

**Committee and Date**Council
21 March 2024

Item

Public



Annual Report – Health and Adult Social Care Overview and Scrutiny Committee 2022/23

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1. Synopsis

Health and Adult Social Care Committee looked at a range of key topics in 2022/23 which are summarised in this paper.

2. Executive Summary

The Shropshire Plan includes ‘Healthy Organisation’ as a priority outcome and the Strategic Objective that “We will ensure councillors are supported to advocate for their constituents but to also be ambassadors for the council”.

This report shares the annual statement for 2022/23 for the Health and Adult Social Care Overview and Scrutiny Committee.

3. Recommendations

Members are asked to consider and comment on the 2022/23 annual statement for Health and Adult Social Care Overview Committee.

Report

4. Risk Assessment and Opportunities Appraisal

- 4.1 Effective Overview and Scrutiny (O&S) is a feature of the Council's governance arrangements, particularly where the Council is operating executive arrangements. There are a range of factors that could result in risks to Council of not undertaking O&S as effectively.
- Failure to challenge and hold decision makers to account.
 - Failure to link O&S work to the delivery of the council's priorities and risk management – failure to demonstrate added value
 - Failure to carry out thorough and appropriate research to make evidence-based recommendations.
 - Failure to engage partners and providers.
 - Failure to ensure that structures and models of operation are fit for purpose and match ambition and available resources.
 - Failure to ensure that O&S can operate as the voice of communities.
 - Failure to draw on member knowledge and experience to inform policy development.
- 4.2 To mitigate, tolerate or eradicate these risks, enablers for effective scrutiny include:
- Operating in an apolitical manner
 - Clarity of vision and purpose
 - Overview and Scrutiny support availability, capability and capacity
 - Effective engagement and commitment by Members and officers at all levels, including Cabinet, Opposition Leaders, Scrutiny Chairs and Senior Officers who play a central role in setting the tone and direction
 - Robust work programming and prioritisation of topics with clear objectives and expected impacts
 - Access to and availability of robust data and intelligence
 - Good relationship with partners and providers
- 4.3 Overview and Scrutiny Committees have remits that cover the breadth of the work of the Council, as well as looking externally including Health Services and provision through Health Overview and Scrutiny requirements.
- 4.4 Topics for Overview and Scrutiny Committee work programmes are identified based on a number of different considerations including an understanding of risks to the Council, employees, people who use services, to service themselves, and to communities. These may be identified through reviewing performance information and comparing with others, changes to national and local policies, budget information, feedback from communities and customers/service users, feedback from partners/providers, and reports from regulators.
- 4.5 During Overview and Scrutiny work, evidence will be gathered that builds on this understanding to inform the development of conclusions and evidence-based recommendations.

- 4.6 The use of external peer challenge such as that offered by the Centre for Governance and Scrutiny provides objective review and feedback about opportunities to develop the effectiveness and impact of overview and scrutiny. The Council carries out a regular review of Overview and Scrutiny to collect feedback from Members and officers on what is going well and where there are opportunities for continuous improvement.

5 Financial Implications

- 5.1 There are no direct financial implications associated with the annual statements of the Council's Overview and Scrutiny Committees set out in this report.
- 5.2 Effective Overview and Scrutiny produces evidence-based recommendations. These can be informed by learning from best practice and an understanding of "what works" at other similar local authorities, as well as developing a robust picture of the situation locally based on data, intelligence and insights. Where adopted recommendations can help with the efficiency and effectiveness of services that can be delivered differently, as well as informing the development of current and new policies.

6 Climate Change Appraisal

- 6.1 Overview and Scrutiny Committee work programmes directly link to the Shropshire Plan priorities, including Healthy Environment which is built around climate change and carbon reduction, and the natural and historic environment.

7 Background

- 7.1 The Health and Adult Social Care Overview Committee considered a full range of topics from its remit, maintaining a view of what was happening in the health and care system in Shropshire. The Committee carried out activity holding decision makers and the providers of services to account. As well as making recommendations to inform the development and delivery of health and care services. The following section provides a summary of key topics and the work done.

Shrewsbury Health and Wellbeing Hub

- 7.2 Over the year the Committee have reflected the concerns of the community and maintained a clear focus on the proposals for a Health and Wellbeing Hub in Shrewsbury from the Shropshire, Telford and Wrekin Intergrated Care Board (previously Clinical Commissioning Group.) Examining the opportunities and risks of this model of Primary Care provision.
- 7.3 The Committee reviewed the proposals, rational and development of the project which involved the Beeches Medical Practice, Belvidere Medical Practice, Claremont Bank Surgery, Marden Medical Practice, Marysville Medical Practice and South Hermitage Surgery.
- 7.4 Evidence was presented which laid out that the GP Practices were in a varying state of condition - most being either no longer fit to deliver modern healthcare services and/or do not having enough space to meet future demand. It was laid out that The Hub would offer opportunities to expand the services they can offer in a fit

for purpose building, which would offer attractive conditions to retain and recruit, as well as a viable option that works best for the current workforce.

- 7.5 Members raised concerns regarding the initial lack of engagement with both the Council and the public on the proposals. An acknowledgement was made by the ICB representatives that the initial engagement had not been thorough enough and that every effort would be made to ensure all parties were consulted throughout the project. Members were assured by the sharing of an engagement roadmap and the creation of Stakeholder Reference Group to deliver an engagement exercise to ensure openness and transparency and that Council representatives were sought to join the group.
- 7.6 The Committee raised further concerns about the engagement process as it did not appear to adequately have included those without transport, frail and elderly patients and how would the views of hard-to-reach groups be obtained independently, especially those not digitally enabled?
- 7.7 The Committee highlighted concerns about the travel implications for many patients whose surgery would be relocating and associated costs and carbon emissions. The Committee felt this may deter patients from visiting their GP which is against the emphasis on preventative care.

Bishops Castle Community Hospital

- 7.8 The Committee considered points arising from the proposal by Shropshire Community Health Trust to reduce services Bishops Castle Community Hospital.
- 7.9 Through their work the Members understood that the temporary closure had come about due three main areas: recruitment, outpatients, and relocated services.
- 7.10 Members made suggestions to support with recruitment including that registered nurses be contacted before their registration lapses and to send letters to bank staff. Advertisements for posts would be more entertaining.
- 7.11 The Committee also suggested that as services available at the hospital prior to closure have been retained the public should be made aware of the returned services and the success of the recruitment campaign. The CCG was working with Shropshire Council on integrated services to meet health needs and to put together a vision for preventing and delivering care when needed. This would be realistic, sustainable, and focused on patient outcomes.

The Future of Primary Care-The Fuller Report

- 7.12 The Committee considered the implications arising from the Fuller Report, with the outputs from their focus summarised below. The committee:
- Were presented with information about the background, scope, vision, and challenges of the Fuller Report, as well as the four key areas of intervention and feedback from the Royal College of GPs. A response was awaited and the Board would be setting out local implementation plans.
 - Made comments and asked questions about various issues, including the current status of the report, definitions of Integrated Care Board and Integrated Care Partnership, the 'Core 20 plus five approach' for Shropshire, digital issues in rural areas, workforce issues, and the withdrawal of support

for Primary Care Networks by the BMA. Concerns were also raised about the utilisation of available space, the need for focus on obesity, and long waits for GP appointments.

- Discussed the 'Core 20 plus five approach' which was designed to support Integrated Care Systems to drive targeted action for health qualities improvement, with rural population groups in Shropshire benefiting from a tailored approach. Members felt that engagement with only 1,000 people was not representative and expressed concerns about the lack of reference to very rural areas in the report. Members also referred to the need for easy access to dashboards of information.

Prevention, Primary Care, Urgent and Emergency Care, and Discharge Task and Finish Group Report

- 7:13 The Committee received the report of the Task and Finish Group for Prevention, Primary Care, Urgent and Emergency Care, and Discharge. The Task and Finish Group, assisted by the Executive Director of Health and the Executive Director of People, scoped their work around three key stages:
- Primary Care and preventing emergency department attendance
 - Emergency department attendance and admission to hospital
 - Preparing for discharge from hospital and discharge from hospital
- 7:14 The Group acknowledged that a whole system approach is needed to improve the current system. Concerns were raised about the lack of hospital beds available, especially in certain parts of the county, which delayed admission to hospital.
- 7:15 Members also acknowledged concerns about disconnect when being discharged from hospital, as patients may be told they can leave, but not all actions had been completed, for example, they were unable to get their medication or transport was not available at the time, and therefore they were unable to be discharged.
- 7:16 It was agreed that these issues need to be raised with the Joint HOSC and ICS and to work together to agree on a work program to find and assess the impact of solutions. Examples to ease the pressure on services included setting up another ward in A&E or having a discharge ward, which is currently in operation in other areas.
- 7:17 Members felt that social care staffing shortages were leading to care packages not being delivered and that 24/7 care in hospitals, including radiographers and pharmacists, could improve the system to allow treatment to continue in the community and reduce the time taken to discharge patients.
- 7:18 Members agreed that performance data was required to track patients from the point of entry at A&E through to discharge to understand the system in more detail. It was noted that a joint commissioning project with the ICS was in progress and that a piece of work was also taking place with Healthwatch

