

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 18 July 2017 at 2.00pm in Meeting Room G3 –G4 Addenbrooke House,
Ironmasters Way, Telford, TF3 4NT

Present: Cllrs A Burford (Chair), N A Dugmore, T J Nelson, R J Sloan; Co-optees J Gulliver, C Henniker, H Knight.

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-01 Apologies for Absence

Mr D Saunders (Co-optee)

HACSC-02 Declarations of Interest

None

HACSC-03 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 April 2017 be confirmed and signed by the Chairman.

HACSC- 04 Adult Care Performance, Budget & Savings including CHC

The Assistant Director: Early Help & Support presented a report on the progress against savings plans in Early Help & Support for 2017 -18. It was noted that there was significant challenge in providing support to meet assessed needs and at the same time operating within budget. New activity across the teams was highlighted such as training around an asset and strengths based approach, focussing on what an individual could do for themselves or with the support of their family and local community rather than what they were unable to do. This was important when staff undertook reviews to enable a focus on funded support and integration with additional support from the community which promoted independence and met the needs that the person was eligible for under the Care Act. It was reported that this approach was starting to result in better outcomes. The Committee noted that the community would be informed of the change of emphasis from the Early Help & Support Services via planned public communication.

The Committee noted that 2017/18 savings were being made in accordance with the detailed Improvement Plan which was considered regularly by Officers, the Managing Director and senior Members. The Action Plan appended to the report highlighted the strategies for mental health, older people, adults with learning difficulties and physical and sensory disability being implemented to meet the savings required in the 4 year plan for

delivery of Adult Social Services. A table of risks and mitigating actions was outlined in the report in areas that covered staff capacity, market sufficiency, high cost placements, and preventative services.

It was noted that a key part of the Cost Improvement Plan was ensuring the appropriate level of care was provided whilst meeting statutory need and promoting independence where possible so that clients were less reliant on services. Outcomes were reviewed with a view to increasing independence and reducing need. It was reported that there was evidence of positive progress in reducing the numbers of over 65's moving into residential care and an increase in supported living. The Committee noted:

- From 2015-16 to 2016-17 there had been an increase in Direct Payments which allowed people to have more flexibility, choice and control of their budgets.
- Re-ablement following hospital discharge was important as this improved a return to independent living. The assessments on discharge from hospital were triangulated. Additional money as part of the Spring Budget would allow for appointment of temporary staff to support discharge.
- There was a concern about the reliance on community care, particularly in terms of individual care needs. Assessments under the Care Act meant that the Council had to consider the level of care provided by a Carer and that Carers' needs must be considered individually, particularly what the Carer felt able or not to continue to provide for the cared for person.
- There was a question re the targets for the winter period which were lower than for the summer but there would inevitably be greater pressures in winter. It was explained that the Council's legal duties in respect of the Care Act had to be met whilst ensuring the best use of resources.
- For people with learning difficulties in the transition from children to young people, care services were needed from age 14 including increased provision of supported accommodation.
- The question was posed as to how receptive clients were to the change of culture. It was acknowledged that it had to be a regular conversation with the public about what was available in the community, a communications plan was in development to reflect this regular communication. The Council believed that the more opportunities that were available, accessible and known about, the more likely it would be to generate family decision-making and earlier planning/ choices of care. Innovations such as assistive technology would also play a part. The Improvement Plan would manage demand and future need.
- It was noted that for Continuing Health Care, the Spring Budget had allowed for a specialist in CHC to look at improving performance through challenge. The Council was much closer to the national average now but had a legacy of cases.

For future meetings it was agreed that the quality and financial sustainability of the residential care market should be considered in more detail. This had arisen initially from a scrutiny suggestion received from SPIC.

For Adult care budget, performance and savings, it was agreed that the Committee would explore in more detail the specific strategies being implemented for older people and adults with learning difficulties. Additionally, the Committee recognised that it was worth looking into what happened when older people did not meet the criteria for services and support, and whether help available in the community long term. It was noted that the Council had to take account of the full picture for an older person, the risk areas, how they had managed to the point of a being admitted/ discharged from hospital.

Cllr A England, T Smart, S Dillon, R Purvis left the meeting at 3.20pm

HACSC- 05 Work Programme 2017/18 and Terms of Reference Report

The Committee reviewed the Terms of Reference and considered the work programme suggestions for 2017/18. The Chair advised that Scrutiny Management Board had agreed an initial allocation of 4 formal meetings per year per Committee. It was noted that resources were markedly different this year than in previous years and in recognition of this, Scrutiny Management Board had recommended that each Committee prioritised the top two or three topics and that resource would be required for the reconfiguration of hospital services Future Fit consultation. The Members considered the new and ongoing substantive items and the new suggestions of maternity services across the county (which was a possible Joint HOSC issue) and the resilience and sustainability of GP Practices. Substantive items included:

- Social Care Fee Rates
- Implementation of Suicide Prevention Plan (the draft Suicide Prevention Strategy was presented to Health and Wellbeing Board on 14 June, an action plan was being developed that would return to HWB)
- Growing Isolation of Older People
- STP Neighbourhood Working
- Adult Care Performance, Budget and Savings (inc CHC) - related to Cost Improvement Plan (CIP)
- Mental Health Commissioning Strategy
- Adult Mental Health Services
- Results of Carer's Survey

The monitoring activity was noted: _

- TW Safeguarding Adults Board Annual Report
- NHS Quality Accounts
- West Midlands Ambulance Service Performance Issues
- NHS Independent Complaints and Advocacy Service

The Committee had agreed at the meeting in April that the issue of the independent residential care sector was an important topic that should be explored further. The Members discussed the fragility of the care market and considered Scrutiny's role and contribution to this issue. Fee rates had been raised by SPIC as an area that their members were concerned about. Members considered whether leaving the EU would have an impact

on the market sustainability. It was noted that the care sector was a shrinking market, some care homes were turning down the Council's contracts. Fee rates, capacity and quality of care were issues that would be usefully explored and would be important for the work programme.

GP and Primary Care services was an item considered by the Committee in terms of the NHS plans for the 'left shift' and how this was being proposed. There was still concern about the impact of the closure of Malling Health Clinic and continued feedback and media reports about inadequacy at Wellington Medical Centre. It was noted that there was considerable upheaval around the GP Forward Plan, the direction of travel was multi-disciplinary teams and it was agreed that it would be valuable to get the GPs view on how this was going and capacity; a letter could be sent to practices, the local medical council and GP Confederation; the health roundtable and patient participation groups. It was agreed that this would be considered in terms of the STP Neighbourhood localities and questions raised on whether change was being well-managed, whether the GP Forward Plan and STP plans were achievable, what resource would be required and was available. It was noted that Healthwatch had been targeting surgeries to identify what the issues were.

Mental Health was an ongoing topic, the Chair was continuing to attend the Mental Health Forum and felt that this was a good means of tracking the progress of services commissioned by the CCG and the Council.

The STP Neighbourhoods plan and the implementation of its projects remained on the work programme and it was agreed that Community Resilience tied in well with the Committee's interest in the future of primary care in the community and the isolation of older people.

Members noted that questions should be raised about:

- What Community Resilience meant on the ground to patients, residents and families
- What were the limitations
- What was the current picture in the voluntary sector, which organisations were being commissioned
- How much was rhetoric and how much would develop into sustainable services
- Where was the data on community assets when the STP was predicated on the availability and use of community assets? The Council was already an active manager of premises, providing for the voluntary sector.
- How would a quantity and value be placed on resources provided by friends, families and communities?

The meeting ended at 3.56pm

Chairman:

Date: