Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health Scrutiny Committee

Wednesday 1 March 2023

2.00 pm

Fourth Floor, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Democratic Services:	**Sam Yarnall**	**01952 382193**
Media Enquiries:	**Corporate Communications**	**01952 382406**

Committee Members: **Councillors D R W White (Chair), N A Dugmore, A R H England, V A Fletcher, V J Holt, G L Offland, S J Reynolds and J M Seymour.**
Co-optees J Gulliver, F Doran, H Knight and D Saunders

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3.0	**Minutes of the Previous Meeting**	**3 - 8**
4.0	**Hospital Discharge and Intermediate Care Update**	**9 - 22**
	To receive an update on Hospital Discharge and Intermediate Care.	
5.0	**Progress update from the Integrated Care Partnership**	**Verbal Report**
	To receive a verbal update from the Integrated Care Partnership on their progress.	
6.0	**Chair's Update**	

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HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Tuesday 17 January 2023 at 2.00 pm in The Telford Room, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors D R W White (Chair), A R H England, G L Offland, S J Reynolds and J M Seymour. Co-optees: F Doran and H Knight

In Attendance: S Bass (Service Delivery Manager: Commissioning, Procurement and Brokerage), S Dillon (Director: Adult Social Care), K Fisher (Lead Lawyer: Children & Adults), L Noakes (Director: Health & Wellbeing), S Worthington (Senior Democracy Officer (Scrutiny)), and S Yarnall (Democracy Officer (Scrutiny))

Apologies: Councillors V A Fletcher, E J Greenaway, V J Holt and Co-Optee D Saunders

HAC-29 Declarations of Interest

None.

HAC-30 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 10 March 2022 be confirmed and signed by the Chair.

HAC-31 Terms of Reference 2022/2023

The Senior Democracy Officer (Scrutiny) presented the report to the committee and explained that at the first meeting of each municipal year the committee was required to confirm the Terms of Reference for the Committee for the coming year as set out in Appendix A of the report.

After the discussion Members voted on the Terms of Reference 2022/2023 subject to amendments:

RESOLVED that the Terms of Reference for the year 2022/2023 as outlined in Appendix A of the report be approved.

HAC-32 Work Programme

The Senior Democracy Officer (Scrutiny) presented the Work Programme for the municipal year 2022/2023 to the committee. Each item was presented and summarised to the committee. It was explained that some items such as the Hospital Transformation Programme would better sit within the remit of the

Joint Health and Overview Scrutiny Committee and information would be fed back to the Health Scrutiny Committee.

Members wished for a greater focus on Adult Social Care. In response the Director: Adult Social Care provided a summary of the service within the Borough, particularly in relation to the work undertaken to discharge residents from hospital. At the time of the meeting, there were five Telford and Wrekin residents waiting to be discharged.

Councillor G L Offland arrived at the meeting at 2.32pm.

RESOLVED that the work programme for the 2022/2023 municipal year be approved.

HAC-33 Primary Care Services - Call to Action

The Senior Democracy Officer (Scrutiny) presented the Primary Care Services – Call to Action item to the committee. It was proposed that a working group be established to review the access to Primary Care for the residents in the Borough. Many Members had raised concerns in relation to access into primary care due to the number of residents that had contacted them in regard to accessing their GP. It was explained that since the COVID-19 Pandemic, many GPs had moved to a telephone or digital first system as the initial point of access.

Councillor S J Reynolds left the meeting at 3.04pm.

RESOLVED that a working group be established to consider access into primary care.

HAC-34 Integrated Care Partnership Progress Update

The Director: Health & Wellbeing, presented an update from the Integrated Care Partnership (ICP). The presentation summarised the changes from the previous Clinical Commissioning Group (CCG) to the ICP and that the Partnership first met on 5 October 2022. The ICB would set the five-year vision for the Integrated Care Strategy by the end of March 2023. The Director: Health & Wellbeing explained the ICP's governance structure and the goals of the ICP.

Members raised a number of questions and comments.

From examination of the JSNA data and the various changes to the system over the years, would the ICP be able to address the issues faced in healthcare currently?

The Director: Health & Wellbeing said that the ICP and government guidance wanted the Integrated Care Strategy to incorporate approaches to improve population health, reduce inequalities and integrate health & care services.

The interim draft strategy has used both JSNAs, both Health & Wellbeing strategies and other insights to inform the proposed set of priorities.

Would the ICS be able to bring the various elements of the NHS together such as supported living and social care?

The ICS and ICP is about bringing a whole system approach in this way.

Did residents know where services are and what they do? Should there be further exploration into education of the public to know what services are available and what they do?

The ICS Communications & Engagement Team are working with partners on a plan to engage further around the development of this strategy and the ICB's Five Year Forward Plan.

Members felt that there needs to be a whole system approach and further consideration needed to be given to how primary care was supported to reduce levels of hospitalisation. Members discussed that the system should look at the support available following being discharged and the support available within the home.

Previously the system had pooled budgets to support the healthcare system, would the budgets be altered as part of the system?

The Director: Health & Wellbeing explained that there are some examples of pooled arrangements already in the system, such as the Better Care Fund.

Would the ICB plan on a yearly basis? Will it take a needs-based approach for patients as part of their forward planning?

The ICP has used both JSNAs and other insight from people to develop the Integrated Care Strategy which will be used to inform the Five Year Forward Plan.

Would the funding in the system be joint with the neighbouring council?

At the time of the meeting, there were not, currently, any joint funding arrangements in this way.

RESOLVED – that:

a) the update on the discussion held at the first Integrated Care Partnership (ICP) meeting be noted;

b) the update on the development of the Integrated Care Strategy (IC Strategy) be noted.

HAC-35 Adult Social Care Regulation

The Director: Adult Social Care and the Service Delivery Manager: Commissioning, Procurement & Brokerage presented the update to adult social care regulation to the committee. The presentation summarised the changes in regulation for adult social care, effective from April 2023. It was explained that the new regulations are introducing a similar rating system to that of OFSTED inspections in schools. This would be led by the CQC and it would rate the care provision provided by the Local Authority. It was explained that some of the ways in which the CQC decide upon their ratings is from feedback provided by service users.

Members raised the following questions:

What were the financial implications in relation to the changes to the service and impact on performance?

The Director: Adult Social Care explained that from a Local Authority perspective, the Council is in a strong position, especially in terms of performance. The service was continually looking to improve and develop. There were a small number of additional posts to support the system and the service provided.

How could an individual be part of the Making It Real Board?

It was explained that individuals can be invited onto the Making It Real Board and can provide feedback and enquire about being involved on the Making It Real Board website.

The surveys required for the CQC ratings and patient feedback for a service provision could be complex, what support could be offered to support residents with this?

The Director: Adult Social Care said that the surveys are required by the Department of Health and Social Care and currently have a low response rate. Members were advised that the Local Authority was not allowed to include any guidance with the forms. The Director: Adult Social Care explained that the questionnaires are anonymised and help to determine the action plan.

When conducting financial assessments was financial support provided?

It was explained that financial support is dependent upon need and that there was a legal requirement to have a charging policy.

Would collaboration and partnership with organisations like the ICS support the backlogs in the healthcare system?

The Director: Adult Social Care said that collaboration with the ICS and CQC helped to create an integrated pathway for the patient to have a joint plan with partners.

HAC-36 Chair's Update

The next meeting of the committee was scheduled for 1 March 2023.

The meeting ended at 4.00 pm

Chairman: .....

Date: Wednesday 1 March 2023

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Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Integrated Care System
Shropshire, Telford and Wrekin

Hospital Discharge and Intermediate Care update

Presentation to Telford & Wrekin Health Scrutiny Committee – 01 March 2023

Michael Bennett – Service Delivery Manager: Hospital and Enablement, Telford and Wrekin Council

Sarah Bass – Place Based Commissioning and Procurement Lead, Telford and Wrekin Council

Gareth Robinson – Director of Delivery and Transformation, NHS Shropshire Telford and Wrekin

Sara Biffen – Chief Operating Officer, Shropshire and Telford Hospital NHS Trust

Angie Wallace – Chief Operating Officer, Shropshire Community Health NHS Trust

Purpose of session

The session will cover the following areas:

