



Joint Health
Overview and
Scrutiny Committee

7 August 2024

2.00 pm

Item

Public

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 16 MAY 2024

Responsible Officer: Amanda Holyoak

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Present

Shropshire Members: Councillor Geoff Elner, Councillor Heather Kidd, David Sandbach (co-optee), Lynn Cawley (co-optee)

Telford and Wrekin Members: Councillor Ollie Vickers, Councillor Derek White, Hilary Knight (co-optee) Dag Saunders (co-optee)

NHS attendees:

Nigel Lee, Director of Strategy and Partnerships, Shrewsbury and Telford Hospital Trust
Claire Parker, Director of Partnerships and Place, NHS Shropshire, Telford & Wrekin
Angie Parkes, Deputy Director of Planning; NHS Shropshire, Telford & Wrekin (via MS Teams)

Officers: Sophie Foster, Scrutiny Officer, Shropshire Council, Paige Starkey, Senior Democracy Officer, Telford and Wrekin Council, Amanda Holyoak, Committee Officer (minutes)

6 Apologies for Absence

Apologies were received from Cllr Nigel Dugmore and Simon Fogell.

7 Declarations of Interest

There were no declarations of interest.

8 Minutes of Meeting held on 8 April 2024

The minutes of the meeting held on 8 April 2024 were confirmed as a correct record, subject to the following amendments:

David Sandbach being added to the list of attendees

Page 3, paragraph under the heading 'What was the total number of excess deaths associated with A&E services?' - addition of '*and 60 at the other site*' at the end of this paragraph.

Page 3, paragraph under the heading ‘Historically there have been delays in beds becoming available due to pressures in social care. Have there been improvements to bed capacities?’ Amendment of the word ‘lowered’ to ‘increased’ in the first sentence that follows the above, so that it now reads ‘The Committee were informed that capacity levels had *increased* considerably due to a reduction in patients waiting to be discharged with No Criteria to Reside (NCTR).

Page 4, addition to the sentence starting ‘What impact did the additional 6 beds at the Royal Shrewsbury Hospital’ so that it reads ‘What impact did the additional 6 beds *on the medical floor* at the Royal Shrewsbury Hospital...’

Page 5, amendment to the sentence starting ‘National Statistics show that 64% of patients.... Now reads as ‘*Local* statistics show that 60% of patients....’

The 8 April 2024 minutes as confirmed with these amendments are available to view [here](#)

9 Update on the Joint Forward Plan

The Chair welcomed Nigel Lee, Director of Strategy and Partnerships (SaTH), Claire Parker, Director of Partnerships and Place, NHS Shropshire Telford & Wrekin and Angie Parkes, Deputy Director of Planning, NHS Shropshire Telford & Wrekin (via Teams) and invited them to provide an update on the Joint Forward Plan.

The Deputy Director of Planning explained that any actions in the Plan not completed in full had been assessed as to whether they should be rolled on to 2024/25 and included in the revised Joint Forward Plan which was currently in the process of being finalised.

She drew attention to high level actions that had been completed for Person Centred Care. She also explained that 2023 – 24 had been a transition year for Medicines Management and that there had been much change in Elective Care following the pandemic. Urgent Emergency Care remained challenged but some good pieces of work had been carried out, for example the targeting of high intensity users of A&E and the ambulance service, with a range of options put in place to support service users depending on their needs. The voluntary and charitable sector were powerful allies in delivering this.

She also referred to work on pathways and better use of resources in pre-hospital urgent care, anti-microbial care in the community, and new service models for mental health, learning disability and autism based on the needs of the population, for example the new autism passport.

Members of the Committee asked the following questions:

As some actions would have been completed by April, how were the outcomes measured in terms of success, and was learning built into actions going forward?

There were some actions where dates had been extended because other areas had become priorities, and a more robust prioritisation framework had been developed. The focus of the work was prevention, community support and integration, and the first year of the Plan had been focused on its set up. Impacts were now being seen with development of an outcomes framework and it was recognised that improvements were

needed for managing and monitoring it. Deadlines for all actions would be set out in the revised Joint Forward Plan and these would include predicted end dates, and identify roles to help provide assurance on progress.

What impact was the Hospital Transformation Programme having?

The Hospital Transformation Programme was of crucial importance for clinical services sustainability. Patients arriving at both Royal Shrewsbury Hospital and Princess Royal Hospital sites might not need emergency care, rather urgent care or a different broader set of support. Support for patients would still be available at both sites.

Is data collected on the output of visits to emergency departments?

Data was collected throughout the patient journey and the Deputy Director of Planning said she would look into this for the Committee. A committee member asked for a timescale and reassurance that this information would be provided as often information promised at meetings was not forthcoming and she said that she would let the committee know.

How could the committee understand progress to date - what measurement system would be used to demonstrate achievements or otherwise?

In the past specific measurables had not been utilised, but these were now being used in 95% of cases. The Integrated Strategy, which sat above the Plan, had just been refreshed in terms of outcomes, and assessment of progress had been part of helping to prioritise its next iteration. Learning in relation to outcomes would be presented to the Health and Wellbeing Boards. Joint HOSC members requested that this information be shared with the Joint HOSC too by means of regular updates.

Outcome metrics would be part of the refreshed Integrated Strategy and the expertise of the local authorities was recognised here, with the System Group involved in setting the framework and priorities chaired by the Telford and Wrekin Council Director of Public Health. These would be made available to scrutiny committees in relation to specific work undertaken, particularly in relation to children's mental health. Reference was made to a presentation prepared on this work and the Chair asked that this be made available to the Joint HOSC.

Had health inequalities particularly those in rural areas been properly considered? What was used as a baseline in making such assessments?

A key aim of the initial draft of the Integrated Care Strategy was to utilise the Joint Strategic Needs Assessment (JSNA) to establish indices in relation to deprivation, health inequalities and population. This had been a significant area of work in the past 6 – 9 months.

The use of the JSNA was welcome but could reassurance be provided that findings would not be averaged out?

Reassurance was given that this was absolutely not the case, the neighbourhood level information provided by the JSNA helped to identify pockets of deprivation in rurality and

this information was being utilised, eg in Oswestry, South West Shropshire and Ludlow to date.

The inadequacy of mental health services, particularly for children, had been ongoing for such a long time, with huge waiting lists blighting many lives - how could the committee be assured that changes proposed would be successful.

Demand for mental health services, particularly for children and young people had grown dramatically. The outcome framework for mental health services was now improving and consideration was being given to provision of support through neighbourhood communities. Recognition of the impact on mental health of factors such as housing, long term conditions and co-morbidities had increased and was subject to discussion with both Health and Wellbeing Boards. Funding for mental health services remained a fundamental issue and there was now an attempt to move away from a focus on business cases, which caused delay, on to delivering what was possible with existing resources and how to best support people when waiting to be seen. Issues also remained with availability of tier 4 specialist beds.

The Shropshire Health and Wellbeing Board had recently refreshed the JSNA in relation to Children and Young People's Mental Health requirements and linked this to population health. This was recommended as a potential topic for discussion by Joint HOSC with the Mental Health Trust.

What percentage of funding was spent on Mental Health Services?

The Director of Strategy and Partnerships said he would find out and let the committee have this information.

Members hoped that services would not rely on a virtual mental health team conducting telephone call assessments which many older people would not be able to cope with.

How many elective hubs would there be? Presumably some would take much longer to implement-how long would this take?

The primary elective surgery hub would be located at Princess Royal Hospital and this was due to open at the beginning of June.

What measures were planned for replacing retiring GPs, as well as practice nurses and NHS dentists, particularly in the context of the growing population in Shropshire and Telford and Wrekin and in the light of national workforce issues. What measures were in place to improve retention and morale?

GPs had been particularly hard to recruit in the last five years and a workforce recruitment and retention strategy and plan was in place. The nature of integrated services meant that recruitment was also an issue for local authority partners. Pharmacists, Advanced Nurse Practitioners, Therapists and physiotherapists had been a focus of recruitment and this had helped to provide integrated services closer to people's homes. SaTH had a focus on apprenticeships in all services supplemented by recruitment from overseas. It was suggested that the strategy might be a useful area for further scrutiny by the Committee.

The pressure that staff had been under, particularly during and after the pandemic had been very significant and substantial investment had been made in staff psychology services to support both teams and individuals. The importance of involving individuals and teams in plans and service developments going forward was recognised.

Was there a current recruitment freeze?

The current focus was on optimising productivity and efficiency, looking at opportunities to deliver services in a different way, alongside a carefully controlled recruitment process.

Was there sufficient focus on prevention of falls and isolation in the context of the ageing population and the need to age well?

Regular Population Health Management meetings were chaired by Shropshire's Director of Public Health, system data was used to map population health data and produce heat maps to demonstrate where specific services should be focused. A comprehensive Falls Strategy was led by the Chief Nursing Officer and had made a significant impact on older people, those living alone and provision of adaptations in the home. The Fire Service was also involved in work connected with isolation and in Telford and Wrekin Leisure Teams had been involved, building on work such as that for Warmer Spaces.

Was there enough focus on education in terms of exercise and healthy eating in the context of the obesity issue, particularly in Telford and Wrekin. The success of Shropshire Council's Policy on reducing homelessness and Obesity policy did not appear to be recognised as successes in Joint Forward Plan update. The importance of presenting a genuine partnership view was reiterated.

Education was an area requiring improvement, particularly in relation to children and young people's mental health. Consideration was being given to how this could link into community neighbourhood work. The Joint Forward Plan represented the work of partners across the system but contents of the update were prescribed by NHS England.

The highest numbers of NHS users were likely to be amongst those experiencing digital exclusion – what was being done to address this?

The Digital Strategy was concerned with difficulties around digital exclusion and considered potential support through GPs and libraries. Any assistance that could be provided by local authorities in this would be gratefully received.

What does 'suppression of 32 beds' on the 'Person Centred Care' Slide mean? It was also understood by a member of the committee that developments in community provision were expected to suppress 151 beds worth of hospital work to facilitate hospital transformation. Was there a plan in place to do that?

There was a need to avoid unaffordable, inappropriate care and provide better and more effective care in the community setting, closer to people's homes, to reduce demand on acute beds, rather than simply building bigger hospitals. Expansion of a range of pathways, eg the virtual ward, would help suppress the need for additional acute care.

The virtual ward, a joint project between primary, community and acute services, had been an important feature in the last 12 – 15 months and was able to support the right intervention for people with right level of needs.

Have there been any problems with virtual wards – are the right staff in the right place?

The JSNA helped to provide a baseline identifying any issues. Consideration was being given to how to plug gaps and how to most effectively tackle these, for example through extra physio appointments or ophthalmology services. There were places where more community nurses were needed and this was being tackled on a place by place basis, working with the council collaboratively on that.

What was the next phase of the Transformation Programme? Would it need investment?

Work continued on understanding what was needed in terms of how to work effectively across partnerships and the success of the investment in the virtual ward over the last 12 months.

How long would it be before people know understood which hub model they would be living under? Will different communities have different models – eg a it to be expected that less affluent areas would receive more resources than the affluent ones?

Any model being set up would be worked up alongside that community or neighbourhood, for example, in Highley, South West Shropshire and in Telford and Wrekin. These would be rolled out by neighbourhood teams in the next 6 – 12 months.

Reassurance is needed that the hub work will coincide with the work of the Joint Strategic Needs Assessments which would probably take until the end of the year. The outcomes would be crucial in in designing services for each area. A tailor made approach for each community with a benchmark to assist in assessing progress would be needed.

It was confirmed that it was intended to just have one conversation through the JSNA process – building on community assets, buildings, workforce and volunteers. There was much good capacity and building a framework was needed with reliance on the right teams for communication.

Healthwatch had a statutory responsibility to gather evidence of the impact of any developments in services and it was trying hard to work in partnership with the system which had direct contact with patients. It had, however, been challenging to work with providers to date in accessing feedback.

Positive feedback had been received on initiatives such as virtual wards, for example, from carers groups but information from providers would help demonstrate an open and transparent feedback system was in place which could be used to inform future plans. Shropshire Healthwatch was planning to carry out a survey on virtual wards.

The Director of Strategy and Partnerships said he would take that away as an action moving forward.

Members of the Committee made a plea that acronyms be avoided in any future presentations. The Chair thanked Claire, Nigel and Angie for attending the meeting and all their hard work to date.

10 Co-Chairs Update

Councillor Ollie Vickers confirmed that this would be his last Joint HOSC meeting as he was moving into a new role.

11 Date of next meeting

It was proposed that an additional meeting be held to consider the just published CQC report on SaTH. A date would be confirmed outside of the meeting.

Signed (Chairman)

Date: