

SHROPSHIRE COUNCIL, TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting of the Joint Health Overview and Scrutiny Committee
held on 12 September 2022 at 2.00pm – 3.45 pm in the
Shrewsbury Room, Shirehall, Shrewsbury**

Members Present:

Shropshire Councillors: Steve Charmley (Chair), Heather Kidd, Kate Halliday
Telford & Wrekin Councillors: Derek White (Co-Chair), Jayne Greenaway,
Stephen Reynolds
T&W Co-optees: Hilary Knight, Dag Saunders

Attendees:

Nicola Dymond, Director of Strategy and Integration, STW Integrated Care Board
Lorna Gordon, Democracy Officer, Telford and Wrekin Council
Tom Dodds, Scrutiny Manager, Shropshire Council
Rachel Robinson, Executive Director, Health, Wellbeing and Public Health,
Shropshire Council
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)

1. Apologies for Absence

There were no apologies for absence.

2. Disclosable Interests

None were declared

3. Minutes of last Meetings

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

Members referred to a series of questions asked at the last meeting to which NHS representatives had said they would provide responses. These included questions regarding bank staff and workforce; car park charges for staff; and availability of staff to facilitate discharge. Responses had not yet been provided. Nicola Dymond explained that she was new in post as Director of Strategy and Integration and would be in regular attendance at future JHOSC meetings. She asked that a list of outstanding questions be forwarded to her so that she could provide responses

In relation to discharge issues she reported on the intention to have a full system capacity review in real time between now and Christmas.

4. Integrated Care System (ICS)

Nicola Dymond gave a presentation to the committee providing an overview of the Integrated Care System and explained her role on the Integrated Care Board around

strategy and integration. There was a big engagement and consultation piece to take forward as a system and this would be an authentic co-design process.

Her presentation covered : the areas covered by and the organisations comprising the ICS; aims driving ICS purpose and priorities of Integrated Care Boards (ICB); the responsibilities of the ICB and Integrated Care Partnership (ICP); ICB Governance; developing the ICP Strategy and Forward Plan; principles for involving people and communities; indicative timelines for ICP Strategy and Joint Forward Plan; and workforce – which was increasingly the biggest challenge faced.

She concluded the presentation asking how best she could work with the Joint HOSC on the ongoing engagement and consultation processes.

The discussion following the presentation included the following comments, observations and questions from committee members:

- Joint HOSC members expressed frustration around the many times they had been informed of restructures, and plans for a ‘better tomorrow’ when the reality was that the situation had worsened over time, with all aspects of health provision in Shropshire under severe pressure.
- It was essential to get primary health care and mental health care right;
- The Committee felt that the Integrated Care System was the right solution but had taken too long a time to come about;
- It was essential to build up from the bottom and not impose top down solutions;
- Health inequalities should be a priority, the council’s public health data should be thoroughly utilised in this work;
- There had been no reference in the presentation to Shropshire’s sparse population, lack of public transport, difficulties of accessing information and services online due to lack of broadband; there had also been no reference to the Fuller report ;
- Scrutiny needed to fit in at each stage on the timeline with significant input on any plans for consultation;
- Identification of Place arrangements and responsibilities and knowledge at local level should help develop clear policies and priorities as a basis for the big piece of work moving forward – elected members needed to know how to communicate issues into the ICS - members had deep insight and understanding of the areas they represented and could really help with getting things right in relation to consultation, recruitment and other areas. Council experience in making every contact count and prevention should also be utilised;
- Although the direction of travel was supported, members expressed serious concerns as to whether delivery of aims was realistic in the light of the financial difficulties facing the ICS;
- In order to serve a population’s health needs you need to build up from the bottom and not take a top down approach;
- Innovation is needed in recruitment activity and advertising, Scrutiny Members might be able to provide useful input and ideas to improve the current website;
- Will ICB meetings be held in public and would minutes and papers be available.
- Big capital projects had taken so long to deliver in the past that the situation on the ground changed before implementation;
- Communicating to the public about why things were changing and how this would impact on them was essential.

- The timelines meant that the bottom up approach intended would not be possible

Responding to comments and questions, Nicola acknowledged the reasons for the Committee's frustrations but the changes to legislation and governance meant that progress could now be pursued aggressively and lead to plans and strategies which would provide the improvement so needed.

The need to engage, consult and co-design was a mandatory responsibility and a team was ready to take this forward, but full guidance on setting up an Integrated Care Partnership had still not been received. Communications and engagement teams had been pulled together from across all partner organisations to ensure all knowledge and plans already discussed would not be forgotten and to discuss how best to move forward.

The new statutory powers gave a genuine opportunity for money to be placed in one pot but an architecture was needed supporting integration, what it was trying to achieve and how best to shift activity to the most appropriate places. The initial capacity review would look at how current activity was funded. Programmes such as Hospital Transformation and Local Care Plan were now moving together into one programme of work which would help break down silos and structures. A System People Officer was to be recruited and would have oversight across the whole ICS. This would help develop an integrated approach.

Place agendas would be supported through Shropshire Integrated Place Partnership (ShIPP), and Telford and Wrekin Integrated Place Partnership (TWIPP), working at very local level to understand local needs assessments of the populations at place level. The work and knowledge of the Health and Wellbeing Boards would be utilised to develop clear priorities and priorities forming the basis of the larger strategy. The direction of travel over time would involve not only a shift of responsibility but also resources and authority down to place level working, within an overarching framework.

Rachel Robinson, Executive Director - Health Wellbeing and Prevention, explained that in Shropshire's case the ShIPP worked to support the outcomes of the Health and Wellbeing Board in delivering Place Plans and Health and Wellbeing Strategies.

Responding to a member who said this did not sound like a bottom up approach and that past work had not delivered for very rural and low wage areas, she explained that a great deal of engagement would happen at place level. In Shropshire, in December 2019, an approach based on 18 Place Plan geographies had been agreed but implementation had been delayed due to the pandemic.

This had now restarted, for instance, in Highley that morning there had been a meeting involving local members, parish councillors and local doctors amongst other stakeholders and members of the community on local health and wellbeing needs and issues.

A member representing a rural division emphasised the importance of working with local members when designing engagement processes and identifying who should be included in them so that very rural areas that had previously been left out would be included, particularly in border areas. She also referred to a piece of work previously undertaken around the use of the hospital in the Bishop's Castle area.

The Director agreed to meet with the member outside of the meeting to respond to her concerns and provide more information.

Nicola Dymond confirmed that equity and deprivation in rurality was part of the conversation. She also confirmed that information from across the border in Wales would be utilised as many Shropshire residents had a Welsh GP. The 10 principles for involving people and communities would shape the approach going forward and it was intended that more regular conversations with Joint HOSC would demonstrate the principles were being adhered to.

Members reiterated that they would be able to make a significant contribution in representing local communities, and helping to achieve a bottom up approach, and also assisting in driving forward recruitment. Basic questions needed to be asked in communities about what they wanted and needed.

It was confirmed that ICB meetings would be held in public and papers available on the website.

Nicola Dymond emphasised that all had a responsibility in making change and asked the Joint HOSC how it wanted to work. She said that work on consultation and engagement would start in October, but it could not start with a blank piece of paper.

She reiterated that she would be happy to be a regular attender at Joint HOSC meetings to maintain consistency of contact and ensure outstanding questions and issues raised by the committee received a response.

The Committee very much welcomed this suggestion and thanked Nicola for attending the meeting. It was decided to discuss informally before the next meeting what its expectations were and how to make them clear. The Committee agreed that in the first instance it would wish to look at any consultation materials before they were utilised.

The meeting concluded at 3.45 pm.

Chair: _____

Date: _____