

**HEALTH AND ADULT CARE SCRUTINY COMMITTEE**  
**Minutes of the meeting of the Health and Adult Care Scrutiny Committee held**  
**on 27<sup>th</sup> May 2014 in Meeting Room 7, Darby House, Lawn Central, TF3 4JA**

**PRESENT:**

Councillors D. White (Chair), R. Evans, J. Greenaway, V. Fletcher, F. Bold , R. Evans  
V. Fletcher , J. Greenaway, A. Meredith, J. Minor, Co-optees D. Davies, J. Gulliver, R.  
Shaw, R. Perkins, M. Wythnall and R. Williams

Also Present: Cllr. A. England, Cabinet Member Adult Social Care, C. Jones,  
Assistant Director Family, Cohesion & Commissioning, K. Roberts Interim Service  
Delivery Manager, Commissioning, D. Vickers, RVS Volunteer, R. Vickers, RVS  
Volunteer and F. Bottrill (Scrutiny Group Specialist)

**HACSC-57 MINUTES**

**RESOLVED** - The minutes of the previous meetings of the Health and Adult  
Care Scrutiny Committee held on 3<sup>rd</sup> May 2013 be agreed as an accurate  
reflection of the meetings and signed by the Chairman subject to the deletion of  
'to' page 3, paragraph 11, line 3.

**HACSC-58 APOLOGIES FOR ABSENCE**

Apologies were received from Cllrs. J. Minor, Adrian Meredith, R. Picken, F. Bould, S.  
Reynolds, G. Reynolds, N. Dugmore, K. Austin and C. Mollett.

**HACSC-59 DECLARATIONS OF INTEREST**

Cllr. R. Evans declared her employment in a social care provider organisation that has  
contracts with the Local Authority.

**HACSC-60 BETTER CARE FUND AND HEALTH & SOCIAL CARE**  
**INTEGRATION**

The Chair welcomes everyone to the meeting and following introductions invited the  
Cabinet Member and Officers to give their presentation on the Better Care Fund and  
Health and Social Care Integration.

The Assistant Director for Family, Cohesion and Commissioning circulated a

presentation and provided an overview on the national policy on health and social care integration. The Health and Social Care Act 2012 set out that integration will provide more effective pathways and better value for patients and service users. Along side the work on Future Fit that is considering the future of hospital services the Better Care fund in Telford and Wrekin has created a pooled budget of £13.114 million in 2014/15 and in 2015/16 this will increase to £14.674million. This has been agreed and will be monitored by the Health and Wellbeing Board. The plans have been jointly agreed by the Council and CCG. It was explained that there is some protection for social care services – it is not about increasing demand on social care but about better services through 7 day working across the health and social care system. There is evidence that not having 7 day working leads to higher admissions. The Better Care fund Plan in Telford and Wrekin has identified the following areas of work:

- Building Community Capacity
- Team around the GP Practice
- Enhanced Community Services

Many previous attempts by Council's and health to work together have failed. It is necessary to agree key principles, the government has pulled back a bit originally the system was going to be payment by results. There are opportunities to increase the pooled budget. The Government has not been prescriptive about how the Better care fund should work in each area but the timescales have been set nationally. The Better Care Fund Plan

- was submitted in February 2014
- has to cover until 2016/17
- has to be implemented in April 2015

The proposals will be tested in 2014/15. It involves whole system change which means there has to be trust and confidence between partners. Clinicians have to believe that this will work and the system has to be fail safe. There is joint decision making and accountability for the delivery of the Better Care Fund. We need to be honest that we do need to save money. Patient feedback will be key. There will be a period of parallel running to ensure there is a safe service in the community.

The Governance arrangements for the Better Care Fund were set out. The Better Care Fund Group will report to the Strategic Commissioning Group which is accountable to the Health and Wellbeing Board.

We are starting to work up the models for how the system might work:

- Self care in the Community
- Team around the Practice GPs

- Rapid response Team in the community
- Multi-disciplinary teams at hospital

This sounds easy but it is complex. People must be empowered and voluntary services have a key role to play in systems changes. Discussions are taking place to agree which clinicians need to be involved at different levels. The rapid response workshop is planned and officers and clinicians will attend. This will be tested with the voluntary and community groups and this committee. The test for the plan is successful is if admissions at PRH and RSH are reduced.

It is proposed that there will be more resources into community services through the Better Care Fund. A launch is planned the 9<sup>th</sup> July which will test the integration models. The future Fit Programme will work along side the Better Care Fund.

The Chair thanked the Assistant Director for the presentation. He commented that he had heard that it was working well initially but was faltering. The Committee has done some work on Continuing Healthcare ( CHC) and the latest figures show that there has been no improvement. He expressed concern that he did not want the Better Care Fund to be used to replace funding that should be responsibility of the NHS. There needs to be a proper and fair assessment – local authority care is means tested and if costs are passed from the NHS to the local authority this is a prime target for a future Government. He also stressed the importance of General Practice. GPs are going out of practice- in his view Primary Care is the start of the process not the end.

The Assistant Director for Family, Cohesion and Commissioning agreed with most of what the Chair had about CHC. He had not been briefed on the current position on CHC prior to the meeting although he understood that latest figures showed an increase in numbers funded in this way but it is a potential risk and will need to be monitored. He explained that through BCF the aim is to invest more in community care (including social care) hence reducing the number of people accessing hospital. It is savings made from reducing hospital admissions that can then be used to fund additional care in the community. Pooled budgets share this risk in 2015 /16 but budget are not pooled in 2014/15, organisations are working along side each other. The Assistant Director for Family, Cohesion and Commissioning explained that if the Better Care Fund had not been established it is still the right thing to do, but recognised that the community will need to be confident that this approach will work. This is part of the modelling test and change for 2014/15.

The Chair said that there will be an increasing reliance on volunteers and that they must be treated fairly. In Shropshire volunteers who transport patients have had their petrol allowance reduced from 45p per mile to 25p. He said it is important that out of pocket expenses for volunteers are paid correctly.

The Cabinet Member for Adult Services said it is important to enable volunteers. The Council has had cuts to funding, the NHS has had nil growth and money transferred to the local authority through the Better Care Fund. We must put this battle behind us and must work together to meet the needs of local people. He said that the Council had not been good at challenging decisions made about CHC funding. Now the money will be in 'one pot' as we are all serving the same people.

The Chair said that solicitors will challenge CHC decisions and made the comparison with mis-selling insurance policies. He commented on the policy that has been discussed nationally that CCGs would become part of local authorities.

Cllr. Fletcher asked if the funding will be sufficient even if all the budgets are pooled?

The Assistant Director for Family, Cohesion and Commissioning referred to page 34 of the report which set out the local authority and CCG expenditure that will be included in the Better Care Fund.

Cllr. Fletcher said that keeping people out of hospital is very difficult as people cannot get appointments with their GP and so go to A&E. It is important that GPs and the CCG are included in any discussions.

The Assistant Director for Family, Cohesion and Commissioning responded that he did not say it will be easy. There are discussions with the CCG and with 1 GP practice about setting up the team around the GP. There should be a response to this in one year.

Cllr. Fletcher asked about Joint Assessment and Care Planning. CHC funding has gone down – how is the Council going to ensure that joint assessments are carried out and that people get their right to a fair process? She expressed concern about people who are funding their care privately but who should be supported. How can we work together to resolve this?

The Assistant Director for Family, Cohesion and Commissioning replied that by bringing services together the voluntary sector, local authority and CCG can provide better care and support planning. It must be based on need and the person involved in developing the support plan. We will talk to people about this.

Interim Service Delivery Manager, Commissioning said we are talking to people from the voluntary sector who are making very good contributions. She and Michael Bennett attended the Voluntary Sector Chief Officer Group. We must work with the voluntary organisations to see which are the best to help us for example providing services for older people. Voluntary and Community organisations are worried but see this as an opportunity.

Cllr. Fletcher asked if there is a figure that shows the ration per person that is needed to keep someone out of hospital?

Interim Service Delivery Manager, Commissioning replied that this figure has not been calculated but that the Government had set a minimum amount that must be included in the Better Care Fund but Telford has put in more. There are costs of current services e.g. it costs £2,000 for each admission to hospital.

J. Gulliver referred to the presentation. She said that she understood the work was happening at the third tier to prevent admissions to hospital but asked if the tiers below were being looked at as this supports what is happening in the tiers above. She also asked about the capacity of the voluntary sector.

The Assistant Director for Family, Cohesion and Commissioning said they were working on all tiers.

Interim Service Delivery Manager, Commissioning said that the Acute Sector is nervous about this but do see an opportunity. There is not total buy in but there is a growing understanding that this is journey. The Community Trust is very keen to work with this and we are working with the voluntary sector.

The Chair said that through the work on the Meals on Wheels service the message that came through clearly is that voluntary organisations are there to help and support but not to replace existing services.

R. Vickers said that people are struggling to get appointments with dentists and opticians. It is important that these clinicians ask for a medical history and have access to this information.

The Assistant Director for Family, Cohesion and Commissioning said that information sharing is one of the projects.

D. Davis raised concerns about information sharing and the Care Information Data Set which intended to use the patients NHS number as the identifier. She said that some people have already opted out.

Interim Service Delivery Manager, Commissioning said that an identifier is needed.

D. Davies asked if it will be assumed that people have to opt in?

Interim Service Delivery Manager, Commissioning replied no, it would not be assumed that people have to opt in but there will be a robust system.

D. Davies said that NHS England want to push this through but people do not want their information shared with pharmaceutical companies and the police. If you get knocked down by a car you are contacted by claims companies. It is not enough to say there will be a robust system.

The Assistant Director for Family, Cohesion and Commissioning said that this is a worry. We need to do a desk based check and test the system with fictitious names.

R. Shaw expressed concern about the procurement of the system – if the wrong system is bought it will not do what is needed.

D. Davies said that platitudinous statements were not enough.

R. Perkins said he use to work in IT and appreciates concerns. It will take time to develop the systems that are needed. Unless we develop a system we will still have to wait hours or days for records to be found. He said he supported the use of IT.

The Chair said that the idea that people can go to any centre and get the right treatment is brilliant. He asked R. William, a Co-optee on the Budget and Finance Scrutiny Committee if he had any comments.

R. Williams said he was listening and learning.

The Chair asked what are the pressures on the service – what won't we be able to do in the future?

The Assistant Director for Family, Cohesion and Commissioning said if we can manage demand through effective integration of health and social care services and early intervention/prevention services we can reduce some of our higher costs interventions including hospital admissions costs. By doing this we can reduce costs and ensure we maintain statutory services alongside an effective early help/prevention offer across the community. We will need to continue to work with the NHS and build the trust of the community.

The Chair asked about the impact of benefit changes. He said that 10,600 people died when benefits had been stopped and question how many people were ill or had been asked to do something that they could not do. How many people are being put into the health or care system as a result of these decisions?

R. Williams said he is learning about health and social care funding but wanted to know how the Council was funding services with money we did not have yet?

The Assistant Director for Family, Cohesion and Commissioning said that if it does not work this will be an issue for a future Government.

The Chair thanked the Cabinet Member and officers for their report.

R. Williams left the meeting.

## **HACSC-61 SCRUTINY REPORT ON MEALS ON WHEELS HOT MEALS SERVICE**

The Chair said that Members had carried out a detailed piece of work on this issues and asked the Committee to approve the report and recommendations. The report and recommendations were approved by the Committee.

The Chair asked the Cabinet Member for Adult Services to respond to the report and present the draft response circulated with the papers.

The Cabinet Member for Adult Services thanked the Committee for the report and said that he had attended the meeting with the volunteers where the draft report had been discussed. He said he recognised the importance of social interaction and asked the Interim Service Delivery Manager, Commissioning to present the draft response.

The Interim Service Delivery Manager, Commissioning said that the Scrutiny Report was welcomed and it was good that Scrutiny had looked at this issue. The report showed the depth of the work the Committee has undertaken. She explained that they recognised the role of the voluntary sector and the contract with the RVS had been extended until September. She explained that the frozen meals are an important part of the Community Meals service. The Community Meals service provides a service for some very vulnerable people and we need to work with people with eligible needs.

The suggestion to work with Town and Parish Council's is very positive and can link the service with other things that are going on and other organisations. The RVS is doing great work. There may be other opportunities for sponsorship there may be other providers or other large organisations we can engage with. We will talk to the NHS about the Good Neighbours Service and this will be part of the work on the Better Care Fund.

The cost of the meal will increase as recommended in the report. This is a subsidised service and the price will increase but we will look at ability to pay. We will also try to bring other people into the market. We will look at increasing the number of people who are referred to the service but not all of these will be dependent on the Council. In relation to putting information on the My Life Portal about other providers – systems

are in place but we need to be clear we have not approved the providers. The Council will work with the RVS and other providers to give out positive messages.

It is a good report and it is welcomed. It provides a good starting point for the work with the RVS between now and October.

The Chair said that the worst case would be that come October an older person is left without proper meals and is isolated but this report does set out opportunities to improve the service to vulnerable older people.

J. Gulliver said that the Donnington Partnership provides meals for £3.50 which includes dinner and a pudding. This is an excellent service. She explained that she looked after a person who received frozen meals but after she had died the unused meals were found in the fridge and some had exploded in the microwave.

R. Vickers said that the frozen meals that the RVS provide have a cardboard lid and do not explode. If RVS volunteers find a freezer stacked with unused meals we report this back to the office who will follow this up. He also asked about the kitchens at PRH that are no longer being used as meals are now brought in.

Cllr Fletcher said this could be another feasibility study.

The Interim Service Delivery Manager, Commissioning said that the care package should factor in the support someone need to reheat a meal.

R. Vickers said that people are OK when the service starts but then decline so there need to be protections.

The Chair said that this is why the Good Neighbours Service which is not just food is so important.

J. Gulliver said that it is important that everyone can access the service. The service users the Committee saw reported that they had found out about the service by chance through family or friends.

The Chair said the service needs to be flexible. Some older people who need care have family who can visit them regularly – but when family go on holiday or the carer is ill we need to ensure that the communication is right. He said he has spoken to the CCG and that a lot of people who are in hospital who could come home with the appropriate support beyond what the Red Cross provide for 5 or 6 weeks. It is important that the CCG is involved in this work and not just through the Better Care Fund.

R. Vickers said that their main route for referral is social services but other organisations should also make referrals.

The Chair said that was why he raised this with the CCG – there needs to be a consistent approach.

Cllr. Fletcher said that GPs have contact with patients and need to ask about food and hydration. This should be part of what GPs and health visitors do.

R. Vickers said that the problem is that many GPs do not know the patients they see.

Cllr. Fletcher responded that it should be on the patients' records.

The Cabinet Member for Adult Services said that Scrutiny did an excellent job and so have the officers in bringing this together. The meeting with the RVS was an excellent opportunity. He explained that Adult Services must make £10 million savings.

The Chair responded that one way to make savings is to work with volunteers. He understood that the Cabinet Member had come into this role when the savings had already been agreed. While it seemed easy to say that £57k would be saved from this budget it is actually more complicated than this. He said that it had been explained that the contract for the Good Neighbours Service would have to go out to tender.

R. Vickers said that to develop the Good Neighbours Service it is important to get feedback from people in the community.

Cllr. Fletcher said that without the work of the RVS volunteers there would be many more people admitted to hospital. This service will pay back its costs.

The Chair thanked the Cabinet Member and officers for attending the meeting.

#### **RESOLVED:**

The Committee approved the Scrutiny Report on the Meals on Wheels Hot Meals Service.

The Cabinet Member for Adult Services, the Interim Service Delivery Manager, Commissioning, D. Vickers and R. Vickers left the meeting.

## **HAC SC- 62 SCRUTINY WORK PROGRAMME**

The Scrutiny Group Specialist explained that Scrutiny Management Board had agreed to re-fresh the work programme rather than go through the process of drawing up a new programme for 2014/15.

The Assistant Director for Family, Cohesion and Commissioning explained that the work to review Transport Services would now be done through the service reviews that relate to the different client groups rather than a single review. The relevant scrutiny committees will be informed of the transport issues that relate to their committee.

The Assistant Director for Family, Cohesion and Commissioning left the meeting.

The Scrutiny Group Specialist explained that to ensure that any current issues that needed to be considered by scrutiny were included SMT and LSP partners had been asked to comment on the work programme. The work programme and these comments were circulated at the meeting. Members supported the recommendations made by Scrutiny Management Board. The Chair said that the Committees will also time to monitor previous reviews. He commented that he would continue to look at the issue of support for children with special needs and autism in particular. M. Wythnall and Cllr. V Fletcher expressed an interest in this issue.

### **RESOLVED:**

The Committee approved the work programme recommended by Scrutiny Management Board which included:

Health and Adult Care Scrutiny Committee:

Alcohol Strategy

Response to Scrutiny Report on CHC

Quality Accounts

Adult Safeguarding

Adult Care Budget and Savings ( Joint with Budget and Finance Scrutiny Committee)

Joint HOSC:

Clinical Service Review

Future Fit

Oversight of implementation of reconfiguration of acute services

Mental Health Services including the future of Castle Lodge

Scrutiny of WMAS

Scrutiny of Shropshire Community Health Trust

## **HAC SC- 63 SCRUTINY COMMITTEE COMMENTS FOR NHS QUALITY ACCOUNTS**

The Scrutiny Group Specialist explained the role of the Scrutiny Committee in the NHS Quality Account Process. The comments circulated with papers had been approved by members of the Committee by email and submitted to the relevant organisations.

## **HAC SC – 64 CHAIR'S UPDATE**

The Chair updated the Committee on the work of the Joint Health Overview and Scrutiny Committee with Shropshire Council and in particular the meetings he and the Shropshire Joint HOSC co-chair have attended. He reported that it is likely that the timetable for the consultation on hospital changes will be pushed back. He expressed concern that the last Winter had been mild and if the winter this year is harsh it would cause serious problems for the hospital trust.

Cllr. Fletcher said she was concerned that the Trust was not meeting waiting time targets.

D. Davies commented that part of the difficulty had been that the Trust had closed beds but then realised that they did not have sufficient capacity.

Cllr. Fletcher said that the Trust had in the previous year had three occasions where they had reached maximum capacity ( Level 4). She was concerned that the communication between the specialists and the teams was not effective.

The Chair explained the experience received by the patient and family at New Cross Hospital in Wolverhampton. He said that the welcome pack the family received was excellent and that family were able to visit out of visiting hours.

J. Gulliver said that she had given a copy of the welcome pack to PRH and was told that they would produce something similar.

The Meeting ended at 19.55pm

**Chairman:** .....

**Date:** .....