



HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Thursday 25 April 2024 at 2.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors D R W White (Chair), S Handley and R Sahota.
Co-Optees: D Saunders and S Fogell

In Attendance: C Hall-Salter (Service Improvement & Efficiency Service Delivery Manager, Telford & Wrekin Council), S Hardwick (Lead Lawyer: Litigation & Regulatory, Telford & Wrekin Council), P Starkey (Senior Democracy Officer (Scrutiny), Telford & Wrekin Council), S Yarnall (Democracy Officer (Scrutiny), Telford & Wrekin Council), E Boampong (Director: Communications and Engagement, Integrated Care System, Shropshire, Telford and Wrekin), M Patel (Chief Pharmaceutical Officer, Integrated Care System, Shropshire, Telford and Wrekin) and J Milner (Community Pharmacist Lead, Integrated Care System, Shropshire, Telford and Wrekin)

Apologies: Councillors O Vickers, L Lewis, S Syrda and J Urey.
Co-Optee: H Knight

HAC-38 Declarations of Interest

None.

HAC-39 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 14 March 2024 be confirmed and signed by the Chair.

HAC-40 Update from the JHOSC

Members received a brief update following the previous meeting of the Joint Health Overview and Scrutiny Committee that took place on 8 April 2024. The meeting focussed on accident and emergency provision across Shropshire, Telford and Wrekin and was a continuation of the meeting held on 27 February 2024.



Members were also informed that the JHOSC recently met with the West Midlands Ambulance Service regarding urgent and emergency care, where they discussed factors leading to bed blocking or no criteria to reside and delays resulting from slower discharge rates.

HAC-41 Update from the Health & Wellbeing Board

Members received a brief update from the Democracy Officer (Scrutiny) on the recent Health & Wellbeing Board meeting on the 21 March 2024. The meeting consisted of items such as the Alcohol and Drugs Strategy as well as the latest Annual Public Health Report. Members informed Officers that they were unable to access the most recent Annual Public Health Report and requested that this be made available online

HAC-42 CQC Update

The Committee received an update from the Service Improvement & Efficiency Service Delivery Manager, Telford & Wrekin Council, regarding the pending inspection by the Care Quality Commission (CQC). Members were informed that this was in response to recent legislative changes under the 2022 Health and Care Act, in which Local Authorities were to be regulated and inspected by CQC. It was explained that the process of the inspection as well as the result was similar to that of an OFSTED inspection in education. Local authorities would be assessed over four key themes, which included:

- Working with people;
- Providing Support;
- Ensuring Safety, which includes safe systems, pathways and transitions from children to adult services, and appropriate safeguarding measures and policies; and
- Leadership and governance structures to ensure that the management structures, procedures and policies were suitable, sustainable and being monitored for improvement.

The CQC were tasked with reviewing all 153 local authorities over a 24-month period and the Council were notified in February 2024 that they were due to be inspected. At the time of the meeting, the local authority had submitted their self-assessment data to the CQC as part of the inspection. This data included the number of people that had care under the local authority, which had risen by 20% over the last year and highlighted that the average cost of care had risen by nearly £1,000.



A summary of both the strengths and challenges faced by the local authority was presented to Members. The strengths included a focus on the individual needs and outcomes of individuals that were experiencing care and learning from best practice and partnership/multi-agency working. The challenges faced and areas for improvement included reducing the amount of time people were waiting for an assessment or review, supporting unpaid carers and improving the uptake of the Council's Direct Payment offer.

The presentation concluded with Officers informing Members of the next steps regarding the upcoming inspection. The improvement programme was in place, and Officers were waiting for the official call for when the inspection would begin. The inspection itself was expected to take place over a five-day period, with three days being on-site and the other two days consisting of virtual interviews. Following the inspection, Members were informed that they would receive a further update to discuss the inspection and its result.

Following the presentation, Members raised a number of questions:

How would the authority adapt to rising costs and increasing pressures due to changing health concerns such as COVID-19 and an increase in being understaffed?

As part of the CQC inspection, the self-assessment portion of the inspection highlighted some of issues being faced and a plan to address these, which included agreeing to increase the Council's budget for adult social care.

Would new technologies be used to address the issues faced by care providers?

New technologies would be able to support with some of the emerging challenges faced by the care industry.

With the recent publicity regarding the Department for Work and Pensions over paying on benefits, were the Council able to support with this?

At the time of the meeting, the impact of this was unknown and that Officers worked with care centres to ensure that people receiving care were in receipt of the correct benefits.

With the improvement of outcomes for people discharged from hospital highlighted, how did you plan to continue this and would there be a role for the Council's Health Champions to support?

There would be a role for Health Champions to support with discharged patients in the home to aid with their health and care needs. The authority



would focus on the cohort and ensure that the support provided was appropriate.

What was the definition of an unpaid carer?

An unpaid carer was a carer that provided care without being paid. It was usually associated with a family member providing care. Unpaid carers were entitled to care benefits.

HAC-43 Big Conversation

The Director: Communications and Engagement, Integrated Care System, Shropshire, Telford and Wrekin, provided the Committee with an update on the “Big Conversation” campaign that the ICS had launched. The goal of this campaign was to have a conversation with groups across Shropshire, Telford and Wrekin from all backgrounds to understand their experiences of the health care system. It was highlighted that the campaign had a particular focus on seldom heard groups and that they worked in partnership with external partners and local authorities to speak to these typically hard to reach groups.

The campaign yielded a total of 45,068 interactions that illustrated a variety of different views from across the county. The campaign illustrated a fairly positive response to healthcare in the county that ranged from primary care to acute and secondary care. There were some areas of improvement that were highlighted as a result of the campaign, including the number of appointments available in GP practices and the access to supplies within pharmacies. Many of these improvements had already been identified and work had been undertaken to address them, however it was acknowledged that some of these required technological improvements were not available yet. A number of immediate changes were also identified, including a need for better signposting of services and where people could go for support.

The item concluded with an exploration of the next steps for the ICS following the conclusion of the campaign. The results from the Big Conversation would aid the joint forward plan set by the Integrated Care Board. This included a better network of communication to address the concerns of the public in relation to health care. The formal next steps were described as looking at formulating recommendations to tackle health inequalities across the county and to plan for further health schemes to support local people.

Following the presentation, Members posed a number of questions to Officers from the ICS:

How would you address the National issue of not having enough staff to carry out both clinical and administrative duties across sectors like Primary Care?



It was a recognised issue across the whole country, and Members were informed that the purpose of the campaign was aimed at listening to public concerns on a local scale to enable Officers to provide localised support.

Did the campaign illustrate that earlier intervention was the key to some of the issues faced in healthcare locally?

Early intervention was proven to be able to support people and would be able to address major health and care concerns. This was recognised on both a local and national level that early intervention was key and that going forward there would be a focus on the community to support this. Members discussed that the pharmaceutical sector might be able to support with this.

How did you ensure that the older generation, which were not as technologically literate, would be able to access the correct services?

It was recognised that certain people, such as the older generations, would be uncomfortable with the increased use of technology being used and that there would be a system in place to support them. It was highlighted that the COVID-19 Pandemic had accelerated the introduction of new technologies in the healthcare system.

Was the data presented representative of the demographic population of the county?

The data presented was representative and captured the perspectives of seldom heard groups.

Was it true that some areas of healthcare like dentists were reluctant to be a part of the NHS because of the targets they were required to reach?

There were challenges faced in primary care and some that had an impact on some services such as dentistry. It was hoped that with the development of the primary care recovery plan that being part of the NHS could be more attractive.

HAC-44 Pharmacy First

The Chief Pharmaceutical Officer and the Community Pharmacist lead from the Shropshire, Telford and Wrekin Integrated Care System provided the Committee with an update on the Pharmacy First campaign. This was a result of a previous meeting in which Members requested to hear more on the work of pharmacies and community pharmacies. The update advised Members that by 2026 new pharmacists would be able to be independent prescribers and



that there would be new forms of technology that would support in the management of this development.

The presentation highlighted that this was a focus for the ICS, to ensure that the correct methods and technologies were in place to support with the new developments. Another area of focus that was highlighted was the need to recruit and retain staff. This was a sentiment that was echoed by all aspects of the health care system and one which was addressed within the presentation. Members heard that Officers at the ICS were working with local universities and pharmacies to provide training opportunities as part of working towards pharmacists being prescribers by 2026. Another area of concern highlighted was how medicines would be delivered.

The Pharmacy First service and campaign launched on 31 January 2024 and sought to continue the community pharmacist consultation service. Pharmacists that were signed up to the service had to agree to uphold the services and pillars of being a community pharmacist which included providing contraceptive care and blood pressure checks. The campaign had targeted engagement within pharmacies along with both national and local comms on what support was offered to inform members of the public the support that community pharmacy could offer such as contraceptive advice. This was in collaboration with the national system and campaigns to provide greater levels of support in communities and aid with a greater understanding of what pharmacies were able to provide.

The impact so far varied from area to area but the nationally validated data showed that community pharmacy had helped support people within their communities and overcome barriers on what support they could offer. Across the Borough and County, it was highlighted that over 3,000 consultations for pharmacy first had taken place and that in turn saved over 500 hours of GP and Urgent and Emergency clinician's time. Members were informed that feedback was relatively positive and that work was still needed in relation to Pharmacy First and Community Pharmacy.

Following the update on Pharmacy First, Members raised a number of questions:

Why were some elements of community pharmacy first inaccessible when a person reaches a certain age?

This was a result of national guidance.

Why were bigger pharmacies not as involved with the Pharmacy First programme?

Pharmacies were independent contractors, therefore it was down to the individual pharmacy company to decide whether to be a part of the scheme.



Did companies support apprentices?

There was a financial incentive for organisations to be part of this scheme and support the training of prescribers such as paid study leave.

Why did pharmacists not take up phlebotomy?

The current focus was on community pharmacy, and this was to reflect the need of the public, if the need for pharmacy to take up phlebotomy increased then it might be adopted.

Was there research that illustrated the impact of pharmacies on A&E admissions?

This was an area to look into but there had been concerns regarding the amount of trained pharmacists to obtain an accurate assessment of the impact.

From the Big Conversation item, it was highlighted that 19% of people had an issue with pharmacies not being able to source supplies. Was this a growing issue and was the UK the only country having difficulty sourcing supplies?

This was an international issue and there were many world factors impacting this.

How many community pharmacists had closed down in recent years?

Over the last two years, there had only been two community pharmacists that had closed in the county.

Would the extra services offered by community pharmacists be able to bring extra revenue?

The range of services available would be attractive enough to people to bring additional revenue.

Co-optee Dag Saunders left at 3:58pm.

HAC-45 Communications, Marketing and Engagement in the NHS

The Director: Communications and Engagement, Integrated Care System, Shropshire, Telford and Wrekin, provided an update to the Committee on the work that the ICS do to communicate and engage with the local community. The example of the 'Think Which Service' was given, as it was a campaign



that heavily engaged with members of the public to consider which service was best for their healthcare needs.

The campaign raised awareness on which service was best suited for different health concerns. These ranged from the types of services which could be provided by a GP, a pharmacist and by an accident and emergency clinician. The campaign utilised a survey research method to analyse the impact of the campaign. A total of 304 people engaged with the ICS and this cross section of the population aimed to be as representative as possible to ensure that the views of the public were being captured accurately. This along with various leaflet drops across the community and on social media helped to raise awareness of what each healthcare service provided.

The campaign had started in 2023, and in comparison to the data collated in 2024 it was highlighted that awareness on healthcare services was higher with a total of 53% of people being aware compared to 23% the previous year. The impact of the campaign was also found to be higher amongst BAME and other ethnic minority communities. This helped to reduce pressure on the 111 and A&E services and gave residents the relevant information for the most appropriate forms of care.

Members asked questions in response to the presentation:

The perception by residents was that GPs were not available and had effectively reduced the number of patients being seen, was this the case?

The demands on doctors had changed significantly following the COVID-19 Pandemic and doctors were now dealing with administrative duties as well as clinical duties.

Were the issues that residents faced regarding Primary Care and access a local or national concern?

It was a concern shared across the nation and the Primary Care Recovery plan was hoped to address this locally.

Members thanked Officers from the ICS for their presentation and the work that had been conducted.

HAC-46 Work Programme

The Democracy Officer (Scrutiny) informed Members of the Committee that this was the last meeting of the municipal year and provided an overview of the items covered over the last 12 months. Members were invited to make suggestions for inclusion in the scrutiny work programme for the next



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municipal year. The Committee suggested examining increasing concerns over mental health provision across the Borough.

HAC-47 Chair's Update

The Chair had nothing further to update the Committee on.

The meeting ended at 4.24 pm

Chairman:

Date: Thursday 10 October 2024