

# SHOPSHIRE COUNCIL

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 27 March 2023

10.00 am – 12.05 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 Nicholas Bardsley, Gerald Dakin, Geoff Elner, Kate Halliday, Tracey Huffer,  
Heather Kidd and David Minnery

### **53 Apologies for Absence**

Apologies for absence were received from Councillor Dan Thomas.

### **54 Disclosable Interests**

None were declared.

### **55 Minutes**

The Committee recalled that at the last meeting a question had been asked around funding for the health hub which was not included in the minutes.

The minutes of the meeting held on 30 January 2023 were approved, subject to the addition of the following text as paragraph 2 of minute 50:

“A Member asked if there was any threat to funding of the hub in the light media reports of the ceasing of funding for the Plymouth hub. NHS colleagues replied that there were no current issues and it was hoped that funding would be available in 2024/25 following the spending review”

### **56 Public Question Time**

There were no public questions.

### **57 Members Question Time**

A Member question from Councillor Bernie Bentick was received in relation to the contract in place for NHS dental care and meeting the need for dental services. The full question and answer provided are attached to the [webpage for the meeting](#)

In discussing a supplementary question from Councillor Bentick regarding plans in place to meet need at the current time, members noted that: an item on Dental Services would be considered by the Health and Wellbeing Board at its April meeting; there were similar

issues for Shropshire patients accessing dental care in Wales and that dentistry would be a priority for Healthwatch over the course of the year, particularly access for children.

The ICS Director of Delivery and Transformation was present at the meeting for a later item but said he would take the issues raised back to the ICB.

## **58 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)**

The Scrutiny Manager reported that unfortunately the Joint HOSC meeting scheduled for 9 March 2023 had been cancelled due to adverse weather and dangerous road conditions. The new date was likely to be during w/c 5 June, after the Telford and Wrekin elections.

## **59 Update on Shrewsbury Health and Wellbeing Hub**

Gareth Robinson, Director of Delivery and Transformation was welcomed to the meeting to provide an update on the Shrewsbury Health and Wellbeing Hub.

His presentation ([attached to the web page for the meeting](#)) covered a recap of progress so far, the three options appraisal components; the site options appraisal process and detail of the format and methodology of the Stage 4 Workshop to which committee members would be invited. He also provided an update on the targeted community and engagement phase.

He went on to confirm that the national programme had asked all local programmes to pause temporarily to allow all to catch up, ahead of the national business case being submitted. Completion of the options appraisal process would be a good point for the Shrewsbury proposals to pause as when complete, all foundation stages would be in place. Further clarity was awaited from NHSE as to whether it would be best to complete the stakeholder process during or after the pause.

In the light of the announcement, and the change in risk landscape, the programme team would now be asked to develop options for the six practices involved. If there was any dramatic change in direction from the government the situation would be extremely challenging.

Whilst Members said that they had been calling for a Plan B throughout the process and were pleased that one would now be considered, Mr Robinson said if a Plan B was necessary, it would need to mitigate the loss of funding that a hub would have delivered and any alternative solutions would not be anywhere near the scale of investment expected or needed.

Some members expressed the view that the two years working on the hub solution appeared to have been driven by the availability of funding, rather than what was best for patients. They hoped that the pause would allow an opportunity to look at alternatives for practices at risk in a more strategic way, for example also looking for Plan B solutions that would work in large rural areas, as well as towns.

Responding to comments, Mr Robinson emphasised that the programme had been driven by an inability to recruit a sufficient primary care workforce, particularly GPs, rather than driven by funding. GPs felt the model would help tackle this issue and although members

questioned whether patients also felt this was the right way forward; he reported that when proposals had been presented to Patient Participation Groups by GPs, the value to practices had been understood and had been seen more positively than when proposals had been presented by managers.

He also said that there was no view that a hub of this type would work for rural areas and pilot projects had only been established where they were likely to be successful. He agreed to forward feedback to NHSE the views of the Committee that a separate rural solution was required.

Suggestions made by members included ICS purchase of viable GP premises and using them as part of an integrated solution; and a request that consideration be given to an option B that included a community diagnostic centre, alongside retention of as many GP practices as possible.

The Chief Officer of Healthwatch Shropshire commented on communications and engagement to date and expressed frustration that Healthwatch had not been used as fully as it could have been. Mr Robinson apologised for this and acknowledged the important role of Healthwatch and said he would raise this issue again with the Associate Director of Communications and Engagement.

## **60 Update on Highley Medical Practice**

Mr Robinson was invited to provide an update on the solution found in Highley following the announcement that the GP Partnership at Highley Medical Centre had given formal notification to end its GP contract.

The Committee was delighted to hear of the plans that it was intended for the service to relocate to the nearby Severn Centre in Highley, where it could combine with other services in a new health and wellbeing hub. This was a great result which had been achieved through production of the locality joint strategic needs assessment achieved through successful joint working between the NHS, Shropshire Council, PCN, town council, Halo Leisure the community and other stakeholders. The committee asked that thanks be passed on to all those involved.

The Head of Partnerships and Executive Director of Health and Wellbeing also reported on work underway to understand what other services might be able to work out of the hub to support the residents of Highley, where transport was a significant issue.

It was confirmed that the ICB was aware of long-term sustainability issues for other practices.

## **61 Statement from HASC to the Welsh Air Ambulance Proposals and Consultation**

The Scrutiny Manager asked members to feedback on the proposed statement from the committee for the Welsh air Ambulance Consultation and reported on the consultation planned virtual and in person consultation events. Members thanked him for his work in preparing the statement and asked if it would be possible to add further data demonstrating cross border issues, if it could be obtained. Members were reminded that Healthwatch Shropshire could forward on any comments and experiences it received.

The Committee endorsed the proposed statement.

**62 Social Prescribing**

Penny Bason, Head of Joint Partnerships introduced the report and gave a presentation providing detail of the Social Prescribing programme with examples and case studies. Great example joint piece of work between council services, public health, the voluntary sector and primary care.

Members welcomed the presentation and the Head of Joint Partnership responded to questions around capacity to deliver, universality of GP practices using the service, potential for pathways for children waiting for a camhs assessment, what was working well currently and where further work was planned to help reduce demand on health and social care services.

Members were very pleased to note that in addition to regional and national recognition of the work underway; the social prescribing team had made the final of the LGC Awards. The Committee acknowledged that social prescribing was an excellent joint piece of work between public health, primary care, voluntary sector and other council services.

Members suggested that further communications work and the assistance of members would help assist the public understanding of social prescribing.

Officers were thanked for the presentation.

**63 Rural Proofing in Health and Care Services**

The Committee approved the establishment of and terms of reference for Terms of Reference the Rural Proofing in Health and Care Task and Finish Group.

**64 Work Programme**

The Scrutiny Manager explained arrangements for the new approach to scrutiny and explained intentions for informal sessions to inform the work programme for the year ahead.

**65 Date of Next Meeting**

15 May 2023 at 10.00 am

Signed ..... (Chairman)

Date: .....