



Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 6 July 2023

2.00 pm

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

Democratic Services:	Sam Yarnall	01952 382193
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Committee Members:	Councillors D R W White (Chair), O Vickers (Vice-Chair), N A Dugmore, S Handley, L Lewis, G L Offland, R Sahota, S Syrda and J Urey
	Co-optees H Knight, D Saunders and S Fogell

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	To approve the Committee's Terms of Reference for the municipal year 2023-24.	
5.0	Health Scrutiny Committee Work Programme	To Follow
	To approve the Committee's Work Programme for the municipal year 2023-24.	

6.0 Interim Report - Primary Care Access

To Follow

To receive the Interim Report from the Primary Care Access working group.

7.0 Chair's Update

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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)

In Attendance: 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

RESOLVED – 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



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 06 July 2023

Terms of Reference 2023 / 2024

Cabinet Member:	Cllr Nathan England - Cabinet Member: Finance, Customer Services & Governance.
Lead Director:	Anthea Lowe - Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Sam Yarnall - Democracy Officer (Scrutiny)
Officer Contact Details:	Tel: 01952 382193 Email: sam.yarnall@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	SMT – 20 June 2023 Health Scrutiny Committee – 6 July 2023

1.0 Recommendations for decision/noting:

It is recommended that the Health Scrutiny Committee:

- 1.1 Review and reconfirm the Terms of Reference set out at Appendix A.

2.0 Purpose of Report

- 2.1 To set out the Terms of Reference for the Health Scrutiny Committee as outlined in Appendix A.

3.0 Background

- 3.1 The Constitution requires that Full Council should at its Annual Meeting the Terms of Reference for each of its Committees to enable the Council to efficiently conduct its business.

3.2 At the Annual Meeting of the Council on 25 May 2023, Full Council delegated authority to each Committee to review its own Terms of Reference.

3.3 The Terms of Reference forms part of the Constitution and was approved by Full Council in that context on 3 March 2022.

4.0 Summary of main proposals

4.1 For the Health Scrutiny Committee to review its Terms of Reference attached at Appendix A to clarify the procedure for election of a Chair and Vice-Chair of the Committee.

5.0 Alternative Options

5.1 There are no alternative options arising from this report.

6.0 Key Risks

6.1 There are no key risks arising from this report.

7.0 Council Priorities

7.1 A community-focused, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

8.1 There are no financial implications arising from the adoption of the recommendations of this report.

9.0 Legal and HR Implications

9.1 The Constitution requires that the Terms of Reference be reviewed on an annual basis. The Council is required to comply with the Constitution. This report demonstrates compliance with this requirement.

10.0 Ward Implications

10.1 There are no ward implications arising from this report.

11.0 Health, Social and Economic Implications

11.1 There are no health, social and economic implications arising from this report.

12.0 Equality and Diversity Implications

12.1 There are no equality and diversity implications arising from this report.

13.0 Climate Change and Environmental Implications

Terms of Reference 2023 / 2024

13.1 There are no climate change and environmental implications arising from this report.

14.0 Background Papers

1 Council Constitution.

15.0 Appendices

A Health Scrutiny Committee 2023 / 2024 Terms of Reference.

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal Services	10/03/2023	22/05/2023	KF
Finance	10/03/2023	08/06/2023	RP

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HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE

Membership

1. The group will be made up of elected members of the Scrutiny Assembly, appointed at Annual Council in line with the political balance of the Council.
2. The Committee may include Co-opted scrutiny members but they must not exceed 50% of the number of elected members.
3. In addition to standing co-optees, the Committee may appoint additional co-optees for one-off reviews to supplement the skills, knowledge and experience of the Committee on that particular issue (subject to the rule on total number of co-optees above).
4. Vice-Chairs may be appointed by majority decision of the Committee.
5. The quorum required for a meeting is 3 elected members.
6. Three elected Members and 3 co-optees of this Committee will also be expected to take part in the Joint Health Scrutiny Committee set up with elected members and co-optees from Shropshire Council to scrutinise substantial variations or developments in service that cut across both local authority areas. Separate terms of reference apply to the Joint Health Overview and Scrutiny Committee which have been agreed with Shropshire County Council.

Functions

7. The Committee will be the main mechanism by which Scrutiny members will scrutinise and monitor the planning and performance of the Council's adult social care services and health services matters under the Health and Social Care Act 2012. Full Council has delegated the health scrutiny powers to this Committee.
8. The Committees takes the key role in:
 - a) Monitoring the performance of NHS Trusts whose services effect local people;
 - b) Acting as the statutory consultee on NHS proposals for substantial variation in service and responding to these NHS consultations.
 - c) Participating in a Joint Health Overview and Scrutiny Committee with elected members from Shropshire Council to scrutinise and respond to NHS proposals that apply to both areas;
 - d) Responding to referrals from Health Watch regarding health services;
 - e) Monitoring the Council's performance in relation to social care service for adults;
 - f) Responding to referrals from Healthwatch regarding Adult Care Services
 - g) Scrutinising proposals for the provision of adult care services and the impacts of any proposed changes to services;

Appendix A

h) Scrutinising adult care services that are of concern to local people.

9. The Committee will set its own work programme. The main task of the Committee will be to scrutinise the planning, provision and operation of NHS health services and to scrutinise the performance of the Council's adult social care services that are provided to people in Telford & Wrekin. However, members can look at any other issues within these service areas. The following points should be taken into consideration when considering the work programme each year:

- areas where significant change is proposed and the potential impacts
- performance in areas where significant change has been implemented;
- areas of financial overspend;
- areas receiving a high level of budgetary commitment;
- areas where there is a high level of user dissatisfaction;
- reports and action plans produced/agreed with external inspectors;
- areas that are key issues for the public or have become a public interest issue covered in the media.

10. The Committee will consider matters referred by the Scrutiny Management Board, and will exercise discretion as to whether a suggestion falls within the remit of the Committee to scrutinise.

11. Following scrutiny of any proposals which constitute a substantial development or substantial variation in the provision of health services, to make recommendations to Full Council on the exercise of powers of referral to the Secretary of State.

Meeting Administration and Proceedings

12. The Committee procedure rules as set out in the Council's Constitution apply to this Committee.

13. The meetings will follow the principles of scrutiny ie no party whip will be applied and a constructive, evidence based approach will be used.

14. If the Chair and Vice Chair (if appointed) are unable to attend a meeting the members present will elect a Chair for the meeting.

15. The meetings will be administered by Scrutiny Services and Democratic Services. Frequency of meetings will be agreed by Committee members as deemed necessary to carry out the work programme.

16. Scrutiny Committee meetings will be held in public, unless matters exempt under legislation is being discussed, or the Scrutiny Committee is meeting with vulnerable groups to hear their views and it is not appropriate for these meetings to be open to the public. The Scrutiny Committees may appoint subgroups to carry out investigative work as part of a review, and these may be held as informal meetings, but evidence gathered in this way will be brought back to the overseeing Committee in a public forum. In case of dispute, the

Appendix A

Monitoring Officer will advise on the rules of exemption.

17. Relevant Cabinet Members, Executive Directors, Directors and Service Delivery Managers and representatives from NHS commissioners and providers will attend the Committee at the request of the Chair. Representatives from partner organisations may be invited to attend.

Sensitive and Confidential Information

18. From time to time members, as part of the work of the Committee, may become privy to information of a sensitive or confidential nature, if this happens members must maintain this confidence. Members are unable to request personal/confidential information from Officers about an individual or family.
Reporting Arrangements.

19. The Chair will provide regular updates to meetings of the Scrutiny Management Board to inform the other Scrutiny Chairs of performance and budget issues relating to the remit of their Committees.

20. The Chair of the Committee, or his/her representative, will provide and present reports and recommendations of the Committee to the Council's Cabinet, Full Council or other partner organisation when necessary.

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