

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held
on 2nd July 2015 in Training Rooms 5 and 6, AFC Telford United Learning
Centre, Haybridge Road, Wellington, Telford

PRESENT:

Councillors: M. Boylan, A. Burford (Chair), V. Fletcher, T. Nelson, J. Pinter, R. Sloan, C. Turley

Also Present: Cllr. C. Smith, Member of Telford & Wrekin Council's Finance and Enterprise Scrutiny Committee, Cllr. A. England, Cabinet Member, Adult Care; P. Taylor, Director of Health, Care and Wellbeing; C. Jones, Assistant Director Family, Cohesion and Commissioning; R. Smith, Interim Assistant Director Adult Social Services; C. Hall-Salter, Service Delivery Manager, Improvement and Efficiency, D. Derham, Project Officer, L. Crawford; Director of Mental Health Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust; A. Hammond, Deputy Executive for Commissioning and Planning Telford and Wrekin CCG

HACSC-01 ELECTION OF VICE CHAIR

The Chair requested nominations for the position of Vice Chair of the Health and Adult Care Scrutiny Committee. Cllr. J. Pinter proposed Cllr. R. Sloan for the position of Vice Chair. Cllr. C. Turley seconded this proposal. No further proposals were made.

AGREED – Cllr. R. Sloan is appointed Vice Chair of the Health and Adult Care Scrutiny Committee.

HACSC- 02 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee be agreed as an accurate record and signed by the Chairman.

HACSC – 03 APOLOGIES

Councillors: C. Mollett (Health and Adult Care Scrutiny Committee)

Councillors: S. Reynolds, D. Wright, Rae Evans (Finance and Enterprise Scrutiny Committee)

HACSC-04 DECLARATIONS OF INTEREST

Cllr. M. Boylan declared an interest in Item 5 as a Director of Telford and Wrekin Healthwatch. It was noted that he was not involved directly in the consultation on the Future of Castle Lodge in this capacity.

HACSC-05 CONSULTATION ON THE FUTURE OF CASTLE LODGE

The Chair welcomed everyone to the meeting and invited Lesley Crawford, Director of Mental Health at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) and Anna Hammond, Deputy Executive for Commissioning and Planning at Telford and Wrekin CCG to present the report.

The Director of Mental Health Services reminded the Committee that it was important to recognise that the consultation focussed on the future of Castle Lodge – not the wider provision of mental health services. The report presented to the committee at this meeting sets out the consultation process, outcomes and the response agreed by the SSSFT Board. A report had previously been considered by the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee on the review of the modernisation of mental health services.

The Director of Mental Health Services provided some background to the consultation. Castle Lodge unit in Dawley comprised of the following services, a 12 bedded nurse led unit, the Crisis Resolution Team and Home Treatment Team and some criminal justice staff. The nurse led in-patient facility had been set up in 2004 before the crisis resolution team and assertive outreach teams had been established. Further developments in mental health services followed with a large scale consultation on the modernisation of mental health services and further investment into community services in mental health. The Director of Mental Health Services expressed the view that, in her opinion, the inpatient facility at Castle lodge should have been looked at as part of this consultation. Following the consultation and the closure of Shelton hospital and the development of the Redwood Centre most people with mental health problems are now treated at home and there has been much investment in community mental health services. It was explained that it is unusual for there to be acute mental

health beds provided in small units in isolated localities due to the risk that may pose to staff and patients. In 2013 a clinical review of Castle Lodge found that patients with high needs were being placed in the unit which was not appropriate. At that time it was agreed that the beds provision in Castle Lodge would close on a temporary basis and the report sets out the consultation process, responses and outcome on the future of this service. The Committee was informed that the consultation events had been well attended and that the public engagement benchmarked positively. The consultation feedback identified gaps in the pathway of provision of mental health services.

The Director of Mental Health Services said that the report recommended the closure of the beds at Castle Lodge and that the CCG and local authority to review the provision of mental health services and investment to further modernise mental health services.

The Deputy Executive, Planning and Commissioning at Telford and Wrekin CCG said that she was working with the local authority Assistant Director, Family, Commissioning and Cohesion to review current mental health provision, identify gaps and best use resources to meet needs. This is an opportunity to work with the SSSFT to put Telford on the map. She explained that it is important that mental health services have 'parity of esteem.' A couple examples of work that can be done now were the redesign of the IAPT (Improving Access to Psychological Services) service and to make the RAID (Rapid Assessment Interface Discharge) service even better. It will also be important to work with NHS England in specialist services.

The Chair thanked the officers for the report. He explained that the Scrutiny Committee's response will be reported to the CCG Board meeting on the 14th July. He identified 4 themes for the Committee's response: Effective Integration, Service Gaps, Engagement with local residents and the voluntary sector and finance e.g. how funding will be used if the service is closed permanently. He asked the Committee for comments.

Cllr. V. Fletcher thanked the officers for the presentation and report. She explained that the Joint HOSC had previously scrutinised the modernisation of mental health services in 2011 and in this review Castle Lodge was seen as an asset for Telford and Wrekin. It was recognised that it was important for people to have respite. The Joint HOSC has supported the reconfiguration of mental health services on the basis that Castle Lodge remained open. She understood that this was a resource for patients from Telford and Wrekin – but that many of the patients had been from outside the local authority area. She questioned the governance of this service if it had been used inappropriately, what evidence there was the patients were now supported more effectively in their own home and what was being done to reduce the number of patients who had high needs who were being sent out of county.

The Director of Mental Health Services responded that the number of acute beds at the Redwood Centre were agreed as part of the modernisation of the service and it was recognised that the number of people who could not be treated at home had reduced. Castle Lodge was not an appropriate facility to admit acutely unwell patients the environment was not conducive to this client group. However patients were being admitted to the unit if there were no beds in the Redwoods centre as opposed to placing patients in Stafford.

It was therefore crucial that SSSFT ensured that there were enough facilities at the Redwood Centre available to ensure that acutely unwell patients were not admitted to Castle Lodge .The consultation has shown that there is a need for a service 'in between' that may not be provided by a specialist mental health Trust but by a voluntary sector organisation or another organisation with input from the Crisis Mental Health Team.

It was confirmed that patients from outside the local authority area had used the inpatient facility at Castle Lodge, but the Director of Mental Health Services at the SSSFT was not able to explain why this had happened as it was before her time.

Cllr. V. Fletcher asked what crisis support was going to be available e.g. 'crash pads' and also respite care for families and carers. It is important that the needs of the carers are considered not just the patients.

The Director of Mental Health Services responded that there are gaps in the service – but it was important to determine what gaps there were in terms of provision. There have been recent discussions about the need for supported housing.

Cllr. C. Turley asked if the RAID service was based at both the Princess Royal and Royal Shrewsbury Hospitals.

The Director of Mental Health Services responded that the service was at both sites.

Cllr. C. Turley asked what would happen if the Princess Royal Hospital lost the A&E service?

The Chair said that this was an important question, but that the focus of the meeting was on the future of Castle Lodge.

Cllr. V. Fletcher asked where people from Telford and Wrekin will go when they need support and what respite will be available for families and carers?

The Director of Mental Health Services replied that the Crisis Resolution Team responds to immediate needs in the community.

Cllr. T. Nelson asked where the 3-5 people who had previously used the provision at Castle Lodge are currently being supported?

The Director of Mental Health Services responded that the Community Mental Health Services – the Crisis Resolution Team, Home Team support people in their home.

Cllr. V. Fletcher commented that many of the parents who care for people with mental health issues are older. She asked what support is available for these parents.

The Chair highlighted that the Committee had identified that there are gaps in service and the Committee was struggling to see how these gaps would be met as a result of this consultation. From the discussion there was recognition that there is a need for a 'step down' service.

The Director of Mental Health Services said that she would not disagree and that there are a lot of different respite models of care. Some patients with mental health issues do not live with their parents, some live independently and some are homeless. It is important that the services are based on the need in Telford and Wrekin. The consultation has identified some gaps, the issue about support for carers was not picked up but young people did highlight the need for a 'crash pad' and the importance of talking to other people. The way to meet these needs is a bigger piece of work than the closure of Castle Lodge. When looking at developing new services, Castle Lodge is not a good location it is difficult to get to e.g. one person reported in having to get 3 buses to get there.

The Chair asked how the voluntary sector organisations would be engaged in the Commissioning Review and what work has taken place to build capacity in this sector?

The Director of Mental Health Services responded that the Trust has made a commitment to work with the voluntary sector e.g. Healthwatch and will also work with individuals.

The Assistant Director Family, Cohesion and Commissioning said that there is an appetite in the voluntary sector to work on this, Maninplace, the KIP project, Bromford Housing and other housing providers have come forward with solutions. There has been a session earlier that morning where the Council, voluntary sector and SSSFT had worked together.

Cllr. M. Boylan asked what the model of service working with housing providers is in South Staffordshire and Shropshire?

The Director of Mental Health Services said that staff do work with housing providers

and voluntary sector but she was sure that further improvements could be made and mentioned a recent event where mental health staff and third sector organisations met to examine what could be undertaken within existing resources to improve services.

Cllr. V. Fletcher said that it is important that there is a follow up after a patient is discharged and that this should be automatic.

The Director of Mental Health Services said that this is crucial, the mental health services are commissioned to provide 7 day follow up for people who have been admitted to inpatient care and discharged, that target is 95% .The services in Telford and Wrekin achieved 95.4% as there will always be some people who are discharged from hospital that cannot be followed up or have not been followed up within seven days.

Cllr. V. Fletcher said it is important that the onus on making the follow up appointment should not be on the carer. She was aware of cases when a people had been discharged from the Redwood Centre on a Friday afternoon and had to find housing. This increases the risk of someone becoming homeless.

The Director of Mental Health Services said that there had been a useful discussion at a meeting that morning and there is a commitment to involve housing providers on the first day someone is admitted.

The Assistant Director Family, Cohesion and Commissioning added that many homeless presentations can be difficult and it is better to find accommodation with the right support package. He said he was confident that this can be put in place, but some of this is a longer term solution.

Cllr. V. Fletcher said that she was pleased that the Council and SSSFT were working with Maninplace. There is a high demand for the places at Maninplace and more beds are needed.

The Assistant Director Family, Cohesion and Commissioning said that he was working with Maninplace. They do need houses but it is important that there are the right number as they do not want an empty house.

Cllr. R. Sloan said that looking at the responses to the consultation, 2 were in favour of the closure of Castle Lodge with the funds being redeployed, 18 responses were strongly opposed. He summarised the view of the Committee as being somewhere in the middle. He said he was convinced that Castle Lodge in its current form cannot carry on, but he is not convinced that the Committee has been informed what will be put in its place. The report does not include information about bed use at the Redwood Centre. He understood that Shropshire commission a lot more at the Redwood

Centre. He asked if he went to the Redwood Centre how many patients from Telford and Wrekin and how many from Shropshire would be there? He said that Telford is not a small town and it is growing. The plans for services need to be future proofed to take this into account.

Cllr. T. Nelson said that Castle Lodge has been an asset for the community in Telford and Wrekin. He added that it is important to look at the services as a whole. He referred to the earlier comment about A&E. Telford and Wrekin has a huge opportunity to become a great city in the future. Telford and Wrekin is a centre of population but services are based in Shropshire. The Redwood Centre is in Shrewsbury – but he understood that this was because Shelton had been there. It is difficult to challenge arguments based on clinical need but it is important to know where the money will go. He asked for information on what savings had been made, what the money had been spent on and also how future savings would be used.

The Director of Mental Health Services responded that Castle Lodge is an old unit and whether future services are bed based or provided in the community, the building is not fit for purpose. One option would be to knock the building down and start again, but that would be very expensive.

The Deputy Executive, Planning and Commissioning said that NHS commissioners would not reduce funding for mental health. One of the discussions has been about the Telford pound, making sure Telford gets the most out of the money spent by organisations. Prevention is essential. It was explained that Telford and Wrekin does not commission a specific number of beds, if a patient needs to be admitted that that service is paid for.

Cllr. V. Fletcher said that during the consultation on the development of the Redwood Centre it was confirmed that 26 beds would be commissioned by Telford and Wrekin.

The Deputy Executive, Planning and Commissioning explained that the service is paid for on the basis of activity. This may have changed since the consultation.

The Chair said that it would help if it is clear what has been saved and how capital proceeds would be spent. He hoped that the funding would not decrease.

The Deputy Executive, Planning and Commissioning said that the first stage of the review will be to identify funding. At the moment the CCG commissions for clusters of care.

The Chair asked about the savings from Castle Lodge.

The Deputy Executive, Planning and Commissioning replied that some of the savings

may be redirected to funds for modernisation.

The Chair said that it would be useful for members to see this information to see that Telford and Wrekin is being compensated for the loss of the provision at Castle Lodge.

Cllr. V. Fletcher said her main concern is that the service is fit for purpose and right for the people of Telford and Wrekin. It has to be a modern service and people must know how to access it day or night.

The Chair drew the discussion to a close. He explained that the response made by the Committee would be considered at the CCG Board meeting. He asked members to confirm that the Committee supported the permanent closure of Castle Lodge on the basis that the Commissioning Review covers some specific issues: that there are clear timescales for the review and staging posts during the process, that the voluntary sector is included in the review and that this is not just tokenistic, the finance issues that have been previously mentioned and how the outcome of the review will be evaluated.

The Deputy Executive, Planning and Commissioning asked if she could come back to talk to the Committee about Child and Adolescent Mental Health Services (CAMHS). She had been talking to Shropshire about innovative services. There are links with the discussion at this meeting e.g. transition from CAMHS to Adult Services.

The Scrutiny Group Specialist confirmed that the Committee's response would be drafted following the discussion at this meeting. This will be circulated to Members for comment and sent to the CCG for consideration at the Board meeting on the 14th July with the report on the Future of Castle Lodge.

The Director of Mental Health Services and Deputy Executive, Planning and Commissioning left the meeting.

Cllr. T. Nelson said that he was not happy that there had been no public consultation prior to the closure of Castle Lodge.

Cllr. R. Sloan said that closure of Castle Lodge would enable the NHS to do things that they would otherwise not be able to do. He added that it is important the services developed recognise the socio-economic differences across Telford and Wrekin.

Cllr. V. Fletcher said that she wanted a response to the issues raised in the letter following the Joint HOSC meeting.

The Chair said that the Committee had not finished its work on the subject. This is the start of a process and the Committee will want to see the staging posts to see how this

work is panning out. There is a need to make inroads into mental health and there is a determination to get to grips with this.

The Director for Health, Care and Wellbeing said that Castle Lodge is an NHS funded service but the review will be carried out jointly led by The Deputy Executive, Planning and Commissioning and the Assistant Director Family, Cohesion and Commissioning.

The Assistant Director Family, Cohesion and Commissioning said that during the review there would be a degree of challenge and an impact assessment.

Cllr. R. Sloan said that the Commissioning Review will have to happen at some pace to report to the Health and Wellbeing Board in September.

The Scrutiny Group Specialist confirmed the process to draft and agree the Committee's response.

The Director for Health, Care and Wellbeing said that he is the local authority's representative on the CCG Board.

Cllr. A. England said that he is a Governor on the SSSFT Board.

RESOLVED: That the Committee's response be drafted, circulated for comment and sent to the CCG for consideration at the Board meeting on the 14th July.

HACSC-06 ADULT CARE BUDGET AND SAVINGS

The Chair said that the Committee would be looking at the Adult Care Budget. There has been a fundamental shift in this service – but the change has to happen at pace and this can be uncomfortable. The changes need to involve service users and the community and voluntary sector and build their capacity. He reminded members that if adult services do not make the savings needed this will have consequences for other council services. He highlighted that one quarter of the year had passed and there was a target for adult services to make £7 million savings.

The Director for Health, Care and Wellbeing said that the report reflects the budget that was agreed at Full Council for 2015/16 and the Committee also had some information that underpins the cost improvement plan to deliver £7 million. The Council has set aside a contingency of £2.5 million but adult services are looking to deliver the £7 million savings.

