HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 22nd March 2015 in Willow Meeting Room, Park Lane Centre, Park Lane, Telford, TF7 5QZ

Present: Councillors: A. Burford (Chair) M. Boylan, V. Fletcher, T. Nelson, J. Pinter, R. Sloan and Co-optees – J. Gulliver, B. Parnaby, D. Saunders

Also Present: Cllr. A. England, Cabinet Member for Adult Care,

In Attendance: Richard Smith, Assistant Director Early Help and Director of Adult Services (HACSC 18,19); Tracey Smart, Finance Manager (HACSC 18); Frances Sutherland, Head of Commissioning -Mental Health, Learning Disabilities and Children, Telford & Wrekin Clinical Commissioning Group (HACSC 21, 22); Sharon Clennell – Senior Commissioning Manager Telford and Wrekin CCG (HACSC 21,22); Tracey Jones, Deputy Executive Quality and Engagement, Telford and Wrekin CCG (HACSC 21,22); Nicky Wilde, Deputy Executive - Commissioning and Planning, Primary Care, Telford and Wrekin CCG (HACSC 21,22)

HACSC-15 Apologies for Absence

Apologies were received from Cllr. C. Turley and Co-optee R. Metha.

HACSC- 16 Declarations of Interest

Cllr. M. Boylan and co-optee B. Parnaby declared an interest in Item 5 as Directors of Telford and Wrekin Healthwatch.

HACSC -17 Minutes

The Chair noted that the meeting on the 18th November 2015 had been the last meeting attended by P. Taylor before his retirement. The Committee recorded their thanks to him for his work at the Council and his support for Scrutiny.

Members discussed the high rate of self-harm by young people in the Borough and were informed that Healthwatch had carried out a survey on mental health for young people. There had been nearly 4,000 responses. It was noted that the issue of self-harm is a national issue but the rates a higher in Telford and Wrekin and that this is included in the Health and Wellbeing Boards Early Help Strategy.

Resolved: That the minutes of the meeting of the Health and Adult Care Scrutiny Committee held on the 18th November be confirmed and signed by the Chairman.

HACSC-18 Adult Care Budget and Savings

The Chair asked the Assistant Director Early Help and Director of Adult Services to present the report on the Adult Care Budget and Savings.

The Assistant Director Early Help and Director of Adult Services referred to the report that had been circulated. He noted that the figures which showed the projection for 2015/16 was one month out of date and he expected this figure to improve. He explained that the budget projections for 2015/16 showed a £3.5 million overspend and with the use of one off resources this would reduce to £900,000.

The Finance Manager clarified that the heading for the columns in the first page of the report were for 'budget' and 'variance'.

The Assistant Director Early Help and Director of Adult Services added that there will be the additional challenge of the introduction of the living wage which will add to the facility of the care sector market. He highlighted that a number of interventions have been put in place which have resulted in a reduction in demand for residential and nursing care but that the unit cost of the care has not come down. There are a number of very vulnerable people who do require traditional care and they will remain a priority. Some people receive attendance allowance and support themselves. It was reported that in the future more people will receive personal budgets and direct payments. The Council is increasing the number of people who can be employed as personal assistants and voluntary and community organisations can provide support to people who will become employers.

A member asked about the due diligence that is required by employers and the responsibilities that the Council would retain.

The Assistant Director Early Help and Director of Adult Services responded that the Council cannot delegate its responsibilities or duty of care. He added that the current workforce in adult service will be restructured over the summer and this will ensure that the staff in the locality team will be equipped to deliver the new model and will ensure that statutory duties are addressed.

A member asked about the profile across the year for the delivery of savings. It was commented that during 2016/17 the savings were £3million and this would require 0.25 £million saved every month.

The Assistant Director Early Help and Director of Adult Services replied that an analysis of the financial activity was being carried out. There has been a reduction in demand which resulted in savings. Savings had been made in adult services on the unit cost but this was reaching its limit. Savings has also been made in mental health over the last 2 years and the service had improved. The savings were made across the system.

The Chair summarised the discussion so far that the Committee endorsed the direction of travel and understood the complexity of the service. However, as a Scrutiny Committee, what members needed was to be able to scrutinse on a regular basis what has been achieved both financially and in terms of service delivery and quality. He suggested that the Committee should agree a set of indicators and that these should be agreed with the Assistant Director. It was stressed that the Committee would not create new indicators but needed information in a form that was accessible and showed trends. E.g. how many service users receive Direct Payments, is this

number increasing fast enough. The Committee endorses the direction of travel – but need milestones to assess progress.

The Assistant Director Early Help and Director of Adult Services said that monthly challenge meetings were held with Cabinet Member and the Managing Director. He agreed that information would be provided to the Committee and he would clarify what level of detail could be provided at a public committee meeting.

The Cabinet Member for Adult Services said that Adult Services had been on a journey and while there had been quick wins in the early restructure it was recognised that the level of Direct Payments was below the national average. He confirmed that the service would try everything to make the required savings and if this is not successful then the Scrutiny Committee will be informed.

It was clarified that the target for the percentage of clients on Direct Payment was 60% and that the current rate in April 2016 was 26%. It was recognised that this is a challenging target. The Committee was also informed that about 20-30% of people receiving care needed to be reviewed and that the outcome of the review may be to increase the level of care or reduce it.

Following a comments from a member that it is important that the review process ensured that the client is getting the support that they need the Committee was informed that all clients would have an annual review.

A member of the committee asked a number of questions:

What are the commissioning arrangements between the local authority adult services and independent providers, particularly since the introduction of the minimum wage? What is the level of NHS Continuing Healthcare funding from Telford and Wrekin CCG?

How are adult services within the Council working with voluntary and community organisations, many of which have a significant role in keeping older people active and independent at home. Will the finding for some voluntary and community organisations cease on the 31st March?

The Assistant Director Early Help and Director of Adult Services responded that the providers have been engaged in the new model of care. The Council had talked with providers and with Shropshire Partners in Care about the impact on providers. There is a duty of the Council to make sure that there is a sustainable market. On the issue of NHS Continuing Healthcare the Committee was informed that the review of 46 cases was taking place and that there had been some positive movement. It was recognised that it is important to look at the detail of this issue, the numbers may increase but some patients receive CHC for a few weeks and some for many years. The Committee was also informed that the number of joint packages of care had increased and there was a better working relationship with the CCG. With regard to working with voluntary and community sector organisations, it was recognised that the Council's adult services needed to have a dialogue with these organisations, similar to care providers. The Assistant Director Early Help and Director of Adult Services was not aware that

any contracts with voluntary and community organisations would cease on the 31st March.

A member clarified his view of the role of the Scrutiny Committee, the process should be decided by the professionals and that costs to the local authority for care reflects what society will afford. The duty of the Scrutiny Committee is to consider the cost and also the absolute outcomes. It is important that the Committee knows where the service is now and where is it going and then to ask questions. A request was made that this data is presented to future meetings in a consistent format.

A member of the Committee also highlighted the important role of carers and also the increase in the number of patients with dementia.

The Assistant Director Early Help and Director of Adult Services said that the Council has a statutory responsibility toward carers and there was no intention to reduce this. There was a discussion about support provided to patients following discharge from hospital. It was highlighted that the delayed transfer of care is a problem, but that it is also essential that people do not go into hospital unnecessarily.

Resolved that:-

a) The Committee note the report
b) A report be presented to the next meeting including trends and progress against quarterly targets.

HACSC-19 NHS Continuing Healthcare

The Scrutiny Group Specialist informed the Committee that A. Hammond, Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG had given her apologies for this item.

The Chair introduced this item, and recognised that this was a major challenge and a high risk area for the budget. He asked for feedback on the review carried out by the Commissioning Support Unit and the timescales for this work.

The Assistant Director Early Help and Director of Adult Services said he was positive, and he did not see why the population in Telford and Wrekin should expect a lower level of CHC that other areas in the country. Some of this discussion had been covered in the previous item and he was not able to go into the detail of the review process. The Committee was informed that there was an agreed list of patients and that it was agreed that both organisation would agree to the outcome of the reviews. The review process would take time as it involved family members.

A member asked if there was evidence that the assessment process was working better, both when people received an initial assessment and when they are reviewed and asked for confirmation that family members were involved.

The Assistant Director Early Help and Director of Adult Services responded that a Joint Assurance Panel meeting had been held monthly and random audit of 6 cases

were considered. This process would always check that family members had been involved. This process had been successful so the Panel had been stood down for several months but could be re-instated.

A member asked if it would be possible to do spot checks on assessments.

The Assistant Director Early Help and Director of Adult Services said that the CCG had quality assurance processes but he would check with CCG officers. The Committee was informed that while processes were improving that this had yet to result in a significant increase in funding.

The Chair said that this was an issue that the Committee would continue to scrutinse and the outcome of the review should be reported to a future meeting.

Resolved that:-

a) The Committee note the report
b) An update report be presented to the next meeting.

HACSC-20 Telford & Wrekin Mental Health Commissioning Update

The Chair welcomed the Head of Commissioning for Mental Health, Learning Disabilities and Children from Telford & Wrekin Clinical Commissioning Group who explained that she had led on this work and would represent both the CCG and Local Authority for this item.

The Head of Commissioning set out the 3 stages of the review which has resulted in the three ambition statements set out in the report. Some of the key themes that have come from this process were the quality of service and also ease of access. The current mental health services can be difficult to access or people have to wait once they have been referred. It was also recognised that patients are experts and professionals must be empowered to make shared decision making.

The Committee was reminded of the King's Fund Model for the 'house of care' and a copy of the Mental Health Strategy, One Year Action Plan was circulated for information. Members were informed that this was a 'live document' and would be updated as the work progressed. The Mental Health Forum would oversee the action plan and hold organisations to account. The work would also be reported to the Health and Wellbeing Board. The Committee was informed of some of the key areas of work:

A Mental Health Summit was being arranged be led by the 3rd Sector.

One of the specific issues that had been identified was employment and mental health and how to help employers to promote good mental health at work .e.g. managing stress and also to employ people with mental health issues.

Work has started to improve the discharge process from the Redwood Centre; a social worker was on site to support this process.

Access to the IAPT (Improving Access to Psychological Therapies) service had improved and this was over the national target.

The service specification for the Community Health Trust had been re-written including a single point of access 24/7 and a single telephone number.

Work had started to scope the 24/7 hub but funding was required for this.

There were three streams of work for the bed base:

- Acute / crisis house this was being discussed with the acute provider and the 3rd sector organisations.
- Rehabilitation –new models were being considered.
- Dementia – this work was focusing particularly on admissions from care homes.

The strategy was also looking at the use of the Psychiatric Intensive Care Unit (PICU) beds.

Members were invited to attend the Mental Health Summit on the 15th April.

A member said that an organisation that may be able to help make links with human resource managers was the Engineers Employers Federation.

A Member asked about the local provision of Crisis Support since the closure of Castle Lodge and the importance of local provision as transport to get to services is a problem.

The Head of Commissioning said that the strategy was looking at acute provision and the vision is that there would be a hub that would be available 24/7 that was run by the voluntary sector and that 'crash pad' provision would also be available.

There was a discussion about the provision of mental health services for people who are in a crisis. Currently patients may go to the Redwood Centre, or if the police are involved they may be arrested. The Head of Commissioning said that the option of having a local Section 136 suit would be considered but the risks would have to be assessed.

The members supported the development of a community mental health hub and step down services, particularly as there is currently no local residential mental health facility in the Borough. The Committee also supported the role of the voluntary and community sector in providing mental health services that are properly resources and commissioned.

The Cabinet Member for Adult Services declared an interest as a Partner Governor on the South Staffordshire and Shropshire healthcare Trust Board. He added that it is essential that the different organisations join up the way they work – they currently seem to work in isolation. He also said that it is important to work with the wider criminal justice system. He commented that it is important to look at the sustainability of community provision and highlighted the example of the Big Local Brookside

project.

In response to a question about the single point of access and the staffing arrangements for this service the Head of Commissioning responded that it would be staffed by administrative staff and mental health clinicians would be there for back up.

A member of the Committee commented that given the scope of the work it is likely that this would involve significant change. It was important that the strategy ensured value for money, that there is continuity ad funding moves from NHS England to the CCG. The importance of the link between mental health and housing and homelessness was also highlighted. An initial meeting had been held in September but further meetings had not taken place. It was essential that the strategy engages with housing providers and the voluntary sectors organisations that support these clients.

The Head of Commissioning responded that the Action Plan was a live document and would change. The strategy has been to the CCG and Health and Wellbeing Board. The approach to commissioning had changed so it focussed on outcomes. However, it was noted that the data for mental health is poor and that this is a national issue.

The Assistant Director Early Help and Director of Adult Services said that he was not aware of the meetings but he confirmed that a Housing and Homelessness Partnership had been established and that the Adult Allocation Panel can be convened within 24 hours.

The Head of Commissioning confirmed that funding that had come down would be carried forward and that the overall spend had increased. It was also confirmed that the overall spend for the voluntary sector would increase.

The Chair concluded the discussion saying that the Action Plan would be implemented and that the Committee did not want to hold up this process but where there is a substantial variation in service it should be clear how the Committee can comment on this process and monitor this.

Resolved that:–

a) The Committee note the report
b) The Committee be consulted on any future substantial variation in services resulting from this strategy.

The meeting adjourned at 2.32pm

The meeting reconvened at 2.50pm

HACSC- 21 Non-emergency Patient Transport – Assessment for Eligibility

The Chair welcomed the officers to the meeting.

Deputy Executive - Commissioning and Planning, Primary Care introduced the report

and explained that it has already been to the HOSC in Shropshire and that the eligibility criteria set out were within the NHS guidelines.

The Senior Commissioning Manager Telford and Wrekin CCG explained that the national guidance sets out that patients are entitled to transport on the basis of medical need based on certain criteria. This did not include social need.

The members of the Committee made a number of comment and questions:

Patients may not attend appointments if they are not eligible for the transport service and cannot afford the transport costs.
Patients should be made aware of the voluntary car service if they are not eligible for the NHS non-emergency transport service.
That there should be a clear appeals process
If patients have an on-going medical need for appointments e.g. dialysis would they have to be assessed for each appointment?
How can patients find the details the eligibility criteria?

In response to these points it was clarified that:

The contract monitoring would include the percentage of patients who missed appointments and also of those who were assessed as not eligible for the service.
The non-emergency patient transport service does not include funding for the transport service provided by volunteers.
Volunteers who provide the transport service will continue to receive a mileage allowance.
There are currently patients who are eligible for the non-emergency patient transport service who do not use it. The service will be promoted to encourage eligible patients to use it.
Where patients are receiving dialysis treatment the service would not change as this would be picked up early in the assessment process as a medical need.
It was confirmed that the eligibility criteria would be included on the CCG website and it was suggested that it should also be included in the Adult Services My life portal.

The Chair summarised the discussion that the Committee had concerns that some individuals would be affected but that as the members had been informed that the service was within NHS guidelines that this would go ahead as planned.

Resolved that:-

a) **The Committee note the report**
b) **The Committee be provided with further information once the service has been in operation.**

HACSC-22 Walk-in Centre and Town Centre GP Practices

The Chair provided some background to this report. He explained that a decision had been taken earlier in the year to close the Town Centre Walk in Centre and that the

staff would move to the Walk in Centre at the PRH site. This transfer was intended to mitigate the pressure on the A&E department. He recognised that this may have been seen as a substantial variation of service and ward members had expressed concerns including the impact of the change of location on people with no fixed abode or with mental health issues, the impact on the business community and the impact if the Malinslee GP practice is to close.

Deputy Executive - Commissioning and Planning, Primary Care explained that the contact for the Town Centre walk-in-centre would come to an end and that the Malinslee GP practice was small and would not increase in size. The CCG had undertaken a mapping exercise and there would not be huge impact on other GP practices. The other GP practices have been contacted and all have open lists so patients will have choice.

The Deputy Executive Quality and Engagement added that with regard to patients who have no fixed abode the Walk in Centre at the PRH site will be available. The CCG will consider how to commission future walk-in services and will consult on this. The consultation will also consider the needs of different groups e.g. traveller families and working people. It was confirmed that the changes proposed in the report would result in an increase in hours at the Wrekin Walk-in-centre at the PRH site.

In response to a question about how effective the previous change had been in reducing demand for A&E members were informed that this was part of a separate piece of work on the Urgent Care System.

The Committee made a number of comments on the proposals:

It was a shame that the decision had been taken to close the Town Centre Walk-in Centre before the wider consultation on the future of walk in centres services had taken place.

