



## **HEALTH AND ADULT CARE SCRUTINY COMMITTEE**

**Minutes of the meeting of the Health & Adult Care Scrutiny Committee  
held on 13 February 2017 at 9.00am in Meeting Room G3 –G4 Addenbrooke House,  
Ironmasters Way, Telford, TF3 4NT**

**Present:** Cllrs A Burford (Chair), M Boylan, C A Furnival, L A Murray, J Pinter, R Sloan; C Henniker (Co-optee); and D Saunders (Co-optee)

**In Attendance:** S Constable – Partnership Manager- Co-operative Council TWC, J Eatough - Assistant Director Governance, Procurement & Commissioning TWC; C Jones – Director of Adult and Children’s Services TWC, Andrew Mason – Chair of the Safeguarding Adults Board, Cathy Riley - Head of Mental Health, SSSF Trust ,F Sutherland - Head of Commissioning Mental Health and Learning Disabilities T&W CCG, J Tangye, Senior Democratic and Scrutiny Services Officer TWC, S Wain - Group Specialist – Commissioning (Vulnerable People) TWC

### **HACSC-23 Apologies for Absence**

Cllrs V Fletcher, T Nelson and R Mehta; and Mrs J Gulliver (Co-optee)

### **HACSC-24 Declarations of Interest**

None

### **HACSC-25 Minutes**

**Resolved** – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 6 December 2016 be confirmed and signed by the Chairman.

### **HACSC-26 Update on Adult Care Performance, Budget & Savings including Early Help & Support Cost Improvement Plan 2016 -17; and Continuing Health Care Update**

#### **Budget & Savings including Early Help and Support Cost Improvement Plan 2016-17**

The Assistant Director: Governance, Procurement & Commissioning presented a report on Early Help and Support savings intended to enable the Committee to consider progress and activity for the Early Help & Support Cost Improvement Plan for 2016-17 and 2017–18. The strategy was outlined and context provided for delivery of the Early Help and Support savings by the Early Help and Support Services and Governance, Commissioning & Procurement teams.

The current forecast for the Early Help & Support Budget for 2017/18 was set out including approved changes to the budget. The Cost Improvement Plan, Early Help and Support quarterly report provided detail of how the savings for 2016/17 were being delivered and the work streams, which were progressing to deliver those savings.

The 2017/18 savings targets were also detailed in the Cost Improvement Plan and it was noted that further work was required to determine the care activity budgets which would be

reduced to deliver the purchasing savings required. It was highlighted that the targets for 2017/18 included aspirational targets for the value of unit costs in the context of requests by providers to increase fee rates to cover the impact of rising costs such as the National Living Wage. The main focus of targets in 2017/18 would be older people and adults with learning disabilities. Mental health and physical disability were included but in considering future strategy, numbers and costs would be reduced to a lesser degree.

It was noted that as part of the budget strategy 2016/17 and 2017/18 a contingency budget had been included to cover the transition to a lower budget settlement for Early Help & Support, in line with the changes to the way care was delivered.

A question was asked about the key principles that influence the delivering of the Cost Improvement Plan as set out in the report, in terms of the Council's work with the care sector. The aim was to have a high quality service and a sustainable and competitive market. Members asked about the buoyancy of the independent sector, particularly in view of recent wage inflation caused by National Minimum Wage and whether the Better Care Fund (BCF) had resulted in any improvements/ changes. It was noted that there was a care home currently in special measures and that generally there was a growing disparity between what private funders and the Council were paying. The Assistant Director stated that there was a duty to see a sustainable market at the same time as reduce the budget; providers had asked for a 6-7% increase in costs; the Council had offered 1.6% which was in line with inflation. The Council expected providers to justify costs and the care sector had a duty to provide a fair cost of care for public money, but as the Council reduced referrals to the residential sector, it was noted that this could result in providers failing or withdrawing from the market. Therefore the provision of alternative services was a key element of the Council's strategy, for example, direct payments and Personal Assistants but take-up was slow. Further training was planned for teams in March to encourage independent living and for carer's to become Personal Assistants.

The Committee noted that risks were being mitigated through working with the sector wide body, SPIC, to understand the challenges that the market faced and with individual providers where appropriate. The Council aimed to identify a fair cost of care to inform price negotiations but insufficient information had been received from the market to complete this piece of work. It was noted that the cost of care locally was very competitive against regional and national comparators.

In terms of the BCF, a report had been published that it was not achieving its goal of greater integration but that this was happening on a national as well as local scale. The Council was encouraging an invest-to-save approach.

A Change in Transport Policy was noted; this included the removal of non-statutory provision in order to make the most efficient use of Council's fleet services and reduce use of taxis. The savings target in 2016/17 was 270k; 15k had been delivered to date. Proposals for a Transport Assistance Policy were being developed and consultation was planned for end of March/ beginning of April 2017. It was agreed that the Committee would have sight of the proposals before adoption.

The Committee discussed the data in the report, as follows:

- The number of people being accepted by the Council for support in terms of new

demand to the Council. It was noted that the aim was to reduce spot market places, as the cost of beds changed weekly.

- Discharge from hospital – numbers were easing, Telford & Wrekin brokerage team worked well but there was a lack of clarity in reporting since discharge numbers were recorded as part of Shropshire. It was noted that there were developments that could help ease the numbers further such as ‘Trusted Assessor’ rather than care homes going to hospitals to assess patients. Council activity in this area had been resource intensive and the BCF was overspent.

The Committee agreed that the position had been broadly static this month in terms of budget and performance. It was noted that the newly appointed Assistant Director for Early Help and Support would be working to deliver better outcomes. Implementation of a new Electronic Case Management system, which had realised good results in Essex and Hertfordshire, was being considered. Towards the end of June 2017, it was anticipated that the new Assistant Director would be working with teams and client groups to involve them in new systems and service changes. The Committee commented on the demands on adult social care services now and in the near future; with reduced finances and the aging population, there was general agreement that there would likely be a tipping point if the level of financial support remained the same, which was recognised as a national problem.

### **Continuing Health Care**

The Committee received the report providing an update on the operational position in respect of Continuing Health Care across Telford and Wrekin and Shropshire Council. It was reported that the CHC process was currently managed across Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCG). The model for determining eligibility, administered by Telford & Wrekin CCG was described in the report.

It was reported that:

- a new process had been implemented that involved a panel that conducted weekly CHC assessments. NHS England has also recently tightened up on requiring CCGs to conduct monthly case reviews.
- information was received regularly from the CHC lead for Telford and Wrekin on numbers of those in receipt of CHC and this was being cross referenced with Council records to ensure that Adult Social Care no longer funded placements
- future training had been scheduled to ensure staff were trained and competent to identify when a person may be eligible for CHC
- work was ongoing with the CHC lead in updating the internal pathway process for social work staff, which currently lacked clarity and was confusing.

The latest figures on CHC were shared by the Director of Children’s and Adult Services, which showed an improving situation for new cases, albeit a falling back at the end of September (when compared to the end of June). There was still a gap when comparing all cases to the National average and it was reported that this was where the teams were focussing work.

The Committee noted the following points:

- The gap in existing CHC cases was due to a historical effect; it had been recognised that there were some cases that needed to be re-reviewed and the interim Assistant Director Mary Clifton would be looking into these.
- A review of 49 historical CHC cases had found that cases were ineligible for CHC although one of two could come back as CHC; and there were some cases that should have been CHC but were not – the decisions were pending with the CCG.
- It was noted that more savings and efficiencies were possible through CHC and it was agreed that a comprehensive update on CHC would come back to the Committee in July 2017.

Jonathan Eatough left the meeting at 9.50am.

### **HACSC- 27 Telford and Wrekin Mental Health Commissioning Update**

The Head of Commissioning Mental Health and Learning Disabilities, Telford and Wrekin CCG; the Group Specialist – Commissioning, Commissioning (Vulnerable People), Telford & Wrekin Council and the Head of Mental Health Services, SSSFT delivered a joint presentation on mental health services.

An update was provided on the progress of the Telford and Wrekin mental health action plan, which had initially been presented alongside the Mental Health Strategy to the Health and Adult Care Scrutiny Committee in March 2016. The Panel noted that five work streams had been developed to deliver the vision to:

- reduce the stigma of mental health
- promote good mental health
- improve access to secondary mental health services
- develop an Effective Crisis pathway
- improve the life chances for those with mental illness issues.

