at present.

Members noted that the work programme did not include identified briefings and it was felt this would be helpful as these could then inform the work programme.

16 Date of Next Meeting

Members noted that the next meeting of the Health Overview and Scrutiny Committee will be held at 10am on Monday 20th November 2023.

Signed (Chairman)

Date:

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