1. Better Care Fund (BCF) contribution to Shropshire, Telford & Wrekin programmes including discharge and intermediate care
2. Discharge from hospital processes
3. Drivers for increase demand
4. Planning for 2023/24

Better Care Fund (BCF) support local and system wide programmes (1)

Key delivery mechanisms and principles:

- Joined up approaches across place based programmes
- Local Care and Urgent Care programmes
- Strengths-based, person centred approach across all access points
- Personalised approaches as a fundamental principle
- Co-production
- BCF priority for 22/23 includes maximising discharge

BCF Priorities for 2022 / 23

- Improving health inequalities
- Proactive Prevention approaches
- Reducing avoidable admissions
- Improving discharge processes
- Maximising flow and reduce avoidable delays
- Integrated and joined up services

Better Care Fund (BCF) support local and system wide programmes (2)

The BCF programme for 2022 / 23 includes:

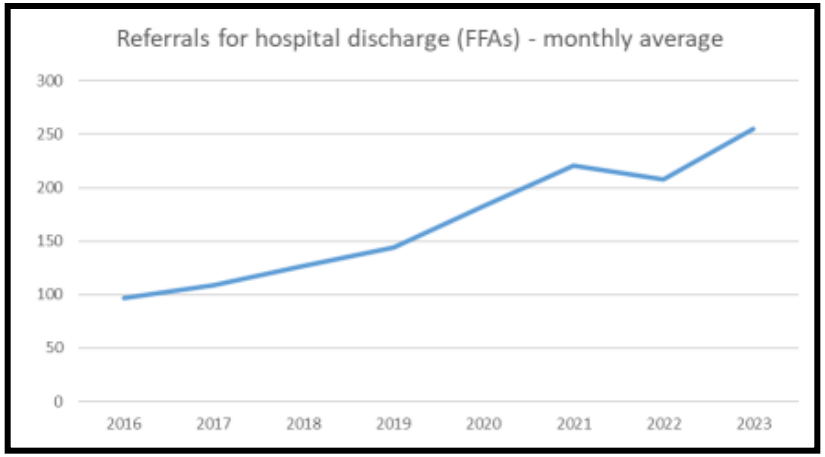
- Maximising potential for admission avoidance including virtual wards
- Enhancing integrated working with Community Teams
- Maximising proactive prevention approaches to reduce / delay use of statutory services (including development of Ageing Well Strategy)
- Integrated HICMs to Urgent Care Delivery
- Develop options for delivery of sustainable intermediate care functions
- Re-commission domiciliary care provision to maximise resources and meet increased demand.

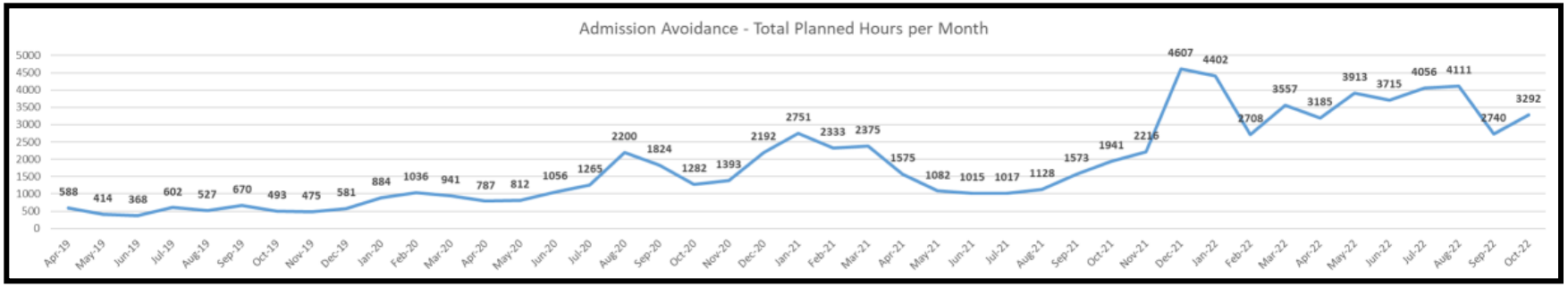
Discharge from hospital processes

- Hospital flow process and early discharge planning
- Telford Integrated Community Assessment Team (TICAT) in-reach to wards
- Inter-Disciplinary Team (IDT) facilitate discharges
- Daily check of community and domiciliary care capacity to match placements to identified need across each Pathway
- Multi-Agency Agency Discharge Events to identify and embed processes to improve discharge processes
- Daily operational calls and processes to track all discharge numbers
- System Discharge Alliance programme to maximise discharges across 7 days reporting the Urgent Care Priority programme

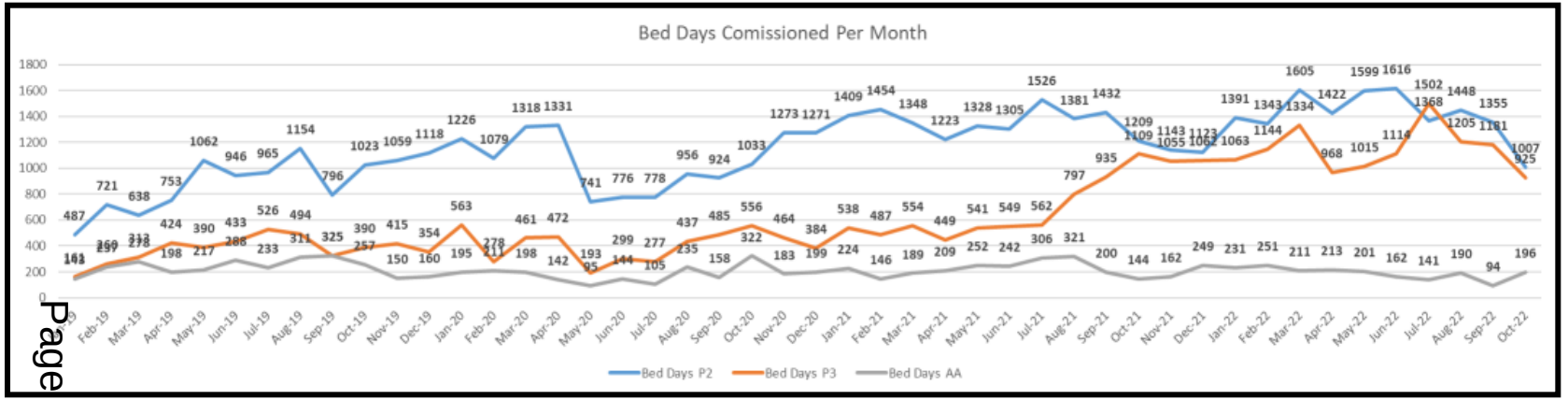
Increased Demand

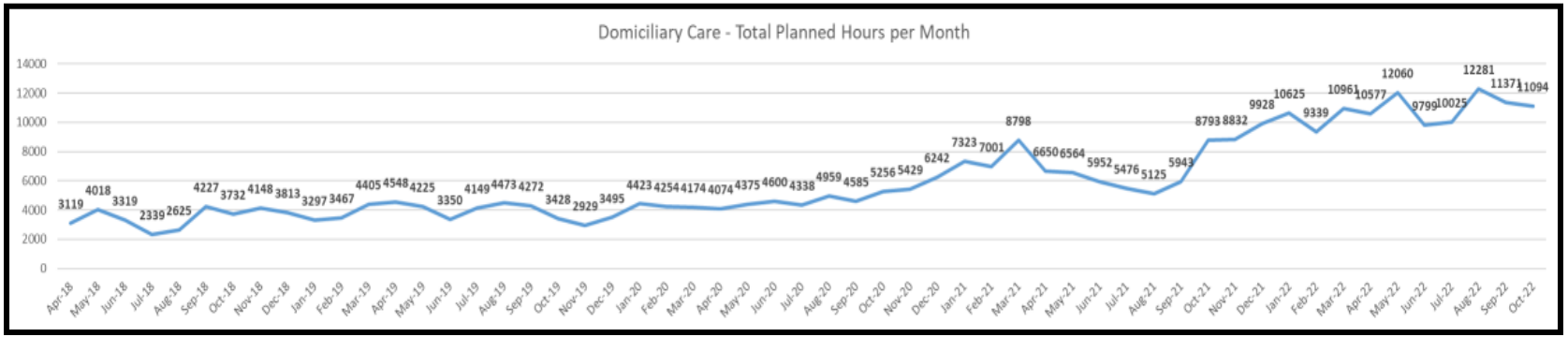
- Increase of referrals by 115% over last 6 years
- Bed utilisation increased by 90% over 4 years
- Domiciliary care utilisation increased by 200% over 5 years
- Increased admission avoidance
- Increased length of stay in beds
- Increased length of stay receiving domiciliary care





Increased Demand (2)





Drivers of the Increased Demand

- Ageing population
- Increased complexity of presentation
- Impacts of covid
- Therapy capacity below National Intermediate Care Audit averages
- Market bed capacity (95% of beds utilised locally hindering flow)
- Approaches to managing acute hospital demand which are increasing demand for community based care and support.
  - Alternatives to admission increased need for care, beds and intermediate care
  - Virtual ward
- Workforce capacity
- Cost increases due to increased demand, market capacity and cost of living. Utilising beds out of area and agency domiciliary care provider

Resident Stories (1)

Impact of limited therapy capacity

L is a 92 year old involved in the church and local choir. They have a gradual decline in mobility and are admitted to hospital on two occasions and treated for a urinary tract infection. On both occasions they needed to access an Intermediate Care bed.

Hospital admission 1:

- Admitted in May to a block bed.
- Received regular physio input.
- Improved mobilisation and ability to transfer;
- Returned home within 3-4 weeks and needed no further support.

Hospital admission 2:

- Admitted in September to a spot bed in Shrewsbury.
- Received no therapy assessment for 6 weeks and little mobilisation within the care setting.
- When physio input commenced, it helped improve mobilisation but they also needed an adapted home environment to support safer mobilisation at home

Resident Stories (2)

Managing the complexities of discharge

P is a 85 year old identified as Medically Fit after 14 days in hospital. TICAT and ward agreed the need for a Pathway 2 nursing bed.

P and their family agreed the location, which was sourced within 2 days. Covid testing for discharge showed P was covid+ve, although asymptomatic. P needed to wait for up to 10 days in hospital and have further tests from day 5 until testing showed P was covid clear.

This led to:

- increased risk of other infections and decompensation to P;
- frustration and boredom;
- further delays in hospital of three days whilst another bed was sourced (10 days+ delay in total)

Resident Stories (3)

Navigating differing family views

A is a 86 year old presenting with dementia. A does not have capacity and family members have different views about the discharge plan.

Options:

- home to A's familiar environment, or
- bed based intermediate care where she is more likely to need 1:1 care at least initially.

Capacity and Best Interest Assessments were completed and an Multi-Disciplinary Team Meeting (MDT) with the ward and family members was held to agree the plan. There was no Power of Attorney and A's Next of Kin (partner) was not sure about A's wishes.

The ultimate decision of a bed took 7 days, while A stayed in hospital and needed 1:1 observations

Resident Stories (4)

Options to reduce demand – Enablement grant

D is a 88 year old living in a rural area of Telford.

D needs three personal care calls daily following treatment for a urinary tract infection and D has reduced mobility and is at risk of falls.

D has a supportive family who visit daily. D's family agreed to receive a grant to provide the personal care rather than a care agency. This was initially agreed for two weeks, which enabled a same day discharge from hospital.

The grant was extended as it helped meet D's and his family's needs. This was converted into a Direct Payment as a long term arrangement.

Planning for 2023 / 24

- Seeking to manage demand, improve processes and further efficiencies of resources to reduce overall costs;
- Demand modelling and projections;
- Further development of admission avoidance and Virtual Ward to reduce acute hospital demand;
- Financial modelling and planning;
- Further improvement of flow processes and discharge planning;
- Intermediate Care delivery approach;
- Commissioning approaches; and
- Planning for 2024/25 to include Community bed review and agreeing future Intermediate Care bed approach.

Any Questions?