

# SHOPSHIRE COUNCIL

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting held on 12 November 2018**  
**Times Not Specified in the Shrewsbury Room, Shirehall, Abbey Foregate,**  
**Shrewsbury, Shropshire, SY2 6ND**

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

Councillors Karen Calder, Madge Shingleton, Gerald Dakin, Simon Harris, Tracey Huffer, Simon Jones, Heather Kidd, Paul Milner and Pamela Moseley

### **26 Apologies for Absence**

Apologies were received from Councillor Tina Woodward. Councillor Roy Aldcroft substituted for her.

### **27 Disclosure of Pecuniary Interests**

Councillor Madge Shingleton declared a connection with Health Concern Kidderminster.

### **28 Minutes**

The minutes of the meeting held on 24 September 2018 were confirmed as a correct record.

### **29 Public Question Time**

In response to questions asked by Mrs Gill George (copy attached to signed minutes), the Chair stated:

That the Committee had not discussed or formed a collective view on whether it had confidence in the current leadership of SaTH

That this Committee had not discussed the overnight closure at princess Royal Hospital. The Joint HOSC was aware that SaTH had a duty and responsibility to put contingency plans in place on safety grounds and that the proposed closure might have to be implemented. The Joint HOSC was being kept informed of developments.

The Chair had requested that the presentation provided at the SATH Board meeting on Maternity Learning be made to the Joint HOSC. In her personal view the service could not wait for the Ockenden Review as it was not delivering as it should currently.

The Committee would be covering issues around Shropdoc and Palliative Care at the meeting today.

### **30 Member Question Time**

There were no questions from Members.

### 31 111 Commissioning

Following discussion around the 111 service at the last meeting, the Committee had asked that representatives of Shropdoc, the CCG and Community Health Trust attend the meeting to provide a report on and respond to questions including the following:

*Commissioners* – What is being done to ensure quality and progress of contract is being realised, what is your view of quality, any actions/interventions identified with the provider.

*Providers* – Do you have any problems/concerns with arrangements, if so have these been raised with the commissioners and what actions have been taken to address these, do you believe you are achieving the outcomes set out in the contract, what are plans for access to Out of Hours GPs in Whitchurch, Oswestry, Bridgnorth.

Gail Fortes-Mayer - Director of Contracting and Planning, Shropshire CCG; and Ros Preen - Director Finance and Strategy Shropshire Community Health Trust were welcomed the meeting.

They talked through a presentation on 111 and Out of Hours Services (copy attached to signed minutes).

Following the presentation, the Committee stated that it wished to see : how issues around end of life care were being addressed; the new Shropdoc structure and location of Shropdoc bases and what staff and skill mix were located in these; how many home visits were made; how meetings planned for Oswestry and Whitchurch were being advertised; why the cost of triage was higher now, when economies of scale suggested it should be less; how the service was collaborating and co-ordinating with others in the out of hours period; whether calls software was able to address issues with calls close to the Welsh border.

Ms Fortes-Mayer explained that the cost of triage was now more because the 111 number was always available, previously just in GP out of hours time. She confirmed that the Powys and Shropshire system were now on the same platform. Ms Preen said Shropdoc would be needed to respond to questions on its new structure.

Following the presentation and discussion the Committee agreed that a letter would be written covering its concerns and questions particularly regarding:

The imbalance in the levels of service available to people living in rural areas compared to the more urban centres of Shrewsbury and the market towns. Whilst members understood the additional costs of providing services in rural areas compared to the more urban centres of Shrewsbury and the market towns, they strongly encouraged the identification of practicable innovative solutions to help reach into those areas.

Examples provided of terminally ill patients who were unable to access pain relief overnight or through a weekend should be looked into immediately so that suitable actions could be taken at the soonest opportunity, perhaps working with Healthwatch.

The Committee's wish to be kept informed of progress through the phases in the review, the supporting data from the review plus any Trust Board papers relevant to the review to be available as part of report informing a future agenda item.

That as part of this report, the Committee would like to understand what work was being done and had been undertaken regarding collaboration with other organisations and service practitioners, for example, carers in a car and nurses in a car.

The Committee thanked Ros Preen and Gail Fortes-Mayer for attending and looked forward to receiving a timely report addressing these points at the first Committee meeting following completion of the review.

## 32 Delayed Transfers of Care

The Committee received a presentation and report from the Head of Adult Social Care on Delayed Transfers of Care (both attached to the signed minutes).

Following the presentation, discussion covered:

- The challenges within the hospital, including the high number of agency staff;
- Actions taken to improve the number of Fact Finding Assessments (FFA), including the creation of a clear folder and a short video clip for nursing staff and patients so all were clear what an FFA was and what constituted pathways 1, 2 and 3;
- The benefits stemming from some ICBF pilots and decisions to roll these out into base budgets;
- The roll out of the Two Cares in a Car scheme in Bridgnorth, Ludlow, Whitchurch and Oswestry;
- Whether there was enough community beds in the county - it was confirmed that there was enough and this was not a factor preventing discharge from the acute hospital.
- Reluctance of self funders to pay for care packages which sometimes led to higher costs to the Council later on;
- Liaison work with hospitals out of county;
- Pilots testing the use of technology enabled care for prevention purposes and plans for roll out across the whole county;
- Development of rural and urban incentives for provision of care packages;
- Receipt of unexpected short term grants – these were welcome but made planning difficult when there was a need for a long term funding commitment;

- The hopes attached to the fair funding review, although it was not known when the outcome of this would be.

Members congratulated the Head of Adult Social Care on the very good progress in delayed transfers of care and use of technology and innovation and asked that this message be shared with all officers involved.

The Committee requested that:

A future report should cover the impact of actions taken on FFAs, and any impact of temporary night closure at Princess Royal Hospital on Delayed Transfers of Care

that due to pressure on Committee time, reports in future be provided on an exception basis – identifying any areas that were not working as they should, and why

that Members be kept informed of any new innovations that they might need to understand.

### **33 Public Health Budget and Service Provision**

Members considered a report from the Director of Public Health on the Public Health Budget and Service Provision (copy attached to signed minutes).

The report explained that following the last meeting of the Committee when Members had received a briefing on proposals to disinvest from some current programmes and reinvest in other programmes to assist the local authority address financial pressure in Adult and Children's social care with a target of £2m; an additional figure of a further £2m had been requested as a saving.

Members discussed the financial and service implications of these proposals, particularly in relation to non mandated services involving weight management; smoking cessation; mental health promotion; and physical activity promotion. The scale of the financial challenge meant that the Council would be forced to reduce its prevention programmes significantly if alternatives could not be identified.

The Director explained the significant risk to the health of the local population if health and illness prevention programmes were forced to be reduced or ceased, including:

- No access to Weight Management services for individuals or families
- No access to Smoking Cessation services (including for pregnant women)
- No access to or reduced availability of Health Check screening programmes
- No investment in mental health promotion programmes including suicide prevention
- No investment in Falls Prevention
- No investment in physical activity promotion for adults and children
- No investment in PHSE and related health promotion in schools.
- No investment in early identification of diabetes or pre-diabetes
- No investment in early identification of atrial fibrillation

The Director also reported that Shropshire Council received the lowest per capital Public Health Grant within the West Midlands region and one of the lowest grants in the country.

In view of the conclusions set out in the paper, the Director said he was not able to commend the report to the Committee.

Members expressed its appreciation to the Director for the extremely clear but stark report before them, and expressed dismay at what appeared to be the disastrous situation at hand. Attention was drawn to prevention being one of three key priorities announced by the Secretary of State, and Members expressed serious concern about added acute pressures in the long term if these cuts were made. Serious concern was also raised about impact on social prescribing, an area in which Shropshire had taken a national lead but which would not be able to continue.

The Director reported on extensive lobbying of MPs, ministers, the Chief Executive of Public Health England, Chair of the All Party Parliamentary Group on Rural Health and Social Care, and Secretary of State amongst others, and although there was recognition that rural areas did very badly in terms of funding on a per capita basis, no action had been taken to address this. Lobbying had however resulted in an LGA report published in 2017 on Rural Health Deprivation. Members noted that Shropshire received £39 per resident, Telford and Wrekin £74 and Kensington and Chelsea £139. The Committee asked the Director to circulate comparisons with other local authorities after the meeting. Urban areas might experience more deprivation but they were able to create economies of scale and access that rural areas could not.

During discussion, the Committee asked about the STP and its joint commissioning role and the Health and Wellbeing Board. Members also asked about Impact Assessments and heard these were being led by the Director of Help to Change. The Director reported that the proposals were currently informal and had not yet been presented at Cabinet. The Chair expressed concern that these sorts of cuts to prevention services would also be faced in Adult Social Care.

The Committee felt that a line should now be drawn, particularly in the light of Shropshire's older population and the lack of action despite extensive lobbying. They felt that the public needed to know what the effects of these cuts would be and that a campaign for fairer funding was needed, with more activity in the media.

The Committee highlighted the importance of having Impact Assessments available for any decisions that were proposed. It was also agreed that strong representations be made to the Secretary of State, Chair of the Health Select Committee, STP Chair, Health and Wellbeing Board, Chair of the All Party Parliamentary Group, local MPs and the LGA People and Places Board. An all party approach and press coverage was needed to set out in the starkest terms the implications of stopping funding for these areas of prevention in the short, medium and longer term.

The Committee also strongly recommended that impact assessments should accompany the report that goes to Cabinet and that it should not be seen in isolation as there would be implications to the prevention agenda in Adult Social Care and Children's Services.

Members went on to ask if there were any opportunities to raise an income or invest to save and the Director reported on the work of Help2Change and investigations into establishing a community interest company to delivery services beyond local authority requirements.

### 34 **Work Programme**

Members considered and agreed proposals for the work programme, bearing in mind the need for flexibility, particularly in the light of the previous discussion.

The meeting concluded at 12.34 pm

Signed ..... (Chairman)

Date: .....