SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 20 January 2020
10.00 am - 12.33 pm in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present
Councillors Karen Calder, Madge Shineton, Gerald Dakin, Kate Halliday, Simon Harris, Simon Jones, Heather Kidd and Paul Milner

41 Apologies for Absence

Apologies were received from Councillors Roy Aldcroft and Tracey Huffer. Councillor Roger Evans substituted for Councillor Huffer.

42 Disclosure of Pecuniary Interests

Councillor Simon Jones stated that he worked for the Community Health Trust and was a Trustee of Impact. Councillor Madge Shineton stated that she was a member of Health Concern. Councillor Simon Harris stated that he was the Chairman of Star Housing. Councillor Kate Halliday stated that she worked for an organisation providing professional support to people working in the drug and alcohol field related to addiction.

43 Minutes

The minutes of the meeting held on 18 November 2019 were confirmed as a correct record.

44 Public Question Time

There were no public questions.

45 Member Question Time

There were no Member questions.

46 Public Health Outcomes Update

On behalf of the Committee, the Chair expressed disappointment that the report had only been made available to members one working day before the date of the meeting, this had not allowed Members adequate time to read and consider the content. Although pressure on officers was understood, it was felt that if Scrutiny was truly valued then Members needed to be afforded the time and resources to do the job properly. It was agreed that this message, which did not only apply to this committee but others too, be conveyed urgently to Cabinet and Directors.

The Director of Public Health acknowledged these comments as fair criticism and apologised. She confirmed that this feedback had been taken on board and that processes would be put in place in future to ensure that papers were not held up at any particular sign off stage.

The Director of Public Health then went on to introduce the paper before Members, explaining that it provided an update on the Public Health Grant substitutions process, the process for embedding prevention and wellbeing into Council services, and the process for monitoring outputs and outcomes.

She referred to the 'Health in All' approach which would encourage thinking on the impact on health and wellbeing any new or changed policy, substitutions were one way to achieve this approach.

Observations and questions were raised by Members in relation to: the approach of partner organisations, how practical the approach was in terms of delivery; whether the approach would work in a rural county with significant issues such as fuel poverty; might planning restrictions or building regulations impede progress eg where those in rural areas wished to extend or built for the purposes of housing and care for elderly parents; and whether lobbying government was built into the approach;

Members also asked whether there was expertise and capacity in the Council to monitor projects properly and observed that information in appendix 1 was not clear in conveying whether a project which had not met the criteria were still happening or not and that some detail in relation to MOUs for supporting homelessness seemed inconsistent.

In response to questions, the Director of Public Health and Consultant in Public Health said that:

- It was hoped that partners would take this same 'Health In All' approach but first the focus was on achieving this approach within the Council.

- The approach was not just limited to aspirations but could achieve practical steps and influence for example the design of the Local Plan for example, in relation to its demands for lighting, cycle routes and green spaces. There was a role in providing the data and evidence behind strategies supporting the local development plan, and Green Infrastructure Strategy.

- Training for officers underpinned MoUs and the substitution of general funds to ensure that policies made reference to wellbeing in wider contexts. Training would be designed to enable officers to recognise where wellbeing could provide benefits to the people of Shropshire, at an interface between council services and partners.

- A substitution with the Heat Savers programme had a clear remit to support residents to be fuel efficient and ensure houses were warm to avoid the potential outcomes of poor heating. This was a step by step process aimed at joining up the needs of residents with the climate change and heat saving agenda.

- The lack of success to achieve grant funding in all 3 criteria areas and funding for rurality linked back to the necessity of an evidence based approach to inform and strengthen intelligence

- Social prescribing networks had been working at a local level but a Shropshire level approach was needed

- The aim was to build up an incremental approach to support a health and wellbeing influence and training would be fundamental to this, alongside wider general awareness raising across the council.

- The JSNA would inform Place Plans, Rural Strategy and Fuel Poverty and would help others to own a Health and Wellbeing approach, not just the Council

- The Director of Public Health referred to the need for a system in substituting, the need for a commitment to health and wellbeing in the service receiving the substitution and the need to meet the four criteria and be cost neutral. She referred to drafts MoUs appended to the report as models, it was felt this was robust but that feedback would be welcomed.