Some of the key pieces of work that were currently being addressed by Commissioners for mental health were highlighted:

Mental Health Hub - Commissioners had developed a specification for a jointly funded Mental Health Hub in response to feedback that there was a lack of support outside normal working hours. The Hub would provide support and recovery support services including a listening service with 24/7 telephone support with the Samaritans and a 'Safe Place' between 8pm and 2am that was expected to reduce demands on the Police, Ambulance, Approved Mental Health Practitioner and Doctors and prevent inappropriate use of s.136 powers of the Mental Health Act. Additional funds had been secured to enable the service to be self-sufficient at the end of a 2 year term. The contract had been awarded to TACT leading the delivery in partnership with other organisations including MIND. The service was due to commence on 1<sup>st</sup> April 2017 and Committee Members would be welcome to

attend the launch. The Committee asked for the numbers of people using this service. Numbers could be provided for the listening service as they had been using TACT and MIND; but there was no data as yet on the 'Safe Place'.

Support to live independently was a key priority of the mental health strategy. The number of people being supported in residential care settings was due to be reduced including Ellen Court which was being de-commissioned from 1st February 2017. Accommodation had been sourced to ensure residents had a level of independence where they no longer had ongoing support needs and other residents would be supported via the skills development team. The Committee noted that staff were being redeployed from Ellen Court to work in the Community and it was intended they would work creatively to support people to support themselves, to build skills and better manage their mental health and identify key triggers for relapse and to promote recovery. As part of longer term planning, Commissioners had been working with a Housing Association and had secured a unit comprising 14 self-contained flats for people who were currently in residential care.

Inpatient Beds & Discharge Processes – The Committee was reminded that in 2015/16 there were five people admitted to acute beds out of area and eight to Psychiatric Intensive Care Unit (PICU) beds out of area. A reduction was noted by the Committee; one patient had been admitted to an acute mental health bed and two into PICU beds out of area in the first nine months of 2016; which had improved the discharge numbers. The Committee noted the impact on reducing delayed discharges from the unit and the improved relationships reported between nursing staff and local authority.

It was noted that two patients had delayed discharge who were suffering from dementia. One was a long delay due to complexity of the case, which involved safeguarding, housing and vulnerability issues. The case was being reviewed and would provide valuable learning. Further progress was highlighted:

- a stakeholder group would oversee the implementation of the strategy and this involved broad representation.
- training on mental health first aid was up and running;
- programmes of support for employees relating to the emotional health and wellbeing had been developed as part of the Mental Health Challenge for Local Authorities and the CCG Time to Change pledge.

Neighbourhood working – it was reported that local mental health trust was working with the CCG and Local Authority on the programme of development and sustainability of community resilience and health and social care integration:

- through awareness raising in schools; the Recovery college;
- the development of volunteers and peer support; support to third sector organisations and the employment and retention of the local workforce.
- improving access to psychological services - support for those with long term conditions and support to the primary care team.

- the development of care pathways for mental health illness, to ensure seamless support and treatment rather than internal referrals and gaps in service.
- embedding wellbeing into neighbourhoods.

The Committee noted that the Trust was working to ensure people would have a variety of options for where they received care; in the own home, in the community or in a central town location. A single point of access had been developed to be launched in April 2017 with an admin Hub and some clinical services which would be delivered from new premises at Hall Court in the centre of Telford. It was intended that this would ease pressure on GPs.

It was reported that:

- Autism services run by Listen not Label would be the 'front door' for the diagnosis pathway. From October to December the HUB had seen 31 new referrals and pre-screened 22 people before referring on to a medical service in Dudley for diagnosis.
- ADHD diagnosis service: there was a local diagnosis service which also supported prescribing for people with ADHD.
- A short term service for those in mental health anguish was being run by MIND and had been in place for 6 months. During that time 228 people had accessed the service and satisfaction has been high with 100% of people saying they found the service helpful.

Elements of the mental health plan that would be developed next included long term pathways for diabetes and respiratory conditions; rehabilitation pathways from forensic through to community; pathways with the police and mental health trust; crisis team pathway, and the IAP service (recovery rates were now one of the highest in the region at 60%).

It was noted that the West Midlands Mental Health Commissioning Plan aligned with T&W Mental Health Plan and it was encouraging to see initiatives starting to be realised.

The Committee made the following points:

- It was suggested that contact was made with the Asian community as there was a stigma nationally and no strategy in place to tackle this issue in Telford & Wrekin. It was noted that there had been some engagement with the Asian ladies group but acknowledged that more needed to be done.
- Health and leisure clubs provided an effective place for mental health in the community to be recognised.
- Temporary housing, enforcement and safeguarding was an issue – it was reported that as part of 'Being the Change' – partners were starting to have the conversation about a whole system approach. It was also noted that the mental health first aid training involved volunteers in a variety of teams across sectors, such as the housing sector, walking for health.
- The use of s.136 powers in comparison to neighbouring authorities/ statistical

neighbours. It was noted that the s.136 teams needed more training and that s.136 was increasing on the whole across the Midlands.

- Growing number of attendances at Accident and Emergency that were categorised as mental health. It was noted that there was an expectation that 'Safe Place' would help to reduce demand and would be used as an acute sector pathway.
- Concerns about mental health morbidity trends in recent months
- Concerns about Dementia diagnosis as this has not been done well historically in Telford & Wrekin.

It was noted that:

- Psychologists had been added to the secondary mental health team
- RAID at Princess Royal Hospital 8pm to 8am– there was little activity recorded at PRH at night for RAID to be established 24 hours although this was advised by Department of Health.
- Orchard Place would improve outcomes for people and would deliver savings
- Long term residential care was too long and preventative work was set to manage demand away to secondary care and support services.
- Mortality and suicide strategy and plan – it was noted that Telford & Wrekin was not an outlier – assurance was given that SSSFT investigated mortality and suicide.
- IAP: 60% of people would recover but that still left 40% who would not recover. The team was being expanded in April to support the 40%.
- Dementia – 60.6 – 67% target of estimated prevalence to be diagnosed. 14 people passed away on the list so this meant that Telford & Wrekin had dropped below the target. In January 2017, 29 people had passed away on the register so the current number for Telford & Wrekin was 65.3%. The Commissioner had been unable to provide any advice on what more could be done to achieve the target. Assessments/home visits were being done within two weeks and the team were precise about what they diagnosed as dementia, for example degenerative brain disease and mild cognitive issues were possibly being diagnosed as dementia in other counties that had reached 70-80% targets. Things were being put in place, such as specialist nurses working in GP practices, dementia support workers embedded in Neighbourhoods.
- It was suggested that data and records on the demand and use of all new services would be important to show the impact on statutory services and savings being made.
- It was noted that there was currently a lot of need linked to loneliness and isolation. This was an aspect that the Committee felt could be explored more closely with user groups and those hard to reach users. It was agreed that MIND may be one way of pursuing this.
  - A concern was raised about the fact that there were no co-located teams as there had been historically and that the lack of team integration felt like a retrograde step, despite assurances that this was not a problem. It was reported that integrated management would ensure the system was not disparate, however, this remained an

outstanding issue that the Committee would continue to seek assurance on as plans matured.

### **HACSC- 28 Engagement with service users and user organisations in Health and Adult Care Scrutiny**

The Chair suggested that an informal planning meeting be called of the Committee to discuss engagement with service users in mental health. It was agreed that it would be valuable to explore voluntary groups/ networks and identify whether it was possible to access those hard to reach groups such as isolated/ lonely people, offenders, transgender and homeless people with mental health issues. It was noted that the stakeholder group that provided challenge to the Commissioners and Providers, chaired independently by Dave Gill would cover a significant and diverse network that could be tapped into.

### **HACSC – 29 Telford and Wrekin Safeguarding Adults Board: Annual Progress Report**

The report of the Independent Chair of the Telford & Wrekin Safeguarding Adults Board (TWSAB) was welcomed. The Committee was informed of the progress made by the TWSAB since it was set up in April 2015, it highlighted changes since the first annual report was completed and provided next steps for the TWSAB in 2017. The Annual Report would be presented at the Health & Wellbeing Board in June 2017.

The Committee noted progress to date, including:

- World Elder Abuse Awareness Day in June 2016 which heightened the awareness of adult safeguarding issues within the community. Conversations with residents in a 'conversation cafe' style had worked well and provided valuable insight into concerns.
- Engagement via the conversation café style approach continued with adults with learning difficulties and those within a residential home about financial abuse, feedback of which would inform the development of TWSAB thematic areas.
- A Customer feedback scheme had been piloted which showed that the Making Safeguarding Personal (MSP) approach was being used within the statutory safeguarding process. A larger pilot would be testing this statement to triangulate findings in 2017.
- The Safeguarding Adult Review was completed, which led to a one minute briefing on domestic abuse in adults being shared across all agencies who work with children and adults. The review also recommended that the TWSAB look in more detail at domestic abuse in adults to ensure that the processes were fit for purpose and the appropriate support for the victim and their family was available.
- In December 2016, the TWSAB agreed to a combined piece of work with the Safeguarding Children Board to review domestic abuse in a holistic way ensuring the whole family was taken into consideration. This work had just begun and would inform the TWSAB thematic area development in 2017.

- A performance framework had been created that enabled TWSAB to monitor how agencies were keeping adults safeguarded from abuse in the Borough, as a result an inter-agency needs based training programme was in development.

The Committee noted the next steps that would be progressed against the business plan for the forthcoming six months before the business plan was refreshed in September 2017. Additional actions were highlighted:

- Thematic evidenced-based areas would be developed following engagement with communities and professionals;
- World Elder Abuse Awareness Day 2017 would be hosted in June to raise awareness of prevention of adult abuse jointly with Shropshire Safeguarding Adults Board;
- An appropriate multi-agency audit process would be produced to enable the TWSAB to test whether changes in practice were embedded;
- Continual review of potential joint working with other partnerships where outcomes could be achieved for safeguarding across the Borough.

The Committee questioned whether there were any comparative data in terms of the areas of focus for TWSAB and the development of its thematic areas. It was noted that before the Care Act 2014 came into force, there was no consistent recording of data, however, there was a strong regional officers' network. The network shared knowledge which allowed common areas to be identified; and also best practice was shared. The next report would provide greater detail as this year's data would provide the baseline.

The Committee asked about s.42 enquiries, and whether there was any impact from the closure of four mental health hospitals in Birmingham. There was a strong regional Chairs group that identified and shared best practice, Trading Standards captured a lot of data on SCAMS and TWSAB was taking a proactive approach to ensure relevant signposting in the community.

The Committee raised some concerns in relation to care homes and domiciliary care:

- In relation to care home complaints/ concerns, it was noted that TWSAB was constantly updated on this. There was a graded response, a good early warning system in place and a CQC liaison group that shared intelligence.
- In relation to domiciliary care, people in communities who were alone/ isolated and did not have any relatives to report abuse to. It was noted that raising awareness of the signs of abuse was important in relation to this and that there were initiatives progressing in this area including work with care homes.

Clive Jones, Sarah Constable and Andrew Mason left the meeting at 11.38am

### **HACSC – 30 Work Programme**

The Committee agreed that it would be valuable to undertake some engagement with service users in mental health and that exploratory and scoping work could usefully be

undertaken. The suggestion about the growing isolation of older people was agreed as an important issue and there were potential overlaps with Neighbourhood working and mental health. It was agreed that a planning meeting would be scheduled ahead of the next formal meeting.

**HACSC – 31 Chair’s Update**

The Chair updated the Committee on the Future Fit Programme and the sustainability of current clinical and hospital services provided by Shropshire and Telford Hospitals NHS Trust, both of which were a focus of the Joint HOSC. A private meeting of the Joint HOSC had been proposed to look at the way the NHS was developing the public consultation document but that this would not interfere with the statutory duty of the Joint HOSC to consider the formal consultation framework in a public meeting. The Chair had received an update on the closure of Malling Health Centre; assurances had been given by the CCG that the 8000 patients would be accommodated due to capacity estimated at between 14,000 and 18,000 in local practices but not necessarily the nearest practices.

A meeting had taken place with the Practice Director of Teldoc about the future of the service which looked promising, it was proposed that urgent care centre activities would be accommodated between the practices merged under Teldoc.

The meeting ended at 11.50pm

**Chairman:** .....

**Date:** .....