

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 3 October 2017 at 2.00pm in Meeting Room G3 –G4 Addenbrooke House,
Ironmasters Way, Telford, TF3 4NT

Present: Cllrs A Burford (Chair), R Mehta, L A Murray, T J Nelson, R J Sloan; Co-optees J Gulliver, C Henniker, H Knight, D Saunders

In Attendance: S Dillon – Assistant Director: Early Help & Support, R Purvis - Team Leader Projects, Policies & Quality, Early Help & Support, T Smart - Finance Manager, Finance & Human Resources TWC, J Tangye, Senior Democratic and Scrutiny Services Officer TWC

HACSC-06 Apologies for Absence

Councillors S P Burrell, N A Dugmore, H Rhodes

HACSC-07 Declarations of Interest

None

HACSC-08 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 18 July 2017 be confirmed and signed by the Chairman.

HACSC- 09 Adult Care Performance, Budget & Savings for Older People – Early Help & Support Cost Improvement Plan 2017-18

The Chair welcomed the Officers to the meeting and highlighted that the Committee had wanted to drill down and focus on specific areas of adult social care budget and performance. The Committee had agreed with Officers that they would start by focussing on older people as one of the biggest areas within adult social care. It was acknowledged that the service area had made positive progress, reducing the number of people in residential care which was encouraging in terms of client choice, support to stay at home, an increase in direct payments and had positive implications for the budget.

The Assistant Director: Early Help & Support presented the report on the progress of the Early Help and Support Service (EHS) on the provision of support for older people. The Committee heard that the approach taken by EHS was to provide early advice and guidance to individuals and focus on individual and community assets. Clients contacting the Council and the Council's commissioned advice and information service 'My Choice', were receiving earlier advice, being signposted and connected to local and community led support before statutory adult social care was necessary. The Assistant Director indicated that innovative ways of providing care were being implemented, such as assistive technology.

It was reported that older adults required the highest proportion of services. The approach to reduce the demand on statutory services meant that at the time of referral, the level of service needed was higher and the amount of services needed was greater, however people were being supported to a greater degree in the family and community setting. Particular pressures on the service were presented by the drive to avoid hospital admission, increased acuity and increased care costs. Future demand was constantly evaluated, and there was an indication that demand would be higher than average for the over 85 years age bracket. The number of people needing support for dementia was one of the areas nationally and locally set to increase. In the over 85 year's bracket, the expectation was that 800 clients would need services, set to increase to over 1000 in the next few years. For EHS this meant that the resources had to be in place to respond to the increased level of need.

Early help and prevention – Neighbourhood work was being developed to help people in their own localities and around GP surgeries. Help and information was provided earlier to address care needs. Social workers were linked with GPs for professional advice in how best to support clients, which would help to avoid hospital admissions. Teams were also tasked with reducing discharge from hospital and implementation of re-ablement. The Better Care Fund allowed for work to be done on delayed discharge particularly through the winter period. Delivery of 48 hours discharge was often over 90% and was constantly monitored by health and social care partners. The number of people referred over 65 years from 2015-16 and from 2016-17 had reduced directly through the service My Choice. The advice line was led by Citizens Advice and provided early help to people to reduce the use of Council services.

A question was raised about the significant reduction in requests for support through My Choice and why this significant change had occurred. There was concern that this was not necessarily due to reduced demand but people finding it harder to request support, people being filtered out and only those cases that were very needy getting through to the Council. It was noted that there was better signposting and a system of triage was working to reduce the numbers. My Choice also aimed at providing early help and support and to fast track people who really needed Council services.

Hospital discharge was routinely monitored on a daily basis by partners and the report showed that the Council was broadly on track. For each Council and health economy the Department of Health set targets which had an effect on funding if targets were not met. A question was asked about the numbers of people discharged where the care package provided was not adequate and whether this was measured. It was noted that 91 days post discharge there was a review to determine whether there had been a return to hospital or a higher level of care put in place. It was a performance indicator that was difficult to monitor but it was key to monitor. Work was being done to improve on this indicator with partners. The Committee requested that this data was shared. Telford & Wrekin was achieving 3.5 discharges per day which was second best in the West Midlands. This was due to positive relationship with the CCGs and the BCF to enable continual development of the care offer,

such as a service in place overnight to turn and toilet people which was essential to prevent people going into care overnight. The Committee acknowledged that whilst there were extra pressures over the winter period, there were pressures throughout the year. The range of services, step down beds, support at night, assistive technology and frontline staff provided care at the right time in the right place for individuals.

A question was asked about what Early Help consisted of. My Choice was the first offer, local help and advice, detailed signposting. Social workers were based in the community where telephone advice did not meet need and there was signposting to what was available in the community. GPs had access to appointments with social work staff before the situation reached crisis point for a patient.

It was noted that a potential consequence of avoiding delayed discharge was that clients could be discharged from hospital to facilities far from their homes for a temporary period. The Committee was assured that the risks were weighed up, if a hospital patient was medically fit for discharge it had a negative impact if they had to stay in hospital. The situation would always be discussed with the patient and family and clinicians.

Helen Cotterell and a volunteer who helped at the assistive technology hub every Wednesday at Citizens Advice Bureau in Wellington demonstrated the new technologies to raise awareness of the tools available. The tools were being used by social workers and occupational therapists as part of care assessments and reviews. The Committee heard about reminder clocks, automated pill dispensers, pendant alarms and noted that although some tools had been around for years, the technology was much more sophisticated today.

Just Checking - was a system used for assessment to build a picture of an individual's daily routine, which detected movement in particular rooms, providing an insight into how a client was coping with their daily routine. There were several kits in each locality used for assessment purposes to inform reviews and support findings. Significant changes could be identified which helped to focus the support needed and the right amount of care at the right time to prevent over/ under caring. Assistive technology aimed to prevent long term care and reduce spend. Workshops were in place to consider best practice and ethics. The Committee requested that a report come back to Scrutiny in 6 months' time.

Members were concerned that there was not enough being done to promote such campaigns to raise awareness and demonstrate assistive technology. It was noted that the campaign would be relaunched in January 2018 with a programme of events and would include redesigned leaflets, radio promotion, and advertising in local newspapers.

Members were also concerned about access to care although it was acknowledged that the strength based approach followed the guidance of the Care Act. It was understood that the Council had to respond to need, that modern extra care had technology built in and there was a need to plan ahead at least 3 years.

The Care Act required there to be sufficiency in the market for domiciliary and residential

care, Councils were managing this so that it was affordable. The cost of care was rising, there was demand in mental health care. The domiciliary care markets were flexible and had a good range of providers. The Council supported providers to ensure there was sufficiency, managed by block purchasing and planned purchasing helped to increase the flow in the hospitals. The Care Quality Commission inspected all residential and domiciliary care to ensure it was fully on top of need and future needs which could affect providers and what they delivered. Units of extra care were purchased and reduced people having to go into residential and higher care. It was a constant challenge and solutions were being implemented all the time, such as sleep-in night support.

The Chair drew the item to a close and asked the Committee to consider its role in focussing on where Scrutiny could make a difference, be the critical friend, offer real challenge and suggestions. It was important to continue to monitor the budget and performance but perhaps to look at where the challenges were in the system.

It was felt that the right measures were being taken by the Council to enable people to stay in their homes and be supported within the community but there were things in the system that were fragile. It was acknowledged that the budget was very challenging and whilst numbers in residential care homes were falling, activity was going up and the demographics indicated older people activity. One of the suggested areas of work in the Committee's work programme was a sensitive area around care fees and it was suggested that this could be considered under the issue of resilience of the sector and how to balance costs and need, how adaptive the care market could be. The Committee felt that a closer look at the issue as a whole would be valuable rather than a focus on care fees/rates which was a market and commercial issue. It was also agreed that the particular effects of the Council's block purchasing on self-funders and people that did not qualify for care from the Council could be looked into.

Members suggested that it would be useful to unpick terms such as community support and resilience and to explore what it meant on the ground. It was particularly important to look at whether care was established in the community to support the additional level of need with the bar being raised for access to statutory care. An audit of community resilience was not needed, it could not be defined objectively nor could it be benchmarked. The Committee agreed that it would be far more useful to uncover the particular challenges within the community so that they could be addressed.

The Committee agreed to continue to monitor the cost improvement plan and delayed discharge. Quarterly reports on hospital discharge from Healthwatch could be used to triangulate the evidence provided by the Council.

Sarah Dillon, Renu Purvis, Vicky Worthington and Helen Cotterell left the meeting at 3.30pm

HACSC- 10 STP Neighbourhood Work Update

At the meeting in July, STP Neighbourhood work had been considered and points of interest had been agreed which included; the definition of community resilience, its limitations, the current picture in the voluntary sector (which organisations were being commissioned), clarity on what would develop into sustainable services, data on community assets, and how support provided by friends and family would be quantified. An update since the last meeting was provided by Louise Mills, Service Delivery Manager at TWC and Ruth Emery, Neighbourhood Working Programme Manager, T&W CCG. The Committee recalled that Resilient Communities was about strong and connected communities supporting people to stay well but also people with long term conditions to stay independent as long as possible. It was noted that the Neighbourhood work had not been developed at the pace it should have but with this particular approach, especially where there was little investment, the services were emerging and being shaped by the community; volunteers, the Council and partners. Dialogue with GPs had stepped up and the plans were starting to take shape. GP practices had grouped together in Neighbourhoods but it was not a one size fits all.

It was noted that the Health and Wellbeing Board had oversight of the governance and reporting structure. It was reported that there were working groups for each workstream and good representation from the Carers Forum, Healthwatch, the voluntary sector and health sector. All GP groups were represented, EHS, Shropshire Community Trust and Foundation Trust- therefore connectivity was good. It was reported that the Neighbourhood programme had fed into Future Fit Pre-Consultation Business Case and into the STP. Five year activity profiling had been completed as a result of this work. The various projects were having an impact, individual performance measures were in place. The strategy unit was currently being considered by the Neighbourhood Working Steering group, to potentially commission them to measure the impact on the health economy as a whole to support the development of a robust evaluation system.

A detailed local picture had been built from comprehensive profiling and data for implementation of programmes. Of the 40 plus projects, 28 were mobilised and delivering services that the Community was benefitting from. Examples were provided, such as Branches which provided advice and support on mental health, drug and alcohol misuse, and the TACT centre was receiving 700 visits per month. The centre was being run by volunteers; 35 volunteers had been recruited and 3000 were being trained. Community prescribing was underway in Newport Neighbourhood where GPs were helping to identify patients who could benefit from social prescribing. Community Care Co-ordinators and Link workers were in place in the Neighbourhoods, people in the communities had already assumed these roles and they were key to identifying residents that may be isolated with no family so that people could be brought together in walking groups, poetry writing and other initiatives such as a group feeding birds.

GP practices in central Telford were receiving a large number of patients for help and support on debt management and welfare issues, therefore solutions could be as simple as signposting to the right support. In this case, it was Citizens Advice drop in clinic in Donnington.

Members asked questions on the following:

- Sustainability and remuneration of the people in the Communities that were leading

groups and projects, who were being relied upon. How integration would be ensured in the future. It was noted that resources were being deployed and paid workers were being connected with volunteers, such as public health practitioners, co-ordinators/ health champions.

- Community care, support and resilience was not a free resource nor cheap; for the medium/ long term this resource had to be nurtured and funded, particularly where Future Fit relied on Neighbourhood services to keep people out of hospital and reduce demand on acute services. Social prescribing was one element that the Committee felt could improve people's mental and physical health but this was not as accessible for people with long term conditions and people at crisis point. For conditions such as diabetes, there were national targets. The CCG has commissioned structured education for the management of diabetes and tailored support to GPs. There was an incentive scheme to encourage GPs to hit targets to help people to manage the condition and prevent surgery such as amputation. Diabetes specialists and teams were working in the communities with GPs. An audit of patient numbers attending GP practices for wounds identified that healing rates and outcomes can be improved and therefore the CCG is commissioning a dedicated wound healing service.
- It was confirmed that the CCG and Local Authority is working with the whole health economy, integrating pathways and being more flexible with resources. The CCG is working with the Local Authority, Community Trust and Foundation Trust to develop integrated teams. Early Help and Support workers were supporting GP surgeries which allowed for better access for patients.
- Estates planning is an element of the Neighbourhood Working Programme that is identifying the estates assets in the area including NHS and Council buildings, in addition to other assets such as leisure centres, community owned buildings etc.
- There was an overarching communication and engagement strategy currently being developed.

The Committee expressed their intention to look at the detail of the projects to try to gain an insight in to the implementation of projects on the ground and the impact for residents and clients of the services. The Officers agreed to share further detail around projects. Members were also interested in taking an overview of the programme and expressed their intention to understand what the programme was achieving. How much could be quantified, how it was supporting the Future Fit Programme and how it was meeting the huge demand on acute services and primary care, and helping to reduce this demand. The Committee considered that it would be useful to consider the 5 Year Forward View for Primary Care. The Committee sought the high level picture to understand how much of a contribution the Neighbourhood work would make to the STP and FFP and sought assurance that the work would sustain the reconfiguration of hospital services.

Louise Mills and Ruth Emery left the meeting 4.40pm

HACSC- 11 Chairs Update

The Committee considered items for the next meeting and how scrutiny should proceed with the work programme. The Committee agreed that it would be valuable to drill down into services and community/ Neighbourhood projects under the STP; to take evidence from residents, patients and their families, and voluntary organisations such as CAB and Age UK. The Committee felt it was important to establish as far as possible, how effective the

changes were as described by Officers.

The Chair provided an update on a briefing he had had with Christine Morris, T&W CCG Lead for Quality, Nursing and Safety on the Midwife Led Unit Service Review. SaTH had raised concerns about the sustainability of the MLU clinical model of service delivery. A review was being undertaken by Shropshire CCG on behalf of T&W CCG. A recommendation would be made about the future model of MLU for decision by the CCGs. The review would look at clinical sustainability; safety and clinical outcomes, quality concerns, staffing of units and workforce plan, rural access, financial sustainability of the 5 existing MLUs, value for money in terms of cost and rural access.

There was also a national programme based on the 2016 Maternity Review Report – Better Births: Improving Outcomes of Maternity Services in England. This was a five year forward view for maternity care which detailed how maternity services needed to change. The CCGs were developing plans to achieve the five year forward view as required by NHS England.

The meeting ended at 4.50pm

Signed:

Date: