

**Committee and Date**

Council

Item

Public



Annual Report – Health Overview and Scrutiny Committee 2023/24

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Scrutiny Chair:	Cllr Geoff Elner		

1. Synopsis

Health Overview and Scrutiny Committee looked at a range of key topics in 2023/24 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 2023/24 for the Health Overview and Scrutiny Committee (HOSC.)

The HOSC looks at the work of local NHS organisations acting as a 'critical friend' for related services. HOSC also looks at the way the health service interacts with our social care services, the voluntary sector, independent providers and other council services to

jointly provide better health services to meet the needs of Shropshire residents. The Committee does this by:

1. Reviewing the implementation of existing policies and considering the scope for new policies for all aspects of the discharge of the Council's functions concerning the provision of personal services relating to the health and wellbeing of the people of Shropshire, including the activities of the Health & Wellbeing Board, and the development of commissioning strategies, strategic needs assessments and, generally, to discharge its functions in the scrutiny of any matter relating to the planning, provision and operation of the health service in Shropshire.
2. Assessing the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity.
3. Relating scrutiny to the achievement of the Council's strategic priorities as described in the Shropshire Plan.
4. Making reports and recommendations as appropriate arising from this scrutiny to the Council and partner organisations.

The topic areas which the Committee reviewed are:

- Local Care Transformation Programme
- Bishops Castle Community Hospital
- Rural Proofing in Health and Care Task and Finish Group
- Primary Care Access Recovery Programme
- The topics reviewed by the Joint Health Overview and Scrutiny Committee

3. Recommendations

Members are asked to consider and comment on the 2023/24 annual statement for the Health Overview and Scrutiny 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 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 services 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

- 7.1.1 The Health Overview and Scrutiny Committee considered a full range of topics from its remit, maintaining a view of what was happening in the health 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 services. The following section provides a summary of key topics and the work done.

Local Care Transformation Programme

- 7.2 The Committee prioritised understanding more about the Local Care Transformation Programme and the relationship with the Hospital Transformation Programme. They requested a presentation from the Integrated Care System to provide an overview of the plans which identified the system issues being faced and why transformation was necessary.
- 7.3 Members recognised that the evidence base was compelling and there was a need to deliver the interventions people need in their community, keeping them in hospital for as short time as possible. The Committee appreciated the well-established position that 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.
- 7.4 The Committee learned about the five critical programmes of work forming the Local Care Programme, and the importance of joined up working involving all system partners. 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. The Phase 1 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.
- 7.5 The Committee explored the potential barriers to the transformation programme and highlighted concerns about rural communities in Shropshire where digital technology is a significant issue, as well as the recruitment of staff.
- 7.6 With regards to barriers, workforce was identified as not only one of the biggest challenges yet also being one of the biggest areas for opportunities, particularly through working in cross partner integrated teams, which Members were informed was a medium to long term endeavour. They also heard that options for approaches would be fed into the co-production and design process for the Plan. The Committee flagged the ongoing problem of culture within health organisations and the latest results of the Shrewsbury and Telford Hospital Trust (SaTH) staff survey

in which bullying and other unacceptable behaviour were highlighted and committed to understanding more about how the ICB would be addressing these issues.

- 7.7 Assurance was also sought by Members that this new way of working would reduce the number of patients who were in hospital awaiting discharge with no criteria to reside and would help to reduce demand on urgent and emergency care services.
- 7.8 Members noted that the plans were currently in the pre-consultation phase and that they needed to go through National Health Service England (NHSE) assurance before going to full consultation, with an engagement process taking place after September. The ICS partners were therefore asked to return in 8-12 months' time to provide an update to the Committee on the progress of the programme where Members could be assured that digital access and recruitment had been addressed and see the impact of this new way of working on numbers of patients awaiting discharge.

Bishops Castle Community Hospital

- 7.9 The Committee continued their focus on this matter from 2022-2023 and considered points arising from the proposal by Shropshire Community Health Trust to reduce services at Bishops Castle Community Hospital.
- 7.10 Through their work the Members understood that the temporary closure had come about due three main areas: recruitment, outpatients, and relocated services.
- 7.11 The Committee heard how Members have made suggestions to support with innovative approaches to recruitment, working with the local community and the Shropshire Community HealthTrust.

Rural Proofing in Health and Care Task and Finish Group

- 7.12 Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) had frequently highlighted concerns about rurality and access to health and care services through their work in 2022-2023. This Task and Finish Group was therefore commissioned to draw together the key points and observations that had arisen through the work of the Committee during 2022/2023, to review the latest local and national evidence on rural proofing, hear from local system providers and take the opportunity to learn from other areas of the country.
- 7.13 The Committee received the report of the Rural Proofing in Health and Care Task and Finish Group which set out that addressing any inequalities of service provision between rural and urban areas required a system wide understanding of the opportunities and challenges. Having this would help to identify the most suitable and effective options that needed to be explored and implemented to effectively 'rural proof' the introduction of strategies, plans, policies and service design and provision in health and care in Shropshire.
- 7.14 The report identified a range of the issues and challenges, as well as potential solutions and possible action areas for rural proofing of health and care services. Those identified areas were:
- Geography

- Provision
- Demography
- Transport
- Digital Connectivity
- Recruitment and Retention
- System Working
- Mental health
- Role of Members
- ESHIA's
- Rural Proofing for Health Toolkit [published by the National Centre for Rural health and Care]

7.15 The report concluded that, although the significant responsibilities to tackle rural health inequalities is shared by the wider Integrated Care System, Shropshire Council as a commissioner and Place co-ordinator has an important role to play. This is through co-ordinating and leading the way in identifying the challenges facing different areas, building local capacity, embracing coproduction and community delivery, and devolving power and resources to communities and neighbourhoods.

7:16 The report made 14 recommendations relating to addressing inequalities of service provision between rural and urban areas including recommendations:

- to Shropshire Council
- to the Integrated Care Board
- promoting a system working approach across all Integrated Care System stakeholders
- promoting a consistency of approach with local and regional partner Councils

The Committee identified that it would be maintaining a focus on the outcomes of these recommendations to ensure progress and agreed that it would receive an update after 6 and then at 12 months..

7.17 The Committee agreed to adopt the Rural Proofing for Health Toolkit as a part of their Overview and Scrutiny processes to act as a framework to support maintaining a robust view on the needs of local rural populations when reviewing strategies, initiatives and service delivery plans.

7:18 The table below sets out the different organisations which the report was shared with and the actions and outcomes.

Date	Audience	Actions	Outcome
November 2023	HOSC	HOSC asked to adopt the 14 recommendation	The Committee agreed to adopt the Rural

		s of the Rural Proofing in Health and Care Task and Finish Group Report	Proofing for Health Toolkit as a part of their Overview and Scrutiny processes to act as a framework to support in maintaining a robust view on the needs of local rural populations when reviewing strategies, initiatives and service delivery plans. The Committee adopts the Report and recommends that it goes to Cabinet for review.
January 2024	Cabinet	Consider and comment on the report and recommendations of the Task and Finish Group. Provide a response to the recommendations to the HOSC with an action plan setting out what will be done by when for those that have been accepted, and for any that are not accepted, provide the reason why.	To bring a report to the next meeting of Cabinet to respond to the recommendations contained within the Task and Finish Group’s report.
January 2024	People Overview and Scrutiny Committee	As per recommendation 7 of the Report the Committee were asked to adopt the Rural Proofing for	As per recommendation 7 of the report the People Overview and Scrutiny Committee

		Health Toolkit as a part of their Overview and Scrutiny processes to act as a framework to support in maintaining a robust view on the needs of local rural populations when reviewing strategies, initiatives and service delivery plans.	agreed to use the Rural Proofing Toolkit in their work going forward.
February 2024	Cabinet	The recommendations which related to Shropshire Council were prioritised into short term (6-12 months) and longer term (12 months plus.)	Cabinet endorsed the next steps as outlined in the report.
February 2024	JHOSC	As per recommendation 9 of the Report the Committee were asked to adopt the Rural Proofing for Health Toolkit as a part of their Overview and Scrutiny processes to act as a framework to support in maintaining a robust view on the needs of local rural populations when reviewing strategies, initiatives and service delivery plans.	As per recommendation 9 of the Report, the People Overview and Scrutiny Committee agreed to use the Rural Proofing Toolkit in their work going forward.
February 2024	JHOSC	As per recommendation	Shropshire, Telford and

		13 of the report the Joint Health Overview and Scrutiny Committee were advised to add recruitment and retention policies and practices in the Shropshire and Telford health system to the Committees work programme.	Wrekin health system recruitment and retention added to the work programme.
March 2024	ShIPP	The findings of the report were shared with the group.	It was agreed that the Rural Proofing in Health & Care Report is considered in the NHS Rural Health Strategy development process.

7.20 The Committee were reassured that they are seeing rurality being regularly discussed both within Shropshire Council and the wider Shropshire, Telford and Wrekin Health system and have firmly committed to monitoring the implementation and impact of the report's recommendations.

Primary Care Access Recovery Programme

7.21 The Committee took part in two informal briefing sessions in the lead into this topic, so that through whole committee working it could be discussed in detail.

7:22 Members were provided with an overview of the Primary Care Access Recovery Programme, which aims to modernise current practise, improve access to general practice, improve and maintain satisfaction and streamline care and advice. These were incorporated into four key "pillars": empowering patients, implementing modern General Practice access, building capacity and cutting bureaucracy

7:23 The Committee learned that the newly formed Primary Care Improvement and Transformation Board, which is chaired by the ICB Chief Medical Officer, has 3 primary areas of oversight in its widest definition to include General Practice, Pharmacy, Optometry and Dentistry:

1. Ensuring development and implementation of the system GP Access Recovery Plan.

2. Primary Care Transformation E.g., Fuller Report ‘Next Steps for Integrating Primary Care’

3. Pharmacy, Optometry and Dentistry – oversight of the delivery of development plans and monitoring of service delivery in partnership with the Shared Commissioning and Contracting service provided by BSOL

7.24 The Committee were encouraged to hear about investment into Primary Care access and measures that would reduce waiting times to access GP appointments. The Members raised concerns about how those who were not digitally enabled would have equal access to Primary Care and how this would relate to the Care Navigator role.

7.25 Members offered to engage with the ICB communications team to support with the uptake of the NHS Digital app by using their community contacts to raise the profile and awareness of this app and asked that this topic return to the Committee in 8-12 months' time to provide an update to the Committee on the progress of the programme and to ensure that their concerns surrounding access for those patients who were not digitally enabled had been addressed.

Joint Health Overview and Scrutiny Committee

7:26 To ensure a comprehensive understanding of the activities within the Shropshire, Telford, and Wrekin health system, the Chair of the Health Overview and Scrutiny Committee (HOSC) and Joint Chair of the Joint Health Overview and Scrutiny Committee (JHOSC) and the Shropshire representatives on the JHOSC, provided updates on the discussions and outcomes from each JHOSC meeting. They also contributed insights into the overarching themes and pertinent evidence related to the health system. The JHOSC picked up the issues which were highlighted in the Shropshire Council Prevention, Primary Care, Urgent and Emergency Care and Discharge Task Finish Group and informed the key topics and related discussions in the informal and formal meetings of the JHOSC. The key topics examined by the JHOSC included:

- Planning for the winter season of 2023/24
- Performance metrics of the Shrewsbury and Telford Hospital Trust
- The state of Urgent and Emergency Care services
- The effectiveness of the Winter Plan for 2023/24

7.27 The Committee were encouraged by the levels of attendance, enthusiasm and engagement from NHS senior officer partners and felt confident that this was a good foundation on which to build.

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 Health Overview and Scrutiny Committee April 2023 to March 2024

Local Member: All

Appendices [Please list the titles of Appendices]