



Communities  
Overview Committee

23 April 2018

2.00 pm

Item

Public

**MINUTES OF THE COMMUNITIES OVERVIEW COMMITTEE MEETING HELD ON  
12 MARCH 2018  
2.00 PM – 3.26 PM**

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

Councillor Cecilia Motley (Chair)  
Councillors Nick Hignett (Vice Chairman), Ted Clarke, Rob Gittins, Roger Hughes,  
Vivienne Parry, Keith Roberts and Tina Woodward

**26 Apologies for absence and substitutions**

Apologies for absence were received from Councillors Andy Boddington and Les Winwood.

**27 Disclosable Pecuniary Interests**

Members were reminded that they must not participate in the discussion or vote in any item in which they had a disclosable pecuniary interest.

**28 Minutes of the meeting held on 22 January 2018**

The minutes of the meeting held on 22 January 2018 were confirmed as a correct record.

**29 Public Question Time**

There were no public questions.

**30 Member Question Time**

There were no member questions.

**31 Resilient Communities - Healthy Lives**

The Chair welcomed Dr Kevin Lewis – Director Help 2 Change, Jo Robins – Consultant in Public Health and Kate Garner – Locality Commissioning Manager to the meeting. The Committee agreed that as Resilient Communities – Healthy Lives was such a substantial topic that rather than receive the detailed presentation previously circulated, that a brief

overview of work at this stage would be most helpful, with the aim of scheduling further meetings to look at issues in depth.

In providing a context, Kevin Lewis, Director Help 2 Change, set out some of the key challenges facing the health and care system. These included:

- An ageing population, living with long term multiple conditions – conditions which were not a consequence of age, many of which were preventable.
- The traditional approach to providing health and care services was not sufficient to deal with this problem
- Much of which influenced keeping well was related to social conditions in which people lived, from pre-conception onwards.

The answer to issues of ageing well was 'community' – rather than health services which would treat people and then send them back to the conditions that had made them sick in the first place. Clinicians alone were not the answer and more attention was needed to the reconfiguration of community services. The Committee heard that:

- A reshape of the system was needed – with a shift from an illness reactive service to a well being preventive approach – which happened in a social context.
- The move of Public Health into the Council had enabled work in a wide range of communities.
- If all the assets within Shropshire were put together there would be a very large and rich resource to tap into, which could target the assets at people most in need. Delivering these efficiently across the system would make a massive difference.

During discussion a number of members cited examples of community activities within their electoral divisions.

### **Jo Robins – Consultant in Public Health**

Members heard that the Healthy Lives Framework covered nine programme areas, some focusing on disease and others on social determinants of health:

Social Prescribing  
Fire Safe and Well Visits  
Cardiovascular Health and Diabetes  
Working with Carers  
Healthy Conversations – making every contact count  
Mental Health  
Dementia  
Housing and Fuel Poverty  
Resilient Communities

These areas had been chosen as they were either issues for the whole population, or were aimed at populations with more risks, for example, carers. The Programme provided

an order to drive action forward and address challenges, and involved visiting other areas to see what was working well and reviewing best practice.

The rural nature of Shropshire and its dispersed population meant it was challenging reaching people and the Programme was taking a place based approach and had undertaken mapping to understand the position in relation to what health services were providing, or not providing and identifying gaps.

The Programme was being delivered across a partnership and the Steering Group included the Voluntary and Community Sector which was particularly well placed to identify vulnerable people in their own homes.

The aim of the programme was to reduce the currently unprecedented demand on health and social care services. There was an increasing need to address lifestyle issues and GPs were frustrated that they did not have more time to address these issues. Others such as social workers and front line staff practice nurses were being trained to hold conversations with patients and take a larger role in working with people to help them access community based resources and make the changes they needed

Members were also informed about a targeted social prescribing programme in the Oswestry area and support provided to work forces to change.

A member made reference to over-prescribing of medication and Dr Lewis went on to explain what Social Prescribing meant. This involved defining people with the greatest need, and finding alternatives to the traditional method of prescribing medications. The aim was to stop treating in silos and treat people as whole beings, including the community they lived in. Social prescribing provided the interface between community assets and the clinical world.

### **Kate Garner – Locality Commissioning Manager**

The Locality Commissioning Manager explained that Resilient Communities was the Community capacity building programme being delivered by the Community Enablement Team in partnership with local communities. Activity included: creation of hyper local directories of local activity and services; creation of Community Connector networks; putting local governance arrangements in place for local activity to report to where needed, eg Health and Wellbeing Forums, Steering groups; identifying gaps in community activity where there is unmet need and supporting the community to fill those gaps and being part of other programme teams, for example, social prescribing teams.

The majority of community activity, organised by local people for other local people, provided benefits to mental, emotional and physical health and helped people to feel socially connected. Members noted that councils could play a role in enabling this activity in a number of ways.

Members also discussed the current challenges around volunteering and social action particularly related to changes to Shropshire's demographics. There was an increasingly older population that relied on a culture of elderly people looking after other elderly people, changes to society which could mean that the capacity people currently had in retirement to volunteer and be active in their communities could diminish, and a lack of financial investment in infrastructure support for the voluntary and community sector, which could

result in organisations and charities being less robust, resilient and adaptable to cope with change and new ways of working.

The Council was testing a number of innovative approaches that would build resilience and capacity of individual and communities and examples in Oswestry and Bishop’s Castle were cited.

The Chair thanked officers for the information provided which demonstrated a real recognition of issues effecting Shropshire’s communities. It was agreed that she and the Scrutiny Officer should develop a proposal for a work programme on this area for the Committee.

The Portfolio Holder for Health and Adult Social Care thanked the Committee for attention being given to this area. He said that opportunity to influence partners would be very important and outputs from the committee could make a real difference.

The issue of voluntary transport was raised as being vital in supporting community resilience. The Committee agreed that a specific meeting on community transport would be needed.

**32 Environmental Maintenance Grants**

Members were reminded that at its meeting on 27 November 2017, the Communities Overview Committee agreed to present the report of the Environmental Maintenance Grant Task and Finish Group to Cabinet. Accordingly Cabinet considered this report at its meeting on 13 December 2017 and agreed to consider its recommendations during future budget consultations.

On 14 February 2018, Cabinet identified Environmental Maintenance Grants as a cost saving, meaning that the programme would finish in its entirety on 31 March 2018. At its meeting on 22 February 2018, Council agreed to ask the Communities Overview Committee to look again at Environmental Maintenance Grants, and to report again to Cabinet on proposals for a revised grant programme.

Members reviewed the report of the Group and its recommendations and agreed that they remained sound. The Portfolio Holder for Transport encouraged the Committee to submit the recommendations again to Cabinet on 21 March 2018.

**RESOLVED**

To confirm the recommendations contained in 5.6 of the Environmental Maintenance Task and Finish Group Report and re-present these to Cabinet on 21 March 2018.

**33 Verbal Update from the Chair on Local Joint Committee Task and Finish Group**

The Chair reported that it was hoped that the Local Joint Committee Task and Finish Group would be able to undertake its work in a similar way to the Environmental Maintenance Task and Finish Group. A meeting date would be confirmed shortly.

Signed ..... (Chairman)

Date: