



HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 6 December 2016 at 2.00pm at Meeting Point House, Town Centre, Telford

Present: Cllrs A Burford (Chair), M Boylan, V Fletcher, T Nelson, J Pinter, R Sloan; and D Saunders (Co-optee)

In Attendance: Cllr A England – Cabinet Member for Adult Social Care & Older People, J Eatough - Assistant Director Governance, Procurement & Commissioning; Cllr L Murray, C Jones – Director of Adult and Children’s Services, J Tangye, Senior Democratic and Scrutiny Services Officer

HACSC-15 Apologies for Absence

R Mehta and Carolyn Henniker (Co-optees)

HACSC-16 Declarations of Interest

Cllr M Boylan declared a standing interest as Director of Telford & Wrekin Healthwatch, and a Governor on the South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

HACSC-17 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 October 2016 be confirmed and signed by the Chairman.

HACSC-18 Update on Adult Social Care Budget

The Assistant Director: Governance, Procurement & Commissioning presented a report on Early Help and Support savings. He informed the Committee that the pressure experienced during 2015/16 was continuing in 2016/17. Costs had risen since the previous report to the Committee due to an increase in the number of care clients being supported and some significant increases in individual packages of care.

That latest projections (August) of costs and income for the current financial year, were reported, which showed an improvement on the overspend of just over £4million, as reported to Cabinet. At this stage it remained unclear whether the reduction in projected expenditure had resulted from sustainable reduction in the costs of care being provided. The Assistant Director confirmed that there were less people in the system but the system was costing more, which posed challenges that were being addressed in the cost improvement plan. Savings had been identified in commissioning but these could not be reported until they had been to Finance.

The Committee asked about the impact of the winter pressures on care provision in terms of discharges from hospital and private care places, noting that the situation nationwide was fragile. In response, the Assistant Director reported that the approach of the Council was to buy block contracts for domiciliary care which was an attempt to address capacity. In managing long term patients/ housing costs; and personal care budgets the Committee was informed that deliverability was obviously dependent on service users; the plan was to ensure

as far as possible that there were no gaps in transferring service provision to the new model, which meant a slightly increased cost initially. In terms of social housing market, there was a prospective re-evaluation of social housing benefit and central government proposals were awaited.

The Committee noted the shift in approach that was needed in order to engineer effective change and provision of a service on a 'needs' rather than 'wants' basis. Social workers were engaged with this approach and the right leadership and management had been planned. The recruitment of an interim Assistant Director and Service Delivery Manager for Early Help and Support meant that there was still some short term turbulence but a permanent Assistant Director had been recruited in the restructure. A question was raised about the statutory responsibilities being met following the restructure. It was noted that alternative ways of working were being looked at to continue to meet statutory responsibilities but at the same time, to ensure efficiencies were being made.

The Committee noted that a public consultation was in the pipeline on how adult care services are changing and scrutiny would be kept updated and involved.

HACSC-19- STP Neighbourhood Working Update

The Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG; and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council delivered a presentation on Neighbourhood working.

The aligned priorities and models of care of Telford & Wrekin Council and the CCG were outlined. The Panel noted the approach to neighbourhood working which would include building prototypes around neighbourhoods, a community centred approach that would increase access to community resources to meet health needs and increase social participation and supporting people (from front line staff to senior teams) to make changes.

It was suggested that neighbourhood working would look different in different areas but the types of functions carried out would include:

- point of care
- delivery of care (social/health)
- diagnostics
- prevention, lifestyle advice and social prescribing
- support for people with complex needs
- surgery
- end of life support
- outpatient clinics

Current thinking was that the neighbourhoods would be based around groups of practice populations (usually between 30,000 and 50,000), that these should be 'natural neighbours' and make sense for those working in and with the community. Three initial areas had been identified to date: Newport (2 practices), TELDOC (merger of 4 practices) and South Telford (6 practices) with different profiles and priorities would be set for each area. Additional resource to support the changes had been identified as including:

- a significant increase in community healthcare provision; increases to workforce up to two-three times the size
- investment to adapt existing facilities in community settings
- support from experts and 'hands on' support to manage the change
- investment to support sustainable change in community capacity
- resourced communication and engagement programme

The progress to date was reported and the Panel noted that discussion and oversight continued via the Health and Wellbeing Board. It was reported that:

- a project group had been established with people who were interested and would make a meaningful contribution to neighbourhood working
- there had been a refocus of work in Telford and Wrekin Council and CCG so that neighbourhood working was the 'day job'
- a different model of care based on Buurtzorg principles continued to be explored in Newport
- asset mapping would begin in initial areas of Newport
- social prescribing would be starting in Newport
- the implementation of diabetes and respiratory pathways (from the clinical design group) had begun
- Nursing staff in Shrop Com had been identified who would align with some neighbourhoods
- Work on diabetes was ongoing around prevention and identifying which services were needed/ where services could be commissioned from the third sector and resourcing community services adequately when transitioning from acute services.