- No transfer of funds would take place before the MoUs were signed although the budget had been set as per financial strategy. Members emphasised that it was essential that MoUs be signed beforehand and the Director explained that this was why the process was in place.

- Responding to queries about appendix 1 and the list of substitutions, it was clarified that there were 11 substitutions currently, but others which had been originally proposed but did not qualify for PH funds were still listed to show what activity was going on, albeit funded in a different way. Members asked that this be updated and recirculated.

- Substitutions would be monitored rigorously to provide assurance not only for the Council but also Public Health England. Capacity was always an issue but this had to be done and in as straight forward a way as possible.

- The MOUs were designed to embed the functions, underpin staff development, embed health in all policies and communication between services of the Council and those delivered externally.

- The Housing Services Manager explained that the MOU set out and put into place the key elements the Council knew influenced homelessness. These kind of agreements and discussions were usual, but the MOU enabled clear demonstration of how these actions were being carried out to improve outcomes.

- The Director of Public Health explained that some outcome measures were based on national surveys and some on estimates.

The Chair expressed concern that when lobbying for fairer funding, fuel poverty was not necessarily identified in influencing the funding formula, and asked how this information could be used to bolster lobbying activity around fairer funding and public health funding.
The Director of Public Health said that this was a case that Shropshire needed to make - because small numbers were involved, Shropshire was often overlooked.

A suggestion was made that Shropshire could set up a scheme so that those who did not need Winter fuel allowance could donate it so that it could be redistributed to those who needed it within the county. The Director said she would look into the possibility of this.

The Chair said that she understood that the NHS did not report on admissions of children through into A&E over winter in relation to respiratory illnesses. It would be important to understand the impact of fuel poverty on children too.

A member representing a very rural and sparsely populated area made the suggestion that the council should try and work with some of the large estates, where there was no access to grant funding and often poor housing, off grid. She also made a plea to remember that broadband was often very poor in rural areas and assessing those with a need in this way would not work.

The Portfolio Holder for Adult Social Care said that as many as possible would be encouraged to access services through digital connections but that the Council remained open and accessible to people however they wished to engage, and in more traditional ways. He also explained that minimum EPC Levels were being introduced, this would only apply when a house came up for rent but was at least a starting point.

The Director of Public Health reiterated the need to use the intelligence and data possessed by the Council to best effect.

Members questioned accuracy of figures in the document, in appendix 1, the reference to housing including fuel poverty showing an amount of £137,100 but there was reference to £135,000 in appendix 2. This was a result to a change following further discussion with the funding business partner.

The Committee agreed that it should undertake regular monitoring of substitutions and the Statutory Scrutiny Officer suggested that every 6 months was a reasonable time frame for this, adding that Public Health data was generally updated on an annual basis. He suggested that the Committee might want to put together a basket of measures, for example in relation to respiratory illness.

The Director said that monitoring as a whole needed consideration, aside from scrutiny monitoring. High level outcomes needed more detail and there were many

overlapping indicators. It would be useful to hear from members what they wished to see either within committee time or outside of that.

The Statutory Scrutiny Officer suggested that a smaller group of interested members may wish to look at this outside of Committee and then bring back proposals to a future meeting. Members felt that this was a good practical approach and agreed that a Task and Finish Group be set up which could operate in an agile manner.

The Chair said due to the lack of time available to members to consider the report, and the question of accuracy around the figures within it, it was difficult at this stage for members to fully endorse what was set out in the report. She reiterated the importance of timely and accurate information. Members were happy to accept it as a starting point and asked for clarity around next steps and cross party oversight on measuring of outcomes.

The Director of Public Health said she would welcome any comments from Members on how to strengthen the approach or set out information.

47 **Work Programme**

The Committee agreed that the Task and Finish Group on IBCF should continue its work. It also agreed and that Primary Care Strategy, Primary Care networks, and how patient feedback would be taken account of be considered at the March meeting along with consideration of interface with Welsh Primary care. It was also agreed that 111 be the subject of the May meeting.

Other areas suggested for scrutiny by members included, homelessness and rough sleeping, social prescribing, and mental health - how to navigate the system; what is driving demand and transition from child to adult mental health services.

Signed ..... (Chairman)

Date: