



Committee and Date

Item

1

Public

**BISHOP'S CASTLE, CHIRBURY & WORTHEN AND CLUN
LOCAL JOINT COMMITTEE**

**NOTE OF DECISIONS AND ACTIONS STEMMING FROM THE MEETING HELD ON 9TH
OCTOBER 7.00 PM – 9.30 PM
AT
EDGTON VILLAGE HALL, EDGTON**

Responsible Officer Mathew Mead
e-mail: mathew.mead@shropshire.gov.uk Tel: 01743 252534

Committee Members Present:

Shropshire Council

Heather Kidd	Chirbury & Worthen (Chair)
Charlotte Barnes	Bishop's Castle
Nigel Hartin	Clun

Town/Parish Councils

John Croxton	Clunbury Parish Council
Georgie Ellis	Lydbury North Parish Council
Andrew Beavan	Llanfairwaterdine Parish Council
Jane Carroll	Bishops Castle Town Council
Andrew Craig	Chirbury Parish Council
Jonathan Roberts	Clungunford Parish Council
Valerie Whately	Bettws-y-Crwyn Parish Council

Officers Present:

Mathew Mead, Community Enablement Officer, Shropshire Council
Gareth Hewlett, Head of Consumer Management EE
John Carwardine, Community Affairs Manager EE
Dr Bill Gowen, Shropshire Clinical Commissioning Group

1. Welcome and Apologies for Absence

Councillor Kidd welcomed everyone to the meeting, especially the speakers who had travelled some distance to attend the meeting.
Apologies for absence were received from

Ian Owen (Bedstone and Bucknell PC); Gordon Lewis (Mainstone); James McVicar (Clun Town Council); Andrew Semple (Myndtown PC); Steve Burge (Newcastle Parish Council); Tony Wilkinson (Worthen with Shelve Parish Council)

2. Disclosable Pecuniary Interests

Councillor Jonathan Roberts declared an interest in item 4 – Share holder in Deutsche Telekom

3. Notes of Previous Meeting

The minutes were agreed as a correct record of the previous LJC on which was held on Thursday 24th July 2014 at Chirbury Village Hall.

4. Presentation – EE Mobile phone coverage in South West Shropshire, John Carwardine Community Affairs Manager EE and Gareth Hewlett, Head of Customer Service Management EE

Councillor Kidd thanked John and Gareth for attending the meeting and explained that in the last year she, and her fellow Councillors, had received a large number of complaints from constituents about problems with their mobile signal. This was a particular concern that where signals had previously been good in some areas they had got worse in the last year. Signals also regularly dropped out meaning people couldn't rely on the service.

John Carwardine thanked the Committee for the invitation to speak at the meeting.

The issues EE have in delivering a strong reliable signal in areas like South West Shropshire are varied, and involve a number of factors, which other operators also face. Mobile signals travel in straight lines, and the hills and valleys of the area make delivering a signal difficult. In addition the remote nature of the area means that many possible sites for masts don't have electric supplies, or other technologies that the mobile companies can use to deliver their signal through. In addition where new masts are proposed there can be concerns on the impact they will have on the character of the scenery.

At the same time mobile networks are being used by more people, for increasingly "data hungry" tasks such as internet viewing, game playing and streaming films and TV content. Many people no longer have a "landline" and use a mobile for all their calls.

Gareth Hewlett added some more detail to the technical problems faced in South West Shropshire. EE was formed through a merger of Orange and T-Mobile and in this area there were a number of masts operated by these companies that needed rationalising and upgrading to new equipment. Some masts used technology that was over 10 years old and was not suitable for new technology such as 4G.

In this area roughly 4 out of every 100 calls on a 3G network drop out, while 6 out of 100 2G calls drop out as a result of the problems with reception. In some areas there is no signal. EE engineers are aware of the problems, and carry out regular checks in the area to discover more about where "not spots" exist and to test technology to make sure it is working correctly. Customers reporting issues with their service is also important to identify where problems are. In the UK EE are investing £1.2 Billion in new technology.

Members of the Committee asked why the service in this area had declined in the last year. John and Gareth said it was due to the rationalisation of the T mobile and orange masts in the area, and their replacement with new masts. This had led to a

short term decline in service, but the new masts being built would provide new technology and a better service, and works to upgrade the service were taking place over the next two years. They acknowledged in some area the service had reduced in reliability in the last year, but were confident long term improvements would occur and better, faster data would be available.

Valerie Whately asked what was being done to improve areas that had no mobile signal such as large areas around Bettws, where they not only had poor mobile signals but also very poor Broadband. Gareth said these areas were particularly difficult to find a solution to as a result of the terrain of the area making it difficult to deliver a mobile signal. However the government had launched a £150 million fund to tackle this issue, which allowed new masts to be installed and used by all the mobile operators. It was not always possible to find landowners willing to rent their land to companies for masts, although there were over 20,000 sites in the UK.