The Committee asked about the transfer from the medical environment/ setting into social/ wellbeing setting; social prescribing would encompass debt, welfare advice and alternative solutions. The Committee asked what buy-in there was from GPs in exploring/ developing non-medical solutions and whether there was cooperation between GP practices. It was reported that GPs had been enthusiastic about shifting activity, particularly due to great demand in primary care, squeezed resources and a shortage of GPs nationally and difficulty recruiting in Telford; individual support for patients was impossible.

The Committee expressed concerns about:

- the terminology and approach to identifying neighbourhoods and noted that the current method of dividing neighbourhoods was GP catchment areas which had nothing to do with people in a community;
- how changes and improvements would be measured and how responsibility would be shared
- pushing everything to the voluntary sector which was already under strain
- lack of clarity of the starting point – where would the support come from for third sector and voluntary organisations in transitioning from primary care

Cllr L Murray left the meeting at 3.14pm

Committee members expressed their ongoing concerns about the integration of services under the STP and the perceived lack of measures and support in place to cope with the transition of activity. It was felt that cooperation between GP practices was reassuring but there was a significant challenge in implementing this new way of working not only in practice

but in change of culture that was required in the public and the profession. Primary care was already using community assets and opportunities to use other local partners were becoming more viable, however concerns remained about the pace of change needed and managing pressures at pace.

The Committee discussed how it could keep an effective watching brief in this area. It was suggested that individual pathways such as diabetes could be looked at in more detail, through patient experience. It was agreed that this would be taken forwards in the work programming.

Cllr A England left the meeting at 3.23pm

HACSC- 20 Walk in Centres and Telford Town Centre GP practices

Sharon Clennell – Senior Commissioning Manager for Primary Care and Tracey Jones - Deputy Executive of Quality and Engagement, T&W CCG attended the meeting in place of Nicky Wilde, Deputy Director, Commissioning and Planning Primary Care T&W CCG.

An update was provided on the closure of the IMH Malling Health Practice in July 2016 in Telford town centre, that the Committee had expressed concerns about in March 2016. On-going engagement with users of the health practice in the town centre, employees, businesses and the homeless had been undertaken. It was reported that there had not been any formal complaints about the closure as clients had been engaged with in a detailed way. The Committee's concerns about the impact of future closures of GP Walk-in services had been reconciled to the wider consultation and consultation feedback and engagement activity with registered patients and stakeholders would inform future commissioning of services.

Development of a future service specification for GP Walk-in services was scheduled for March 2017 and the CCG continued to deliver the GP Access improvement plan. It was reported that no decision had yet been taken by the CCG Board, the report of the consultation findings would be shared with the Commissioners to inform their process of commissioning of services to meet the statutory requirement to deliver access to urgent GP appointments. It was noted that whilst there was no mandatory requirement for CCGs to implement the preferred option from the survey, the CCGs would be required to demonstrate how they had considered the feedback gained through the consultation process and its use in their decision making process.

The most popular option had been the option to visit a GP on a walk-in basis, followed by out of hours access. The CCG was looking to develop this potentially for some practices but it would be quite a change to how they operate. The capacity of practices in surrounding areas was being explored and feedback sought. The Committee asked about the financial parameters for the consultation and it was reported that there had not been a financial appraisal; cost had not been a factor, it had been within the financial envelope for the year.

The Committee suggested that the growth in housing numbers was a consideration, particularly over the course of the next two years. It was reported that Nicky Wilde was involved in another piece of work on estates and premises, the population and new builds. A report would come back to scrutiny on this alongside the outcome of the consultation and analysis on whether the CCG would commission further services.

The Committee expressed a concern that had been previously raised about the walk-in centres being a provision for people with no fixed abode – it was social provision. It was reported that as a consequence of the consultation, there had been agreement from GPs and a re-establishment of the agreement to permit access to appointments for homeless people, which was part of a national contract. The Committee asked whether the review would take account of the impact on Accident and Emergency numbers. It was noted by the CCG that there were still unanswered questions but that solutions were bound up with the urgent care centre development under the STP and FFP. The concern remained that 5% of the population that was served by walk-in centres was not being served. The Committee pointed out that in theory all GP surgeries were under a general medical contract, if the need was urgent a person should be able to access a GP; in effect all GP surgeries were walk-in centres.

The Committee pointed out that a substantial variation in service, in terms of GP services and neighbourhood hubs should come to scrutiny and that the Committee would not lose sight of this.

HACSC – 21 Work Programme

The Committee agreed that it would be valuable to undertake an in-depth review of an issue such as direct payments or issues where there was significant unnecessary expenditure such as diabetes. It was also agreed that the mental health component of the STP was currently unconvincing and that a proper update had not been brought to Scrutiny. It was on the work programme for the meeting on 13th February but it was suggested that this could be further scoped and planned for the remaining meetings in the municipal year.

HACSC – 22 Chair’s Update

The Chair updated the Committee on the high profile work of the Joint HOSC on the STP and Future Fit Programme (FFP). The consultation plan for FFP was expected by 21st December meeting of the Joint HOSC. Other key dates for this work included the Joint Clinical Commissioning Group meeting in December and the NHS Stage II Assurance Panel meeting in January 2017

The meeting ended at 4.00pm

Chairman:

Date: