

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held
on 22nd March 2015 in Willow Meeting Room, Park Lane Centre, Park Lane,
Telford, TF7 5QZ

Present: Councillors: A. Burford (Chair) M. Boylan, V. Fletcher, T. Nelson, J. Pinter, R. Sloan and Co-optees – J. Gulliver, B. Parnaby, D. Saunders

Also Present: Cllr. A. England, Cabinet Member for Adult Care,

In Attendance: Richard Smith, Assistant Director Early Help and Director of Adult Services (HACSC 18,19); Tracey Smart, Finance Manager (HACSC 18); Frances Sutherland, Head of Commissioning -Mental Health, Learning Disabilities and Children, Telford & Wrekin Clinical Commissioning Group (HACSC 21, 22); Sharon Clennell – Senior Commissioning Manager Telford and Wrekin CCG (HACSC 21,22); Tracey Jones, Deputy Executive Quality and Engagement, Telford and Wrekin CCG (HACSC 21,22); Nicky Wilde, Deputy Executive - Commissioning and Planning, Primary Care, Telford and Wrekin CCG (HACSC 21,22)

HACSC-15 Apologies for Absence

Apologies were received from Cllr. C. Turley and Co-optee R. Metha.

HACSC- 16 Declarations of Interest

Cllr. M. Boylan and co-optee B. Parnaby declared an interest in Item 5 as Directors of Telford and Wrekin Healthwatch.

HACSC -17 Minutes

The Chair noted that the meeting on the 18th November 2015 had been the last meeting attended by P. Taylor before his retirement. The Committee recorded their thanks to him for his work at the Council and his support for Scrutiny.

Members discussed the high rate of self-harm by young people in the Borough and were informed that Healthwatch had carried out a survey on mental health for young people. There had been nearly 4,000 responses. It was noted that the issue of self-harm is a national issue but the rates a higher in Telford and Wrekin and that this is included in the Health and Wellbeing Boards Early Help Strategy.

Resolved: That the minutes of the meeting of the Health and Adult Care Scrutiny Committee held on the 18th November be confirmed and signed by the Chairman.

HACSC-18 Adult Care Budget and Savings

The Chair asked the Assistant Director Early Help and Director of Adult Services to present the report on the Adult Care Budget and Savings.

The Assistant Director Early Help and Director of Adult Services referred to the report that had been circulated. He noted that the figures which showed the projection for 2015/16 was one month out of date and he expected this figure to improve. He explained that the budget projections for 2015/16 showed a £3.5 million overspend and with the use of one off resources this would reduce to £900,000.

The Finance Manager clarified that the heading for the columns in the first page of the report were for 'budget' and 'variance'.

The Assistant Director Early Help and Director of Adult Services added that there will be the additional challenge of the introduction of the living wage which will add to the facility of the care sector market. He highlighted that a number of interventions have been put in place which have resulted in a reduction in demand for residential and nursing care but that the unit cost of the care has not come down. There are a number of very vulnerable people who do require traditional care and they will remain a priority. Some people receive attendance allowance and support themselves. It was reported that in the future more people will receive personal budgets and direct payments. The Council is increasing the number of people who can be employed as personal assistants and voluntary and community organisations can provide support to people who will become employers.

A member asked about the due diligence that is required by employers and the responsibilities that the Council would retain.

The Assistant Director Early Help and Director of Adult Services responded that the Council cannot delegate its responsibilities or duty of care. He added that the current workforce in adult service will be restructured over the summer and this will ensure that the staff in the locality team will be equipped to deliver the new model and will ensure that statutory duties are addressed.

A member asked about the profile across the year for the delivery of savings. It was commented that during 2016/17 the savings were £3million and this would require 0.25 £million saved every month.

The Assistant Director Early Help and Director of Adult Services replied that an analysis of the financial activity was being carried out. There has been a reduction in demand which resulted in savings. Savings had been made in adult services on the unit cost but this was reaching its limit. Savings has also been made in mental health over the last 2 years and the service had improved. The savings were made across the system.

The Chair summarised the discussion so far that the Committee endorsed the direction of travel and understood the complexity of the service. However, as a Scrutiny Committee, what members needed was to be able to scrutinise on a regular basis what has been achieved both financially and in terms of service delivery and quality. He suggested that the Committee should agree a set of indicators and that these should be agreed with the Assistant Director. It was stressed that the Committee would not create new indicators but needed information in a form that was accessible and showed trends. E.g. how many service users receive Direct Payments, is this

number increasing fast enough. The Committee endorses the direction of travel – but need milestones to assess progress.

The Assistant Director Early Help and Director of Adult Services said that monthly challenge meetings were held with Cabinet Member and the Managing Director. He agreed that information would be provided to the Committee and he would clarify what level of detail could be provided at a public committee meeting.

The Cabinet Member for Adult Services said that Adult Services had been on a journey and while there had been quick wins in the early restructure it was recognised that the level of Direct Payments was below the national average. He confirmed that the service would try everything to make the required savings and if this is not successful then the Scrutiny Committee will be informed.

It was clarified that the target for the percentage of clients on Direct Payment was 60% and that the current rate in April 2016 was 26%. It was recognised that this is a challenging target. The Committee was also informed that about 20-30% of people receiving care needed to be reviewed and that the outcome of the review may be to increase the level of care or reduce it.

Following a comments from a member that it is important that the review process ensured that the client is getting the support that they need the Committee was informed that all clients would have an annual review.

A member of the committee asked a number of questions:

What are the commissioning arrangements between the local authority adult services and independent providers, particularly since the introduction of the minimum wage? What is the level of NHS Continuing Healthcare funding from Telford and Wrekin CCG?

How are adult services within the Council working with voluntary and community organisations, many of which have a significant role in keeping older people active and independent at home. Will the funding for some voluntary and community organisations cease on the 31st March?

The Assistant Director Early Help and Director of Adult Services responded that the providers have been engaged in the new model of care. The Council had talked with providers and with Shropshire Partners in Care about the impact on providers. There is a duty of the Council to make sure that there is a sustainable market. On the issue of NHS Continuing Healthcare the Committee was informed that the review of 46 cases was taking place and that there had been some positive movement. It was recognised that it is important to look at the detail of this issue, the numbers may increase but some patients receive CHC for a few weeks and some for many years. The Committee was also informed that the number of joint packages of care had increased and there was a better working relationship with the CCG. With regard to working with voluntary and community sector organisations, it was recognised that the Council's adult services needed to have a dialogue with these organisations, similar to care providers. The Assistant Director Early Help and Director of Adult Services was not aware that

any contracts with voluntary and community organisations would cease on the 31st March.

A member clarified his view of the role of the Scrutiny Committee, the process should be decided by the professionals and that costs to the local authority for care reflects what society will afford. The duty of the Scrutiny Committee is to consider the cost and also the absolute outcomes. It is important that the Committee knows where the service is now and where is it going and then to ask questions. A request was made that this data is presented to future meetings in a consistent format.

A member of the Committee also highlighted the important role of carers and also the increase in the number of patients with dementia.

The Assistant Director Early Help and Director of Adult Services said that the Council has a statutory responsibility toward carers and there was no intention to reduce this. There was a discussion about support provided to patients following discharge from hospital. It was highlighted that the delayed transfer of care is a problem, but that it is also essential that people do not go into hospital unnecessarily.

Resolved that:-

- a) The Committee note the report**
- b) A report be presented to the next meeting including trends and progress against quarterly targets.**

HACSC-19 NHS Continuing Healthcare

The Scrutiny Group Specialist informed the Committee that A. Hammond, Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG had given her apologies for this item.

The Chair introduced this item, and recognised that this was a major challenge and a high risk area for the budget. He asked for feedback on the review carried out by the Commissioning Support Unit and the timescales for this work.