Members of the Committee pointed out that some people in the community had been sold mobile phone contracts offering services that simply weren't available in their area, and as such people were paying for a service they weren't receiving. What would EE do if people cancelled their contracts and refused to pay?

John said that the best thing to do would be to contact the Customer Service team at EE to discuss this. They actually had very few cases where people cancelled direct debits and were pursued through the courts, but changes to contracts can be made if people contact the customer service team. He offered to work with the Shropshire Councillors to collect details of the issues residents had raised with them and to deal with them through customer services.

Mobile companies were investing funding into solving the issues, but that compared with other areas in Europe the cost of mobile calls in the UK was much cheaper.

Household solutions to improving mobiles signals were also available such as Signal Boxes and Signal Boosters which can work with home broadband and electrical systems, these could be a solution where a signal exists but is weak. Customer Service teams can help advise on these for customers.

John and Gareth offered to work closely with the Councillors to monitor the issue of mobile signals, and are working on solutions to bring long term improvements to South west Shropshire. Their aim is to achieve the following through improvements to the network

- Better 3G coverage
- Increased signal coverage and strength
- Faster mobile data speeds
- Ability to run 2G, 3G and 4G signals from the same mast without interference
- Better monitoring of sites to deal with faults as soon as they happen

Councillor Kidd thanked John and Gareth for attending and wished them a safe journey back to London

5. Presentation – Dr Bill Gowens Vice Chair/Clinical Director Shropshire Clinical Commissioning Group, update on Future Fit Consultation on Health Care delivery in Shropshire

The Future Fit programme is being run by the Shropshire Clinical Commissioning Group in Shropshire to look at, and react to the changes in modern health care that will be needed in Shropshire, Telford and Wrekin and the borders over the next 20 years.

The programme has to deal with a range of issues such as an aging population; people living with long term conditions; pressures on budgets and staff and the need to modernise the way health care is delivered using new technologies. The initial Call to Action to discuss the issues with the public was launched in 2013, and showed the public supported change, and that the change should be led by Clinicians based on a Clinical model. The initial model had now been developed by the CCG and this autumn provided the CCG with a chance to update the community on the long list of proposals. He stressed these were still proposals.

The model being looked at was based on clinical delivery, based on all aspects of services including hospitals, local surgeries, home care and public health. These all interlink and need to be considered as a whole. The key areas being looked at were

- Emergency and Urgent Care
- Planned Care
- Long Term Conditions

In these three areas there was a need to balance the need to have a “critical mass” of service in one area, to provide the best staff, equipment and care to maintain a top class service; but to balance this against the need for people to be able to access these services when they needed to, and not to be disadvantaged by where they live. Dr Gowens gave some more details of the issues relating to each service area

- Emergency and Urgent Care

Clinical models showed that the highest quality of care was available where an emergency unit was located on a single site. This allowed the best surgeons, nurses and equipment to be located on the same site; made recruitment of good staff easier and also meant that staff were dealing with complex cases on a regular basis which would improve their skills and knowledge. The CCG had not ruled out having emergency care on two sites, but recruitment of staff was the biggest issue with splitting the sites, and is arguably a more pressing issue than finance.

Emergency care would only be available to patients through doctors and ambulance services, but would be supplemented by between 4 and 7 Urgent Care Centres. These would deal with serious but not life threatening cases and would be placed around the county to provide easy access. The centres would have direct links to the emergency centres so if patients needed to be transferred quickly to emergency care they could be. If 4 centres were provided they would probably be in Shrewsbury, Telford, Ludlow and Whitchurch.

Expanding to 7 urgent care centres would provide a greater geographical spread of centres, but would probably mean each centre had a lower spec of staff and equipment compared to just 4 centres. This balance between fewer centres and higher specification of services verses more centres with less range of services was a key part of the debate. Unless urgent care centres were of equal specification

people would probably still chose to travel to Shrewsbury or Telford which would defeat the object of having more than 4 urgent care centres.

- **Planned Care**

The proposals include plans for a stand-alone centre to provide operations, treatments and specialist clinics 7 days a week. By holding these on one site there are also benefits in recruiting top specialist staff. 80% of operations can be delivered through such as site, and by separating it from the emergency care unit there would be fewer cancelations with due to staff having to be diverted to incidents. However the issue of travel to the centre would be significant, especially if it was located in Telford, residents in South Shropshire and Powys would have a long way to travel.

Aftercare for patients would also be a significant issue and the aim would be to provide 60% of aftercare at the patient's home location, such as at their local surgery or through the use of new technology.

- **Long term care**

This is a key issue for the CCG, as long term conditions are increasing. Work needs to be done through public health to reduce cases of long term ill health, such as encouraging people to give up smoking, eat more healthily and take more exercise.

Delivering more services through local doctors will help people manage their long term conditions, as will new technology. Reducing the period people with life changing conditions spend in hospital will also be needed to make sure the urgent care and emergency care units have sufficient beds available, so local convalescent care will also be important. As with planned care it is hoped that making local doctors available 7 days a week will also help people manage their own care more effectively.

All of the changes planned were based on the assumption that there would be no increase in health care spending in the UK over the next ten years due to the budget cuts resulting from the economic issues the country faced. Not changing the way services were delivered was not an option.

Dr Gowen's then took questions from the Committee and members of the public.

Committee members understood the clinical reasons for the changes, but expressed concerns that the improvements of centralised services would not be as beneficial to patients in the South West of Shropshire due to travel times. **Slow ambulance response times were an issue in this area.**

Dr Gowen acknowledged this as an issue, but suggested that figures showed that only 10% of calls to the ambulance service required a patient to be taken to hospital under a "blue light". 40% of cases don't even require patients to be taken to hospital, and 50% who go to hospital are not emergency cases. The "miracle hour" to get patients to emergency care wasn't a factor in most cases, and the key for many emergency cases was the quality of care administered when they reached hospital. Would money be better spent on providing more ambulances, or better care at specialist units?

However it was a very significant issue and one that particularly affected the border areas where different ambulance services operated.

Questions were also asked how the **volunteer sector and charity sector** fitted into the plans, such as what role the air ambulance and First Responders might play in delivering local emergency care.

Dr Gowens said that while these services were very well thought of and important in the community they didn't always provide the most cost effective solution to an issue. The air ambulance is a charity and is very costly to run. Bringing it within the NHS would divert funds from other sources and these funds might be better used in providing services in other areas. Similarly First Responders play a role in responding to emergencies but due to their geographical location and different skills don't always provide as good a response as might be possible with alternative forms of service delivery.

The volunteer sectors role might be best placed in delivering support to patients with long term conditions and providing solutions in the local community to support people.

Members of the public also raised concerns that proposals to change the way services were delivered were a way of **“privatising” the NHS**

Dr Gowens said that all the proposals set out would be run under CCG control, but that some elements of service could be offered by the private sector, such as blood tests and rehabilitation. The CCG would have to procure services using a clear and transparent process and private sector companies would be part of the solution, but the CCG would retain overall control.

Councillor Sandbach from Westbury Parish Council, and also a former chief executive of Telford hospital said he had some reservations with the plans, but overall supported the proposals. He felt that the separation of emergency and planned care was a big change that would have many positives for Shropshire. He also felt more needed to be done to promote the opportunities for delivering health care in people's homes. New technology allowed for significant levels of health care to be delivered at home, and consultations could take place online to reduce patient and doctor travel time.

Dr Gowens agreed and said that home care and new technology was a really important part of the process, as was delivery of better public health. Small changes to the numbers of people smoking could save millions each year, as could reducing obesity and high blood pressure. Central government also played a role as issues like housing, education and transport links all played a part in public health

The next steps of Future Fit is to produce a short list of options from the long list that has currently been produced. These would then be consulted on further through workshops, drop in sessions and community consultations.

6. **Police update**

Details of the crime statistics for the area were circulated to the Committee. The area remains a low crime area, but isolated cases of car crime and burglary do take place. The Police are always keen for members of the public to report any suspicious behaviour to them using the 101 phone line.

Work is also progressing to restart the “Community Speed Watch” scheme, where local residents volunteer to be trained to use a speed gun to monitor traffic in their

area. Parish Councils interested in joining the scheme need to contact the Scheme Coordinator

Ian Connolly – Community Speed Watch Coordinator

Tel: 01562 826032 ext 3032

Email: ian.connolly@westmercia.pnn.police.uk

7. South West Shropshire LJC Grant Scheme (Report Item 2)

The Committee received a report on the South West Shropshire Local Grants Scheme.

Town and Parish Councils in the area have been written to asking them to join the scheme and contribute £100 towards the grant scheme, and provide details of local businesses in their area who might be approached to contribute. Details of how much funding has been secured will be shared with the Committee on a monthly basis, with a view to offering grants to local groups early in 2015.

The Committee voted to support the report and its timescales.

Councillor Kidd also suggested that work needed to take place through the Committee to promote the grant scheme to local businesses and encourage them to contribute. Meeting with the Business Group supported by Enterprise South West Shropshire Could be a way to achieve this.

8. Public Question Time

No questions were put to the Committee by Members of the public in attendance

9. Future Agenda Items

Valerie Whately asked if a presentation on broadband could be made at the next meeting. There is no sign of the Connecting Shropshire project being able to deliver super-fast broadband in Bettws or in many other parishes in the LJC. There is also concern that Shropshire Council is not going to be able to secure additional funding from Central Government to improve broadband in the area.

The Committee agreed to invite reps from the Connecting Shropshire project to the next meeting of the LJC.

Mathew also confirmed that the “Pub is the Hub” organisation had been approached to attend the meeting and talk about initiatives to support community pubs.

10. Date of next meeting

The next public meeting will take place on Thursday 12th March 2015 at 7pm.

The planning meeting for the Committee members only will be on Thursday 12th February 2015

The meeting closed at 9.30pm

Chair: _____

Date: