

Borough of Telford and Wrekin

Joint Health Overview & Scrutiny Committee

Tuesday 27 February 2024

2.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Democratic Services: Paige Starkey 01952 380110

Media Enquiries: Corporate Communications 01952 382406

Committee Members: Councillors G Elner (Co-Chair), O Vickers (Co-Chair), D R W White, N A Dugmore, K Halliday, H Kidd, H Knight, D Saunders, S Fogell, L Cawley (Shropshire Co-Optee), L Price (Shropshire Co-Optee) and D Sandbach (Shropshire Co-Optee)

	Agenda	Page
1.0	Apologies for Absence	
2.0	Declarations of Interest	
3.0	Minutes of the Previous Meeting	3 - 8
4.0	Urgent & Emergency Care and Winter Planning Update	Verbal Report
	To receive a verbal update on Urgent & Emergency Care and preparedness for Winter Pressures across Shropshire, Telford and Wrekin.	
5.0	Rural Proofing in Health and Care	9 - 40
	To receive the report of the Shropshire Health & Overview Scrutiny Committee on Rural Proofing in Health and Care.	
6.0	Co-Chair's Update	

This page is intentionally left blank

SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting of the Joint Health Overview and Scrutiny Committee
held on 24 October 2023 1.00 pm – 4.00 pm in the
Shrewsbury Room, Shirehall, Shrewsbury**

Members Present:

Shropshire Councillors: Geoff Elner (Chair)
Telford & Wrekin Councillors: Ollie Vickers (co-chair) Derek White
Shropshire Co-optees: David Beechey, Lynn Cawley, Louise Price
Telford and Wrekin Co-optees: Simon Fogell, Hilary Knight, Dag Saunders

Joined via Teams (and therefore not able to be recorded as present, or able to vote)
Kate Halliday (Shropshire Councillor)

Attending from Shrewsbury and Telford Hospital Trust

Louise Barnett, Chief Executive
Sara Biffen, Chief Operating Officer
Hayley Flavell, Director of Nursing,
Dr John Jones, Medical Director
Nigel Lee, Director of Strategy and Partnerships
Helen Troalen, Finance Director

Shropshire Telford and Wrekin Integrated Care Board

Simon Whitehouse, Chief Executive

Others Present:

Sophie Foster, Overview and Scrutiny Officer, Shropshire Council
Lorna Gordon, Democracy Officer, Telford and Wrekin Council
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Rachel Robinson, Director of Public Health, Shropshire Council (via Teams)
Paige Starkey, Senior Democracy Officer (Scrutiny), Telford and Wrekin Council

The recording of the meeting is available to view in two parts available from the links below:

[Joint Health Overview and Scrutiny Committee - Tuesday, 24th October, 2023 1.00 pm \(youtube.com\)](#)

[Joint Health Overview and Scrutiny Committee - Tuesday, 24th October, 2023 1.00 pm Part 2 - YouTube](#)

1. Apologies for Absence

Apologies were received from Councillors Heather Kidd, Kate Halliday (not able to be present in the room but joined via Teams)

2. Declarations of Interest

None declared.

3. Minutes of the last Meeting

Minutes of the meeting held on 5 July 2022 were confirmed as a correct record.

4. Shrewsbury and Telford Hospital Trust (SATH) Performance

The Chairman welcomed the representatives from SATH and NHS Shropshire and the Chief Executive of Telford and Wrekin Integrated Care Board, and thanked them all for attending the meeting. The Committee asked questions under the following headings:

Quality Improvement and CQC Rating

Members asked a number of questions about the amount of time that SATH had been rated as inadequate; the help and support provided to SATH since 2018: why University Hospitals Birmingham (UHB), a low performing trust itself had been chosen as an improvement partner by NHSE to support SATH; the actions agreed with NHSE to move forward to achieve an improved rating; whether these actions had been delivered as planned, whether it was possible to demonstrate the impact of the support in terms of effect on patients; and what would happen if SATH continued to be inadequate and still did not improve;

Responding to these questions, officers from SATH explained

- The national support programme had provided a team with a focus on culture change; as well as funding to support activity, fund specific roles and provide additional expertise for teams.
- UHB had provided oversight of quality improvement in nine different areas, supported with leadership capacity, and identified particular individuals to help take forward change.
- The choice of UHB to support SATH was one made by the regulators, an extremely positive outcome of that relationship had been the appointment of a high calibre Director of Nursing; A different Trust, Sherwood Forest, had provided maternity support
- Funding to support quality had been used for quality matron roles; increase support around dementia and falls and supported the safeguarding team. Two quality matron roles were now permanently funded.
- A Medical Director and Operational Director had been appointed to focus on delivery of services needed and ensure focus on a 'getting to good' programme.
- A consistent approach had been developed to incidents affecting patients with a more systematic approach to learning.
- It was difficult to measure success in terms of patient outcomes, it was easier to identify when things went wrong, but qualitative information from other organisations was used alongside more quantitative information such as number of infections and time spent in hospital.

- As well as consistent quantitative data, verbal feedback and qualitative information was used to understand progress
- The Trust was currently in the middle of a CQC assessment of core services including end of life, medicine and urgent emergency care. Initial feedback from the CQC team was that significant improvements had been made since the 2021 assessment.

The Chief Executive of the ICB believed that the reasons for an inadequate rating over such a lengthy period included silo working partly due to two acute hospital sites; serious site and estate limitations; different commissioning arrangements and complications of serving patients across two countries, all compounded by issues caused by delivering services in a rural area. He reiterated the determination to move forward to a rating that was good.

However, if SATH's rating were to remain as inadequate, the Trust and ICB would continue in segment 4 of the NHS Oversight Framework and remain within the NHSE Recovery Support Programme. Further work on the Recovery Plan would be needed and this would be the responsibility of all system partners as well as SATH, with a focus on delivering better integrated care allowing access to the right care in the right place at the right time.

The prevention work undertaken by the Health and Wellbeing Boards was crucial and work in local neighbourhood teams.

Performance

The Committee went on to ask questions about:

SATH's service performance against national standards – as it was repeatedly reported as being among the worst performing trusts; reasons for poor cancer performance and the reasons for this; the number of critical incidents - the causes of them; lessons learnt and how quantitative and qualitative feedback was used; and whether organisational culture and issues such as bullying had contributed to performance issues

Officers from SATH explained that

- Measuring performance required the collection and presentation of consistent data, but in addition verbal feedback and qualitative information was systematically collected to reflect patient experience;
- Critical incidents and overcrowded emergency departments were often a consequence of an excess number of patients who did not need to be in hospital, and work continued on preventing unnecessary admissions as well as discharging those who were medically fit for discharge. At the current time there were 150 patients with 'no criteria to reside', or fit for discharge - 100 of these were in beds ready to be discharged into an appropriate place of residence, and 50 were awaiting assessment.

- Cancer performance had declined, with a backlog partly caused by patients choosing not to attend during covid, and a downward trajectory over 62 days for treatment. Diagnostic equipment now included mobile CT and MRI scanners, two endoscopy rooms were in operation and a business case for recurring funding for three in total had been submitted. Radiographers were in short supply nationally and international recruitment efforts had taken place. It was anticipated that performance would meet the standard required by end of March 2024.

In responding to questions about organisational culture, the Medical Director said that in any organisation employing 7,000 people, problems and challenges such as bullying would be a feature. However risks were greater in a health care organisation and action had been taken to support good relationships and establish a culture where staff felt safe to speak up, with the ability to do so anonymously. He was confident that an open and consistent approach was taken when concerns raised about bullying, harassment and poor conduct were raised.

Service Development

The Committee asked questions about:

Future bed provision and whether planned numbers would be adequate to meet the needs of a growing population with an older demographic; impact of less money than expected being available for hospital reconfiguration; specialist services delivered on a hub and spoke model and what ambitions there were to retain specialist services in Shropshire where SaTH would be a hub rather than a spoke meaning that people would have to travel further as was the case with urology and neurology.

In responding to these, NHS officers reported that:

- Extensive capacity and demand analysis had been undertaken for the next ten years, taking into account information such as Cancer UK projections and developments in treatments and options, for example, some treatment that five years ago would require overnight admission could now be undertaken as a day case.
- SaTH was committed to provision of services as close to home as possible, however workforce challenges and the numbers needed to provide a service meant that some specialised provision needed to be grouped together across hospitals - meaning that people would have to travel further to access it. People having to travel further within the county rather than out of the county was always the preferred option.
- Despite less money than originally anticipated being available for the reconfiguration, core objectives could still be met and the strategic outline case commensurate with £312m had been approved. Increasingly places of work

were for integrated teams, involving social care, mental health staff and others. Other funding had been identified for the elective hub.

Questions for Integrated Care Board

Responding to questions from the Committee regarding the timeframe for strategic planning in the NHS, drivers for this and how plans complemented each other at a strategic level, the Chief Executive of the ICB reported on the establishment of Integrated Care Boards through the 2022 Social Care and Health Act. A Joint Forward Plan had been published earlier in the year which set out how all partners in the Integrated Care System would work together to deliver the priorities jointly agreed over the next five years., taking the view of communities into account.

Members referred to presentations about maternity services provided to the Committee on previous occasions and expressed disappointment that the opportunity to report on neo-natal mortality data had not been taken at these meetings, to allow the chance of questions around reasons for higher rates than the national average.

The Committee wished to support the NHS in understanding and addressing problems as they occurred and would rather have heard about this issue and others directly, rather than from the media. The Chief Executive of SaTH and her colleagues made a commitment to work with the committee going forward and thanked members for the opportunity to attend the meeting, recognising the committee had an important role to play in addressing key issues.

Committee members had also asked questions in relation to the following during the course of the meeting

Please provide in a table format what investment both capital and revenue has been made into the cancer/diagnostic service.

1. What investment has been made?
2. What has been purchased with it?
3. What was it expected to deliver?

How many critical incidents there have been and how does this compare with other similar hospitals?

The Chief Operating Officer had agreed to provide this information

A member had asked if minutes taken at meetings of the common committee with University Hospital Birmingham be made available now that the arrangement with UHB had concluded be made available to the Committee?

The Chief Executive, SaTH had said she would look into this.

The Committee also said it would welcome sight of the Hospital Transformation Plan.

The Chair and Committee thanked such a large contingent of SaTH representatives for attending the meeting, along with the Chief Executive of the ICB. This had been much appreciated and members looked forward to working together on a positive basis into the future.

The Committee then went on to discuss its next steps in light of the discussion at the meeting. Discussion covered:

- The possibility of the committee developing a data set that could be easily refreshed and understood to allow focus and allay concerns;
- how best to utilise reports available online regarding SaTH performance and outcomes;
- The need to understand fully why patients with no criteria to reside were consistently between 110 and 160 ;
- The need to talk to the Community Health Trust about admission prevention and discharge;
- The need to take up the issue of the social care situation and impact on discharge with each council;
- The reasons for assessment delays impacting on discharge rates;
- The possibility of buying community step down beds in a way that is sustainable for those supplying them, to facilitate discharge;
- Issues around lack of therapists and lack of incentivisation to join or return to therapy services;
- The need for advanced communication from Trusts when issues arose;
- The possibility of meeting CQC to ask about 'red flags'

It was agreed to recommend that each authority's HOSC should undertake further work on numbers of patients remaining in hospitals with no criteria to reside and that further work leading on from today's meeting be conducted along the following themes: the nature of reports needed from SaTH showing performance and outcomes; finance, virtual wards, recruitment and securing information from CQC in relation to understanding 'red flags'.

10. Co-Chairs Update

The Chairs said that consistent common areas could be reported back to Joint HOSC Informal sessions which could then be used to prioritise and plan to get the best out of formal meetings.

.

The meeting concluded at 4.00 pm.



Joint Health Overview and Scrutiny Committee

27 February 2024

Item

Public



Report of the Health Overview and Scrutiny Committee- Rural Proofing in Health and Care

Responsible Overview and Scrutiny Officer:	Sophie Foster		
email:	sophie.foster@shropshire.gov.uk	Tel:	01743 255248
Health Overview and Scrutiny Chair:	Cllr Geoff Elner		
Task and Finish Group Chair:	Cllr Heather Kidd		

1. Synopsis

To report the findings and recommendations of the Rural Proofing in Health and Care Task and Finish Group following their investigation looking at the options to effectively ‘rural proof’ the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire which have been adopted by the Health Overview and Scrutiny Committee.

2. Executive Summary

- 2.1. This is the report of the Health Overview and Scrutiny Committee which adopted the report of the Rural Proofing in Health and Care Task and Finish Group. It sets out key findings, conclusions and recommendations of their work considering delivering health and care services to rural communities. The members of the Task and Finish Group have been clear from their first meeting about the topic, that addressing any inequalities of service provision between rural and urban areas requires a system wide understanding of the opportunities and challenges. Having this will help to identify the most suitable and effective options that need

to be explored and implemented to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and service design and provision in health and care in Shropshire.

- 2.2. This work arose from Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) frequently highlighting concerns about rurality and access to health and care services through their work. This Task and Finish Group was therefore commissioned to draw together the key points and observations that have 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.
- 2.3. Against this context, the Task and Finish Group has looked in detail at the available data and information, carrying out a desk top review of the available research and case studies into rural proofing and the impact of living rurally on access to health and care services. Hearing from customers, service users, and patients about their experiences of accessing health and care when living rurally. Hearing from providers of health and care services about current approaches to delivering/serving rural communities and sought evidence and learning from other areas of the country.
- 2.4. The system and organisations that have fallen within the scope of this work are complex, multi-dimensional and dynamic. With national, regional and local actions and activity being identified and reviewed whilst the task and finish group has been in operation.
- 2.5. The Group have made 14 recommendations which they believe will contribute 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

3. Recommendations

Members are asked to:

- 3.1. Consider and comment on the report and recommendations of the Task and Finish Group attached at appendix 1.
- 3.2. From the 14 recommendations that were outlined in the report, the JHOSC are asked to endorse those which are included in section 7 of this report.

Report

4. Financial Implications

- 4.1. Whilst there are no direct financial implications from this Task and Finish Group report, should the committee adopt the report then appropriate financial advice on the costs involved should be sought.

5. Climate Change Appraisal

There are no identifiable impacts on the climate from the recommendations made to this committee in this report.

6. Background

- 6.1. Members of the Health and Adult Social Care Overview and Scrutiny Committee (now Health Overview and Scrutiny Committee) had highlighted concerns about rurality and access to health and care services through their work. This Task and Finish Group was commissioned to draw together the key points and observations that have 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.
- 6.2. The task and finish group has carried out its work with a strong focus on learning from the available information by organising its review around three stages:
- Carrying out a desk top review of the available research and case studies into rural proofing and the impact of living rurally on access to health and care services.
 - Hearing from customers, service users, and patients about their experiences of accessing health and care when living rurally.
 - Hearing from providers of health and care services about current approaches to delivering/serving rural communities.
- 6.3. This has included learning about the findings of the work completed by the National Centre for Rural Health and Care to produce the Rural Proofing for Health Toolkit.
- 6.4. They have heard from a wide range of people and organisations via written submissions and through witnesses attending their meetings; providing the opportunity to share their knowledge and experience of receiving or delivering health and care services in rural communities.

- 6.5. Their key findings, conclusions and recommendations are set out in their report, attached at appendix 1.
- 6.6. Specific points of focus in the recommendations include:
- That an end-to-end evaluation of the travel and transport infrastructure which supports the Shropshire health and care system should be completed by the Integrated Care System to understand how accessible and effective the current provision is and to identify current and future demand. The evaluation should include:
 - Patient Travel Support
 - Public Transport
 - Concessionary Travel
 - Community Transport
 - A review of how health and care transport is co-ordinated at a system level
 - A mapping exercise to identify community capacity available to deliver voluntary community transport schemes, and whether there are sufficient services available and how best to provide an equitable service closing the gaps overall and in specific locations.
 - The Group were very pleased to learn that the Rural Proofing for Health Toolkit had been recommended for use within the Integrated Care System (ICS) by Simon Whitehouse (Chief Executive Officer for Shrewsbury Telford and Wrekin Integrated Care Board) and Cllr Cecelia Motley (in her role as Co-Chair of the Health and Wellbeing Board.) The Group recommends that the Toolkit be fully adopted into the Integrated Impact Assessment process of the ICS and all organisations whom it commissions and should be accepted as a mandatory document to be completed when making changes to or introducing a new strategy or plan making process, so it can inform thinking from the outset.
- 6.7. The Group also propose that the Shropshire Health and People Overview and Scrutiny Committees adopt the Rural proofing for Health Toolkit as a part of their own overview and scrutiny processes to act as a framework to support them in maintaining a robust view on the needs of local rural populations when they review strategies, initiatives and service delivery plans.
- 6.8. The Group also believes there exists the opportunity that the Rural Proofing for Health Toolkit be recommended at a regional level for use by its partner local authority of Telford and Wrekin to support the work of the Joint Health and Overview Scrutiny Committee. That this could be broadened to include the Shropshire Association of Local Councils for use in their work with Parish Council's, creating a consistency of approach to rural proofing, and making the links to the local Joint Strategic Needs Assessments that are being developed.
- 6.9. There is then opportunity and scope to expand the use of the toolkit to Herefordshire, Monmouthshire and Powys to help provide evidence for cross border working and shared outcomes for the newly founded Marches Forward Partnership. The formal adoption of the toolkit could be stated as part of the Memorandum of Understanding by all the authorities, helping to embed rural

proofing of health and care, contributing towards a greater shared understanding of the opportunities and challenges of delivering health and care services to rural communities.

7. Report Recommendations

- 7.1. The Group agreed that the use of the Rural Proofing for Health Toolkit be recommended to all partners of Shropshire's Health and Care system. That the Toolkit also be adopted for use by the HOSC and JHOSC to review any changes or new services that are being implemented to ensure they have been 'rural proofed'.
- 7.2. That a deep dive be carried out into recruitment and retention policies and practices in the local health system by the Joint Health Overview and Scrutiny Committee including a review of best practice nationally encompassing the approaches recommended by the Rural Services Network to see if they would work in Shropshire and Telford and Wrekin.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Local Member: All

Appendices

Appendix I: Report of the Rural proofing in Health and Care Task and Finish Group

This page is intentionally left blank