

HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Thursday 6 March 2025 at 2.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors D R W White (Chair), F Doran (Vice-Chair), M Boylan, P Davis, N A Dugmore, S Handley, R Sahota and P Thomas.

Also Present: Councillor K Middleton (Cabinet Member: Public Health & Healthier Communities)

In Attendance: S Froud (Director: Adult Social Care), C Hall-Salter (Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager), S Hardwick (Lead Lawyer: Litigation & Regulatory), F Mercer (Executive Director: Adult Social Care, Customer Services & Commercial), H Onions (Director: Health & Wellbeing) and P Starkey (Senior Democracy Officer (Scrutiny))

Apologies: Councillor J Urey
Co-optees: H Knight, S Fogell and D Saunders

HAC-16 Declarations of Interest

None.

HAC-17 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 12 December 2024 be confirmed and signed by the Chair.

HAC-18 Update from the JHOSC

The Telford & Wrekin Co-Chair of the Joint Health & Overview Scrutiny Committee (JHOSC) provided Members with an update on the work recently completed by the Joint HOSC.

On 24 January 2025, the Committee formally wrote to the Secretary of State and local MPs to express their concerns about the poor performance of SaTH and its impact on staff and the community as highlighted in the Dispatches programme which was aired in May 2024. The issues which had arisen as part of the programme were formally discussed at a meeting of the Joint HOSC in August last year and it was agreed to allow SaTH the opportunity to work with the Joint HOSC to understand how improvements could be made.

The Chairs of the Joint HOSC had also written to Simon Whitehouse, Chief Executive of the ICB in February regarding the out of hours GP contract which outlined their concerns and requested a report to be provided to the Committee. A response to the request was provided which had expressed willingness for the ICB to work with the Joint HOSC in the future. However, due to the upcoming election period for the Shropshire county, engagement was unlikely to take place until June and it was suggested that these issues be addressed through the work of other committees whilst the Joint HOSC is unable to meet.

The Chairs of the Joint HOSC had been invited to visit the Emergency Department at the Royal Shrewsbury Hospital on 7 March 2025 to review the improvements that had been made so far.

HAC-19 Update from the Health & Wellbeing Board

The Director: Health & Wellbeing provided Members with an update on the recent work of the Health and Wellbeing Board (HWBB). The Board had not met since its last meeting held on 28 November 2024 and a further meeting was scheduled to take place on 20 March 2025. The agenda included several items such as the Standing Strategy Update, summaries from Priority Leads on main interventions, the upcoming Joint Strategic Needs Assessment which would include demographic updates and life expectancy data. It had been a year since the last Annual Health Report was presented and the Board would look to review the impact of the recommendations over the past 12 months. The meeting would also cover items around CYP Mental Health and GP surgery access.

HAC-20 Adult Social Care's Care Quality Commission (CQC) Assessment Outcome

The Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager presented the report to the Committee following the recent inspection undertaken by the Care Quality Commission (CQC) into the Council's Adult Social Care service.

The report outlined the findings from the CQC Assessment of the Council's ability to meet its Adult Social Care duties under Part 1 of the Care Act and the actions the Council would be required to take as part of its continuous improvement plan.

From April 2023, the CQC took on new responsibilities under the Health and Care Act 2022 for assessing how local authorities met their Part 1 Care Act duties for people accessing care and support. The assessment used a subset of 9 quality statements from the new single assessment framework which was structured specifically around the context, aims and roles of a local authority and focused on 4 themes:-

- How local authorities worked with people;
- How local authorities provided support;

- How local authorities ensured safety within the system; and
- Leadership styles.

By December 2025, the CQC had aimed to complete initial formal assessments on all 153 local authorities. This included reviewing published data including Joint Strategic Needs Assessments and national data collections to help identify themes and insight on access, commissioning, market shaping, workforce and personalisation. Telford and Wrekin were one of the earliest councils to be assessed and receive a published report and at the time of the meeting, only 26 reports had been published with over 50 authorities undergoing assessment.

The CQC assessment was an in-depth and rigorous approach, which analysed evidence from multiple sources including:-

- Obtaining feedback directly from service users, community organisations, groups and local user groups on their experiences;
- Obtaining feedback from staff and leaders through interviews and holding drop-in sessions to share experiences;
- Obtaining feedback from partners and care providers;
- Reviewing the effectiveness of the processes including policies and strategies, audits, performance data and waiting times; and
- Focusing on outcomes and the impact of processes on individuals and communities.

The outcome of each assessment was formally published as part of a report which included an overall rating for the Local Authority of either Inadequate, Requires Improvement, Good or Outstanding. The overall findings of the assessment judged the Council's ability to meet its Part 1 Care Act duties for people accessing care and support as 'Good'. Among the published reports, on local authority had been rated as 'Outstanding', 14 had been rated as 'Good', 11 had been rated as 'Requires Improvement' and no authorities had been rated as 'Inadequate'.

On 19 February 2024, the Council received notification from the CQC of its Local Authority Assessment. At the same time, the CQC requested for completion of the full information return which formed the first part of CQC's assessment and included a series of documents to assist the CQC in starting their assessment and plan for their onsite visit. The Council were notified on 24 May 2024 that the onsite element of the CQC assessment would take place the week of 22 July 2024. The onsite assessment in July included 3 days of interviews, speaking with people who used Adult Social Care services, as well as with staff, leaders and partner organisations. This included the Council's Making it Real Board and other experts by their experience, frontline teams, partners and executive leaders across the authority.

The CQC report set out specific areas of strength for the Council which highlighted:-

- That assessments had been conducted professionally using strength-based approaches and had been focused on whole-family support to ensure people could continue to live at home for longer;
- The use of innovative approaches to coproduction, engagement and inclusion;
- Improved outcomes for people maintaining independent living and delaying entry to statutory services through the use of assistive technologies;
- A strong leadership and a culture of transparency and learning; and
- The realignment of locality team functions and responsibilities, as well as innovative use of frontline teams had improved waiting lists and strong partnership working with health partners had improved discharge and readmission outcomes for people.

In addition to the strengths identified by the CQC assessment, the report also outlined some areas of focus which included:-

- Further reducing waiting lists and waiting times for assessments;
- Improving take up of Direct Payments;
- Improving accessibility of services;
- Improving the diversity and representation within experts by experience groups and Boards;
- Focusing on Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberties (DoLS);
- Developing the care market further; and
- Focusing on employment opportunities available for people with learning disabilities.

Members heard that the next steps for the Council following the assessment included embedding the improvement actions as set out by the CQC into the Council's Adult Social Care continuous improvement plan, continuing to monitor progress against key success measures, actions and outcomes for people and continuing to learn and share best practice with other local authorities.

Following the presentation, Members asked several questions:-

The report references that whilst communications were good and senior leaders were visible, recent changes were yet to fully embed. Can you confirm how this has changed over the past eight months?

The Director: Adult Social Care advised that at the time of the assessment there were a number of roles such as principal social care workers and occupational therapists which were still relatively new. These roles were ones which were strategic and statutory and were part of a redesign of services, including the formation of hybrid teams. An exercise has since been undertaken to appoint permanent roles, and the team was now consolidated and settled. The authority had recently undertaken its annual employee

survey and the results would assist Managers to understand how staff were feeling.

Do you have an estimate of the unmet demand for the size of the population? With next month's national insurance increase, what impact do you think that will have, and how do you plan to mitigate it?

The Director: Adult Social Care advised that figures relating to unmet demand were not available at the time of meeting but could be provided to the Committee, however the number of people awaiting an assessment could vary each month but had reduced significantly. The increase in national insurance contributions would not only impact the Borough but was a national issue which many authorities would face. The Council had met with 60 care providers earlier in the year to discuss the impact of increased fees which would be implemented to cover additional costs and ensure the stability and quality of care providers for residents.

What was the average waiting time for assessments?

The Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager confirmed that the average waiting time for assessment was 28 days, however this was dependant on individual circumstances and assessment may be completed sooner or later based on the individual's needs and the professionals working with them.

If the target date for assessments is 28 days, what was the starting point for this timeframe? Did it begin with a referral from a GP? If not, how did the process work?

The Director: Adult Social Care advised that many authorities start the process when a referral is received and that this was also the starting point for the Council. Referrals were prioritised based on risk and individual needs, however in cases where a longer-term plan was needed, such as support or equipment, an assessment could take longer to be completed.

Whilst improving direct debit uptake is important, some clients may struggle with this due to the pressure it places on carers. Were these clients penalised as a result of it taking longer to provide services? When companies have failed to turn up on time or deliver services, did we continue to pay them the full rate?

The Director: Adult Social Care advised that the Council did not penalise individuals who did not wish to use direct payments and cash could be provided to service users so that they could purchase their own care and support. If an individual was unable to manage direct payments, the Council would take responsibility for the provision of their care. In relation to Domiciliary Care, the Council had maintained a clear framework to ensure that the right quality of care was being provided. If a provider had not turned up, the situation was reviewed, and changes would be made to the provider.

allocated if necessary. Regular training had also been undertaken, and all staff were required to undergo a DBS check before commencing work.

How did we undertake checks to ensure providers have turned up and care is being provided?

The Executive Director: Adult Social Care, Housing and Customer Services advised that the Council had a dedicated quality team which had regularly conducted checks on providers. Whilst the Team are unable to spot check every individual received a service on a daily basis, spot checks are performed on domiciliary care and bed-based care providers more frequently. During these checks, training, DBS status, medicine quality and safety parameters are reviewed to ensure high standards of care have been maintained.

The presentation referred to 11 authorities requiring improvement. What were the improvements?

The Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager advised that all of the CQC inspection reports were publicly available for those who wished to examine the elements that had been scored lower and would have contributed to their overall rating. By reviewing these reports, the Council has been able to identify specific areas that require improvement, with focus given to authorities that had been rated as 'good' in order to identify best practices.

HAC-21 Work Programme

The Senior Democracy Officer (Scrutiny) presented the updated work programme to the Committee. The next formal meeting was scheduled to take place in May 2025 and would include a report outlined the results of the Healthwatch GP Access survey.

Members were also reminded that suggestions could be made to be included as part of the next two year Scrutiny work programme which would commence in the new municipal year.

HAC-22 Chair's Update

None.

The meeting ended at 3.08 pm

Chairman: _____

Date: Thursday 1 May 2025