



HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Tuesday 12 December 2023 at 2.00 pm in E206, Telford College, Haybridge Road, Wellington, Telford, TF1 2NP

Present: Councillors D R W White (Chair), O Vickers (Vice-Chair), N A Dugmore, S Handley, R Sahota and S Syrda.
Co-optees: H Knight, D Saunders and S Fogell

In Attendance: S Bass (Place Based Commissioning and Procurement Lead, Telford & Wrekin Council), M Bennett (Service Delivery Manager: Hospital and Enablement, Telford & Wrekin Council), S Froud (Director: Adult Social Care, Telford & Wrekin Council), G Robinson (Executive Director: Director of Delivery and Transformation, NHS Shropshire, Telford & Wrekin), G Smith (Director of Strategic Commissioning, NHS Shropshire, Telford & Wrekin), O Nicholas (Solicitor Adult Social Care, Telford & Wrekin Council) and S Yarnall (Democracy Officer (Scrutiny), Telford & Wrekin Council).

Apologies: Councillor L Lewis, G L Offland and J Urey

HAC-24 Declarations of Interest

None.

HAC-25 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 3 October 2023, 11 October 2023 and 19 October 2023 be confirmed and signed by the Chair.

HAC-26 Update from the Health & Wellbeing Board

The Democracy Officer (Scrutiny) advised Members that the next meeting of the Health & Wellbeing Board was scheduled to take place on 14 December 2023. The agenda pack link would be circulated to Health Scrutiny Committee Members for information.

HAC-27 Update from the JHOSC

The Democracy Officer (Scrutiny) informed Members of the Committee that the next scheduled meeting of the Joint Health Overview & Scrutiny



Committee was due to take place on 27 February 2024. Members were informed that once the agenda had been published, it would be circulated to the Committee for information. The focus of the next meeting was on Urgent and Emergency Care, Winter Planning preparedness and Virtual Wards.

HAC-28 The Better Care Fund

Members received a presentation on the Better Care Fund (BCF) which detailed how the fund was used to support schemes and programmes across Shropshire and Telford and Wrekin including Hospital Discharge. The BCF had national priorities that local authorities had to meet. This was the first time that the priorities would be set out for a two year period. The current BCF priorities were to take place from 2023 to 2024 and allowed for further planning and implementation of programmes by officers. Members were informed that there were priorities set out regarding the BCF. These included a clear approach to integration across delivery and commissioning, enabling people to stay well, safe and independent at home, support for unpaid carers and supported housing which included minor and major adaptations. These priorities along with others were set out by the National Government to ensure that a standard quality of care was being delivered.

The local authority worked closely with NHS colleagues to support an effective delivery of care that used the funding efficiently. Members were informed that the approach taken towards the funding was one that was person-centred across all access points.

Members were informed that there was additional money that was awarded at different times to help support with the delivery of programmes. The metrics regarding the funding for the BCF was said to be based on national metrics that were linked to discharges. This was explained to ensure that the funding and programmes provided appropriate care at the relevant time.

Some of the schemes funded under the BCF were highlighted to Members. These included funding for domiciliary care beds, partnership with community trusts and community resilience. Support was also available for carers and additional grant support for further care for those that need it the most. Following this, Members received an update on Neighbourhood Care and that there would be further support to conduct earlier assessments as well as support with adaptations in the home.

Members were informed that in recent years, there had been an increase in the need for care and specifically for domiciliary care. It was highlighted that recent events such as the COVID-19 Pandemic had caused an increase on the demand of the service. In recent years, it was highlighted that the use of virtual wards being implemented was designed to help ease pressures on the service.



Members heard about the priorities with regards to hospital discharge. It was highlighted that the service had system reviews from the Department of Health and Social Care and from the NHS England Service Improvement Team to aid hospital discharge. This was to support the system to ensure that hospital discharges were both timely and effective. Members were informed of the performance monitoring of hospital discharge which included statistics on the number of patients that were classed as having no criteria to reside, their length of stay, the complex discharges by day and pathway profile by the length of stay. It was highlighted that the statistics were monitored daily, weekly and monthly by both the internal system and NHS England.

Following this, Members were informed about the Commissioning actions and intentions with regards to the BCF and hospital discharge. This would be an opportunity for improvements such as the use of care homes to continue healthcare and provide further support. It was highlighted that there were performance and commissioning boards that looked to develop and set the work programme for the next two years, which would look at a number of factors both locally and jointly with neighbouring areas, ensuring further growth from services and improving the quality of healthcare provided. The presentation finalised with a summary of the upcoming planning and prioritising with partners. It was highlighted that the BCF Board that monitored the funding and the development of associated programmes reported into the Telford & Wrekin Integrated Place Partnership (TWIPP) as well as the local Health & Wellbeing Board. This along with system reviews from the Department for Health and Social Care for discharge helped to direct support to associated programmes, increase partner engagement and aid with data analysis, reporting and tracking of progress.

During and following the presentation, Members asked number of questions and made comments.

Under the dashboard performance for the BCF, where do the priorities come from? Are they set locally or by national Government?

It was explained that the goals were set locally and that they were monitored to see where intervention and further support would be needed. It was highlighted that the dashboard for those that needed further support would change seasonally.

