

**HEALTH AND ADULT CARE SCRUTINY COMMITTEE**  
**Minutes of the meeting of the Health and Adult Care Scrutiny Committee held**  
**on 18<sup>th</sup> November 2015 in Meetings Room G3 and 4, Addenbrooke House,**  
**Ironmasters Way, Telford TF3 4NT**

**PRESENT:**

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

Councillor: R. Evans, Member of the Finance and Enterprise Scrutiny Committee

**Also Present:**

Cllr. A. England, Cabinet Member for 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; Tracey Smart, Finance Manager; A. Hammond, Deputy Executive for Commissioning and Planning Telford and Wrekin CCG;

**HACSC-07 CO-OPTION OF MEMBERS**

**RESOLVED** – It was resolved that J. Gulliver should be co-opted as a member of the Health and Adult Care Scrutiny Committee and R. Metha should be co-opted as member of the Health and Adult Care Scrutiny Committee and Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin.

**HACSC-08 APOLOGIES FOR ABSENCE**

Apologies were received from Cllr. J. Pinter and also from Cllr. S. Reynolds, Chair of the Finance and Enterprise Scrutiny Committee.

## **HACSC- 09 DECLARATIONS OF INTEREST**

Cllr. M. Boylan declared an interest in Item 5 as a Director of Telford and Wrekin Healthwatch.

Cllr. R. Evans declared an interest as an employee of a provider of adult care services which has a contract with the local authority.

## **HACSC -10 MINUTES**

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

## **HACSC-11 UPDATE ON ADULT CARE BUDGET AND SAVINGS FOR 2015/16**

The Chair opened this discussion setting out that this issue had been considered at the July meeting of the Health and Adult Care Scrutiny Committee at which the Committee had endorsed the new ways of working in adult services but had asked for further information about progress to achieve the savings targets for the service.

R. Smith gave a presentation which provided the context for the approach taken by adult services that home is normal, to provide the right help at the right time and to move away from high cost care. The service is taking an asset based approach looking at what people can do and to maximise assets. The aim is to provide the right level of care in the right location. Joint work is taking place between adult services, public health and the CCG to provide 'something for everyone'. It was recognised that savings have to be made and this can be the starting point for difficult conversations.

When adult services are negotiating the unit costs for services these is a responsibility to maintain the market place. The aim is to increase the use of direct payments. The information on the cost improvement plan (CIP) highlights that costs are starting to reduce and also show a decrease in activity. The CIP chart showed that older people's services had the highest spend of £15.91 million. This does not include block contracts. The service for adults with learning difficulties (300 clients) accounted for nearly £10 million which is over one quarter of the budget.

T. Smart reported that the information in the presentation reflected the October report to Cabinet. The overall overspend was £1.9 million including the full contingency and draw down. She confirmed that there is some improvement in the overspend position but maintaining this depends on Winter pressures and what happens with hospital services.

R. Smith confirmed that there is always a spike in demand for services during the Winter regardless if it is mild or cold. He outlined the principles to reduce demand through supply planning, providing information, advice and guidance through My Life Portal so people can help themselves, to manage transition from children's services, and maximise the voluntary sector offer. The local approach has been to integrate services with the NHS where this is appropriate and this fits with the national approach around devolution. When the use of residential provision for older people in Telford and Wrekin is compared with other authorities older people are being placed in residential care too early. Innovation is a strand of the CIP and this will be driven through increased use of Direct Payments, increasing the number of people supported through Shared Lives, increased use of assistive technology and development of Community Interest Companies. The pilot My Support Broker in Stirchley has shown the 'art of the possible'. There were 183 referrals to this service which included 91 for support planning (18 new clients and 73 reviews). This has resulted in an increase in Direct Payments to 29% compared with a base line of 20%. Within the geographical area 900 assets had been mapped. There was high customer satisfaction and a reduction in costs. This approach was being rolled out and the new operating model was in the second week. There are 15 support planners who have been trained with an accredited award which is quality assured.

The Chair said he was aware of the pressures that officers were working under and that the savings that will have to be made will not decrease. He commented that the savings made in Adult Care have been a great achievement and that this is a credit to the staff involved. However, it is important that Scrutiny also keeps focussed on the financial targets. He recognised that Winter pressures will increase demand on services and also that the introduction of the minimum wage in 2016 will increase cost pressures for providers.

Cllr. T. Nelson thanked the officers for the presentation and commended the work to reduce dependency on services. He requested information on the projected demand and supply of services over a longer term e.g. 5 years.

P. Taylor responded that the presentation covered 2015/16 but that there are plans for 2016/17 which includes a further £10 million savings for the Council and £3million for Adult Care Services. He recognised that Adult Care Services had been protected from savings for a number of years and confirmed that the savings would be achieved by the end of 2016/17. He also recognised that it would be important to work with providers to plan beyond 2016/17 particularly as the demand for adult services will continue to increase as the population ages. The Committee was informed that the care provider market was fragile and some staff in the care sector had moved to other sectors as employers e.g. supermarkets moved to the minimum wage.

Cllr. Nelson recognised that there were some factors that could not be predicted in future plans but that there are known costs e.g. the overall cost per person is around £19,000.

R. Smith responded that the approach to adult services has been taken because it is the right thing to do and also because of finances. Information about the long term plans are in the market position statement, the Joint Strategic Needs Assessment and Cost Improvement Plan.

D. Saunders asked how spend in adult care compared to other authorities, if the Better Care Fund is included and if the increase in Direct Payments is sufficient?

R. Smith responded that Adult Services had been bench marked and this was similar to other areas on the balanced score card.

P. Taylor added that bench marked costs for Adult Care showed that Telford & Wrekin was 'middle of the road' nationally but that compared to the West Midlands Telford and Wrekin was at the lower end with the exception of services for adults with learning disabilities which was at the higher end.

Cllr. T. Nelson asked if the value for money per person was monitored.

P. Taylor said that they are looking at high cost individuals. In some areas adult services receives income, but this is not the case for adults with learning disabilities who do not have personal financial resources and capital. In other areas there are more affluent older people who fund their own care, However, in a high area of deprivation and low home ownership more people are eligible for local authority funded care.

R. Smith said that the previous model of care was crisis driven. 8 months ago work had started to understand barriers and gain a better understanding of the challenges. Some areas have up to 70% of clients using direct payments and the challenge in Telford and Wrekin is to make this more user friendly. One issue that has been identified is that if individuals are purchasing care providers often charge more. The Council had developed a Personal Assistant model and looking at how clients can use the attendance allowance more flexibly. The Managing Director has asked leaders in Adult services to describe what a good service will look like in February 2016.

Cllr. V. Fletcher asked if beds at the Redwood Centre were block purchased.

P. Taylor said that the Council does not purchase NHS acute mental health services.

C. Jones added that most block contracts were used at around 100% capacity.

However, there were some contracts with low usage and these would be re-negotiated but recognising the need to retain some capacity e.g during the Winter period.

Cllr. V. Fletcher asked of the funding available from the Better Care Fund was sufficient to provide additional support in the community to avoid admissions and support discharge from hospital?

C. Jones responded that the Better Care Fund (BCF) was being used to avoid high cost placements including hospital. The BCF was part of the pooled budgets with the CCG which is being used to manage demand.

Cllr. V. Fletcher asked about the implication of the national decision to repatriate adults with learning disabilities.

R. Smith said that Adult Services was working with the CCG. The national issue was that some adults with learning disabilities were being placed in Assessment and Treatment centres for too long. Telford and Wrekin has more people placed in the local authority area (about 60/70 clients) than are placed out of areas (20 clients) Each out of area placement will be reviewed to see if this person was appropriately placed. This process will take into account that some clients will have lived out of area for 20 or 30 years and see this as home.

P Taylor said that all Directors of Adult Services has received a letter saying that adult service should work with CCGs to develop a Learning Disability Plan and that this was already happening in Telford and Wrekin. Only one service user from Telford and Wrekin was currently in an assessment hospital. There will be a joint fund between NHS England, CCGs and Local Authorities.

The Chair closed the discussion asking for an update to a future meeting on the delivery of savings and how close Adult Services are to eliminating the 1.9 million overspend.

P. Taylor said that the service is working on the basis that the overspend will be eliminated, but that spend could go up and it will be difficult to reach a zero overspend by 31<sup>st</sup> March. It is important to recognise that services for someone in a crisis is not driven by funding.

Cllr. A. England said that it was his expectation that Adult Services will meet the savings target, but that there was a risk of overspend. He confirmed that the staff in the service are focussed and the draw down would only be used if necessary.

## **HACSC-12 NHS Continuing Health Care**

The Chair invited A. Hammond to the table and asked R. Smith to update the Committee on NHS CHC.

R. Smith said that the Scrutiny Committee had raised concerns about CHC in 2013. It was agreed that a review would be carried out of 49 cases that would previously have been funded through NHS CHC. The current position was that the cost of funding care for adults with learning disabilities who would previously received CHC funding transferred costs of £4million to the local authority. It was recognised by the CCG and local authority that the issue of CHC needed to be resolved. The review of the 49 cases was to be carried out by Staffordshire Commissioning Support Unit. While there had been an increase in the number of people receiving CHC funding for a short period, the current level was not where the local authority wanted it to be. Training has taken place to enable social workers to complete the initial assessment. This training will also be carried out with district nurses and residential providers.

Adult Services and the CCG have been sharing information on monthly Key Performance Indicators. A Joint Assurance Panel has been established through which the CCG and local authority agree CHC and Joint packages of care.

All carers are entitled to a carers assessment. Advocacy services are in place and there is a particular responsibility for people who lack mental capacity.

It was confirmed that the CHC fast track process does not have to be assessed by the CCG team and this is primarily for palliative care.

The Chair said that the report to the Committee was encouraging but he was concerned that from the information he had received there had been no referrals for CHC assessment made by the Local Authority.

A Hammond responded that the training was not embedded yet and that it would take time to develop the relationships that are needed. It has been agreed that both the CCG and local authority will agree the outcome of the CSU review. She recognised that when a service is an outlier this can be an indication that something needs to be addressed.

The Chair said that there was currently a £2.4 million transfer to the local authority through the BCF in recognition of the additional cost to adult care services. The Scrutiny committee report had recommended that the local authority and CCG should work to find an approach to CHC which would mean that Telford and Wrekin is at the national average level of funding.

Cllr. V. Fletcher referred to further recommendations in the Scrutiny Report regarding the age profile of patients receiving CHC.

F. Bottrill said that as it had been over 2 years since the Scrutiny Review was completed the officers had been asked to update on the key recommendations in the report.

The Chair said that it would be useful to receive a report to the next Committee meeting on the review undertaken by the CSU and any interim updates would also be helpful.

The Chair invited M. Thorne from Shropshire Partners in Care (SPIC) to join the meeting.

M. Thorne said that SPIC was a membership organisation and 93% of adult social care providers in Telford and Wrekin and Shropshire are members. In relation to CHC, SPIC had not had much negative feedback, except with the re-assessment process. A patient who receives CHC funding through the fast track process may be placed in a nursing home where their nursing needs are well met. If the patient is re-assessed and because their needs are well managed the patient may be assessed as not being eligible for CHC and the cost then falls on the local authority or family. The process to get CHC is transparent, but there is a real impact for patients and their families if CHC funding does not continue.

The Chair said he understood that CHC funding should not be stopped unless both the CCG and Local Authority agree.

M. Thorne confirmed that this was made clear in the national guidance on CHC.

D. Saunders said that there are 186 CCG and a wide range of funding levels for CHC.

A Hammond said that if the £2.4million transferred through the BCF were included that Telford and Wrekin was not so much of an outlier.

Cllr. T. Nelson said that it was important that information provided does not use acronyms and that it was necessary to have the background information to understand the data provided.

The Chair thanked the officers for the information provided and asked for a report to come to the March Committee meeting with any interim updates as appropriate.

## **HACSC -13 Telford & Wrekin Mental Health Commissioning Update**

The Chair introduced this item saying that the issue of the future of Castle Lodge had been brought to the Committee at the July meeting. The report to this Committee meeting was to update members on the joint CCG and local authority review of mental health services. He recognised that this was a complex service area and that there are links between mental health and the pressures of austerity. There had been concerns raised about the current provision of community mental health services during the consultation on Castle Lodge. He understood that stage 1 of the review was to identify the current level of funding for mental health services across the local authority and CCG.

A Hammond confirmed that the first stage of the review was to identify current investment and it was recognised that this was not necessarily spent on the right things. The review has sought feedback from a range of people.

(Cllr. C. Mollett left the meeting at 3.41pm)

A Hammond added that some services will change as part of the review, but other services do not need to wait and can be developed, for example the RAID service in A&E is currently for adults only and this could be extended to include young people.

The contracts with the mental health trust do not currently specify outcomes and these need to become more outcome focussed. One of the principles for the new service specification is that there should be a single point of access – there are currently several. The CCG will work with the local authority and the locality working arrangements to identify the asset base and peer support in the community.

(Cllr. R. Evans left the meeting at 3.44pm)

Cllr. A. England informed the Committee that he is a Governor at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). He confirmed that a series of meetings have been held with stakeholders during the consultation on Castle Lodge and that the feedback from these meetings is in-line with the commissioning review. However he also queried how the funding for the services at Castle Lodge was not being used.

The Chair said that the information provided by the SSSFT following the recommendations made by the Scrutiny Committee at the meeting in July said that the funding had been used at the Redwood Centre and also to cover sickness and maternity absence in the Community Mental Health Teams. The Chair said it is important that the Committee is assured that Telford and Wrekin is getting its fair share of mental health services and understands how service users and carers are

involved.

A Hammond said that previously there had been a lack of bench marking for mental health services and questioned the value for money the services provided. The Committee was also informed that commissioners had been contacted by voluntary and community organisations which had come forward as potential providers.

Cllr. R. Sloan said that issue about Castle Lodge was looking back and the presentation on the Commissioning Review was looking forward. He informed the Committee that he had attended the CCG Board meeting to present the Committee's response to the consultation on Castle Lodge. This has been well received by the CCG Board but the SSSFT had been questioned hard about the low use of Castle Lodge and why it had been closed. Cllr. R. Sloan asked that it was recorded that he questioned the information provided by the SSSFT about the use of funds that had supported Castle Lodge.

D. Saunders asked for clarification about the future level of funding for NHS mental health services commissioned by the CCG.

A Hammond said that the amount of funding will not reduce and that funding had been earmarked for 'parity of esteem.'

D. Saunders added that it is difficult for a small commissioning organisation to negotiate effectively with a large monopoly provider.

A Hammond said that there are other providers.

The Chair asked if there are recognised pressure points in the mental health system.

A Hammond responded that the feedback from service users is that there is not enough choice.

P. Taylor added that it is important to recognise the local authority funding for mental health services. He welcomed the work that A. Hammond had started since she joined the CCG and the new approach to working with the local authority.

R. Smith said that the approach to mental health services will change. It is currently seen as a service that responds to acute episodes rather than managing a long term condition. Mental health must be seen as everyone's business including the role of housing in the discharge process from the Redwood Centre.

The Chair added that in addition to housing the role of employers is important and that this has not been picked up in the review so far. He questions how quickly services

can be turned around from a bed based hospital service to a community based service without additional funding to support this transition. He clarified that the report for stage 3 of the process will be available in February 2016.

A Hammond said that this was correct but the whole process would take about 2 years.

Cllr. V. Fletcher asked if the service gaps identified during the consultation on Castle Lodge are begin addressed.

A Hammond said that work was taking place with providers to look at the bed base for the services and that a workshop would be held with other professionals in December.

The Chair asked for confirmation that these discussions would include the issues identified during the Castle Lodge consultation. He also requested that a report should come back to the Committee on the progress on the Commissioning Review by March 2016. The Committee should be consulted on any proposals that mean there will be a substantial change in service.

### **HACSC – 13 UPDATE ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

The Chair said that he has become aware of the proposed changes to the CAMH service and that as this is a service that serves both Telford and Wrekin and Shropshire this would go to the Joint Health Overview and Scrutiny Committee but he had asked A. Hammond to update the Committee at this meeting.

A Hammond said that she was aware that the CAMHS needed to improve and that the CCG had been awarded £300k ring fenced funding. Some of the issues that needed to be addressed within this service were; support for looked after children, removing the cut-off point at 18 years, the high rates of self-harm in Telford and Wrekin, the need to agree a developmental pathway so there is better access to the service. In order to achieve this organisations need to work together with service users and their families to completely re-think the service and develop service specifications.

The Chair asked if there will be sufficient resources to respond immediately to referrals.

A Hammond responded that if demand and capacity are managed properly there should not need to be a waiting time to access the service. Money spent on providing early support will save money later on.

F. Bottrill said that the Council's Children's and Young People's Scrutiny Committee was carrying out a review on child sexual exploitation. This report will be published in May but members of the Committee had agreed that any recommendations relating to CAMHS service would be sent to the CCG to inform the development of the Emotional Health and Wellbeing service.

Cllr. M Boylan said that he had been made aware that the respite care provided at Shawbirch was ending and concerns had been raised with him that families would need to go out of area for respite care.

C. Jones responded that there are other providers of respite care.

Cllr. T. Nelson said he supported the aspirational vision for this service. He asked about the response to the Committee's previous recommendation that dual diagnosis should be included in the commissioning review, if it was known why the rate of self-harm was so high in Telford and Wrekin and if colleges were involved in the review?

A Hammond responded that service users have also said that it is important to understand the links between addiction and mental health and this would be included in the service model. On the issue of self-ham it was not clear why Telford and Wrekin had high rates.

Cllr. V. Fletcher also commended the aims of the new Emotional Health and Wellbeing Service and said that a quick response is important but asked if this would still mean that there would be a longer process for a full diagnosis if on-going support was needed?

A Hammond replied that if an initial assessment found that intervention was needed this would be provided as early intervention is t most effective. Further work would be carried out if a clinical diagnosis were needed.

The Chair said that the Joint HOSC would consider the communications and engagement strategy for this work.

## **HACSC – 14 CHAIR'S UPDATE**

The Chair informed the Committee that in addition to the CAMH report the Joint HOSC would also receive reports on the Future Fit Programme, Delayed Hospital Discharge and Winter Pressures.

The Meeting ended at 14.17pm

**Chairman:** .....

**Date:** .....