



Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 10 October 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 D R W White (Chair), F Doran (Vice-Chair), M Boylan, P Davis, N A Dugmore, S Handley, R Sahota, P Thomas and J Urey
Co-optees H Knight, S Fogell and D Saunders

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	To confirm the minutes of the previous meeting held on 25 April 2024.	
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	To review and reconfirm the Terms of Reference for the Communities Scrutiny Committee for the 2024/25 Municipal Year.	
5.0	Health Scrutiny Committee Work Programme 2024/25	21 - 30
	To review and confirm the proposed Work Programme for the Health Scrutiny Committee for the 2024/25 Municipal Year.	

6.0 Update from the JHOSC

To receive an update on the work of the Joint Health & Overview Scrutiny Committee.

7.0 Update from the Health & Wellbeing Board

To receive an update on the work of the Health & Wellbeing Board.

8.0 Telford & Wrekin Integrated Place Partnership (TWIPP) Update **Verbal Report**

To provide an update on the Telford & Wrekin Integrated Place Partnership (TWIPP).

9.0 Chair's Update

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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



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

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Telford & Wrekin
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Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 10 October 2024

Terms of Reference 2024 / 2025

Cabinet Member:	Cllr Zona Hannington - Cabinet Member: Finance and Governance.
Lead Director:	Anthea Lowe - Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Paige Starkey - Senior Democracy Officer (Scrutiny)
Officer Contact Details:	Tel: 01952 380110 Email: Paige.Starkey@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health Scrutiny Committee – 10 October 2024

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 agree 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 23 May 2024, 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 adopting the recommendations included in this report.

9.0 Legal and HR Implications

9.1 The Council's Constitution requires that the Terms of Reference should be reviewed on an annual basis. The terms of reference should provide clarity on the election of the chair and Vice-Chair and once confirmed, the Monitoring Officer will update the Constitution. The Council is required to comply with the Constitution. This report demonstrates compliance with this requirement. There are no direct legal implications arising from this report.

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

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 Terms of Reference 2024/25

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal Services	12/08/2024	12/08/2024	SH
Finance	12/08/2024	19/09/2024	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; and
 - h) Scrutinising adult care services that are of concern to local people.

Appendix A

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 Monitoring Officer will advise on the rules of exemption.

Appendix A

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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Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 10 October 2024

Health Scrutiny Committee Work Programme

Cabinet Member:	Cllr Zona Hannington - Cabinet Member: Finance, Governance & Customer Services
Lead Director:	Anthea Lowe - Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Paige Starkey - Senior Democracy Officer (Scrutiny)
Officer Contact Details:	Tel: 01952 380110 Email: Paige.Starkey@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health Scrutiny Committee – 10 September 2024

1.0 Recommendations for decision/noting:

It is recommended that the Health Scrutiny Committee:-

- 1.1 Review and agree the work programme as shown at Appendix A.

2.0 Purpose of Report

- 2.1 To set the work programme for the Health Scrutiny Committee as outlined in Appendix A.

3.0 Background

- 3.1 Work programmes for scrutiny committees are reviewed annually, with a period of consultation taking place in the months running up to a new municipal year. The public, key stakeholders, and Council officers are asked to put forward scrutiny

suggestions for inclusion on the coming year's work programme.

3.2 Following the consultation period, a draft work programme is taken to Scrutiny Management Board and the Scrutiny Assembly for comment before being sent on to individual committees for final approval.

3.3 The Constitution states that scrutiny committees are to set and undertake their own programme of work, meeting as required to deliver the work programme.

3.4 Work programmes can be amended throughout the year if the committee or Scrutiny Assembly deem it necessary.

4.0 Summary of main proposals

4.1 For the Health Scrutiny Committee to review and approve the attached draft work programme as shown at Appendix A.

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-focussed, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

8.1 There are no financial implications arising from adopting the recommendations within this report.

9.0 Legal and HR Implications

9.1 In accordance with the Committee's Terms of Reference, the Committee will set its own work programme for the municipal year, will consider matters referred to it by the Scrutiny Management Board, and may make recommendations to Cabinet and Full Council following scrutiny.

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

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 Work Programme – Health Scrutiny Committee

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal Services	29/08/2024	18/09/2024	ON
Finance	29/08/2024	19/09/2024	RP

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Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
10 October 2024 – Committee Meeting					
Terms of Reference	For the Committee to agree the Terms of Reference for 2024/25.	Policy & Governance	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Constitutional Function.
	Outcomes:				
Work Programme	For the Committee to agree the proposed work programme for 2024/25.	Policy & Governance	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Draft work programme delegated to each scrutiny committee by SMB on 3 September 2024.
	Outcomes:				
Telford & Wrekin Integrated Place Partnership (TWIPP)	For the Committee to receive an update on the Telford & Wrekin Integrated Place Partnership	Adult Social Care	A community-focussed, innovative council providing efficient, effective and quality services. Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
12 December 2024 – Committee Meeting					
Hospital Discharge and Intermediate Care	For the Committee to receive an update on hospital discharge rates and intermediate care provision.	Adult Social Care	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				
Mental Health	For the Committee to review the current provisions for mental health support across the Borough for children, young people and adults.	Adult Social Care Public Health	Every child, young person and adult lives well in their community	Task and Finish Group	Scene setting item with a view to formulating a task and finish group. New suggestion received for 2024/25 work programme.
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
6 March 2025 – Committee Meeting					
To be determined.					
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
1 May 2025 – Committee Meeting					
To be determined.					
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
To be scheduled					
Dentistry	For the Committee to receive an update on dental services and access.	Public Health	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				
Review of actions following CQC inspection of Adult Social Care	For the Committee to receive an update on the outcome of the recent CQC inspection and next steps.	Adult Social Care	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				
Primary Care Access	For the Committee to receive an update on Primary Care access following the Healthwatch GP Survey Report.	Public Health	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				



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