

## **SHOPSHIRE COUNCIL**

### **HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**Minutes of the meeting held on 31 October 2022**

**10.00 am – 12.20 pm in the Shrewsbury Room, Shirehall, Shrewsbury**

**Responsible Officer:** Amanda Holyoak

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#### **Present**

Councillor Steve Charmley (Chairman)

Councillors Nicholas Bardsley, Bernie Bentick, Gerald Dakin, Geoff Elner, Kate Halliday, Heather Kidd, David Minnery, Chris Schofield and Dan Thomas (Vice Chairman)

#### **21 Apologies for Absence**

Apologies were received from Councillor Tracey Huffer. Councillor Bernie Bentick substituted for her.

#### **22 Disclosable Interests**

None declared.

#### **23 Minutes**

Minutes of the meeting held on 11 July 2022 were confirmed as a correct record.

#### **24 Public Question Time**

There were no public questions.

#### **25 Members Question Time**

Councillor Kate Halliday confirmed that she would raise the question she had recently submitted to Cabinet during discussion of the next item, as suggested at the Cabinet meeting.

#### **26 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)**

The Scrutiny Manager reported that the next meeting of the Joint HOSC would include an update on progress following the Ockenden Report. Findings of the Task and Finish Group on Urgent and Emergency Care would also be

considered by the Committee and it would have an opportunity to comment on the content of the Integrated Care Strategy.

## **27 Joint HOSC Membership - Appointment of Co-optees**

The Committee resolved to approve the following as voting co-optees to the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee:

Ms Lynn Cawley - Healthwatch

Mr David Sandbach – Professional knowledge/experience

Ms Louise Price – Patient Group representative

## **28 Update on the Shrewsbury Health and Wellbeing Hub**

Gareth Robinson, Director of Delivery and Transformation and Jackie Robinson, Associate Director of Communication, NHS Shropshire, Telford and Wrekin were welcomed to the meeting and thanked for attending.

Mr Robinson gave a presentation explaining the progress and the response made to feedback received at the last Committee meeting.

Responding to questions, he said the Phase 1 listening exercise had seen a response rate of 2.5%, and anything over 1% was seen as a positive response. He described the appraisal process for options other than the hub whereby 14 scenarios had been tested against 9 essential criteria – the only option compliant with all of the essential criteria within the financial context was a single new building site. He also explained the site options appraisal process.

The public consultation had been put back to April 2023 from November 2022 in order to allow the revisit of the options appraisals process in response to feedback from public and members. The Integrated Impact Assessment would specifically include travel impact resulting from movement of six practices to one site. He felt that much concern and anxiety in the community was driven by the belief that decisions had already been made that had not yet been taken.

NHSE had been very clear that availability of funding was only for a single site option in Shrewsbury; this was part of a national programme in which six systems had been allocated funding. Although there were many examples of co-location of services, he confirmed this would be the first example of this type of hub.

Providing services from a hub site in this way would remove barriers to recruitment of GPs as the vast majority of practices were individual businesses

into which substantial investment was required to become a partner. The hub removed financial risks and estates issues.

Committee members raised further questions, issues and concerns including:

- Had information provided so far been fair and evidence based; the Project Initiation Document of February 2021 only being released in September 2022;
- Those who had participated in the engagement exercise had done so principally online, representing mostly IT literate patients. 40% of those respondents walked to their current surgery;
- Engagement to date did not appear to adequately have included those without transport, eg frail and elderly patients; how would the view of hard to reach groups be obtained independently, especially those not digitally enabled?
- Had proposals taken into account the climate emergency and impact of additional journeys on road safety and parking;
- It appeared that neither the NHS or Shropshire Council would provide funding for a bus service if there was no existing provision;
- The issue of estates appeared to be driving the case for change but it was understood that of 470 practices closing across the UK in the previous year, only 4% of these had been related to inadequate premises; there were also concerns that some GPs may resign if the hub went ahead;
- The plans were being presented as the only viable model but represented an unproven and radical experiment;
- The hub should address health inequalities but would in fact impact further on these for patients without their own transport;
- Although different services would be delivered from the same location at the hub it was unlikely that alignment of appointments would be possible;
- Had unintended consequences been considered – particularly the impact a hub might have on recruitment and retention in practices in more rural parts of the county, other providers and would an independent pharmacy be located at the hub and if so what would be the impact on existing provision in the community;
- Was the project clear that social value must be assessed alongside economic value and could the social value of the options identified be demonstrated to the committee alongside the financial value
- Was a smaller hub possible as a potential option as this could maintain the benefits of investment, take pressure off existing surgeries and allow extra space;
- Was it correct that services delivered from the hub would be available to patients from other practices in the county;
- There were 6 different funding models currently available for GP Practices/ Primary Care:
  - Why was only the hub model being investigated and what consideration has been given to the other 5 opportunities?

- Was Shropshire CCG (NHS STW) able to choose options that could have fit within any of the 6 models? If it did have this choice, what were the reasons to choose the hub option and not one or more of the other options?
- Had the availability of funding directly related to a higher weighting for a particular scale and scope of the preferred option?
- Would full impact assessments be completed on more than one option and would the full impact assessment be completed before the consultation phase takes place (to inform the consultation options)?
- What were the reasons that two practices had withdrawn from the project;
- How had the learning from the project so far been recorded and how would it be utilised in future;

Some members felt that the plans were being presented as the only viable model but represented an unproven and radical experiment that did not conform to the Gunning consultation principles and therefore an application for a judicial review should be made. Another member felt that some of the issues set out in documents to date had been potentially misleading and therefore distorted the case for change and for that reason asked the committee to consider making a request or recommendation for funding for some legal advice with a view to a potential judicial review.

Members also asked how the project fit in with the Shrewsbury Big Town Plan and Movement Strategy.

In responding to the issues raised, Mr Robinson referred to each of the Gunning principles and explained how they had been met. It was important not to compare the hub with the current position, but with the GP services of the future which were under threat, particularly due to recruitment challenges.

He referred to additional funding being made available for 200 non GP roles for the system but recruitment had only been achieved into 150 of these posts due to rooms available and current configuration. He also confirmed that travel implications would be looked at in detail as part of the Integrated Impact Assessment but until the location was agreed this could not be carried out in detail.

As to whether a hub could exist alongside services still being available in existing locations, he said a creative approach would be taken to make services as accessible as possible, and this could be investigated, but any solution would need to be affordable and deliverable.

Jackie Robinson, Associate Director of Communications, reported that the ICB had established an Inclusion and Equality Committee which would scrutinise engagement activity with vulnerable people. Consultation plans would be shared with the committee before the consultation began. She requested input from the Committee with regard to accessing networks, organisations,

service users and employees. She also confirmed that Healthwatch representatives were part of the Stakeholder Reference Group.

The Chief Executive Healthwatch Shropshire asked that all encourage members of the public to raise comments/ concerns or support of the proposals with Healthwatch Shropshire so that were in a position to effectively represent opinion.

Mr Robinson thanked the Committee for all comments, discussion and questions which had identified further issues requiring consideration and demonstrated the value of scrutiny. A response and further update would be provided at a future meeting.

The Committee then discussed the issues raised around seeking potential legal advice or making a challenge, including whether this was premature, what decision taken so far would be questioned; what would be the right time and how this could be funded and taken forward. The Chairman said he would seek advice on this issue outside of the meeting.

**29 Work Programme**

The Scrutiny Manager said the report of the Task and Finish Group on the Ambulance Service would report to the next meeting and the comments of the Committee could then be fed into the work of the Joint HOSC.

Other suggestions for the work programme included access to step down beds, and the future of community hospital. Some had heard that there was a plan to sell Ludlow Hospital and this was impacting on recruitment and retention. A request was made for Shropshire Community Healthtrust to attend a meeting and present on future plans, so the committee was cited on any plans for closure before they happened.

Another suggested work programme item was what SC was doing to facilitate the discharge guidance issued on 31 March.

**30 Date of Next Meeting**

Signed ..... (Chairman)

Date: .....