

# SHOPSHIRE COUNCIL

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 6 June 2016**  
**10.00 am – 11.37 am in the Shrewsbury Room, Shirehall, Abbey Foregate,**  
**Shrewsbury, Shropshire, SY2 6ND**

**Responsible Officer:** Amanda Holyoak  
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### **Present**

Councillor Gerald Dakin (Chairman)  
Councillors John Cadwallader (Vice Chairman), Peter Adams, David Evans, Heather Kidd,  
Pamela Moseley, Peggy Mullock, Peter Nutting and Madge Shingleton

### **1 Election of Chairman**

Nominations were received for Councillors Gerald Dakin and Heather Kidd.

#### **RESOLVED:**

That Councillor Gerald Dakin be elected Chairman for the ensuing municipal year.

### **2 Apologies for Absence and Substitutions**

Apologies were received from Councillor Tracey Huffer (Substitute: Councillor Roger Evans).

### **3 Declaration of Interests**

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

### **4 Appointment of Vice Chairman**

#### **RESOLVED:**

That Councillor Madge Shingleton be elected Vice Chairman for the ensuing municipal year.

### **5 Minutes of the Last Meeting**

The minutes of the meeting held on 21 March 2016 were confirmed as a correct record.

### **6 Public Question Time**

There were no public questions.

### **7 Member Questions**

There were no questions from Members.

## **8 Update from Shropshire CCG**

The Chairman thanked David Evans, Accountable Officer and Andrew Nash, Chief Financial Officer, for attending the meeting .

Mr Evans explained that Shropshire CCG was under legal direction and was being monitored closely by NHS England. He had only been in post for a matter of weeks and it was an extremely challenging time. The position was still be established but it looked as if there was a deficit of £14.3m to address, rather than £9.6m as previously thought.

He emphasised that the CCG was required to live within its means and the Medium Term Financial Strategy was being updated to reflect the current position. The Board would need to take decisions on how to deliver efficiencies. In reply to a question from the Chairman about brokerage, it was confirmed that there was a statutory duty to break even, and any debt would have to be repaid at some point. Part of recovery would mean achieving a surplus to pay off this debt. It was not intended to take £14.5m out of the budget over one year, but over three years. It was unlikely that break even would be achieved in 2018/19.

The Committee asked if it was possible for the CCG to deliver the services required in Shropshire and break even. Mr Nash explained that there had never been a funding formula that satisfied all CCGs. He reported that there had been a year on year increase in Shropshire CCG funding and an increase this year. The CCG had to live within its means and would have to look at where to take funding from over the next three years.

The Chair asked if there was potential to draw funds into Shropshire by means of the Sustainable Transformation Plan (STP). Members noted that any funds that came through the STP could not be used for paying off debt but would be used for transforming services, for example, to kick start programmes to deliver services closer to home.

Members raised issues around delivery of services closer to home, particularly the shortage of domiciliary care and whether the STP would help address this. Mr Evans confirmed that there was an STP workstream looking at workforce. The proportion of working age to retired population in Shropshire had previously been 5 to 1, dropped to 3.5 to 1 and was now 2 to 1. In addition to tackling workforce issues there was a need to enable the population to take more care of itself, with more support available to self-manage health issues.

In response to questions about the CCG budget and what plans there were to make savings, Mr Nash confirmed that the total CCG budget was £415m. He reiterated the challenging situation but said that solutions would not purely be driven by finance. All decisions in revising the Medium Term Financial Strategy would be made on the basis of clinical involvement and delivering good quality services. It was too early to talk about any plans, these would not be available for another few months, but 30 – 40 schemes were being worked up.

The system needed to work across the Health and Social Care economy to prevent admissions in the first place and to discharge from hospital as quickly as possible. Members noted that 30% of the acute hospital bed base was occupied for over seven days, mostly by people over the age of 70. Whilst in hospital older people would decompensate and discharge as soon as possible would help prevent this.

Mr Nash said that the CCG would be looking to share more data with GPs in future. GPs would be a fundamental part of delivery solutions, alongside District Nurses. Mr Evans added that future services were likely to be delivered on a neighbourhood basis, with district nurses, social care, primary and community health care being delivered by a team. Pilot schemes were to be launched in Ludlow, Bridgnorth and Church Stretton in the next year. They acknowledged the significant challenges around delivery in rural and sparse areas, for example south west Shropshire where 9,000 people lived in an area of 300m<sup>2</sup>.

The Committee commented on the lack of carers in rural areas, partly due to them being expensive areas to live. There was also a need to make the care industry more appealing. A Member representing a rural electoral division emphasised the need to involve someone who understood delivery of services in rural areas whilst looking at this, Elected Members and also GPs based in Wales who serviced Shropshire residents.

Mr Evans acknowledged the challenges of identifying a work force, the sparse population and travel times and distances. He emphasised the need to work collectively and avoid any duplication of effort, locality based teams would help address this. It was not possible for GP Practices to work alone anymore and funds were being made available to encourage Practices to collaborate in different ways. Mr Evans acknowledged the need to involve local elected members and the need to look at the specific needs of a population.

Members asked about underutilised PFI buildings in the county, for example, in Market Drayton and Cleobury Mortimer and whether the CCG was carrying the cost for these. Mr Evans confirmed this was the case and commented on the need to ensure spare physical capacity was utilised, perhaps for delivery of acute services closer to a community, or as a well being hub. He referred to work underway on one public estate across the whole of Shropshire's public sector.

Members asked about a previous dispute regarding money owed by the CCG to Shropshire Council and Mr Evans said he understood that this had now been dealt with. He emphasised the need in future to not let any disputes over money get in the way of doing the right thing for Shropshire people. The Portfolio Holder for Adults said he welcomed the new leadership of the CCG and commented on a more positive working environment with a definitive way forward agreed on funding issues. He also commented that the CCG's new approach to the needs of individual communities matched the approach of Shropshire Council. The Sustainable Transformation Plan would help keep a view across the whole Health and Social Care system and prevent deficits being shunted from organisation to organisation.

The Chairman expressed the Committee's appreciation to Mr Evans and Mr Nash for attending the meeting.

## 9 Community Pharmacies

The Committee considered a briefing note provided by the Local Pharmaceutical Committee on changes planned to Community Pharmacies (copy attached to the signed minutes). The Chairman welcomed Mr Martin Lunt, a representative of the Committee to the meeting.

Mr Lunt explained the proposed changes, whereby the government had announced a proposed cut of 6% across the board which would lead to the closure of 3,000 community pharmacies. He outlined the consultation process which had taken place and explained that a period of decision making was now underway. He explained the particular concern around impact of closures on particularly the very rural areas in Shropshire and highlighted the role of community pharmacies in relieving pressure on GPs, A&E and out of hours services. He acknowledged that change and efficiencies were required but the LPC was concerned that it was short sighted to seek to impose the reduction across the pharmaceutical budget in such a blanket manner.

In responding to questions from Members, Mr Lunt said it was unlikely that there would be any further consultation on methodology for implementation of cuts. He also referred to the low dispensing volume grant coming to an end.

Members agreed that a letter be sent to Local MPs expressing the Committee's concern that the Department of Health proposals would reduce access to community pharmacies at a time when local health and social care planning was seeing to reduce dependence on hospital and GP services, and encourage greater use of the professional services that pharmacies could offer.

The Chairman thanked Mr Lunt for attending the meeting.

## 10 Quality Account responses

Feedback on Quality Accounts for the following Trusts was noted: West Midlands Ambulance Service NHS Foundation Trust, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and South Staffordshire and Shropshire Healthcare NHS Foundation Trust. (copy attached to the signed minutes).

In referring to the WMAS response, the Healthwatch Representative said that Healthwatch had not heard from WMAS on any proposals for work in relation to accessing antenatal groups to develop mutual understanding of rural community expectations.

Another Member said that he had heard that WMAS were now charging Community First Responders for training. The Committee said that this could be followed up at the meeting on 25 July 2016 at which the Ambulance Service would be present.

## 11 Work Programme

Members considered proposals for the Committee's work programme. A request was made that the Update from the Portfolio Holder and Director include digital transformation and how services would be delivered by People 2 People. Members noted that the consultation period with staff would not conclude until the end of November.

A member referred to difficulties experienced by residents in her electoral division caused by changes to Non Emergency Passenger Transport. She agreed to provide the Chairman with the details. Another member referred to more demand on voluntary car schemes related to this. It was agreed that the Chairman ask for an update on this issue, preferably for the September meeting.

Signed ..... (Chairman)

Date: .....