The Assistant Director Early Help and Director of Adult Services said he was positive, and he did not see why the population in Telford and Wrekin should expect a lower level of CHC than other areas in the country. Some of this discussion had been covered in the previous item and he was not able to go into the detail of the review process. The Committee was informed that there was an agreed list of patients and that it was agreed that both organisations would agree to the outcome of the reviews. The review process would take time as it involved family members.

A member asked if there was evidence that the assessment process was working better, both when people received an initial assessment and when they are reviewed and asked for confirmation that family members were involved.

The Assistant Director Early Help and Director of Adult Services responded that a Joint Assurance Panel meeting had been held monthly and random audit of 6 cases

were considered. This process would always check that family members had been involved. This process had been successful so the Panel had been stood down for several months but could be re-instated.

A member asked if it would be possible to do spot checks on assessments.

The Assistant Director Early Help and Director of Adult Services said that the CCG had quality assurance processes but he would check with CCG officers. The Committee was informed that while processes were improving that this had yet to result in a significant increase in funding.

The Chair said that this was an issue that the Committee would continue to scrutinise and the outcome of the review should be reported to a future meeting.

Resolved that:-

- a) The Committee note the report**
- b) An update report be presented to the next meeting.**

HACSC-20 Telford & Wrekin Mental Health Commissioning Update

The Chair welcomed the Head of Commissioning for Mental Health, Learning Disabilities and Children from Telford & Wrekin Clinical Commissioning Group who explained that she had led on this work and would represent both the CCG and Local Authority for this item.

The Head of Commissioning set out the 3 stages of the review which has resulted in the three ambition statements set out in the report. Some of the key themes that have come from this process were the quality of service and also ease of access. The current mental health services can be difficult to access or people have to wait once they have been referred. It was also recognised that patients are experts and professionals must be empowered to make shared decision making.

The Committee was reminded of the King's Fund Model for the 'house of care' and a copy of the Mental Health Strategy, One Year Action Plan was circulated for information. Members were informed that this was a 'live document' and would be updated as the work progressed. The Mental Health Forum would oversee the action plan and hold organisations to account. The work would also be reported to the Health and Wellbeing Board. The Committee was informed of some of the key areas of work:

A Mental Health Summit was being arranged be led by the 3rd Sector.

One of the specific issues that had been identified was employment and mental health and how to help employers to promote good mental health at work .e.g. managing stress and also to employ people with mental health issues.

Work has started to improve the discharge process from the Redwood Centre; a social worker was on site to support this process.

Access to the IAPT (Improving Access to Psychological Therapies) service had improved and this was over the national target.

The service specification for the Community Health Trust had been re-written including a single point of access 24/7 and a single telephone number.

Work had started to scope the 24/7 hub but funding was required for this.

There were three streams of work for the bed base:

- Acute / crisis house this was being discussed with the acute provider and the 3rd sector organisations.
- Rehabilitation –new models were being considered.
- Dementia – this work was focusing particularly on admissions from care homes.

The strategy was also looking at the use of the Psychiatric Intensive Care Unit (PICU) beds.

Members were invited to attend the Mental Health Summit on the 15th April.

A member said that an organisation that may be able to help make links with human resource managers was the Engineers Employers Federation.

A Member asked about the local provision of Crisis Support since the closure of Castle Lodge and the importance of local provision as transport to get to services is a problem.

The Head of Commissioning said that the strategy was looking at acute provision and the vision is that there would be a hub that would be available 24/7 that was run by the voluntary sector and that 'crash pad' provision would also be available.

There was a discussion about the provision of mental health services for people who are in a crisis. Currently patients may go to the Redwood Centre, or if the police are involved they may be arrested. The Head of Commissioning said that the option of having a local Section 136 suit would be considered but the risks would have to be assessed.

The members supported the development of a community mental health hub and step down services, particularly as there is currently no local residential mental health facility in the Borough. The Committee also supported the role of the voluntary and community sector in providing mental health services that are properly resourced and commissioned.

The Cabinet Member for Adult Services declared an interest as a Partner Governor on the South Staffordshire and Shropshire healthcare Trust Board. He added that it is essential that the different organisations join up the way they work – they currently seem to work in isolation. He also said that it is important to work with the wider criminal justice system. He commented that it is important to look at the sustainability of community provision and highlighted the example of the Big Local Brookside

project.

In response to a question about the single point of access and the staffing arrangements for this service the Head of Commissioning responded that it would be staffed by administrative staff and mental health clinicians would be there for back up.

A member of the Committee commented that given the scope of the work it is likely that this would involve significant change. It was important that the strategy ensured value for money, that there is continuity and funding moves from NHS England to the CCG. The importance of the link between mental health and housing and homelessness was also highlighted. An initial meeting had been held in September but further meetings had not taken place. It was essential that the strategy engages with housing providers and the voluntary sectors organisations that support these clients.

The Head of Commissioning responded that the Action Plan was a live document and would change. The strategy has been to the CCG and Health and Wellbeing Board. The approach to commissioning had changed so it focussed on outcomes. However, it was noted that the data for mental health is poor and that this is a national issue.

The Assistant Director Early Help and Director of Adult Services said that he was not aware of the meetings but he confirmed that a Housing and Homelessness Partnership had been established and that the Adult Allocation Panel can be convened within 24 hours.

The Head of Commissioning confirmed that funding that had come down would be carried forward and that the overall spend had increased. It was also confirmed that the overall spend for the voluntary sector would increase.

The Chair concluded the discussion saying that the Action Plan would be implemented and that the Committee did not want to hold up this process but where there is a substantial variation in service it should be clear how the Committee can comment on this process and monitor this.

Resolved that:-

- a) The Committee note the report**
- b) The Committee be consulted on any future substantial variation in services resulting from this strategy.**

The meeting adjourned at 2.32pm

The meeting reconvened at 2.50pm

HACSC- 21 Non-emergency Patient Transport – Assessment for Eligibility

The Chair welcomed the officers to the meeting.

Deputy Executive - Commissioning and Planning, Primary Care introduced the report

and explained that it has already been to the HOSC in Shropshire and that the eligibility criteria set out were within the NHS guidelines.

The Senior Commissioning Manager Telford and Wrekin CCG explained that the national guidance sets out that patients are entitled to transport on the basis of medical need based on certain criteria. This did not include social need.

The members of the Committee made a number of comment and questions:

Patients may not attend appointments if they are not eligible for the transport service and cannot afford the transport costs.

Patients should be made aware of the voluntary car service if they are not eligible for the NHS non-emergency transport service.

That there should be a clear appeals process

If patients have an on-going medical need for appointments e.g. dialysis would they have to be assessed for each appointment?

How can patients find the details the eligibility criteria?

In response to these points it was clarified that:

The contract monitoring would include the percentage of patients who missed appointments and also of those who were assessed as not eligible for the service.

The non-emergency patient transport service does not include funding for the transport service provided by volunteers.

Volunteers who provide the transport service will continue to receive a mileage allowance.

There are currently patients who are eligible for the non-emergency patient transport service who do not use it. The service will be promoted to encourage eligible patients to use it.

Where patients are receiving dialysis treatment the service would not change as this would be picked up early in the assessment process as a medical need.

It was confirmed that the eligibility criteria would be included on the CCG website and it was suggested that it should also be included in the Adult Services My life portal.

The Chair summarised the discussion that the Committee had concerns that some individuals would be affected but that as the members had been informed that the service was within NHS guidelines that this would go ahead as planned.

Resolved that:-

- a) **The Committee note the report**
- b) **The Committee be provided with further information once the service has been in operation.**

HACSC-22 Walk-in Centre and Town Centre GP Practices

The Chair provided some background to this report. He explained that a decision had been taken earlier in the year to close the Town Centre Walk in Centre and that the

staff would move to the Walk in Centre at the PRH site. This transfer was intended to mitigate the pressure on the A&E department. He recognised that this may have been seen as a substantial variation of service and ward members had expressed concerns including the impact of the change of location on people with no fixed abode or with mental health issues, the impact on the business community and the impact if the Malinslee GP practice is to close.

Deputy Executive - Commissioning and Planning, Primary Care explained that the contact for the Town Centre walk-in-centre would come to an end and that the Malinslee GP practice was small and would not increase in size. The CCG had undertaken a mapping exercise and there would not be huge impact on other GP practices. The other GP practices have been contacted and all have open lists so patients will have choice.

The Deputy Executive Quality and Engagement added that with regard to patients who have no fixed abode the Walk in Centre at the PRH site will be available. The CCG will consider how to commission future walk-in services and will consult on this. The consultation will also consider the needs of different groups e.g. traveller families and working people. It was confirmed that the changes proposed in the report would result in an increase in hours at the Wrekin Walk-in-centre at the PRH site.

In response to a question about how effective the previous change had been in reducing demand for A&E members were informed that this was part of a separate piece of work on the Urgent Care System.

The Committee made a number of comments on the proposals:

It was a shame that the decision had been taken to close the Town Centre Walk-in Centre before the wider consultation on the future of walk in centres services had taken place.

There was a lack of data on out of area patients who would be affected by the change in service.

When would the CCG consider providing access to primary care services in the town centre area which would be particularly important for people who work in the town centre and for people who are homeless.

What data is available on the on the age and other demographics of the people who use these services?

The Deputy Executive - Commissioning and Planning, Primary Care responded that it is important to understand the demographics of the population and patients but also important to understand their behaviours. It was clarified that the average list size for GP practices in Telford and Wrekin is 9,400 (at January 2016).

In response to a question about how the CCG was working with GP practices that would see an increase in patient numbers, the Deputy Executive - Commissioning and Planning, Primary Care responded that they would meet with each of the teams

affected. Registered patients will receive a letter that will provide information on the options for GP services.

Members also asked about consultation with local employers and the role of the voluntary sector, particularly Maninplace and the CAB were highlighted as a way to find out about the needs of people who are homeless. It was highlighted that a range of ways should be used to communicate this change of service, including the local press.

The Deputy Executive - Commissioning and Planning, Primary replied that the CCG did have some links with larger employers.

The Chair summed up the discussion that the Committee would have like to see the Town Centre services continue but given the contractual issues it was understood that that this was difficult and that the Malling GP practice could not continue as a stand-alone service. He asked that the Committee is kept informed on the consultation on the future of the walk-in services in the Borough.

Resolved that:-

- a) **The Committee note the report**
- b) **The Committee be informed on the consultation on walk-in services in the Borough.**

HACSC-23 Chair's Update

The Chair informed the Committee that the Shropshire and Telford & Wrekin Joint Health Overview and Scrutiny Committee (Joint HOSC) continued to scrutinise the Future Fit Programme. On the current timetable it was expected that the preferred option for the Emergency Department would be announced in July and that the formal consultation would start in December. The Strategic Outline Case (SOC) had been approved by the hospital Trust Board and would go to the CCG Boards over the next few weeks. The SOC was based on the clinical model but the Joint HOSC but that the services would be more equally balanced between the two sites. The Chair confirmed that the deficit reduction plan was separate from the SOC and that the Joint HOSC had not received any detailed information on the Deficit Reduction Plan.

Other issues that related to the Future Fit Programme included the increase in ambulance response times and the need to progress with the Community Fit Programme.

The Joint HOSC had also scrutinised the commissioning arrangements for the NHS Out of Hours and non-emergency 111 contracts. The Chair had been informed that the re-commissioning of the out of hours service would be postponed until the new 111 service provider had been operational for 6 months.

The Joint HOSC would also consider the commissioning of the Emotional Health and Wellbeing Service for 0-25 year olds.

The Meeting ended at 3.47pm

Chairman:

Date: