

**HEALTH AND ADULT CARE SCRUTINY COMMITTEE**  
**Minutes of the meeting of the Health & Adult Care Scrutiny Committee**  
**held on 16 October 2018 at 2.00pm in Quaker Room, Meeting Point House,**  
**Southwater Square, Telford, TF3 4HS**

**Present:** Cllrs A Burford (Chair), M Boylan, L A Murray, T J Nelson, R J Sloan; Co-optees C Henniker, D Saunders

**In Attendance:** S Dillon– Assistant Director: Adult Social Care, A Hammond – Deputy Executive for Commissioning and Planning (Primary and Integrated Care) (Telford and Wrekin CCG), L Mills – Service Delivery Manager Prevention & Health Improvement, R Purvis - Team Leader Projects, Policies & Quality, Service Improvement & Efficiency, Adult Social Care, S Worthington, Senior Democratic and Scrutiny Services Officer.

**HACSC-09 Apologies for Absence**

Co-optee J Gulliver

**HACSC-10 Declarations of Interest**

None.

**HACSC-11 Minutes**

**Resolved** – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 9 July 2018 be confirmed and signed by the Chairman.

**HACSC- 12 Building Community Resilience and Neighbourhood Working**

The Committee received the joint report of Telford & Wrekin Council and the CCG. It was noted that the report had previously been to the Health & Wellbeing Board and progression had been made in some areas since the report was written. A new integrated team had been funded by the CCG who would design new ways of working as an exemplar team. Funding had been received from the British Heart Foundation to undertake a project around hypertension and high blood pressure in the community.

*The Committee raised questions and the following discussion ensued.*

*How much impact had the programme had, and how much more of an impact could there be if there were additional resources available.*

It was noted that the CCG and the Council had invested in the programme and recognised the need to grow capacity within communities. As an example, a scheme of work had been undertaken around diabetes, improvements in clinical outcomes had been seen following this

*Was this programme still part of the STP.*

It was confirmed that the programme remained part of the STP and had been adopted as

one of the workstreams. There had been regular reporting to the STP, and it was agreed that this could be shared with the Committee.

*How long would it take for the programme to roll out across the Borough?*

Members noted that the approach was based on community development, building on what was present. The team were proactive in regards to looking for grant funding, which built in sustainability. It was noted that there were already resources in the system, and that many schemes were already Borough wide, for example, the Healthy Lifestyle support. Other schemes, such as the care home support team, were based on need and not geographical area.

*Excess weight and obesity were a major health concern, what work was being put into these areas.*

The focus of the Annual Public Health report for 2018/19 had been on excess weight and obesity. Within the report there had been a number of recommendations and a real commitment had been made to addressing this area of concern.

*A discussion was held regarding the aging population and their future financial planning.*

*Integrated teams had been discussed for some time, what had been put in place now to ensure this was a success?*

The integrated team were an entirely new team, who had been recruited to be part of this team. It was noted that this team was still in the early stages and a further report would need to be made in a few months' time. Members noted that that management and leadership were particularly important in teams like this and stated they were interested in seeing how this team developed.

*Had a plan been developed for the programme, and where there performance indicators.*

Project plans had been implemented for the programme and performance was regularly reported to the STP, which would ensure that the right projects were in place. The development team were involved with the voluntary and community sector.

*How many Healthy Lifestyle Practitioners were there?*

It was confirmed that there were 3 practitioners, who worked across the Borough. The public health team were around 6 months after a restructure, which was focused around this programme. It was noted that the report only contained a small percentage of the work that the team undertook.

*Was there confidence in the momentum of the programme.*

The programme had been running for a few years and there had been a change in the way it was working locally. The community were very engaged with the programme. Members noted there needed to be more successes advertised, so that the public became more aware of what was happening.

## **HACSC- 13 Adult Care Performance, Budget & Savings & Cost Improvement Plan 2018-19 – Older People**

The Chair welcomed the Assistant Director: Adult Social Care. The Committee had requested information focused on Older People in terms of budget, performance and activity. It was noted that the needs on the Adult Social Care service were growing and changing.

*The Committee raised questions and the following discussion ensued.*

*CHC funding was at a low level.*

The Assistant Director; Adult Social Care stated that good progress had been made on this and there had been an increase in the number of CHCs within the Borough.

*A discussion was held regarding readmissions.*

It was noted that there were a number of readmissions to hospital, however, these were not at a level of concern. The population was aging and work was being undertaken to look at implementing a frailty team at SATH.

*What was the situation locally in regards to domiciliary care.*

The Assistant Director: Adult Social Care stated that the Council were working closely with providers and it was important to ensure that the capacity within the system was used in the correct way. The Council were working closely with SATH regarding assessment on discharge.

*Who was responsible for care of people with dementia when they were unable to live at home.*

The Assistant Director: Adult Social Care stated that this was a grey area, however, in practice, the Council and the NHS worked together. Services were in place, for example, Admiral Nurses to work with people who have dementia. It was noted that there was one dementia ward at Redwoods, which also offered outreach support. Members noted the importance of early diagnosis and support and advice for family members and friends on the early signs of dementia.

## **HACSC- 15 Update on Unmet Needs Survey**

The Chair circulated a draft version of the Unmet Needs Survey. The survey aimed to receive feedback from users of Adult Social Care, the survey was designed to be part of a face to face interview and not directly completed by the service user. A workshop was planned for November. The survey would enable the committee to see if anyone was slipping through the net and if people accessing the service were given the support they need.

**HACSC – 16 Chair’s Update**

The Chair advised the committee that at their September Board meeting, SATH had agreed to the overnight closure of the Princess Royal Hospital, due to a workforce shortage. SATH have stated that to avoid action, they would need to employ an additional 7 middle grade doctors and 15 registered nurses. It was estimated that the loss of income to SATH would be around £3.5million per annum, with a worst case figure of £5.4million per annum.

Members discussed the impact of the ED closure on adult social care in the Borough. There were also concerns raised regarding the impact on the ambulance service and other public services, such as the police. A discussion was held regarding the sharing of information by SATH in regards to the CQC notice.

Members noted that the Secretary of State was monitoring the situation, and requested sight of the monitoring information. Members raised their concerns that members of the public would wait until the 8am opening of A&E, which would cause a backlog.

A discussion was held regarding the potential merger of Telford & Wrekin CCG with Shropshire CCG. It was noted that the two populations had different needs.

The Consultation Report following the Future Fit consultation was due for publication in December. There had been nearly 18,000 responses to the consultation and the JHOSC had requested sight of the raw, anonymised data.

The meeting ended at 16.27pm.

**Signed:** .....

**Date:** .....