SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 11 July 2022
10.00 am - 12.30 pm in the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present
Councillor Steve Charmley (Chairman)
Councillors Roy Aldcroft, Gerald Dakin, Geoff Elner, Kate Halliday, Tracey Huffer, Heather Kidd, Chris Schofield and Dan Thomas (Vice Chairman)

10 Apologies for Absence

Apologies were received from Councillors David Minnery and Nick Bardsley. Councillor Roy Aldcroft substituted for Councillor Bardsley.

11 Disclosable Interests

None were declared.

12 Minutes of the Previous Meeting

The minutes of the meeting held on 15 May 2022 were confirmed as a correct record.

13 Public Question Time

A member of the public, Catriona Graham, had submitted a question on awareness around the proposals for a Health Hub in Shrewsbury and future consultation.
The full question submitted and response read out by the Chairman is attached to the web page for the meeting: Public question 11 July 22

14 Members Question Time

Councillor Bernie Bentick also asked a question about engagement to date around the proposed Shrewsbury Health and Wellbeing hub and the need for a robust public consultation if proposals were taken forward. The full question and response provided is available from the webpage for the meeting: responses to Qs HASOSC 11 July 22.pdf (shropshire.gov.uk)

Councillor Bentick also asked a question regarding future provision in each of the Shrewsbury locations which would be vacated by their GP practices moving into one hub site and the Chair said that the committee would be considering the Integrated Impact Assessment of any proposals and proposed mitigations.

15 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

Councillors Charmley, Halliday and Kidd reported on the JHOSC meeting held on 5 July 2022 which had considered the Winter Plan and Urgent and Emergency Care Improvement Plan. The Director of Delivery and Transformation of the Integrated Care System had attended and responded to questions from Committee members on matters including recruitment and retention, workforce and the 9% of patients who were discharged but returned to A&E within a week. Members heard of plans to improve the discharge process and about virtual wards but no timescales had been provided. The minutes of the meeting are available from here: JHOSC mins 5 July 22

16 The Future of Primary Care - The Fuller Report

Tracey Jones, Deputy Director Partnerships and Emma Pyrah, Associate Director Primary Care were welcomed to the meeting for this item. They provided a presentation on the Fuller Report which had been commissioned to provide recommendations on how newly formed Integrated Care Boards could support integration of primary care.

The presentation (attached to the web page for the meeting: Fuller Report Presentation) included information about the background and scope of the report; its vision; challenges around access and continuity; the four key areas of intervention to address these; and feedback on the report from the Royal College of GPs. Simon Whitehouse, Shropshire and Telford & Wrekin Integrated Care Board, had contributed to the report and endorsed the recommendations presented to government. A response was now awaited but the Board would be setting out local implementation plans to begin working towards the vision.

In response to the presentation, Members made comments and asked questions in relation a wide range of issues including: the current status of the report; definitions of Integrated Care Board and Integrated Care Partnership; what the ‘Core 20 plus five approach’ would mean for Shropshire; the digital issues in rural parts of county; workforce issues, including general practice and pharmacist recruitment; the BMA’s withdrawal of support for Primary Care Networks ; utilisation of available space, eg, at Bishop’s Castle Community Hospital; and the need for focus on obesity, a major factor in premature death; long waits to access GP surgeries by telephone and lengthy waits for appointments.

In explaining what the ‘Core 20 plus five approach’ would mean for Shropshire, the Executive Director for Health and Wellbeing explained that the approach was designed to support integrated care systems to drive targeted action for health qualities improvement. In Shropshire rural population groups were experiencing poorer than average health outcomes and this approach meant they would benefit from a tailored approach for key clinical areas. Committee Members said it was imperative that local Members and parish councils be involved in any neighbourhood work, in particular, identifying specific needs in very rural areas.

Members felt that the engagement with only 1,000 people was not likely to be a big enough or representative sample to base recommendations on and also expressed concerns about lack of reference to very rural areas in the report.

Members also referred to the need to have easy access to dashboards of information that would mean progress or otherwise could be identified early on.

Tracey Jones thanked the Committee for the comments and questions and said she would feed these into the Integrated Care Board.

17 Update on Shrewsbury Health and Wellbeing Hub

Tracey Jones, Deputy Director Partnerships and Emma Pyrah, Associate Director Primary Care, NHS Shropshire and Telford and Wrekin, delivered a presentation providing an update on Shrewsbury Health and Wellbeing Hub on behalf of Edna Boamapong, Director of Communications and Engagement. Members were reminded of the phases of the work as outlined at the May Committee meeting and updated on the engagement timeline so far. The presentation is attached to the web page for the meeting: Health & Wellbeing Hub Presentation

Members heard about the second phase of engagement including identification of key findings from six focus group meetings – the case for change was understood but there were concerns around travel, transport and traffic congestion issues; continuity of care; fears around impersonal experience; and the impact of the travel concerns on older people and people with disabilities. The Groups had also contributed to identification of essential and desirable criteria.

Members also heard how the Equalities Impact Assessment would build into the iterative Integrated Impact Assessment (IIA) process and that proactive work was underway to engage with seldom heard groups.

The continued process of engagement would be open, with additional focus groups targeted at harder to reach audiences, and local councillors. A stakeholder reference group had been established, with membership including Healthwatch, Patient Participation Groups, Members, and practice representatives and would help to determine the weighting for evaluation criteria once feedback from focus groups was finalised. This group would also feedback on communications and engagement activity. A leaflet for practices would be developed to aid patient engagement and to outline why practices have decided to be a part of the programme - these include rent/maintenance/space/extra services.

Members noted that the presentation slide on ‘engagement roadmap 2022 – 2024’. should also include an update on the July Health and Wellbeing Board meeting.
The following acronyms used within the presentation were explained:
AIC Assurance Involvement Committee – constituted of members of public representing different aspects of patient groups, who receive reports on engagement and communications activity; PCC Primary Care Commissioning Committee,
IIA – Integrated Impact Assessment; PCBC – pre-consultation business case – the business case that will be consulted on; OBC – outline business case

It was intended to return to the Committee ahead of the next formal phase to share findings to date, ahead of consultation with the public which was planned to take place between October and December and was likely to last 8 – 12 weeks.

Following the presentation members of the Committee raised concerns around the following issues:

- The real upset for people who were worrying about how they would travel to the hub and about losing regular contact with their GP and primary care staff;
- The hub appeared to being presented as the only option available, an experiment being directed by NHSE, without a 'plan B', and it did not appear that other solutions had been considered. For example, ideas put forward in the Fuller Report included the joining up of estates across health and social care, perhaps even between primary and secondary care – Bishops Castle Community Hospital was cited as a potential example;
- The proposal would result in a massive number of additional journeys and appeared to clash with a desire to reduce impact of travel on the climate;
- It appeared that the ICS Board thought that Shropshire Council would supply new bus routes to service the hub, when that would be at a massive cost – was that the council's understanding of the situation?
- The Meole Brace area was already subject to difficult driving and congested conditions with two secondary schools and a retail park in the locale;
- Difficulty travelling to access primary health care was likely to increase barriers to those who were less likely to seek help, increasing inequalities in health care;
- Concerns that GPs might retire once their practice buildings were sold or sell practices leading to privatisation;
- Weighting of deliverability was very important and the public consultation must contain affordable and deliverable solutions only;

Members asked for the following information:

- Where had the 6 recently held focus groups been advertised, who had attended and where had the face to face ones been held?
- When would the location for the site be known and how could an impact assessment be made when the location was not finalised?
- Could the Committee see the Integrated Impact Assessment of Jan - March 2022?
- Had any examples of delivering primary care overseas been taken into account?
- What was the maximum distance considered acceptable for a patient to travel to access primary care?
- Was the location of the hub in the middle of the area covered by the practices who would move into it?

In response to the concerns raised and requests for information, Emma Pyrah and Tracey Jones explained that it was intended to gather and present to the public a number of deliverable options. Other options had been identified during the engagement period and desirable criteria would be weighted and applied to these to produce a short list for consultation. It would not be possible to meet the needs of every person and mitigations to address issues identified would be considered

It was recognised that a number of factors needed to be known before a full IIA could be undertaken and it was therefore an iterative process. It was not known exactly when a site would be finally identified but hopefully this would be within the next month or so.

Proximity in relation to practices involved was being taken into consideration and it was known that transport was a major impact and concern for people.

In terms of concerns around privatisation of services, all GP practices were independent businesses and would make always their own decisions.

Tracey and Emma said they would take the following questions back to the Director of Communications and Engagement:

- Whether it was possible to supply the IIA to the Committee in its current and earlier forms;
- Where focus groups had been advertised and who had attended;
- The distance it was deemed acceptable for a person to travel to access primary care;
- Whether overseas examples of primary health care provision had been taken into account;
- Whether weightings of criteria could be supplied once agreed.

The Executive Director for Health and Wellbeing confirmed that the council was working with the ICS team to understand the transport issues linked to the impact assessment.

The Chair thanked Emma and Tracey for attending the meeting and the Committee looked forward to another update at its next meeting.

18 **Co-optees to the Joint HOSC**

Tom Dodds, Scrutiny Manager, explained the role of the three voting Shropshire co-optees on the Joint HOSC Healthwatch Shropshire, proposals for their focus and proposals to utilise non-voting co-optees to take part in the Committee's work as required by the work programme.

RESOLVED

To confirm the focus of the three different co-optee roles for the Joint HOSC as Healthwatch Shropshire; Patient Groups representative and clinical professional experience
To ask that expressions of interest are sought for the three co-optee roles on the Joint HOSC.
To identify opportunities from the work programme for non-voting co-optees to take part in the work of the HASCOSC, and confirm this approach should be taken.

19 **Work Programme**

Tom Dodds introduced the work programme which had been developed following an online discussion of proposals. The need to be clear on objectives of the topic, what value scrutiny would add and who would be needed to attend had been identified and further work at a future workshop session was planned to address this. Some items had been identified as suited to briefing sessions rather than formal meetings.

The Committee noted proposals to date.

20 Date of Next Meeting

The next meeting was planned for 19 September 2022.

Signed .... (Chairman)

Date: ....