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## Committee and Date

Health Overview and Scrutiny  
Committee

15 July 2024

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting held on 24 April 2024**

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

**3.00 - 5.20 pm**

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

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### **Present**

Councillors Roy Aldcroft, Nicholas Bardsley, Bernie Bentick, Julia Buckley, Gerald Dakin, Ruth Houghton, Heather Kidd, Peggy Mullock, Ed Potter and Edward Towers

### **26 Election of Chairman**

In the absence of the Chair and Vice Chair of the Committee, the Democratic Services Officer asked for nominations for a Chair for this meeting.

Nominations were received for Councillor Peggy Mullock and Councillor Heather Kidd.

On being put to the vote, it was

### **RESOLVED:**

That Councillor Peggy Mullock take the Chair for this meeting.

### **27 Apologies for Absence**

Apologies were received from Councillors Geoff Elnor (substituted by Roy Aldcroft), Kate Halliday (substituted by Julia Buckley) and Tracey Huffer (substituted by Ruth Houghton).

### **28 Disclosable Interests**

Nil

### **29 Minutes**

**RESOLVED:** That the Minutes of the meeting held on 29 January 2024 be approved and signed as a correct record.

### **30 Public Question Time**

There were no public questions.

### 31 **Members Question Time**

There were no member questions.

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

Councillor Cecilia Motley gave an update on the Health and Wellbeing Board, highlighting the joint strategic needs assessment, children and young people's mental health, social prescribing, and the new Highley medical centre.

Concern was raised about the status of the Telford Hospital NHS Trust and also the Shropshire, Telford and Wrekin Integrated Care Board being in special measures and the need to have this status removed. It was confirmed that this was outside the remit of the HWBB, but the Chief Executive was working vigorously to make improvements.

In response to a query about Bishops Castle Community Hospital, it was confirmed that the HWBB will want to track progress once they are up and running. Members were advised that there was an opportunity for Bishops Castle to use the same model as that of Highley Medical Practice. It was hoped that this would feature on an upcoming agenda.

With regards to social prescribing, Councillor Motley stated that she would investigate options to support Wem swimming pool.

### 33 **Local Care Services - Virtual Ward and Integrated Discharge Team**

Members received a presentation on the virtual ward service, which aimed to provide hospital-level care at home for patients who are medically stable but need intensive support. Members noted the benefits of the service, such as reducing hospital admissions, improving patient satisfaction, and enhancing multidisciplinary working. They also received some data on the performance of the service, such as the average length of stay, the occupancy rate, and the patient feedback.

Members noted that the service faces challenges such as a limited capacity, complex referral criteria, and the need for a high level of trust and communication among system partners to ensure appropriate referrals and coordination of care.

In response to a query, Members were advised that the virtual ward currently has 6 teams across Shropshire looking after 105 patients. The referral criteria are based on the National Early Warning Score (NEWS2), which is a tool to assess the severity of a patient's condition. The service accepts patients with a NEWS2 score of 5 or above, who are medically stable and have a clinical need that can be met at home.

Members sought further information regarding KPIs and it was advised that further information would be shared when available to allow proper scrutiny.

Members gave their support for digital transformation, assistive technology and the need for partnership working to create trust.

Concern was expressed with regards to rurality and how the service would be rural proofed.

Members then received a presentation on the Integrated Discharge Team, which was made up of staff from the acute hospital, community therapists, and assessors from Shropshire Community Health Trust, and is co-located in two bases. The team has faced challenges in recruitment and joint working, but has made progress in shifting the culture and acceptance of joint working within the hospitals.

Members acknowledged that the team had achieved a reduction in the time patients spend in the hospital after being deemed fit for discharge. However, there was ongoing work to improve the discharge process, including early identification of patients' needs, monitoring their journey through the hospital, and reducing delays. The team was also working to improve communication and collaboration with mental health teams and housing support.

Members raised concerns regarding the challenges of discharging patients with mental health problems and the need for a virtual ward for mental health. Members noted that the team was working to improve the discharge planning process, including addressing delays caused by pharmacy and ensuring patients are discharged to a safe and suitable home.

In response to queries raised, it was confirmed that:

- The team would continue to work on improving the discharge process and addressing the challenges discussed.
- A meeting would be set up with housing support to discuss solutions for ensuring patients are discharged to a safe and suitable home.
- The team would work on improving communication and collaboration with mental health teams and housing support.

#### **34 Response to the recommendations of the Rural Proofing in Health and Care Report**

The Executive Director of Health provided members with an update following the Cabinet meeting on 17<sup>th</sup> January where members had made recommendations on the report. Members noted that further updates would be brought back six monthly and would be going to the Digital Inclusion Network meeting in two weeks time.

Members were advised that the recommendation with regards to the Marches Partnership had been prioritised.

In response to a question on the impact of redundancies and the rural proofing of these, the Executive Director confirmed that there will be a quality impact assessment done, and that it was critical to continue to offer recognized rurality in the services provided and maintain a rural focus. This would be monitored through the equality impact assessment work.

**35 Work Programme**

The Executive Director of Health discussed the transformation work being done by the Council and how it links to the committee's agenda.

Members noted that the Chair and Vice Chair of the committee meet regularly with the Chairs of the Health and Wellbeing Board and Health Watch to align agendas and identify topics for discussion.

It was suggested that the committee may want to consider topics such as mental health and young people, local care programme, primary care access, public health report, rural proofing updates, equality impact assessment, and prevention.

The committee discussed the urgent healthcare services and the concerning statistics for the A&E department. It was noted that urgent care was currently on the Joint HOSC agenda as a system-wide priority.

The hospital transformation program, formerly known as Future Fit, was discussed and it was suggested that it be considered by the Joint HOSC and an update provided.

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

The Scrutiny Officer advised that this would be circulated by email after the meeting.

**37 Date of Next Meeting**

Members noted that the next meeting was scheduled to take place upon the rise of the Annual Council meeting on 9 May 2024.

Signed ..... (Chairman)

Date: .....