

SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 18 November 2019
10.00 am - 12.50 pm in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present

Councillor Karen Calder (Chairman)
Councillors Karen Calder, Roy Aldcroft, Gerald Dakin, Kate Halliday, Simon Harris,
Tracey Huffer, Simon Jones, Heather Kidd, Paul Milner and Dean Carroll

33 Apologies for Absence

An apology for absence was received from Councillor Madge Shineton.

34 Disclosure of Pecuniary 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.

Councillor Roy Aldridge declared that he was a Public Governor of the West Midlands Ambulance Service.

Councillor Simon Jones declared that he was an employee of Shropshire Community Health Trust.

Councillor Tracey Huffer declared that she worked as a nurse in a doctors' practice in Ludlow.

Councillor Kate Halliday declared that she was a member of a professional body which provided services in the drug and alcohol field.

35 Minutes

RESOLVED:

That the Minutes of the meeting held on 23 September 2019 be confirmed as a correct record and signed by the Chair.

Matters Arising

In relation to the questions raised on the Minutes of 23 August 2019, the following responses were received:

Question 1: It was confirmed that two medical practices had written to the CCG suggesting that they were struggling with an influx of patients. The CCG had worked closely with them and the influx had been managed. It was confirmed that a new GP was due to start work in two weeks' time to support medicine management.

Question 2: It was confirmed that the number of patients being seen was not being restricted and had increased from 5 to 20 a day. No requests had been received for more than 20 patients.

Question 3: It had been confirmed by the new Accountable Officer at the CCG that the Minutes remained confidential.

Question 4: It was confirmed that practice boundary maps were available and held on GP websites.

36 Public Question Time

Questions submitted by Diane Peacock in relation to the legal status of the STP and the Governance Protocols in place / the future of local healthcare had been circulated to Members. The Accountable Officer, Shropshire CCG, provided a response to these questions.

A copy of the questions and the responses provided is attached to the signed minutes and available on this Committee's pages on the Council's web site.

37 Member Question Time

There were no member questions.

38 Future of Primary Care Provision and an Update on Primary Care Networks

Members considered a report regarding the future of Primary Care Provision and an update on Primary Care Networks. The report provided an update on the Primary Care Strategy and the eight key areas of delivery.

The following were in attendance:

Steve Ellis, Head of Primary Care, Shropshire CCG
Dr Julian Povey, Clinical Chair, Shropshire CCG

Mr S Ellis and Mr J Povey introduced and amplified the report. They explained that to ensure the successful delivery of the GP contract reform in line with the NHS Long Term Plan, CCGs were required to review and refresh or rewrite their Primary Care Strategies which Shropshire and Telford and Wrekin CCGs did jointly in April 2019. They then drew attention to the eight key areas of delivery set out in the report.

In the ensuing debate Mr Ellis and Mr Povey responded to questions from Members, in summary, as follows:

- In response to a query about whether the improved use of technology would provide a link between other services, not just GPs, Mr Ellis explained that this was in relation to patient access to GPs, for example Skype and video consultations which were difficult in Shropshire at the moment.
- It was reported that 20% of practices (8/40) currently provided E consults but that the target was for 75% of practices to be live by the end of March 2020 and then 100%. A list of pilot sites for E consults was requested by Members. Mr Ellis explained that E consults did not rely on a large bandwidth and he referred to an ongoing project with DMCS working on those places with poor bandwidth to enable good connectivity.
- It was confirmed that E consults were an additional route into GP surgeries and would not replace telephone calls/walk ins.
- Concern was raised that there were occasions when patients were taken into hospital but their GP had been unaware. It was confirmed that work was ongoing to improve communications between services at STP level.
- In response to a query, it was confirmed that patients' medical records would be available digitally from April 2020 with patients being able to add notes to their records coming later.
- In relation to the consolidation of sites, it was confirmed that this was not driven by the CCG but by the GP practices themselves.
- Concern was raised that GP activity would be consolidated into a smaller number of sites, as happened in High Ercall, and it was suggested that the CCG could do more to ensure that this did not happen. In response Mr Ellis confirmed that High Ercall had been a branch practice with just a GP, and, with seven patients, had only been open for two hours per week. Its closure had been discussed by the Primary Care Committee who had allowed the closure due to its very limited use.
- It was confirmed that the prevention strategy lies within Public Health as set out in the STP Long Term Plan.
- A query was raised in relation to last month's increased A&E attendance. In response, Mr Povey reported the national picture and explained that just a 1% increase would completely overwhelm the service however the increase was not due to minors but to patients who were very poorly. It was therefore confirmed that the increase in Shropshire was not out of kilter with the national picture and that people were now living longer with long term conditions.
- In response to a query, it was explained how each Primary Care Network would be funded. Mr Ellis confirmed that each GP surgery still had to deliver their care contract and that the funding for this had not changed.
- In response to concerns about whether enough GPs could be recruited, Mr Ellis informed the Committee that there were a lot of trainee GPs due to qualify in the next two years. A brief discussion ensued in relation to recruitment and retention of GPs. The Chair suggested that the Committee may wish to consider what Primary Care in Shropshire would look like in the future at its next meeting.
- The Chairman queried whether GP surgeries had bought into Primary Care Networks or did they feel that it had been forced upon them. Mr Povey explained that he was unable to answer that question at this stage but reported that 97/98% of GP practices were part of a Primary Care Network.

- In response to a query, it was confirmed that if a GP practice chose not to be part of a Primary Care Network, its patients would still be able to access services but the practice would not have a say in how those services were delivered.
- A brief discussion ensued in relation to the smoking cessation and weight management services that had been decommissioned earlier that year. Mr Ellis explained that the CCG and the Council were working through how to deliver these services as they were no longer part of GPs core contracts.
- In response to a query about key performance indicators, the Director of Public Health explained that more local measures were needed and that this would be looked at as part of the Strategy refresh.
- A brief discussion ensued in relation to mental health. Mr Ellis informed the Committee that mental health services would not be provided by Primary Care Networks but would be commissioned through the Midlands Partnership NHS Foundation Trust. It was felt that the Committee needed to look at this in the new year as it was recognised that mental health and physical health were intertwined. Mr Povey reported that mental health was dealt with across lots of areas within the Primary Care Strategy.
- Mr Ellis and Mr Povey then addressed the Appendices set out at the back of the Strategy in relation to access to primary care, workforce fit for the future, funding, technology, primary care estate, workflow/workload and finally, audit and governance arrangements.

The Chairman thanked Mr Ellis and Mr Povey for their attendance and looked forward to receiving a further update in relation to what primary care would look like in the future.

39 **Better Care and Improved Better Health Care Funds**

The STP Programme Manager and the Assistant Director Adult Social Care provided a report and presentation which introduced the Better Care Fund (BCF) Plan for 2019/20.

The report and presentation covered:

- Technical detail summary
- Governance
- Key priorities and summary of schemes
- 8 High Impact Model – managing transfers of care between hospital and home (refreshed for 2019/20)
- Performance – Delayed Transfers of Care
- Delayed Transfers – attributable to ASC
- Delayed Transfers – how do we compare?
- Performance – residential admissions, reablement and Non-elective admissions
- Reablement – 91 day target
- Admission to residential care – how do we compare?

The Assistant Director Adult Social Care drew attention to the recommendations contained in the report and requested that the Committee consider setting up a Task and Finish Group to look at the risk of discontinuation of the improved Better Care Fund.

During the ensuing discussion the STP Programme Manager and the Assistant Director Adult Social Care responded to questions from Members. In summary, Members noted the following:

- In response to a query the Committee were informed that the Health and Wellbeing Board had looked at the BCF Plan and had noted the risks associated with continued reliance on grant funding to pay for system initiatives to support transfers of care and admission avoidance;
- The STP Programme Manager drew attention to the technical guidance that had been published in July 2019;
- It was reported that minor updates had been made to the S75 Partnership Agreement around some lines of the budget which had been agreed by the Health and Wellbeing Board;
- Attention was then drawn to the three Key Areas of Prevention, Admission Avoidance and Delayed Transfer and system flow, along with the 8 High Impact Model and a 9th around Housing.
- More work was required around early discharge planning and having that conversation before admission to hospital rather than at the point of discharge.
- The STP Programme Manager explained each of the 8 (9) High Impact changes required to manage the transfer of care between hospital and home. It was confirmed that Housing had not yet been reviewed
- In relation to Performance – Delayed Transfers of Care, the Assistant Director Adult Social Care reported that although the previous Thursday had been the worst day for performance, Shropshire was number 1 in the Midlands and 5th out of 151 in the Country (15th in 2016) which was quite an achievement and highlighted a 99% reduction in delayed transfer of care. Members expressed their congratulations for this achievement but raised concern about whether this level was sustainable.
- Turning to Performance – residential admissions, reablement and Non-elective admissions, it was confirmed that the non-elective admissions target had not been met for two quarters and may not be achieved this year. Although a rise was being seen nationally, it was of patients who needed to be admitted.
- The target for admissions to residential care were being met.
- A brief discussion ensued in relation to the setting up of a Task and Finish Group and it was agreed for the Assistant Director Adult Social Care and the Scrutiny Officer to work up the scope outside of the meeting and bring it back to the next meeting.

RESOLVED:

- 1 That the report and the BCF Plan attached as Appendix A be noted.
2. That the risks associated with continued reliance on grant funding to pay for system initiatives to support transfers of care and admission avoidance be noted.
3. That a Task and Finish Group be set up to look at the risk of discontinuation of the improved Better Care Fund.

40 **Work Programme**

Members considered the Work Programme.

Signed (Chairman)

Date: