

SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 23 September 2019
10.00 am - 12.29 pm in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Linda Jeavons
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Present

Councillor Karen Calder (Chairman)
Councillors Madge Shingleton (Vice Chairman), Roy Aldcroft, Kate Halliday, Simon Harris, Simon Jones, Heather Kidd and David Vasmer (Substitute) (substitute for Tracey Huffer)

25 Apologies for Absence

Apologies for absence were received from Councillors Gerald Dakin, Tracey Huffer (Substitute: David Vasmer) and Paul Milner.

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

Councillor Madge Shingleton declared a connection with Health Concern Kidderminster.

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

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

27 Minutes

A discussion ensued regarding the Minutes. Some Members expressed their dissatisfaction regarding the content and indicated that some views had either been omitted or not recorded in the manner in which they had been expressed.

Arising from the minutes, the following points arose:

- *Minute No. 23 (Page 2) Reference was made to a letter written by the same surgery in November 2018 which had stated that closure of Whitehall would mean being destabilised to the point of being unable to deliver safe medical*

care. What had changed so that they were able to take more patients now? Patients also still appeared to be finding it hard to register with this practice.

Question – Can Committee investigate whether or not this continues to be a problem. If so, can this be taken back to the CCG for a response?

- *Minute No. 23 (Page 2) Was there a satisfactory relationship with primary care organisations and practice managers? Was enough effort put into making the tender attractive? Had the inclusion of the zero tolerance service in the contract made it unattractive and who was currently providing that service?*

The Head of Primary Care said he would speak to the nearest Practice which on anecdotal evidence appeared to be restricting numbers once again.

Question – What was the outcome of this discussion?

- *Minute No. 23 (Page 5) Why could the minutes of the Primary Care Commissioning Committee where the matter was discussed in private not now be made available?*

The CCG could not release any minutes of confidential meetings. There had been a subsequent meeting held in public where questions from members of the public were responded to and the minutes of this meeting were available on the website. In response to a request from some members of the Committee who felt that the minutes should be available now the procurement process was no longer live, the Director of Primary Care said she would again check the position with the CCG's Director of Governance.

Question – Are the minutes now available?

- *Minute No. 23 (Page 5) There have been reports of people being deregistered from surgeries due to changes in practice boundaries – was this correct, where can the boundary maps be found?*

Question - Have these maps been made available. If not, please could this be actioned upon.

Members noted that Minutes were not a verbatim record, but a summary of the proceedings that may include the essence of the discussion.

RESOLVED:

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

28 Public Question Time

There were no public questions or petitions.

29 Member Question Time

There were no member questions.

30 Review of 111 Commissioning

Members considered a report regarding a review of 111 Commissioning. The report provided a briefing on the current status of the six-month review of the Integrated Urgent Care service delivery model and the next steps.

The following were in attendance:

Ros Preen, Director of Finance and Strategy, Shropshire Community Health NHS Trust

Fran Beck, Executive Lead for Commissioning, Telford and Wrekin CCG

Simon Chapple, Medical Director, Shropshire Doctors Co-Operative Ltd

Emma Pyrah, Head of In Hospital, Shropshire CCG

Mr S Chapple introduced the report, which followed on from a request of this Committee to be kept updated following a review. The six-month review had been undertaken as part of a phased programme of work. It had been a really thorough review and involved many representatives from many organisations. All those involved had worked hard and been very committed.

In the ensuing debate all four responded to questions from Members. In summary, Members noted the following:

- Learning from the issues raised by palliative care/end of life patients a range of 'magic words' had been introduced for use by carers/patients. This would then enable the caller to be directed to the appropriate help quickly and appropriately.
- The Ambulance service was made aware of any Respect Plans/Advance Care Plans so could act appropriately to any calls;
- Given that in many rural areas there are areas with no street names etc, Members expressed concerns regarding the ability to locate some addresses. Members were informed that any person attending a patient would be a local provider and could ring up for directions. Technology and disposition codes also enabled calls to be tracked.
- A detailed analysis of performance and quality factors had been undertaken at the six-month review and a set of Key Performance Indicators had been agreed and grouped together in a more logical way.
- A Member expressed concerns regarding cross-border confusion with regard to addresses/postcodes. Some areas have multiple places with the same name and located miles apart, which can result in ambulances travelling long distances when one stationed closer could have been used. In response, all Members were asked to report any issues so that they could be investigated.

The Chair thanked them all for their attendance at the meeting and asked that a further update on the outcome of the review be presented to a future meeting.

AGREED:

That this item be further considered at the meeting scheduled to take place on 20 January 2020.

31 Public Health Outcomes

The Director of Public Health provided a report and presentation entitled “Understanding how Public Health Outcomes are being delivered across Shropshire Council.

The report and presentation covered:

- Context for delivery;
- Public Health’s key health and wellbeing priorities;
- Work to deliver an ambition to redesign and co-produce a new model of Public Health;
- An update on the provision of smoking and weight management services; and
- The approach assurance of delivery of Public Health outcomes including the substitution of funding.

During discussion the Director of Public Health responded to questions from Members. In summary, Members noted the following:

- Funding – The allocation of funding was based on the 2013 allocation and followed an intensive evaluation process. Urban areas do get a bigger allocation compared to that of rural areas and there was a push to balance that gap. Members welcomed any lobbying of MPs to address any inconsistencies regarding funding allocation between rural and urban areas.
- Public Health Outcomes/Priorities – Members considered the outcomes/priorities and noted both the areas of concern and the areas in which Shropshire performed well. The Director of Public Health agreed to distribute detailed information regarding these figures and also further information relating to the work around smoking.
- Smoking in pregnancy services – The delivery of this service was available in the wider-community and not just maternity units.
- Memorandum of Understanding – Following discussion Members noted that not all MOUs had yet been developed. It was agreed that as and when MOUs were developed they would be reported to this Committee for consideration.

In response to questions, the Portfolio Holder for Adult Social Services and Climate Change commented that this Council continued to work with local MPs to raise funding in general. Shropshire Council had a similar population to many London Boroughs but received a third of the budget they received. There is deprivation, both in rural and urban areas and the cost of delivering services across 5,000 km of road network from Clun to Woore, Quatt to St Martins added an additional burden.

RESOLVED:

- That the approach of the Council to the delivery of public health outcomes, improving the health and wellbeing of Shropshire’s communities and changes to Public Health services, be noted.
- That the ambition to redesign and co-produce a new model of public health delivery with Shropshire be endorsed.
- That the approach being developed by the team to produce assurance of the delivery of public health outcomes within Shropshire Council be approved.
- That an approach to local MPs requesting them to lobby ministers to increase the Public Health Grant funding baseline in Shropshire to closer to the England average and remove the inequalities in the provision of this grant be approved.
- That all Memorandum of Understandings be reported back to this Committee for consideration and comment.

32 Work Programme

Members considered the Work Programme. A copy of the updated Work Programme can be found appended to these Minutes.

Signed (Chairman)

Date: