

SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 15 July 2019
10.00 am - 12.00 pm in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present

Councillors Madge Shingleton, Kate Halliday, Simon Harris, Tracey Huffer, Simon Jones, Heather Kidd and Paul Milner

12 Apologies for Absence

Apologies for absence were received from Councillors Roy Aldcroft, Karen Calder and Gerald Dakin. The Vice-Chair, Councillor Madge Shingleton, took the chair for the meeting.

13 Disclosure of Pecuniary Interests

No pecuniary Interests were declared. Councillor Madge Shingleton reported that she was a member of Health Concern Kidderminster, Councillor Tracey Huffer reported that she worked as a nurse in a doctors practice in Ludlow, Councillor Simon Jones reported that he was employed by Shropshire Community Health Trust and Councillor Paul Milner reported that he was a member of his doctor's surgery patient group.

14 Minutes

The minutes of the meetings held on 25 March 2019 and 20 May 2019 were confirmed as a correct record and signed by the Vice Chairman.

15 Public Question Time

Mr Cheese, a member of the public, asked the Committee it had been aware of the decision of the CCG to close the Whitehall Medical Practice in Shrewsbury.

The Vice-Chair reported that the Committee had not been aware of this decision.

On questioning from the Committee, Mr Cheese reported patients had been told that if they could not find a new surgery by 1 October 2019, then the CCG would allocate a surgery which could be anywhere in Shropshire or Telford and Wrekin. He said that although neighbouring practices had been required to keep their lists open, they appeared to be full and not keen to expand them. He said that prospective new patients at Belvidere Medical Practice were told to start to queue at 7am in the morning to register and that this Practice was taking just five new patients a day. He also said that although other surgeries had not closed their lists, they had contracted their boundaries. Some patients had learnt about the closure from the media, in advance of receiving any communication from the CCG.

In connection with this issue, Councillor David Vasmer, made a request to the Committee, asking if it would add an investigation into the provision of Primary Health Care Services in Shropshire to its work programme.

During discussion, Members expressed significant concern, particularly about the experience of patients trying to move to a different practice. Discussion also expanded to cover issues around GP capacity and new housing, the move to 'super surgeries' in Telford and Wrekin; and a GP surgery wishing to expand facilities but not being able to secure permission.

Members confirmed that they would like to consider Primary Care capacity as a topic, starting with getting a better understanding of the situation with Whitehall Medical Practice and the experience of patients in finding places at an alternative practice.

The Committee agreed that a series of questions be send to the CCG covering the following areas: communication; finding patients new practices; contraction of boundaries; number of practices reaching the maximum ratio of GP to patient and impact on access to appointments; future demand modelling; 'super practices' as established in Telford and Wrekin and whether there were any plans for this model to be implemented in Shropshire; the CCGs position on current practices expanding; and role of Primary Care Networks.

It was agreed that an additional meeting of the Committee be held in August to consider the responses to these questions and learning more about Primary Care capacity.

16 The Contribution of Regulatory Services to Health and Wellbeing

Karen Collier, Regulatory Services Operations Manager, and Rachel Robinson, Director of Public Health provided a report and presentation on the contribution of regulatory services to health and wellbeing. This item would relate to a report which would be presented to the Committee's September meeting on delivering Public Health outcomes.

The report before members included the functions delivered by the service, details of each of its Strategic Objectives for 2019/20 – 20212 and the social determinants of health in which local government and specifically Regulatory Services could exert an influence on to ultimately improve health inequalities and wellbeing. The presentation set out the background to Public Health, the mandated functions and gave real life examples of the work of Regulatory Services, illustrating how the team worked and how learning was shared with other authorities across the country.

During the presentation and subsequent discussion members asked questions and made observations relating to the extent of the input of the team into planning, strategic planning and strategic licensing; Affordable warmth and whether this came within the team's remit; cuts to the Help2Quit smoking budget and the impact this would make; monitoring of carbon dioxide footprint; potential useage of portable air monitors; the Service's priorities in the light of the recent announcement of the climate emergency; levels of ammonia in the county; and the capacity of the service to deal with such a labour intensive, wide ranging and complex workload

The Portfolio Holder for Adult Social Care and Climate Change explained that Affordable Warmth was within the remit of the Housing Team and he reported on a likely significant grant increase through the Marches Energy Agency.

In discussion of the Help2Quit funding, attention was drawn to the significant social care costs related to COPD which was a condition most usually caused by smoking. Members reiterated their concern that cutting this funding would be a false economy. The Director of Public Health reported that for each £1 public health investment made, a huge return would be made in reducing future costs. She reported on the importance of modelling this clearly to make this case - not being able to demonstrate this immediately in areas such as lifestyle services and school nursing presented a significant challenge. In the meantime, the joining up of resources with other organisations would achieve the greatest affect in the face of funding cuts.

The Portfolio Holder for Adult Social Care and Climate Change explained the difficulties of finding alternative areas to save from within the Public Health budget as so much activity was mandated and statutory. No one wished to make these cuts but there was little alternative and remaining resources would be targeted in the most acute area of smoking in pregnancy.

In terms of pollution and air quality, Members noted that that there was a mobile monitor which could be used in locations such as outside of schools and that a presentation on air quality had been given to a Crucial Crew session and well received by the children involved. It was confirmed that issues of poultry units and impact of ammonia on bio diversity was high on the agenda for the team and it was important to establish the scale of all pollution within the county.

Officers confirmed that the impact of Regulatory Services work on Public Health outcome improvements was limited by the reduction in resource as a result of the financial savings. The service had insufficient resource to fulfil all its statutory duties and this had been reported through the corporate risk register. Since the formation of the unitary authority, staffing and funding had reduced and in the last year additional work had arisen due to legislation in relation to licensing of homes in multiple occupation. Officers were working beyond capacity, were very committed and were concerned about the risks they could see. In addition, summer could be a particularly challenging time with factors such as wasp nests, food poisoning, and lack of tolerance in the heat adding to pressure.

The Vice-Chair thanked officers for the very useful introduction to the service, and said the Committee had particularly noted the hugely valuable work of the team, the complex nature and wide range of its work and the immense pressure the team was under. Members also understood that the use of outcomes and performance indicators was not straight forward as it was very difficult to measure preventative action. The Director of Public Health confirmed that the funding position for next year was currently unknown. The Committee looked forward to the delivery of public health outcomes report expected at the September meeting of the Committee.

17 Work Programme

Members considered proposals for the Committee's work programme.

It was intended to hold a joint meeting in November, between the x and x committee to look at TRIBE/micro commissioning, a project designed to match up community projects with carers.

Members heard that TRIBE, a micro-commissioning project designed to match up community projects with carers had been suggested as a Joint Scrutiny item.

Other items suggested by members were, recommissioning of equipment services, gambling, and school nursing service.

It was confirmed that an additional meeting would be held in August to consider the issues raised earlier in the meeting around Whitehall GP Practice and Primary care in the county.

Signed (Chairman)

Date: