## **HEALTH SCRUTINY COMMITTEE**

Minutes of a meeting of the Health Scrutiny Committee held on Wednesday 1 March 2023 at 2.00 pm in Fourth Floor, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

**Present:** Councillors D R W White (Chair), N A Dugmore,

A R H England, S J Reynolds and J M Seymour.

Co-optees: F Doran and H Knight

Also Present: Councillor K Middleton (Cabinet Member: Leisure, Public

Health and Well-Being, Equalities and Partnerships)

<u>In Attendance:</u> S Bass (Place Based Commissioning and Procurement

Lead), M Bennett (Service Delivery Manager: Hospital and Enablement), K Fisher (Lead Lawyer: Children & Adults), L Noakes (Director: Health & Wellbeing): J Rowe

(Executive Director: Adults Social Care, Health Integration & Wellbeing), S Worthington (Senior

Democracy Officer (Scrutiny)) and S Yarnall (Democracy

Officer (Scrutiny).

**Apologies:** Councillors V A Fletcher, V J Holt and G L Offland.

Co-optee: D Saunders

**HAC-37** Declarations of Interest

None.

# **HAC-38** Minutes of the Previous Meeting

<u>RESOLVED</u> – that the minutes of the meeting held on 17 January 2023 be confirmed and signed by the Chair.

#### **HAC-39** Hospital Discharge and Intermediate Care Update

The Service Delivery Manager: Hospital and Enablement and the Place Based Commissioning and Procurement Lead presented the update regarding Hospital Discharge and Intermediate Care to the committee. Hospital Discharge and Intermediate Care had largely been funded by the Better Care Fund (BCF) from 2015 onwards. The BCF focusses on strengths based and preventative approaches, prevention on further hospital admittance and hospital discharge. BCF is a partnership approach with organisations like the Community Trust to provide health-based community support.

The process of discharge from hospitals focused on the patient and their journey to recovery. Future plans looked to improved processes; further work with urgent care, hospitals and the Community Trust for forward planning to discharges. There were further work with partners to support discharges such

as working with the fire service to support ambulances and the inclusion of virtual wards.

Following the presentation, Members asked the following questions:

How did BCF funding work?

BCF is annual funding that Authorities are allocated based on relative needs assessment. The T&WC and the ICS work together to provide an assurance plan of how funding will be spent and the outcomes it will achieve before the monies are received. This is currently a one-year funding cycle but government has indicated this may change to 2 yearly. This has not been confirmed and so for now all contracts and agreement are based on one year's funding.

How were self-funding residents supported with hospital discharge?

Intermediate Care was an extension of the NHS so each patient' is assessed for their long-term needs in a community setting for a time-limited period – bed-based intervention or care package following discharge. An assessment would then take place to consider their longer-term needs.

How had lower BCF funding being accounted for?

A lower amount of BCF funding had been predicted and accounted for in the planning stages to utilise the funding efficiently. Members noted that the allocated levels of funding were based on outdated census data (from 2011) and noted that levels of funding allocated this year were the lowest that had ever been received.

How was the level of funding decided and who made this decision?

Funding was allocated on a national basis by Central Government. The local funding was then distributed Local Authorities by the ICB.

When was the allocation of funding decided?

Changes to funding levels changed every year. Allocation of the minimum levels of BCF budget is identified to the Council and ICB within financial planning updates. The policy guidelines were often extremely late, sometimes as late as July for September allocation.

Were the issues regarding BCF funding a local issue?

It was recognised as a national concern.

What work had been done in terms of community care?

Currently, there were no community hospitals in the Borough to provide direct community care. Community Care was provided by private sector care agencies.

What were the comparisons between Shropshire and Telford and Wrekin?

A review of Community beds was completed, and further work identified to agree a model and way forward for the future, which looked at where further support would be needed and future planning. The review highlighted the difference across Shropshire and Telford in terms of community hospital beds and levels of nursing and therapists supporting Intermediate Care.

Had there been equality of services and provision between Telford and Shropshire?

A Community Bed review had been undertaken which highlights disparities between the areas, which focused on the levels of specialists in each area and the outcomes for patients.

Had officers considered using experienced practitioners who might be retired or close to retirement to train less experienced staff, particularly, in domiciliary care?

There is a dedicated Health and Social Care Worker Council whose aims include to encourage people into the workforce. There had also been training for family members to provide to care in the home, especially, for those patients that do not need personal care. It was recognised that some of the pressures in sectors like domiciliary care were recruitment, and funding availability.

Had there been collaborative working with external providers?

Work had been undertaken with external partners such as Shropshire Partners in Care, Age UK and the Independent Living Centre (ILC) to provide further care and training opportunities. Work with the private and charity sector had taken place to support care in the community.

How many beds were commissioned?

The current usage is about 100 beds. Modelling and planning for next year is indicating 80-85 beds, excluding winter pressures if additional nursing and therapy capacity is in place to support Intermediate care interventions.

What would be done to check if a person's home would be suitable for them before they were discharged?

An assessment would be carried out to determine what would be needed, which included assessing the need for specialist safety equipment such as railings and alarms.

A discussion took place regarding Virtual Ward and the requirements for this.

What was the difference between a block and a spot bed?

Block beds are a number of beds that has been commissioned for a period of time such as 12 beds for 12 months. A spot bed is purchased as a one-off for an identified person. Spot beds may have implications on costings and also the services offered. Block beds often have slightly higher levels of staffing and contracts that includes mobilisation of patients. A spot bed may not have the same level of staffing or approach to deliver the approaches required.

What was the average wait time for a bed?

This varied significantly; some beds could be ready the same day as notification and others might take longer. The reasons for this could range from the equipment required, the need for internal consultation, availability of the designation of bed needed and whether there would need to be external features such as alarms required.

Could there be further links with pharmacies to provide medication?

Officers advised that they would make enquiries regarding this.

If a patient did not have travel arrangements following discharge, what support would there be for them?

If a patient had difficulties with transportation, there would be support to provide adequate transportation that followed them being discharged.

## HAC-40 Progress update from the Integrated Care Partnership

The Chair advised that no representative from NHS Shropshire, Telford and Wrekin was present at the meeting. The Chair advised that he would write to the Chair of the Integrated Care System to request their attendance at the next meeting of the Committee to provide an update on the work of the ICP.

#### **HAC-41** Chair's Update

The next meeting of the committee was scheduled for 20 July 2023	
The meeting ended at 3.51 pm	

Chairman:		
Date:	Thursday 6 July 2023	