

1. Attendees: J. Arriens, J. Hall, P. Morrison, S. Payne, J. Rice, C. Williams, L. Williams, Sarah Wood; Gren Jackson from 3 pm.
Apologies: V. Corfield.
2. Minutes of last meeting were agreed.
3. Matters arising:
Item 5.2: The mental health clinic held at the Community Centre was terminated in the second half of March by the Community Mental Health Trust due to staff shortages. Concern was expressed that this was not consistent with the current emphasis on community health.
Item 7: We have not had any response to the letter sent to the West Midlands Ambulance Service through our MP, Philip Dunne. JA will write to PD in 14 days time if we have not had a response by then. Invitation to Michelle Brotherton and local First Responder to be held over until WMAS has replied.
Item 12.2: JA plans to attend this meeting.
4. No doctors' report as the doctors were unable to attend.
5. Update on NHS Changes.
PM commented on the main issues set out in the local and national NHS Trackers that had been distributed (and are on the website).
6. Community Services Task Group
 - a. Our stand at the Well Being Day held in the Town Hall on 11 March had been worthwhile.
 - b. Meals on Wheels are scheduled to start after Easter. There are 11 takers. Two people have volunteered as drivers apart from JH but still need DBS clearance.
 - c. A Healthy Friendship Group is held in the Town Hall every Tuesday morning. Only two people have been attending.
 - d. "Extendability" exercise programme: meets in Stonehouse. Potential was seen for this to become part of the Community Hub.
7. Communications Task Group.
The 2017 Patient Survey forms had gone out and the uptake had been encouraging. The annual Meeting was scheduled for 20 June, 7-9 pm, at the Public Hall. Speaker: Dr Simon Freeman, new Accountable Officer for Shropshire Clinical Commissioning Group.
8. Shropshire Patient Group update: JA reported on February SPG meeting.
9. JA reported on meeting held in Bishop's Castle with Simon Freeman, Heather Kidd and others on 14 March.
10. Talk by Jan Ditheridge, Chief Executive of Shropshire Community Health NHS Trust.
 - a. Future of the Trust. ShropComm was too small and had reached the point at which it needed to merge. It was able to do so from a position of strength, as it was one of the few local Trusts to be making a surplus. It needed to invest, in buildings and teams, and to innovate and change, and was looking for a new partner for these purposes. There was as yet no front-runner: the partner could be an established NHS organisation, a local authority, or another body such as a GP practice federation. The proposed criteria were finance, quality and a record of innovation. JD hoped that the process would be able to receive the business cases from prospective merger partners by late September.
 - b. Community Services Review. This was being led by the CCG. Key areas for review were minor injury units, community beds and DAART (Diagnostics, Assessment and Access to Rehabilitation and Treatment). The latter service applied in certain parts of

Shropshire but not Bishop's Castle. The CCG regards these three areas as too expensive as they are presently delivered, but also sees the need for more money and resources in the community. Services might however look different as a result.

c. Repairs to the floor in the Community Hospital: although the floor was safe enough at the present time it obviously needed to be repaired. This would probably need to take place before the winter. This would almost certainly necessitate the temporary closure of the hospital while the repairs are done.

With regard to **Community Hubs**, Bishop's Castle was often cited as an example. All the previous BC iterations for a Rural Urgent Care Centre had been fully noted. JD said it was important that Primary Care also have a vision for their future. This is more challenging because rather than one entity there are many GP practices. However, we are starting to see more come together to support each other which should help planning services in the future.

With regard to a question about the "place" plans under the STP, JD noted that the STP localities or places may not always make sense for health planning but that ShropComm would work with both as they do crossover.

The **Sustainability and Transformation Plan** (STP) was based around what could be done as a whole local economy in respect of health and care. Community services needed to be "industrialised" with a view to keeping patients at home as far as possible, including at the end of life. There was a need for bigger teams and more expertise and increased diagnostics, plus a blend of different types of beds with suitably qualified carers or nurses. More residential beds were required. There would definitely be an ongoing requirement for beds in Bishop's Castle.

Future Fit had not disappeared, but was ambiguous as the plans were subject to conflicting pressures (e.g. national and local politics).

JD hoped the first "results" of the community review would be available in May. JD added that Bishop's Castle was regarded as a good testing ground for rural services and we should continue pressing our case.

Next Meeting: 31 May, 13:30, venue to be advised.