Were the average ages of people needing further support and care those over the age of 75+?

It was acknowledged that the statistics highlighted that the average age of people needing care was 84 years old.



With regards to the no criteria to reside patients, were there any particular characteristics, demographics and/or geographical factors that affected these particular patients?

There were currently no particular characteristics that highlighted a heightened factor for a patient to be identified as no criteria to reside and the data showed that there were variations amongst no criteria to reside patients. It was acknowledged that these metrics were monitored consistently, and looked to track the demands in hospital and discharge rates.

What were the levels of capacity across hospitals like throughout the year?

It was highlighted that along with the continual monitoring, planning for hospital admission was being conducted all year round. This was to ensure that the systems were working together.

What does TICAT stand for?

It stood for Telford Intermediate Care Assessment Team.

Were there difficulties with staffing levels?

It was acknowledged that there were issues regarding staffing, specifically in relation to skill levels and the number of staff required to work with patients with complex needs such as Dementia.

What was the local NHS position on discharge levels?

It was highlighted that there were fundamental bed shortages across hospitals. Officers from the NHS informed Members that their hopes were that the Hospital Transformation Programme would address this. It was highlighted that the delay with discharge had numerous factors which included the length of time to plan and implement the appropriate care packages.

Were there additional investments to support with discharge?

There would be further investment in terms of IT to help allocate the levels of support needed and to track patient discharge. It was highlighted that there would be further collaboration with hospital staff to support patients and that the development of IT systems was hoped to support early interventions to ensure that the support plans were completed 48hrs before discharge.

With concerns around housing and discharge, was there support to ensure that patients were returning to suitable accommodations?



Current work to assess housing for patients was ongoing and it was highlighted that if it felt a patient's accommodation was not suitable then alternative provisions would be put into place. Support would also be available to put adaptations into place if it was required within a person's home.

In terms of the budget for discharge, what was the journey regarding discharge and the costs relating to it?

The journey of discharge was explained as a whole hospital journey where a patient was monitored from the moment they were admitted to when they would be discharged. In terms of patients that required long term care, they would be monitored at three month intervals to ensure that the care they received was appropriate. In terms of the costs and the budget, it was highlighted that the yearly planning helped to further plan costs, supporting with early intervention.

There were concerns regarding transportation and the levels of patients being discharged from hospital, what was being done to address this?

Officers from the local authority and the NHS highlighted that there were large volumes of people in hospitals across the country and that this was a national concern. In terms of local hospital discharge rates, it was highlighted that there were between 130 and 150 patients being discharged each night. With transportation it was acknowledged that this was a national issue as well as a local issue and part of the delay was due to the process of discharge.

There were concerns over the ability to discharge medications and Members asked what could be done to allow pharmacists outside of the hospital to prescribe further medications than already permitted.

Officers highlighted that this was a similar concern to that of discharge and transportation. There was a process to ensure that the correct level of assessments had been carried out and that patients were prescribed and given the appropriate level of medication. There were concerns that some patients might not get the correct medication if received after discharge.

Once a patient was discharged, would the GP get the relevant information to monitor care?

Individual GPs could request access to the information regarding the level of care in hospitals. It was acknowledged that despite this, GPs would receive a discharge summary to support with any additional care needs.

Were officers from the local authority and the NHS working with community and voluntary organisations?



Members were assured that officers were working with community and voluntary sectors to support within the community. This support included training to increase awareness.

Would services be commissioned to support with pressures?

Historically commissioned services had supported with particular pressures on hospitals such as winter pressures. These services included support within the home for patients.

Would primary care be able to support with the levels of hospital admissions?

Across the country there were issues highlighted around primary care. It was acknowledged that it could support with hospital admissions and avoidance to ensure early intervention and that the Primary Care Recovery Plan would be able to support with primary care thus supporting the system as a whole.

Were there ways of sharing good practice across primary care facilities?

It was highlighted that the Primary Care Networks would facilitate the knowledge sharing of good practice.

What could be done to tackle issues regarding hospitals such as delays in discharge as a result of a lack of communication?

It was highlighted that this was a concern and some of the issues were a result of a lack of resources. Members were informed that there was ongoing work to address this and occasionally it had been the doctor's letter that would be needed for discharge that was the last thing to be issued due to delays. Members were informed that officers were working on a consistency approach to ensure that the processes would be equal and accurate.

Previously the doctor's surgery had a large volume of patients in the waiting room but more recently the numbers were lower with surgeries saying that there were no additional appointments to see patients. What has been done and what type of appointments were available?

Each practice had different ways of addressing the issues patients faced and offered different types of appointments such as face-to-face and telephone appointments.

Following the questions by Members, it was agreed that this would be a topic of interest to be revisited by the Committee along with the Primary Care Access Recovery Plan.



The Democracy Officer (Scrutiny) informed members that there was no substantial changes to the work programme. Members were informed that the working group on Primary Care would continue in the New Year with a report to be presented at the formal committee meeting by the end of the municipal year.

HAC-30 Chair's Update

The Chair had no further updates for the committee and thanked officers from both the Council and the NHS for their attendance.

The meeting ended at 4.12 pm

Chairman:

Date: Thursday 14 March 2024