The Interim Assistant Director, Adult Social Services suggested that before taking

questions it would be helpful for members to receive the presentation on the new ways of working in Adult Social Care. This will provide significant savings - a better service at a reduced cost. He hoped that Members would find the presentation inspiring and asked the Service Delivery Manager, Improvement and Efficiency and Project Officer to make the presentation.

Service Delivery Manager, Improvement and Efficiency said that the Council is facing unprecedented times with increased demand for services and diminishing resources. Status quo is not an option. The presentation provided an insight into the way Adult Services are fundamentally changing services and working with communities. She explained that the Council's Adult Services are organisationally driven and need to put the customer at the centre. The presentation highlighted that there are 'pockets of promise, innovation and capacity'. The locality working prototype had been working for 6 months to improve outcome and experience and to promote independence, choice and control. It was explained that Adult Services need to save 10-20% of the purchasing budget. Health and social care services will be integrated where it makes sense and services will be compliant with the Care Act. Adult Services will change the way needs are assessed and support is planned. The social worker will assess eligibility for local authority services, the support planning will focus on individual strengths and community and neighbourhood support. Work will take place in geographical localities. The pilot Support Broker Model has to be aspirational to achieve savings within the time required. The prototype was in place after Christmas with a small team – Team around the GP Practice. The staff at Stirchley GP practice worked with Adult Services. Support planners access preventative cases direct from Adult Social Care services and Social Workers focus on their professional assessment role. The support planning model is creative and person centred to develop a customer support plan working within the personal budget identified by the social worker. The customer is encouraged to use direct payments so they are in control. My Support Broker has been commissioned to work with Adult Services and train staff using an asset based approach using a technology platform and robust quality assurance process. The plan is signed off by the Social worker. Links are being developed with assets within communities that can help support people at no or little cost. Telford has over 600 assets and this can be used to identify gaps and commissioning colleagues can develop micro markets.

The Project Officer said that she would give the Committee some background to this work, the progress but also challenges and case studies as an example of how this is working. The new way of working has involved building relationships with other professionals e.g. nurses and GPs. They have feedback very positively about the process and how the new way of working tries to avert a crisis. People are supported to build relationships within the community and with different community groups. Some people did not know that this support existed. The feedback from the service users has been very positive. There has been a learning curve for everyone and it has

challenged systems and processes. The case studies provided were based on people who had been referred by the medical practice or who were due a review in Adult Care.

The first case study was of a client who had lost his sight and was becoming increasingly isolated. He has been issued with a magnifying glass and would go shopping with a personal assistant. When he worked with a support planner, it was important to look at the person as part of the family unit. The Care Act says it is important to look at the person's aspirations and family life. The support planner worked with the client and decided to use the personal budget differently to get a tablet computer with a number of apps. This enabled the service user to go shopping by scanning bar codes and order a taxi. He was also able to write on the tablet and also read to his daughter. In this example the formal support was reduced, not removed completely. It is important to ensure that the support put in place is sustainable and evaluated.

The second case study given was of a man who was referred by the medical practice. He was in his twenties and had learning difficulties, he lived with his family who found his behaviour challenging. He had attended college courses on catering and enjoyed football. He felt isolated and spent a lot of time in his room and lacked confidence. He was put in touch with a local volunteer who supported him to join a local football team and volunteer at a local community café. The volunteer also worked with his father and he started to volunteer as well. The traditional service for this person would have been a day centre, but the outcome was much more positive and with potential cost diversion.

The third case study was of a client who was in his eighties. He was diagnosed with dementia and was aggressive towards his wife. Working with the Community Mental Health Team it was found that he was not suffering from dementia but he was depressed. The support planner worked with the client and his family and found he used to be a horticulture judge. He was introduced to Telford Town Park and teamed with a mentor. He enjoyed this activity and his wife was getting carer's relief. The husband and wife had started doing activities together in the local community. The client had not been brought into formal services. This resulted in a cost diversion.

Service Delivery Manager, Improvement and Efficiency said that all service users had been asked how they had found the service, and without exception they were satisfied or very satisfied. The staff are also happy. This work is good for the council's reputation and is developing community assets. Financial officers are working to validate savings, these will start to come through.

The Chair welcomed this approach and said that he had started work in the community sector when this was mainstream working, but this has been lost over the years. He

said that this is the right approach irrespective of financial benefits – but that finances cannot be ignored. He commented that the Interim Assistant Director, Adult Social Services had said that this approach would deliver the savings. However, it has got to be rolled out and the question had to be asked if other GPs and professionals would be as co-operative. He understood that this new way of working in this way is a time consuming process and it will take time to drive the savings out. It is also important the Committee keep an eye on the quality of the service.

The Cabinet Member, Adult Care said that the Adult Services staff are being re-organised. As Cabinet Member he will enable the change and monitor this monthly. He said he had asked for the best officers in the Council to work on this.

Cllr. T. Nelson said he was new to this field and he had many questions. He commented on the different socio-economic need across the Borough and that the need was higher in South Telford. He also asked about the reduction in the number of people who use the service, particularly the number of people who were referred to the service and of those the proportion that became clients.

The Director for Health, Care and Wellbeing said that this is an important point, particularly as Adult Care not only supports older people, but also younger adults who can be in a service for 50 years.

Cllr. T. Nelson asked, if more people are going to be using the service is it certain that this will not result in more people becoming clients? He referred to the Hawthorne effect, when people change their behaviour when they are being observed. He asked if, once the support planning had taken place, whether people would be able to maintain their independence?

The Interim Assistant Director, Adult Social Services replied that the numbers are important, but can be overwhelming. The service has to make savings and this has to be done in a different way. Previously each service had to make a set amount of savings e.g. 10% or 20%. He explained that the new approach is fundamentally different as the service is not waiting for people to come to the service in a crisis. The new way of working looks at how to help keep people independent and supported within the community. He recognised that in some areas there may be a different community asset base.

The Cabinet Member, Adult Care added that one of the GPs at Stirchley medical practice was the Chair of the CCG and will be able to influence others.

Cllr. V. Fletcher said that she had been inspired by the presentation and said she would be interested to find out about more case studies. She said in her view this way of working will change people's lives completely.

The Interim Assistant Director, Adult Social Services said that there are a lot of case studies, and the ones given to day were the harder cases. He said that it is important that the savings are validated. He said thought the savings will come through, but perhaps not quickly enough.

Cllr. C. Smith said it would be helpful to have a further report once the prototype has been rolled out. He suggested the report should come back half way through the financial year.

The Director for Health, Care and Wellbeing said that £1.4 million saving have been delivered in the first quarter. The savings need to be profiled across the year and accountants are doing some work on this. As well as doing things differently Adult Services are also reducing unit costs. This is important as 40% of the budget is purchasing costs. For clients with adult learning disabilities about 50-60% of these are high cost. He added that when looking at benchmarking data there is a significant amount that can be taken out. There has been recognition from the CCG of the demand on adult care and the CCG has made a contribution to joint funding. He said discussions will take place over the next few weeks on care packages that Adult Care services feel should be funded through NHS Continuing Healthcare (CHC).

The Assistant Director Family, Cohesion and Commissioning said that the Deputy Executive, Planning and commissioning at the CCG had a background in CHC and there is a recognition that the assessment process needs to be reviewed.

Cllr. V. Fletcher said she was pleased to hear that there was some progress with CHC.

The Director for Health, Care and Wellbeing said that the Council's budget specifically ear marked £2.5 million contingency for Adult Social Care. He confirmed that the service plans to deliver the £7 million savings, not £5 million, but in reality the service will probably not make all the savings and will require some of the contingency. However he recognised that the service cannot rely on one off money.

The Chair said that it is very important that the Committee gets a grip of this issue. He said the monthly monitoring by the Cabinet Member is important. He requested that the Committee see the outturn for Quarter 2.

The Chair thanked the Cabinet Member and officers for attending the meeting and providing the insight into the new ways of working and that he hoped the committee will see the benefits of this work at the next meeting.

The Meeting ended at 17.17pm

Chairman:

Date: