



Telford & Wrekin  
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

## HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date	<b>Tuesday 18 July</b>	Time	<b>2.00pm</b>
Venue	<b>Meeting Room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT</b>		

### Enquiries Regarding this Agenda:

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**Committee Membership:** Councillors M Boylan, **A J Burford (Chair)**, S P Burrell, N A Dugmore, R Mehta, L A Murray, T J Nelson, H Rhodes, and R J Sloan  
Co-optees: Mrs J Gulliver, Mrs C Henniker, Ms H Knight and Mr D Saunders

## AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes** Appendix **A**  
To confirm the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 April 2017.
4. **Adult Care Performance, Budget & Savings including CHC** Appendix **B**  
To receive the report of the Assistant Director: Governance, Procurement & Commissioning; and the Assistant Director: Early Help and Support **To Follow**
5. **Work Programme 2017/18 and Terms of Reference Report** Appendix **C**  
To agree the Work Programme 2017-18; and the Terms of Reference for the Children & Young People Scrutiny Committee in accordance with the delegation from Council on 25 May 2017

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**HEALTH AND ADULT CARE SCRUTINY COMMITTEE**  
**Minutes of the meeting of the Health & Adult Care Scrutiny Committee**  
**held on 11 April 2017 at 2.00pm in Meeting Room G3 –G4 Addenbrooke House,**  
**Ironmasters Way, Telford, TF3 4NT**

**Present:** Cllrs A Burford (Chair), V Fletcher, L A Murray, T Nelson, J Pinter, R Sloan; Co-optees C Henniker, H Knight, and D Saunders.

**In Attendance:** S Dillon – Assistant Director: Early Help & Support, J Eatough - Assistant Director Governance, Procurement & Commissioning TWC; A Hammond – Telford & Wrekin CCG, Councillor M Hosken, C Jones – Director of Adult and Children’s Services TWC, L Mills – Commissioning TWC, J Tangye, Senior Democratic and Scrutiny Services Officer TWC, N Wilde – Deputy Director: Commissioning and Planning Primary (Integrated Care) Telford & Wrekin CCG.

**HACSC-32 Apologies for Absence**

Cllrs M Boylan, R Mehta; and Mrs J Gulliver (Co-optee)

**HACSC-33 Declarations of Interest**

None

**HACSC-34 Minutes**

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

**HACSC-35 Update on the Closure of Malling Health Centre**

The Chair introduced the item and reported that a letter had been received from Wellington Town Council with concerns about the closure of the Malling Health Wrekin (MHW) GP Walk-In Centre service and displacement of 8,000 registered patients. Cllr Miles Hosken had been invited to the meeting to provide a summary of the issues raised by residents of Wellington. The Deputy Director, Commissioning and Planning provided an update on the current position from the CCG’s perspective. The Committee recalled that the issue had been considered a number of times since March 2016, the CCG had assured Members that there was enough capacity within local practices to accommodate the number of patients registered at MHW. It was reinforced that the service provided by MHW was found by the CCG not to be fit for purpose from a health and safety, and clinical perspective; that waiting times had been a problem; and it had a high number of referrals to the Princess Royal Hospital Accident & Emergency services. It was also noted that the outcome of the CQC inspection was that MHW ‘required improvement’, although this had been publicised after the CCG had made the decision to close the services. It had therefore been appropriate for the CCG to rethink the service specification to meet the needs of patients and patients were being allocated local GP Practices on an individual basis by letter. The CCG had identified

and responded to a potential gap in the service provision by agreement with all Telford & Wrekin GP practices that they would extend hours to seven days per week from 8am – 8pm and bank holidays. The CCG would update the Councillors at a briefing in May. Furthermore for temporary residents/ with no fixed abode, agreement had been reached that GP Practices would provide services for people who required immediate and necessary GP attention.

The Deputy Director reported that 2,300 patients of MHW had voluntarily secured new GP practices; 7,000 patients still had to transfer to other practices and by the end of June 2017 patients would be allocated a practice individually. The CCG had received 221 contacts from people enquiring about capacity, general advice on registration and continuity of care; 190 had been received by February 2017 but since that time the numbers of complaints had diminished. The CCG acknowledged that there were some specific concerns around Wellington Practice but some constructive discussions had taken place with Teldoc, a newly merged practice that would cover the whole area with capacity for 40,000 patients.

Cllr Hosken highlighted that despite the CCG's evaluation/ data, MHW had a good reputation with patients. He reiterated the concerns about capacity in the local area, it was felt that 8-12,000 people would overload practices in the area; one GP Practice had already taken on more doctors. He outlined that it wasn't the issue of capacity alone that was of concern, people wanted to register with a practice where they considered they would receive the best care and furthermore, the practice at Wellington had a poor reputation in the area historically, particularly in terms of prolonged waiting times for appointments. The Committee noted that people who had chosen to leave the practice at Wellington now felt that they were being forced back there. The CCG assured that developments were underway with patient participation groups to improve patient access, including a new telephone and online booking system and improvements were being monitored.

The Committee raised the following points:

- Different models of primary care should be considered by the CCG, such as facilities which hosted a number of medical services in one accessible facility including GPs, pharmacists, dentists, physiotherapists. The Luton and Dunstable Hospital with a dedicated on site GP surgery was noted.
- Population growth and GP retirements should be planned for. Recruitment of medical professionals needed to be addressed for Telford & Wrekin considering it was a national problem.
- High users of services at MHW that were high users of hospital services had to be provided for; in particular patients with no fixed abode.
- Patients being displaced from MHW should have a choice of practices when the CCG provided the allocations
- Sustainability and Transformation Plan developments
- CCG needed to communicate better with patients, particularly with the level of patient dissatisfaction and negative perception around Wellington GP Practice.

The Deputy Director reported that the CCG was gathering evidence to identify and understand the population needs on a wider scale; the STP footprint and services being designed to cover it would involve many medical professionals including GPs, urgent care centre practitioners, and pharmacists; there was a drive towards clinical leadership as opposed to more traditional GP centred services. Within five years the intention was to have a multi-disciplinary team approach and recruitment would target the best professionals to deliver these services.

A CCG Engagement Lead was liaising with The Salvation Army KIP project and would be informed of any issues that arose for patients with no fixed abode.

In terms of communication, the CCG was aware that communication could be improved; closure of MHW had been leaked 2-3 weeks prior to the official communication to staff. The Patient Participation Group had been set up to support patients and promote more positive messaging. The Deputy Director noted the Committee's suggestion that the CCG needed to be more proactive to get the right message across to patients including information about development and expansion such as at Shawbirch and the improvements to Wellington Practice to allay patients' fears. It was noted that promotion was not permitted between practices but information was available via NHS Choices and CQC, Wellington Practice would be holding an open day and Teldoc would be getting messages out. The Committee suggested that an event tailored to MHW patients would have a positive impact and would make patients feel welcome. Members were asked to share details of the CCGs PALS email service if they received any specific queries and concerns for the CCG to respond to individually.

N. Wilde left the meeting at 2.55pm

### **HACSC- 36 Update on Adult Care Performance, Budget & Savings**

The Assistant Director: Governance, Procurement & Commissioning presented a report on the progress and activity for the Early Help & Support Cost Improvement Plan for 2016-17 and 2017 –18. The report provided the context and outlined the strategy for Early Help and Support savings to be delivered by the Early Help and Support Services and Governance, Commissioning & Procurement Teams.

Key principles, as well as the corporate priorities and the Council's co-operative values were highlighted to show how delivery of the Cost Improvement Plan was influenced. The Committee considered the data which included the current forecast for the Early Help & Support budget for 2017/18, detail of how the savings for 2016/17 were being delivered and the work streams, which were progressing to deliver those savings. The 2017/18 savings were also detailed in the Cost Improvement Plan set out in the report but further work was required to determine the care activity budgets which would be reduced to deliver the purchasing savings required.

The Committee noted that as part of the 2016/17 and 2017/18 budget strategy a contingency budget had been included in the Council's budget strategy for the service area to drawdown. The contingency was part of the strategy to change the way care would be delivered and to cover the transition to a lower budget settlement for Early Help & Support.

The Quarterly Report highlighted the financial position and priorities within the Cost Improvement Plan and would continue to be updated for each Member Briefing and Scrutiny meeting to show services identified in the Cost Improvement Plan to measure and record savings required and achieved within each finance monitoring period.