There was a lack of data on out of area patients who would be affected by the change in service.

When would the CCG consider providing access to primary care services in the town centre area which would be particularly important for people who work in the town centre and for people who are homeless.

What data is available on the on the age and other demographics of the people who use these services?

The Deputy Executive - Commissioning and Planning, Primary Care responded that it is important to understand the demographics of the population and patients but also important to understand their behaviours. It was clarified that the average list size for GP practices in Telford and Wrekin is 9,400 (at January 2016).

In response to a question about how the CCG was working with GP practices that would see an increase in patient numbers, the Deputy Executive - Commissioning and Planning, Primary Care responded that they would meet with each of the teams

affected. Registered patients will receive a letter that will provide information on the options for GP services.

Members also asked about consultation with local employers and the role of the voluntary sector, particularly Maninplace and the CAB were highlighted as a way to find out about the needs of people who are homeless. It was highlighted that a range of ways should be used to communicate this change of service, including the local press.

The Deputy Executive - Commissioning and Planning, Primary replied that the CCG did have some links with larger employers.

The Chair summed up the discussion that the Committee would have like to see the Town Centre services continue but given the contractual issues it was understood that that this was difficult and that the Malling GP practice could not continue as a stand-alone service. He asked that the Committee is kept informed on the consultation on the future of the walk-in services in the Borough.

Resolved that:-

a) **The Committee note the report**
b) **The Committee be informed on the consultation on walk-in services in the Borough.**

HACSC-23 Chair's Update

The Chair informed the Committee that the Shropshire and Telford & Wrekin Joint Health Overview and Scrutiny Committee (Joint HOSC) continued to scrutinse the Future Fit Programme. On the current timetable it was expected that the preferred option for the Emergency Department would be announced in July and that the formal consultation would start in December. The Strategic Outline Case (SOC) had been approved by the hospital Trust Board and would go to the CCG Boards over the next few weeks. The SOC was based on the clinical model but the Joint HOSC but that the services would be more equally balanced between the two sites. The Chair confirmed that the deficit reduction plan was separate from the SOC and that the Joint HOSC had not received any detailed information on the Deficit Reduction Plan.

Other issues that related to the Future Fit Programme included the increase in ambulance response times and the need to progress with the Community Fit Programme.

The Joint HOSC had also scrutinised the commissioning arrangements for the NHS Out of Hours and non-emergency 111 contracts. The Chair had been informed that the re-commissioning of the out of hours service would be postponed until the new 111 service provider had been operational for 6 months.

The Joint HOSC would also consider the commissioning of the Emotional Health and Wellbeing Service for 0-25 year olds.

The Meeting ended at 3.47pm

Chairman: .....

Date: .....

Adult Social Care Outcomes Framework (ASCOF) Comparison Dashboard 2015/16 (Preliminary)