Shropshire on patients' experiences through A&E. The findings from this were expected to be published in January.

- 7:19 It was also stated that GP contracts in community hospitals could be coming to an end in April, which were felt to play a significant part in patient recovery and could ease the pressure on other services. Further information regarding these proposals was requested.
- 7:20 The Executive Director for People advised members that there had been an increased number of discharges despite national challenges around the workforce. Shropshire Council was now supporting many more patients at home than ever before and looking at a range of options as to how to support people differently. There was an aspiration for more patients not to have to go to the hospital, but if they did, to be discharged as soon as possible. It was felt that understanding the scope and expected outcomes of the work being undertaken was important.
- 7:21 The report highlighted the impact of Shropshire being a rural and in areas sparsely populated on access to health and care services. This encapsulated ongoing concerns raised by the Committee on this subject and informed the creation of the Rural Proofing in Health and Care Task and Finish Group at the March 2023 HASC.
- 7:22 As per recommendation 7 of the report it was presented to JHOSC on the 19th of December 2023 and the JHOSC agreed to use it to shape the scope for future work, key lines of enquiry, and prepare for a meeting being held with wider system key partners so that recommendations could be made in time for plans for the next winter.

Market Position Statement

- 7:23 The document presented opportunities within the care and support market of Shropshire by identifying the future demand for care and support to ensure needs can be met now and in the future.
- 7:24 Members noted the significant increase in costs in care provision as well as workforce pressures and were asked to consider the role of the Council in buying or commissioning services, targeting resources, and supporting market development and sustainability. The new MPS would be implemented in April 2023, subject to Cabinet approval.
- 7:25 Members felt that the mapping contained within the presentation showing the places with the highest older populations was quite dramatic and demonstrated the areas in the county which required more focus to ensure needs were being met.
- 7:26 Concerns were expressed regarding rurality in terms of service delivery, including care provision and broadband. The MPS had a place-based approach and the team was working closely with colleagues in Health and the broadband team to ensure a collaborative response. A request for a map detailing areas experiencing shortages of care workers was made.

- 7:27 Members noted the differing types of support available, such as care in the community. One scheme was “two carers in a car”, however, it was felt that this was less feasible in more rural areas due to distance and related time between visits. Despite national workforce pressures, the Council was expanding its in-house care team alongside partners across the county. A Hub was suggested to be set up in partnership with the University of Chester to train carers and shape the market. The Council had already partnered with the University of Chester and had 15 local apprentices graduating next February, 14 of which had confirmed their intention to work for the council. A retention payment was available after 2 years of service.
- 7:28 Funding had been made available for work experience placements and further funding options were being looked into, including options for recruiting from overseas. Members felt that it was important that there were opportunities for career progression. It was also suggested that, by partnering with local care homes, these could act as hubs where an outreach team could be based to deliver care in the community. This could involve working alongside the planning team to ensure that care can be delivered in rural areas.
- 7:27 To maintain a view of what was happening in the health and care system during the year the Committee also reviewed:
- The **Shropshire Inequalities Plan** for Shropshire and the issues and areas of focus that have been identified.
 - The **Welsh Air Ambulance - Changes to Sites** to discuss and agree the response made by the Committee to the consultation exercise.
 - The **Carers Strategy**, the Committee considered and provided feedback to inform the final version of the strategy.
 - **Social Prescribing**, the Committee received an update on progress and impact of Social Prescribing for Shropshire people, including development areas such as working with Adult Social Care, Accident and Emergency and Children and Young People.
 - **Progress on Highley Medical Practice**, the Committee received an update on Highley Medical Practice.

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

Meeting Papers for the People Overview Committee April 2022 to March 2023

Local Member: All

Appendices [Please list the titles of Appendices]