Members questioned the original financial statement and whether it was over-optimistic and whether the projections for 2017-18 were similarly over-optimistic. It was noted that the strategy could be aspirational but the targets were unrealistic and unachievable which would have the reverse effect diminishing confidence and motivation amongst staff. The newly appointed Assistant Director of Early Help & Support assured the Committee that the figures were becoming more tangible; for example 14 people were coming out of residential care into supported living and work was being undertaken to reduce provision of unnecessary services and developing a more effective policy for individual reviews. It was also noted that the figures had to be a target as these were across the board, mandatory cuts that the Council had to make and this showed what had to be done to achieve the targets. Members reinforced their concern that as Scrutiny, a better insight was required to do an effective job of scrutinising the budget and performance; intelligent discussion was needed about the detail. Pressure on savings meant that the Council had to look at all options to meet targets even though there was a concern that preventative services would in the longer term provide savings. It was acknowledged that support was needed for voluntary organisations to fund preventative services. One of the ways the sector was being supported was by challenge to the delivery of the services and the way the sector was organised, such as TACT and MIND. It was however noted, that there was a possibility that services were just not being provided through the voluntary sector and they were not rising to the challenge.

Members asked about the current position in terms of Continuing Healthcare; it was noted that the CCG was meeting regularly with the Council, pathways were being reviewed. There was progress on packages but there were sensitivities around spend on an individual basis. Where the level of support was being reduced, reviews continued on a regular basis.

Members questioned the current position in relation to the independent care home market and noted that demand for fee increases had been in the media and SPIC were not happy. However, it was noted that although the care sector was crucial to the Council, robust conversations were needed with SPIC about fees and spend of public money. The Chair noted that this was an area that the Committee intended to consider in further detail.

Cllr Arnold England, Jonathan Eatough and Sarah Dillon left the meeting at 3.20pm

## **HACSC- 37 STP Neighbourhood Working Update**

Anna Hammond and Louise Mills provide an overview and update on the Neighbourhood working initiative under the STP and acknowledged that a more comprehensive session on Neighbourhood working would come back to Scrutiny in the near future. There was a significant shift from activity in hospitals to the community and primary care needed; prevention services were key and the Neighbourhood teams would be essential to this. There was a commonality between Neighbourhood teams, in each of the four teams groups were coming together to explore different ways of working and what contributions could be made; team were being redesigned, links were forming with social workers, GPs. In Newport, links with Dementia Society were being explored with the aim of supporting individuals and sharing knowledge and skills with community groups to create the resilience.

Social prescribing had been developed; there was a pilot in Newport which included new signposting and a narrative that makes sense for the residents. Professionals were starting to form relationships and shared understanding of what could be achieved under the STP. Taking a holistic view of people to address their health was an approach being developed within Neighbourhoods, so that access to services was on an asset basis. Funding had been secured for developing psychological support services which would link with other health needs/ concerns such as diabetes and respiratory problems.

In terms of communications, the aim was to enable future support services to be illustrated through real life case studies.

The Committee questioned how the success of the initiatives would be measured; it was noted that the project plan incorporated robust project measures and evaluation; there was the CCG performance framework and the Council's social care performance indicators. The Committee noted that ophthalmology was a recent example of where a service was overhauled and it would be interesting to understand how this would now fit within the STP, community plans. It was noted that some services would still need to be provided by SaTH.

The Committee questioned the buy-in from GPs as it had been variable up until now. It was noted that Central Telford Neighbourhood was a front runner and that considerable work was being done with GPs, in South Telford a workshop had been organised for 100 staff, Teldoc was in the process of merging but had a clear vision for the future; therefore practices were developing relationships with new partners and new people were being brought in, teams were being integrated and voluntary organisations were part of the infrastructure. In Wellington, initiatives on building resilience in communities were being piloted.

A concern was raised about confidentiality, particularly in terms of voluntary sector services and it was noted that the voluntary sector was being signposted to access specialist knowledge where practices and policies were not well-established.

The Committee suggested that greater consumer choice, with a range of services accessible through Neighbourhoods, for example via social prescribing and new technology would provide greater knowledge, equip consumers to make more informed choices and generate less reliance on GPs; it was agreed that this could become a sustainable model. However, it was noted that investment in this model was required to a greater extent and the Committee asked whether the right focus could be achieved when STP appeared to be

dominated by a focus on acute services/ hospital reconfiguration. It was noted that the CCG and the Council were building an evidence base and that updates on Neighbourhoods were being provided to large clinical reference groups to show the impact and outcomes that could be achieved. It was noted that anecdotal evidence had started to indicate a move away from clinical services to social prescribing through alternative provision such as counselling and health walking schemes.

Anna Hammond, Louise Mills and Clive Jones left the meeting at 4pm.

**HACSC – 38 Work Programme**

The Committee agreed that the issue of the independent residential care sector was ongoing and should be explored further/ scoped during the Committee work programming for the forthcoming Municipal year 2017-18. Additionally, it was felt that the present position with regard to Castle Lodge should be provided in a report. Mental Health was also an ongoing issue that required scoping following the engagement activities taking place with several of the Committee Members. Officers had agreed to CHC as a substantive item for a future meeting.

**HACSC – 39 Chair’s Update**

The Chair and Members who attended the Mental Health Forum on 28 March, updated the Committee on the event and discussions with the voluntary organisations present at the event. It was agreed that further engagement was needed specifically with mental health users.

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The meeting ended at 4.13pm

**Chairman:** .....

**Date:** .....

## **TELFORD & WREKIN COUNCIL**

### **HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 18 JULY 2017**

#### **EARLY HELP & SUPPORT COST IMPROVEMENT PLAN 2017-18**

#### **REPORT OF THE ASSISTANT DIRECTORS: GOVERNANCE, PROCUREMENT AND COMMISSIONING & EARLY HELP & SUPPORT SERVICES**

### **1.0 PURPOSE**

1.1 To update the Health and Adult Care Scrutiny Committee on progress against savings plans in Early Help & Support for 2017 – 18.

### **2.0 RECOMMENDATIONS**

2.1 **That the Committee consider the report and note progress.**

### **3.0 INTRODUCTION**

To provide the support to meet assessed needs and to operate within budget is a significant challenge to the Early Help and Support Services and Governance, Commissioning & Procurement Teams.

There is new activity across the teams, for example throughout the service staff are being trained around an asset and strengths based approach focussing on what individual can do for themselves or with the support of their family or local community rather than what they cannot do. This is important when staff undertake reviews to enable them to focus funded support and integrate it with additional support from the community that promotes the person's independence whilst meeting their person's eligible needs under the Care Act. This approach is being embedded across the service and we are beginning to see better outcomes as a result of this change in approach. At the meeting there will be a presentation that details some of the successes that have been achieved.

Public communication about the new approach is planned in a Communications Plan, which will regularly share positive experiences/stories to evidence the changing offer from the Council and aims to inform the community about this change of emphasis from Early Help & Support Services.

### **Priorities**

We continue to work to meet the corporate priorities to:

- “Protect and support our most vulnerable children and adults”
- “Improve the health and well-being of our communities and address health inequalities”

... and in accordance with the Council’s co-operative values of:

- Openness & Honesty
- Ownership
- Fairness & Respect
- Involvement

#### 4.0 KEY INFORMATION

As members will recall there are a number of key principles that have or will influence how we deliver the Cost Improvement Plan:

1	To provide the service in the context of challenging the cost of care, the number of people receiving different types of care and the length of time that care is provided
2	We will operate based on a 4 year cost improvement plan about how the service will operate in 2019/20 and have incremental targets in the intervening years to meet this service plan and we will manage both price and activity
3	We will manage a short term cost improvement plan (contextualised by the long term cost improvement plan) to deliver in year savings and savings in 2017/18
4	We will consult and work with our service users about these plans and the future – generally and more specifically, as it may affect them, in plenty of time;
5	The fulfilment of our statutory responsibility to meet assessed need is paramount and will not be compromised;
6	We will work with our long term service users to plan for their long term future;
7	We will work with the Care sector to have a high quality service and a sustainable and competitive market;
8	We recognise that moving away from current residential accommodation might be difficult and could take time and might not be possible in some cases;
9	For new entrants we will only use residential care where we have explored other options and have found that this is the only way to meet their care needs in a safe way

#### 5.0 FINANCIAL/VALUE FOR MONEY IMPACT

##### The Early Help and Support Budget

The 2017/18 savings are being made in accordance with a detailed Improvement Plan which is considered at regular officer meetings and meetings

with the Managing Director and senior members.

As part of the 2017/18 budget strategy a contingency budget has been included in the Council's budget strategy for the service area to drawdown if required. The contingency is provided as part of the strategy to change the way care is delivered and to cover the transition to a lower budget settlement for Early Help & Support.

This report has 3 appendices:

**Appendix 1** – Financial update – Officers will outline a new dashboard that is being developed to demonstrate progress against savings measures

**Appendix 2** - Cost improvement plan highlight actions.

**Appendix 3** – Risks & mitigating actions

## **6.0 LEGAL ISSUES**

This is an information report so there are no legal issues for members' consideration

**Report prepared by Assistant Director, Jonathan Eatough, Governance, Procurement & Commissioning and Sarah Dillon, Assistant Director, Early Help & Support Services**

**Early Help and Support – Cost Improvement Planning – Report for Health & Adult Social Care Scrutiny Committee**

**Appendix 1 - Financial Position-Period 2: May 2017**

	<b>Budget £000's</b>	<b>Forecast Variation £000's (underspent)</b>
		<b>May 2017</b>
<b>Total position-Purchasing net of income</b>	34,793	<b>312</b>
<b>Total position-Other</b>	9,407	<b>(312)</b>
<b>Overall Total</b>	<b>44,200</b>	<b>Nil</b>

The monitoring position reported assumes the activity targets established by the Service for 2017/18 are delivered reducing the expenditure in line with budget.

**Appendix 2 – Action Plan**

The information below illustrates the strategies being implemented to meet the savings required by the Improvement Plan based on the 4-year plan for delivery of Adult Social Services.

<b>How</b>
<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Review support. Make use of the Branches Service and SIAS – service offering telephone support, listening service and drop in sessions. Joint funded with CCG instead of domiciliary funded support and undertake regular reviews of those already in receipt of funded services</li> <li>• Move to supported living accommodation. Orchard Place is a new development and clients have been identified to move August 2017.</li> <li>• Undertake reviews of clients in nursing care and where appropriate apply CHC funding from the CCG</li> <li>• Commissioning to work with providers developing other supported living accommodation to prevent future admissions to residential care</li> <li>• Partnership work with SSSFT developing further with integrated pathways and MDT work starting and the development of a Telford MH Partnership Board to ensure the best use of the system wide resources</li> </ul>
<p><b>Older People</b></p> <ul style="list-style-type: none"> <li>• Encourage the use of the MyLife portal; the access to self-serve to increase signposting to other agencies as appropriate and offering information &amp; advice at an early point to help people make their right choices about meeting their own needs using community and family support and reducing the need for funded support</li> <li>• Continue to undertake reviews to make sure that support provided remains appropriate</li> </ul>

- New panel approach in place to discuss all new placements and exhaust alternative options where feasible whilst meeting statutory needs
- There is evidence of positive progress to reduce the numbers of over 65's moving into residential care and regional best performance as follows:

Age	National 2015/16	T&W 2015/16	T&W 2016/17 Indicative
18-64 Total Service Users	855 per 100,000 population	830 per 100,000 population	830 per 100,000 population
65 + Total Service Users	6,050 per 100,000 population	5,125 per 100,000 population	5,000 per 100,000 population
65+ Permanent Admissions to Residential & Nursing care	628.2 per 100,000 population	474.3 per 100,000 population	382.4 per 100,000 population

- Continue to promote shared lives and extra care schemes as alternative options to residential/nursing care
- Reduction of short term placements by undertaking reviews within 1 to 2 weeks for clients that are discharged from hospital. Allocation of extra resources from new iBCF to help facilitate this
- Maximising the use of Assistive Technology; Just checking service now implemented to enable people to remain in the community and reduce night time support. Front line staff trained on AT options
- Maximising use of OT services; moving & handling, disabled facilities grants and training
- Maximising use of community assets and voluntary sector services
- Focused work alongside reviews to reduce overall purchased domiciliary care hours
- Pilots been developed including community catalysts, innovators and well-being hubs to support communities to help themselves
- Development of CM2000 for recording home care delivery, ensuring payments are only made to care that has been provided. This will deliver significant savings
- Review of Continuing Health Care in terms of process to ensure that clients are accessing CHC as appropriate. Use of new iBCF for specialist CHC post to work with the CCG and ensure robust challenge and application of national criteria. We expect that this could result in more jointed funded and CHC care with the CCG.

#### **Adults with Learning Difficulties**

- Working towards optimum independence, aiming to reduce the number of people using formal day services and domiciliary care who needs could be met in a more independence focussed way, using local community resources. Work is also underway with corporate colleagues such as Public Health and Skills who can also assist with improving the numbers of those with ALD who progress to voluntary work or paid employment.
- Commissioning looking at options where more cost effective alternatives are available.

**Physical and Sensory Disability**

- Front line staff training undertaken on AT initiatives
- Avoid long term funded care
- Working with local clubs and setting up of information and advice hubs within the communities
- Maximising alternative options that promote independence and make best use of local resources

**Appendix 3 – Risks and Mitigating Actions**

Area	Risk	Mitigating Actions
<b>Staff Capacity</b>	<ul style="list-style-type: none"> <li>• There is on-going work to improve the quantity and effectiveness of reviews and assessments – no significant changes to adult social care can be made without a review or assessment being undertaken and there is pressure on this resource that means that this can delay other savings initiatives.</li> <li>• Also reviews and assessments can lead to increase in care costs and well as decreases.</li> </ul>	<ul style="list-style-type: none"> <li>• A major re-structure of early help and support and a change in working practices will improve this – we expect to see improvements in this from the beginning of the new financial year.</li> <li>• New appointments made and more planned</li> <li>• New SDM for Community Social Work starting September 2017</li> <li>• Staff returning from Maternity leave</li> </ul>
<b>Market Sufficiency</b>	<ul style="list-style-type: none"> <li>• We have to balance the duty to secure competitive prices against the Council’s statutory duty to maintain sufficiency in the market. The threat to the on-going viability of many providers is a national issue – and we face the same issues in our local market. For example there are well documented cost increases for the sector, wage inflation caused by National Living Wage and lack of supply is driving prices up, there are increasing costs of regulation that the providers are having to bear.</li> <li>• As we reduce referrals to the residential sector we could see providers failing or withdrawing from the market.</li> <li>• A key element of the Council’s strategy is for the provision of alternative services, for example by way of direct payments and through Personal Assistants but take up is slow.</li> </ul>	<ul style="list-style-type: none"> <li>• We are working with the sector wide body, SPIC, to understand the challenges that the market faces and with individual providers where appropriate - we want to identify a fair cost of care to inform price negotiations The cost of care locally is very competitive against regional and national comparators.</li> <li>• In respect of direct payments and Personal Assistants work is being undertaken to increase the take up of this option.</li> </ul>

<b>High cost placements</b>	<ul style="list-style-type: none"> <li>• If providers not willing to discuss price changes (aligned to changes in care plan or not) then change can only be effected through procurement processes which can have an adverse impact on service users. Providers can also withdraw from provision if they are of the view that services are no longer viable.</li> <li>• In respect of CHC's there is a risk that the local authority fund health care costs.</li> </ul>	<ul style="list-style-type: none"> <li>• Work closely with service users and their families to ensure that they are fully involved in proposed changes.</li> <li>• In respect of CHC there are processes being put in place to ensure that we continue to monitor care packages to make sure that funding responsibilities are properly allocated.</li> </ul>
<b>Preventative Services</b>	<ul style="list-style-type: none"> <li>• Preventative services help to keep people out of more expensive services and avoid homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• The implementation of changes needs to be carefully planned, in consultation with service users and providers and we plan to provide a lot of similar services using a different model that is less reliant on Council funding. Again we are working with vulnerable people and it takes time to effect changes.</li> <li>• Maximising the use of MyLife Portal and My Choice for appropriate signposting to other agencies and Information &amp; Advice</li> <li>• Project group in place to work through reducing the delivery of domiciliary care hours delivered and where appropriate convert and or offer direct payments as the first option for council funded care</li> </ul>

**TELFORD & WREKIN COUNCIL****HEALTH & ADULT CARE SCRUTINY COMMITTEE – 18 JULY 2017****WORK PROGRAMME 2017/18****REPORT OF THE ASSISTANT DIRECTOR: GOVERNANCE, PROCUREMENT & COMMISSIONING****1.0 PURPOSE**

- 1.1 To enable the Health & Adult Care Scrutiny Committee to consider and agree the Committee's work programme for 2017/18.

**2.0 RECOMMENDATIONS**

- 2.1 That the Committee agree its Terms of Reference (Appendix 1)
- 2.2 That the Committee agree items for the 2017/18 work programme (Appendix 2); and
- 2.3 That the Committee agree meeting dates for the remainder of the 2017/18 municipal year.

**3.0 BACKGROUND INFORMATION**

- 1.1 The Terms of Reference for the Health & Adult Care Scrutiny Committee is attached. On 25 May 2017, Full Council delegated authority to each Committee to approve its own Terms of Reference. Scrutiny Management Board have endorsed the Terms attached at Appendix 1 for agreement.
- 3.1 The suggestions shown in Appendix 2 were considered by the Scrutiny Management Board on 20 June 2017 and referred to the Health & Adult Care Scrutiny Committee to decide which issues should be included in the Committee's Work Programme.
- 3.2 Scrutiny Management Board allocated a baseline of four formal meetings during the municipal year for scrutiny of items on the Health & Adult Care Scrutiny Committee's 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.
- 3.3 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 be given to removing an existing item to avoid the workload becoming unmanageable and losing focus.
- 3.4 Scrutiny Management Board also re-asserted previous agreement that any items remaining at the end of the work programme period should automatically be

removed so that future work programmes are fresh and focused on current issues and concerns. If an issue remains of concern it may be submitted for re-consideration in the next work programme.

#### **4.0 EQUAL OPPORTUNITIES**

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

#### **5.0 ENVIRONMENTAL IMPACT**

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

#### **6.0. LEGAL COMMENT**

6.1 Overview & Scrutiny (O&S) for local authorities was introduced as part of the modernisation of local government in Section 21 of the Local Government Act 2000. It required every local authority to have at least one O&S committee, to: hold the Executive to account; undertake policy development and review; monitor and improve performance; investigate issues of public concern; and carry out external scrutiny including the NHS.

6.2 Establishing a work plan as set out in this report contributes to the requirement of the overview and scrutiny committee to; investigate the policies of the Council's executive and their implementation, issue reports accordingly which draw attention to any shortcomings and make recommendations as appropriate.

SAD – 22.5.17 (Suzanne Dodd)

#### **7.0 LINKS WITH CORPORATE PRIORITIES**

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

#### **8.0 OPPORTUNITIES AND RISKS**

8.1 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.

#### **9. FINANCIAL IMPLICATIONS**

9.1 Scrutiny has a role in ensuring that local government is effective and accountable. This includes undertaking reviews and challenging and monitoring performance. Support for the committee and the work programme are managed within existing resources. The financial implications of any recommendations made by Scrutiny should be considered as part of reports as relevant.

TS – 26.5.17 (Tracey Smart/ Richard Peach)

**10. WARD IMPLICATIONS**

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

**11. PREVIOUS MINUTES**

11.1 None.

**12. BACKGROUND PAPERS**

12.1 None

***Report prepared by Jessica Tangye, Senior Democratic & Scrutiny Services Officer.  
Telephone 01952 382061***

## HEALTH & ADULT CARE SCRUTINY COMMITTEE TERMS OF REFERENCE

1. The group will be made up of 9 elected members of the Scrutiny Assembly, appointed at Annual Council in line with the political balance of the Council.

The Committee may include Co-opted scrutiny members but they must not exceed 50% of the number of elected members. Vice-Chairs may be appointed by majority decision of the Committee.

2. In addition to standing co-optees the Committee may appoint additional co-optees for one-off reviews to supplement the skills, knowledge and experience of the Committee on that particular issue.

3. The Committee will be the main mechanism by which Scrutiny members will scrutinise and monitor the planning and performance of the Council's adult social care services and health services matters under the Health and Social Care Act 2012. Full Council has delegated the health scrutiny powers to this Committee.

4. The Committees takes the key role in:

- a) Monitoring the performance of NHS Trusts whose services effect local people;
- b) Acting as the statutory consultee on NHS proposals for substantial variation in service and responding to these NHS consultations. Full Council has delegated to this committee the power to refer the outcome of an NHS consultation to the Secretary of State for Health to this Committee in line with the Department of Health Guidance on Health Scrutiny (2014)
- c) Participating in a Joint Health Overview and Scrutiny Committee with elected members from Shropshire Council to scrutinise and respond to NHS proposals that apply to both areas;
- d) Responding to referrals from HealthWatch regarding health services;
- e) Monitoring the Council's performance in relation to social care service for adults;
- f) Responding to referrals from HealthWatch regarding Adult Care Services
- g) Scrutinising proposals for the provision of adult care services and the impacts of any proposed changes to services;
- h) Scrutinising adult care services that are of concern to local people.

5. If the Chair and Vice Chair are unable to attend a meeting the members present will elect a Chair for the meeting.

6. Relevant Cabinet Members, Corporate Directors, Assistant Directors and Service Delivery Managers and representatives from NHS commissioners and providers will attend the Committee at the request of the Chair. Representatives from partner organisations may be invited to attend.

7. The meetings will follow the principles of scrutiny i.e. no party whip will be applied and a constructive, evidence based approach will be used.

8. The Committee will consider matters referred by the Scrutiny Management Board, and will exercise discretion as to whether a suggestion falls within the remit of the Committee to scrutinise.

9. Scrutiny Committee meetings will be held in public, unless matters exempt under legislation is being discussed, or the Scrutiny Committee is meeting with vulnerable groups to hear their views and it is not appropriate for these meetings to be open to the public. The Scrutiny Committees may appoint subgroups to carry out investigative work as part of a review, and these may be held as informal meetings, but evidence gathered in this way will be brought back to the overseeing Committee in a public forum. In case of dispute, the Monitoring Officer will advise on the rules of exemption.

10. From time to time members, as part of the work of the Committee, may become privy to information of a sensitive or confidential nature, if this happens members must maintain this confidence. Members are unable to request personal/confidential information from Officers about an individual or family.

11. The meetings will be administered by Scrutiny Services and Democratic Services. Frequency of meetings will be agreed by Committee members as deemed necessary to carry out the work programme.

12. A short report on the work of the group will be provided by the Chair to the Scrutiny Management Board as appropriate.

13. The Chair of the Committee, or his/her representative, will provide and present reports and recommendations of the Committee to the Council's Cabinet or other partner organisation when necessary.

14. The Committee will set its own work programme. The main task of the Committee will be to scrutinise the planning, provision and operation of NHS health services and to scrutinise the performance of the Council's adult social care services that are provided to people in Telford & Wrekin. However, members can look at any other issues within these service areas. The following points should be taken into consideration when considering the work programme each year:

- areas where significant change is proposed and the potential impacts
- performance in areas where significant change has been implemented;
- areas of financial overspend;
- areas receiving a high level of budgetary commitment;
- areas where there is a high level of user dissatisfaction;
- reports and action plans produced/agreed with external inspectors;
- areas that are key issues for the public or have become a public interest issue covered in the media.

15. The quorum required for a meeting is 3 elected members.

16. Three elected Members and 3 co-optees of this Committee will also be expected to take part in the Joint Health Scrutiny Committee set up with elected members and co-optees from Shropshire County Council to scrutinise substantial variations or developments in service that cut across both local authority areas. Separate terms of reference apply to the Joint Health Overview and Scrutiny Committee which have been agreed with Shropshire County Council.

## Health &amp; Adult Care Scrutiny Committee – 2017/18 work programme

**Topics**

<b>Topic</b>	<b>Method</b>	<b>Scoped? Y/N</b>	<b>Timescale</b>	<b>Cabinet Member</b>	<b>Assistant Director</b>	<b>Other Participants</b>	<b>Expected Outcome/ Impact</b>
Social Care Fee Rates		N – new suggestion 2017/18 from SPIC		Children & Adults, Early Help & Support	Governance, Procurement & Commissioning  Early Help & Support	TBC	
Implementation of Suicide Prevention Plan		N – Health Select Committee recommendation		Communities, Health & Wellbeing	Governance, Procurement & Commissioning	Clinical Commissioning Group	
STP Neighbourhood Working		Scoping in progress		Communities, Health & Wellbeing	Health & Wellbeing	Clinical Commissioning Group	
Growing Isolation of Older People		Scoping In progress – within scrutiny of Mental Health		Children & Adults, Early Help & Support	Health & Wellbeing	TBC	
Mental Health Commissioning Strategy		Monitoring of T&W Mental Health Action Plan at meetings on 26/07/16, 06/12/16,		Children & Adults, Early Help & Support		Clinical Commissioning Group	

		13/02/17.					
<b>Topic</b>	<b>Method</b>	<b>Scoped? Y/N</b>	<b>Timescale</b>	<b>Cabinet Member</b>	<b>Assistant Director</b>	<b>Other Participants</b>	<b>Expected Outcome/ Impact</b>
Adult Mental Health Services		Regular briefings at JHOSC on how issues identified in 2014 & 2015 had been addressed by the MHTrust  Local review of commissioning of mental health services (Castle Lodge)		Children & Adults, Early Help & Support			
Adult Care Performance, Budget and Savings (inc CHC) - related to Cost Improvement Plan (CIP)		Ongoing monitoring. Updates received at meetings 26/07/16, 11/10/16, 13/02/16, 11/04/16		Children & Adults, Early Help & Support	Governance, Procurement & Commissioning		
TW Safeguarding Adults Board Annual Report		Annual report to scrutiny		Children & Adults, Early Help & Support	Health & Wellbeing	TWSAB	

West Midlands Ambulance Service Performance Issues		N		N/A	N/A	WMAS	
NHS Independent Complaints and Advocacy Service -		Not prioritised 2016/17/ nor resubmitted. How the service is commissioned by the Local Authority and the level of funding; joint with Finance & Enterprise		Health and Wellbeing		NHS Bodies	
Results of Carer's Survey		Not prioritised 2016/17 nor resubmitted.		Children & Adults, Early Help & Support			

**Monitoring Activity**

<b>Due Date</b>	<b>Date Circulated</b>	<b>Topic</b>	<b>Assistant Director and Responsible Officer</b>	<b>Outcome</b>
End June 2017 End June 2017 Not received Not received	N/A June 2017 June 2017	NHS Quality Accounts – annually WMAS SMHT SATH RJAH	N/A	N/A