Domain		England 2012/13	England 2013/14	England 2014/15	West Midlands 2012/13	West Midlands 2013/14	West Midlands 2014/15	Telford & Wrekin 2012/13	Telford & Wrekin 2013/14	Telford & Wrekin 2014/15	Telford & Wrekin 2015/16	Direction of Travel 2012/13-2013/14	Direction of Travel 2013/14-2014/15	Direction of Travel 2014/15-2015/16	Quartile 2012-13	Quartile 2013-14	Quartile 2014-15	Top/Bottom 20% 2012-13	Top/Bottom 20% 2013-14	Top/Bottom 20% 2014-15
1. Enhancing Quality of Life	1A - Social care-related quality of life	18.8	19.0	19.1	18.9	18.9	19.0	18.4	18.9	18.7	19.5	↗	↘	↗	Lowest	Lower Mid	Lower Mid	Lowest 20%		
	1B - Proportion of people who use services who have control over their daily life	76.1	76.8	77.3	75.2	74.6	76.3	74.7	79.8	73.4	80.0	↗	↘	↗	Lower Mid	Highest	Lowest		Highest 20%	
	1C(1) - Proportion of people using social care who receive self-directed support Replaced in 2014/15	56.2	61.9		49.4	51.1		58.8	60.6			↗			Upper Mid	Lower Mid				
	1C(1a) - Proportion of people using social care who receive self-directed support - Clients New 2014/15			83.7			83.9			98.9	92.8			↘			Highest			Highest 20%
	1C(1b) - Proportion of people using social care who receive self-directed support - Carers New 2014/15			77.4			64.0			100.0	95.8			↘			Highest			Highest 10%
	1C(2) - Proportion of people using social care who receive direct payments Replaced in 2014/15	16.8	19.1		16.7	16.8		8.1	11.7			↗			Lowest	Lowest		Lowest 10%	Lowest 20%	
	1C(2a) - Proportion of people using social care who receive direct payments - Clients New 2014/15			26.3			24.7			21.1	21.8			↗			Lower Mid			
	1C(2b) - Proportion of people using social care who receive direct payments - Carers New 2014/15			66.9			61.3			95.0	95.8			↗			Upper Mid			
	1D - Carer-reported quality of life	8.1	-	7.9	7.9	-	7.8	8.0		7.5			↘		Lower Mid		Lower Mid			Lowest 20%
	1E - Proportion of adults with learning disabilities in paid employment	7.0	6.7	6.0	5.6	4.9	4.3	4.0	4.1	2.0	2.3	↗	↘	↗	Lowest	Lowest	Lowest	Lowest 20%	Lowest 20%	Lowest 20%
	1F - Proportion of adults in contact with secondary mental health services in paid employment	8.8	7.0	6.8	11.5	10.4	9.5	10.4	9.8	7.3		↘	↘		Upper Mid	Highest	Upper Mid		Highest 20%	
	1G - Proportion of adults with learning disabilities who live in their own home or with their family	73.5	74.9	73.3	66.0	68.9	62.6	63.9	65.1	53.6	55.3	↗	↘	↗	Lowest	Lowest	Lowest	Lowest 20%	Lowest 20%	Lowest 10%
	1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support	58.5	60.8	59.7	60.3	72.2	71.2	76.0	84.9	65.1		↗	↘		Upper Mid	Highest	Lower Mid		Highest 20%	
	1I(1) - Proportion of people who use services who reported that they had as much social contact as they would like New 2013/14		44.5	44.8		44.9	44.2		45.4	43.2	51.0		↘	↗		Upper Mid	Lower Mid			
	1I(2) - Proportion of carers who reported that they had as much social contact as they would like New 2014/15		-	38.5		-	38.4			34.5							Lower Mid			
2. Delaying & Reducung Needs for Care	2A(1) - Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	15.0	14.4	14.2	18.2	14.5	12.4	11.6	16.5	8.7	1.0	↘	↗	↗	Lower Mid	Upper Mid	Lowest			
	2A(2) - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	697.2	650.6	668.8	685.6	662.7	656.6	652.4	632.8	701.3	474.3	↗	↘	↗	Lower Mid	Lower Mid	Upper Mid			
	2B(1) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	81.4	82.5	82.1	77.9	82.4	80.0	53.7	64.9	64.0	57.4	↗	↘	↘	Lowest	Lowest	Lowest	Lowest 10%	Lowest 10%	Lowest 10%
	2B(2) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	3.2	3.3	3.1	3.6	3.4	3.0	3.5	2.5	2.2		↘	↘		Upper Mid	Lower Mid	Lower Mid			
	2C(1) - Delayed transfers of care from hospital per 100,000 population	9.4	9.6	11.1	11.5	11.9	15.4	5.3	8.2	11.6	10.7	↘	↘	↗	Lowest	Lower Mid	Upper Mid			
	2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	3.2	3.1	3.7	5.5	5.2	7.0	2.6	1.8	4.1	4.0	↗	↘	↗	Upper Mid	Lower Mid	Upper Mid			
	2D - The outcome of Short Term Services: Sequal to service New 2014-15			74.6			67.3			40.7	36.8			↘			Lowest			Lowest 10%
3. Ensuring People have a Positive Experience	3A - Overall satisfaction of people who use services with their care and support	64.1	64.8	64.7	64.0	64.9	64.3	58.9	61.8	62.4	66.0	↗	↗	↗	Lowest	Lower Mid	Lower Mid	Lowest 20%		
	3B - Overall satisfaction of carers with social services	42.7	-	41.2	42.1	-	38.7	48.4		44.3			↘		Highest		Upper Mid	Highest 20%		
	3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for	72.9	-	72.3	71.6	-	71.3	72.8		69.8			↘		Lower Mid		Lower Mid			
	3D - Proportion of people who use services and carers who find it easy to find information about services Replaced 2013/14	71.4			70.2			69.1							Lower Mid					
	3D(1) - Proportion of people who use services who find it easy to find information about services New 2013/14		74.5	74.5		72.5	73.6		76.0	69.6	71.0		↘	↗		Upper Mid	Lowest			Lowest 10%
	3D(2) - Proportion of carers who find it easy to find information about services New 2014/15	68.7	-	65.5	67.6	-	63.4	67.9		65.8			↘				Lower Mid			
4. Safeguarding	4A - Proportion of people who use services who feel safe	65.1	66.0	68.5	64.0	66.7	69.5	61.2	63.8	68.1	73.0	↗	↗	↗	Lower Mid	Lower Mid	Upper Mid			
	4B - Proportion of people who use services who say that those services have made them feel safe and secure	78.1	79.1	84.5	78.3	79.9	86.1	74.4	75.4	80.3	81.0	↗	↗	↗	Lower Mid	Lower Mid	Lowest			

Adult Social Services - Measures of success to complement Cost Improvement Plan 16/17

Performance as at 30-6-2016

Measure	Performance at end 14/15	Performance at end 15/16	2016/17 Performance (as at 31st May 16)	2016/17 Current performance (as at 30th June 16)	Target 16/17
Number of current Long Term Service Users (Figures provided by ODD)	1824	1841	1813	**1797**	1700
Number of current Long Term Service Users reviewed from 1 April (ODD)	64% (1159)	61%	9.3% (168)	**15.1% (272)**	75%
Number of people in Residential Care (older people/ALD/PSD/Mental Health) (Figures provided by Finance)	OP - 240	OP - 209	OP - 207	**OP - 219**	190
	ALD - 101	ALD - 88	ALD - 86	**ALD - 83**	70
	PSD - 8	PSD - 8	PSD - 8	**PSD - 8**	6
	MH - 26	MH - 24	MH - 24	**MH - 23**	15
Number of people in Nursing Care (Figures provided by Finance)	OP - 214	OP - 167	OP - 159	**OP - 162**	140
	ALD - 8	ALD - 6	ALD - 6	**ALD - 6**	5
	PSD - 16	PSD - 13	PSD - 13	**PSD - 13**	10
	MH - 6	MH - 8	MH - 8	**MH - 8**	2
Percentage/Number of community based clients with a direct payment (Figures provided by Finance)	254/1086 = 23.39%	265/1140 = 23.2%	273/1138 = 24.0%	**275/1126 = 24.4%**	60%
	OP - 65/610	OP - 55/598	OP - 58/599	**OP - 57/582**	
	ALD - 77/189	ALD - 100/244	ALD - 102/245	**ALD - 106/248**	
	PSD - 101/225	PSD - 100/229	PSD - 103/232	**PSD - 102/230**	
	MH - 11/62	MH - 10/69	MH - 10/62	**MH - 10/66**	
Percentage/Number of support plans (packages of care) completed within indicative budget (RAS) (figures provided by Finance)	674/1127 = 60%	56%	42%	**56%**	55%
Shared Lives:					
Number of long term Shared Lives clients (not respite or day care) (figures provided by Finance)	47	47	47	**45**	TBC

Health & Adult Care Scrutiny Committee - 26 July 2016

Telford & Wrekin Support Planning Case Study Examples

Mrs X – Positive outcome

Support Planner recently supported Mrs X to return home to her Extra Care apartment.

Husband / Main Carer went to palliative care and passed away
Mrs X placed in emergency placement at Residential Home at £850 per week. Referred to Social Worker stating she did not have capacity and required a long term residential placement.
Residential Home felt she needed a permanent placement, Mrs X and Social Worker both wished for her to go home.
Mrs X was very unhappy at the Residential Home.
Support Planner completed a very comprehensive support plan with details about how her complex care needs had to be met.

Facilitated a move home within 2 weeks, sourced new bed, OT assessment.
Mrs X is now home, very happy, more independent than previously, has requested a reduction in day care as managing at home with on site support. Night pop ins cancelled as no longer needed.
Family now feel less stressed and able to enjoy time with their mum.
Mrs X has requested Physio to try to maximise her independence. Her goal is to meet her toileting needs independently.
Ongoing care cost £555.55 per week.
But most importantly she is home and happy!

Miss Y – Positive Outcome

Miss Y is an ALD customer and following support planning has moved to a Direct Payment from previously council managed budget service.

Previous care: 3 days at day centre
Following support planning: Miss Y is receiving the same care now but both she and her mother have become very proactive in finding new resources in the community.
Removed transport because she was getting DLA (saving £54 per week)

Mum now supporting her to get public transport.

Support Planner has added 'Volunteer Telford' on the support plan and they are starting to use this to look at options for Miss Y.

Plan for future is that at next review day centre is removed

Mr A – Positive Outcome

Support Planner is supporting Mr A to move from a nursing home to a new apartment at an Extra care facility to be with his wife.

Mr A was placed in emergency respite at the nursing home in November 2015 at £750.00 a week.
Staff felt that Mr A needed to remain in permanent care.
Mr A wanted to be reunited with his wife.

Support plan was completed with Mr A prior to his placement at the nursing home when his mobility deteriorated and equipment could not be accommodated in the mobile home where he

and his wife lived.
The mobile home was becoming inhabitable and somewhere Mr A could not remain if equipment was needed.
The mobile home is in the next field to the Extra care facility and both Mr A and his wife wanted to move together into the Extra care.

Mrs A has now moved into the Extra Care facility and Mr A will move in July. Cost of care package £394.80 a week which may reduce further once in Extra care.

Most importantly to both is that they are reunited.

Mr D – Challenges Faced

Shared Lives placement with five days day service. Personal Budget Assessment RAS = £15774.43 per year. Support Planner worked with client and shared lives carer to use personal budget to meet wellbeing and outcomes. Proposed continuation of shared lives placement and independence training (accessing community) alongside council funded OWNFONE (simple phone for people who struggle with smart phones). This would result in Mr D being able to access activities in the community and improve independence and wellbeing (application of positive risk taking by the Support Planner).

Shared Lives carers declined proposed care package and identified that Mr D could not use the OWNFONE (no trial undertaken) and that Mr D wanted to remain at day services. RAS budget could pay for one day service provision and Mr D would self fund two days day service provision. Shared lives carers to undertake independence training. Complaint has since been received from shared lives carers advocating on behalf of Mr D.

C

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 26 JULY 2016

TELFORD & WREKIN MENTAL HEALTH COMMISSIONING UPDATE

REPORT OF THE ASSISTANT DIRECTOR, TELFORD & WREKIN COUNCIL, AND THE DEPUTY EXECUTIVE, TELFORD & WREKIN CCG

1.0 PURPOSE

This paper intends to provide an update on the progress of the Telford and Wrekin mental health action plan.

2.0 RECOMMENDATION

To note the update

3.0 BACKGROUND INFORMATION

The local authority and CCG developed a mental health strategy and action plan which was presented to HOSC in March 2016. This paper provides an update on progress.

The action plan has now been developed into 5 work streams to ensure the vision is delivered

i. Reducing stigma of mental health
ii. Promoting good mental health
iii. Improving access to secondary mental health services
iv. Development of an Effective Crisis pathway
v. Improving the life chances for those with mental illness issues

The following describes some of the key pieces of work that are currently being addressed.

- An event to raise awareness of mental health in the workplace was undertaken on 15 April. The event aimed to provide information and practical tools for employers to use to support their staff. In addition it provided solutions to increase the employment opportunities for people with mental health issues. The event was coordinated and led by the third sector and service users. The role of statutory organisations was to support them. The evaluation was very positive (97% said it was a positive experience) with over 200 people attending and some comments:- *'Useful and thought-provoking' 'You have given me a little hope that things will change for the better eventually'* ; '*A very powerful &*

inspiring event. A lot of positivity and hope to offer better, more joined-up help in the future'; 'Thank you!'

- We now have a programme established to recruit health champions including mental health champions.
- The council have signed up for the Mental health challenge which is a LA challenge to promote good mental health and consider the impact on mental health and wellbeing on any services the council provide or commission.
- The council and CCG have signed up to the initial phase of 'Time to change'. This initiative demonstrates the promotion of good mental health in the workplace. Commissioners are developing an action plan to be presented to both organisations prior to approval by Time to change.
- The Wellbeing service (IAPT) has undertaken an action plan to improve outcomes. It is now providing access for 16% of the population who are depressed or anxious; a 58% recovery rate; 90% seen and commence treatment within 6 weeks and 97% seen and commence treatment within 18 weeks.
- The 24/7 HUB will be delivered in stages. The first stage has been the development of a fast track access Listening service which is provided by MIND at Sutton Hill four days a week. This service provides access to drop in and also up to 3 sessions of listening and supportive problem solving for those in mental distress. Further work is undergoing to scope the potential to increase the hours of opening and to provide access more centrally. The service will be evaluated at each stage of development.
- Work has commenced to scope the crisis pathway and develop alternatives to prevent further escalation. This work includes the development of 'safe places' working with the third sector and consideration of the requirement of additional Sec 136 capacity. Mental health commissioners are working with Drug and alcohol commissioners to scope alternatives for people who misuse substances and then have a crisis. In addition a project will also be commenced in the next quarter to reduce the number of people placed in 'out of area' mental health beds.
- There is now a dedicated social worker based at Redwoods supporting the discharge process. This has had a notable impact on reducing delayed discharges from the unit. (From 1.4% in December 15 to zero in June 16)It has also improved relationships between nursing staff and local authority.
- Commissioners and providers are working to develop a new rehabilitation pathway. The aim is for service users to be as independent as possible, maximising potential and autonomy. It is for people who have lost or never learned skills to manage in society. One of the outputs is to reduce the number of people being supported in residential care settings. As part of the process Ellen Court (residential care home providing rehab) is being de-commissioned on this basis. It will close in February 2017. As part of longer term planning, commissioners have been working with a Housing Association and local Community Interest Company to develop supported living for

people with mental issues. In addition a role of peer support will be developed to enhance opportunities for recovery.

- A single telephone number is now available to access all mental health teams in Telford and Wrekin. This will be extended in early 2017 to include the wellbeing service and dementia services.
- LA and NHS commissioners continue to work together to deliver the strategy. There are strong working relationships between the commissioners and service users, third sector and providers.

4.0 EQUAL OPPORTUNITIES IMPLICATIONS

4.1 The action plan is Borough wide, and will impact on those who experience poor mental health, or those at risk of it. It will contribute to the Health and Wellbeing Board priority around Emotional Health and Wellbeing, as well as the majority of the Co-operative Council Objectives.

5.0 FINANCIAL IMPLICATIONS

5.1 The actions detailed in this report have been achieved from within existing financial resources.

5.2 The actions having resource implications include the deployment of Social Work resource at Redwoods, this is re-focussing an existing Social Work post and is therefore within existing resources. The Listening Service deployed at the Hub is part of remodelled service funded by the CCG.

5.3 Ellen Court contract and premises currently costs £223k per annum, this is paid for jointly with £153k contributed by the Council and £70k contributed to the contract by the CCG. The cessation of this service and implementation of Supported Living for these clients will mean financial resources are moving from one form of care delivery to another. The housing of the individual clients in their own tenanted accommodation to deliver independent living should deliver savings in the medium term but this has yet to be evaluated.

5.4 Further initiatives under the strategy will ensue but these are expected to be delivered from within existing resources.

6.0 LEGAL IMPLICATIONS

The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983).

On 15 January 2015, the Department of Health (DH) published a revised version of its statutory code of practice on the MHA 1983, under Section 118 of the MHA 1983. The revised code must be followed by local authorities, managers and health professionals. An easy read version was added on 26 March 2015 and the revised code came into force on 1 April 2015.

The Council and NHS bodies also need to meet the current requirements of the Public Health, NHS and Adult Social Care Outcomes Frameworks in respect of the mental health and wellbeing of adults and children.

The Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010, which states:-

(1) A public authority must, in the exercise of its functions, have due regard to the need to: -

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Consideration needs to be given to an Equality Impact Assessment in respect of the potential impact on people with mental health issues, which may result from the review of the mental health commissioning strategy, in order to assist the Council in meeting its Public Sector Equality Duty.

7.0 ENVIRONMENTAL IMPLICATIONS

7.1 None

8.0 WARD IMPLICATIONS

8.1 The plan will have a Borough wide impact.

Report prepared by

Frances Sutherland - Head of Commissioning -Mental Health, Learning Disabilities and Children, Telford & Wrekin Clinical Commissioning Group

Steph Wain – Group Specialist Commissioner, Telford & Wrekin Council

D

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 26 JULY 2016

2016/17 WORK PROGRAMME

REPORT OF DEMOCRATIC & SCRUTINY SERVICES TEAM LEADER

1.0 PURPOSE

1.1 To enable the Health and Adult Care Scrutiny Committee to consider suggestions for and agree the Committee's work programme for 2016 – 17.

2.0 RECOMMENDATIONS

2.1 That the Committee agree the work programme for 2016–17; and
2.2 That the Committee agree a programme of meeting dates for the remainder of the 2016-17 municipal year.

3.0 PREVIOUS MINUTES

None.

4.0 BACKGROUND INFORMATION

4.1 The suggestions attached in Appendix 1 were considered by the Scrutiny Management Board on 20 July 2016 and referred to the Health & Adult Care Scrutiny Committee to decide which issues should be included in the Committee's Work Programme.

4.2 Scrutiny Management Board allocated a baseline of six formal meetings during the municipal year for scrutiny of items on the Health & Adult Care work programme. This allocation does not include informal or sub-group meetings which may be held to gather evidence as part of a review, briefing meetings or regional/external scrutiny meetings.

4.3 The work between this Committee and the Joint Health Overview & Scrutiny Committee will need to be co-ordinated. Additional meetings have been allocated to the Joint Health Overview and Scrutiny Committee to consider the Future Fit programme. However, Joint Health Overview and Scrutiny Committee is a sub-Committee of this Committee and meetings held specifically to consider items outside the Future Fit process may need to be considered as part of the allocation for this Committee.

4.4 Members are asked to be rigorous and focussed in selecting topics for the work programme and carefully consider an appropriate method of

scrutiny for each topic. It must be recognised that the Democratic & Scrutiny Services Team, Council and its partner organisations do not have the capacity to support scrutiny of all the issues Members may wish to scrutinise and some issues could be dealt with informally or through group email.

4.5 The work programme will be flexible to allow for important issues which emerge during the year to be scrutinised. However, if a new topic is added to the work programme, consideration must given to removing an existing item to avoid the workload becoming unmanageable and losing focus.

4.6 Scrutiny Management Board have also agreed that any items on the scrutiny work programme that are not scrutinised by the end of the work programme period are automatically removed so that attention remains focused on up-to-date issues and concerns. However, if an issue remains of concern it may be re-submitted for consideration in the next work programme.

4.7 Members should also take into account the work programme for the Health and Wellbeing Board.

5.0 EQUAL OPPORTUNITIES

5.1 There are no specific equal opportunity impacts arising from this report. Equal Opportunity issues will be considered as part of any scrutiny work.

6.0 ENVIRONMENTAL IMPACT

6.1 There are no specific environmental impacts arising from this report. Environmental impacts will be considered as appropriate to the topics in the work programme.

7.0. LEGAL COMMENT

From the Scrutiny Management Report submitted to the meeting on 20 July 2016:

7.1 The Council is under a legal requirement to provide an overview and scrutiny function in accordance with provisions at section 9 of the Local Government Act 2000 (as amended) and associated legislation. Government guidance states that Overview and Scrutiny Committees should have flexibility to determine most of their workplan and that the Council adopts mechanisms for coordinating that work.

7.2 The proposals for discussion by the Board in this report contribute towards complying with both the statutory requirements and government guidance.

8.0 LINKS WITH CORPORATE PRIORITIES

8.1 Scrutiny members are asked to agree the work programme in the context of the Council's priorities.

9.0 OPPORTUNITIES AND RISKS

9.1 There is an opportunity to focus the work programme on fewer topics and in more depth in areas of policy development where scrutiny can have a greater impact. There is a risk that too many topics are kept in the work programme so that it loses focus and impact.

10. FINANCIAL IMPLICATIONS

From the Scrutiny Management Report submitted to the meeting on 20 July 2016:

10.1 Scrutiny has a role in ensuring that local government is effective and accountable. This includes undertaking reviews and challenging and monitoring performance. There is provision for the cost of supporting the Scrutiny function in the 2016/17 budget and any variance that arises will be reported, as appropriate, as part of financial monitoring. The financial implications of any recommendations made by Scrutiny should be considered as part of reports as relevant.

10.2 Scrutiny also plays an important part in the budget consultation process which is reflected in the work programme and is a key piece of work which feeds into the Council's overall budget strategy.

11. WARD IMPLICATIONS

11.1 There are no specific ward implications arising from this report.

12. BACKGROUND PAPERS

12.1 None

Report prepared by Deborah Moseley, Democratic & Scrutiny Services Team Leader 01952 383215.

Appendix 1
Suggestions for the Health & Adult Care Scrutiny Committee Work Programme 2016/17

DIRECTOR / ASSISTANT DIRECTOR	ISSUE	COMMENT
Richard Smith	Adult Safeguarding Board Report	Standing item - There is a statutory requirement that the ASB publish an annual report. HWB receive the report for noting.
Richard Smith	Adult Care Peer Review	Ongoing - Formal Feedback awaited
Richard Smith / CCG	Joint Mental Health commissioning strategy	Ongoing – To review the implementation of the strategy. Following the meeting on 26 July, the Committee should decide whether it is satisfied with the approach or if further work is required.
External / WMAS	West Midlands Ambulance Service	Suggestion on previous Work Programme. Performance issues
External / NHS	Quality Accounts	Standing item - Traditionally, the Committee receives request for comment on the following QAs: • Shrewsbury & Telford Hospital NHS Trust • Shropshire Community Health NHS Trust • West Midlands Ambulance Service NHS Foundation Trust • South Staffordshire and Shropshire Healthcare NHS Foundation Trust Received around March/May, sometimes at very short notice. Comments must be evidence based and therefore focussed on issues raised during the work programme
External / CCG	Town Centre GP services & NHS Walk in Centres	Ongoing – The outcome of the consultation options and feedback received was presented to the CCG Governance Board in July.

Jonathan Eatough / Richard Smith / External	NHS Independent Complaints and Advocacy Service	Suggestion on previous Work Programme. Issue raised is how the service is commissioned by the LA and the level of funding. – Joint with Finance & Enterprise Scrutiny Committee
Richard Smith	Adult Care Budget and Savings	On-going work to monitor the delivery of savings and development of a monitoring framework. – Joint with Finance & Enterprise Scrutiny Committee
Liz Noakes / Richard Smith	Growing isolation of older people	New Suggestion received from T&W Senior Citizens Forum Reducing social isolation (not just for older people) is a broad area and an important one. One of the Health & Wellbeing Board's priorities is about improving community resilience and community based support and this will include actions to address social isolation. Careful scoping would be needed in order to avoid duplication with the work of the HWB.