



Date: Monday, 16 November 2015

Time: 9.30 am

Venue: Ludlow Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

- 3 Minutes of Previous Meeting (Pages 1 - 6)**
To confirm the minutes of the meeting held on 2 November 2015 (to follow)
marked: 3

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SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 2 November 2015
10.00 am – 11.50 am in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present

Councillor Gerald Dakin (Chairman)
Councillors John Cadwallader (Vice Chairman), Tracey Huffer, Heather Kidd,
David Minnery, Pamela Moseley, Peggy Mullock and Peter Nutting

20 Apologies for Absence and Substitutions

Cecilia Motley

21 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

22 Minutes of Previous Meeting

Mrs Kidd stated that minute 12 should state that her daughter works at Robert Jones and Agnes Hunt Orthopaedic Hospital, rather than worked at.

With this amendment the minutes were approved as a correct record.

23 Public Question Time

There were no public questions.

24 Members Question Time

There were no member questions.

25 Adult Social Care Dashboard

The Portfolio Holder for Adult Social Care explained that the dashboard had been developed as a result of helpful support and challenge from the Committee in identifying appropriate measures.

The Performance Manager and Head of Social Care Operations introduced a presentation (copy attached to signed minutes) and answered questions about the information presented.

Requests for Support

Members noted a general increase in demand compared with the previous year, which matched a UK trend and the demand for NHS services. It was concerning that the summer months were at winter pressure levels and it was important to understand the reasons for this which were not only likely to be related to demographics but also to the prevention agenda which encouraged people to make contact earlier on, to help reduce the need for services further down the line.

Requests for Support/Frequency by Individual

This was a critical measure of success of the First Point of Contact and the percentage dealt with by one contact showed that it was working well for the majority of people. It was confirmed that the two week call back was built into the figures. A Member asked if the closure of a ward at Ludlow Hospital had any bearing on the figures but Officers explained that that level of information was not currently available.

Presenting Issue

Members considered possible reasons for a significant increase in substance misuse and personal care needs presenting categories. A Member commented on the carers needs category which was lower, and officers reported a disparity in figures around carers within the whole report with unexpected variations showing that some felt well supported and others did not. Work was underway to understand the reasons for this and it was suggested that some carers might be self directing to sources of support.

With regard to substance misuse, the Committee questioned whether the increase in demand was the result of cutbacks in local teams and mental health support. The Portfolio Holder identified that Public Health Commissioned these services and commissioning decisions may need to be reviewed if there was a rising need.

Routes of Access

Members noted that the likely reason discharge from hospital figures felt low from an operational perspective was due to the Integrated Care Service (ICS) and a positive relationship with community social work.

Assessments Completed by Month

In response to questions it was confirmed that the chart related to formal community care assessments and that all assessments were being made within the target 28 days.

Service Delivery following assessment

Members noted that the chart showed that the strategy was taking effect and it was expected to see a downward trend in demand for long term support. Focus would remain on the short term maximising independence team and there had been a significant increase in numbers in the ICS system.

Admissions per month by Service Type

The Committee noted that between April to September there had been 13 fewer admissions to residential or nursing care than the previous year. Officers confirmed that they were happy with decision making and a Practice Forum met on a weekly basis to consider complexity of need. There were however some variants by month that were difficult to explain.

A Member referred to the size and geography of Shropshire and expressed concern that it was treated as one place which meant that some people could be placed in residential care far from their families. A Member enquired about the impact of recent residential care closures in the North of the County. Officers explained that capacity remained an issue, such closures had not been strategically planned and work was underway to manage demand.

Members asked about reassessment of service users which sometimes resulted in them having to be relocated. Officers explained that reassessments continued to ensure the most appropriate package of care was being made available to service users. It was acknowledged that communication in relation to this following hospital discharge needed to be consistent and clear.

Members asked for a glossary for the next presentations and for year on year comparison information. The Performance Manager commented that this was the second year of the new operating model and confirmed that direction of travel information would be incorporated as data built up.

Complaints Dashboard (attached to signed minutes)

A Members raised an issue about people in her electoral division being telephoned regarding a change in their care packages. The Head of Social Care Operations confirmed that he would not expect anyone to be informed of such a change by telephone and agreed to look into this and report back.

The Committee agreed that the complaints dashboard was very helpful and it was encouraging that the number of complaints made and upheld were low in comparison to the number of contacts made.

Adult Social Care Carers and Users Survey – Adult Social Care Outcomes Framework Summary (ASCOF) 2014/1015 (copy of presentation attached to signed minutes)

The Performance Manager reminded members that questions in the survey were prescribed by central government. A number of questions had changed in 2014/15 which made some year on year comparisons difficult. There had been 418 responses to the carers survey in Shropshire and 495 to the User Survey. Members asked for the percentage return rate and the Performance Manager agreed to let the Committee have this information. The level of return had been of a satisfactory level to the government. [following the meeting the Performance Manager has advised a return rate of 51.5% for Carers in Shropshire (43.8% national average), and for Users a 49.2% return rate in Shropshire (36% national average)]

Control – Users

The Performance Manager explained that it was not possible to make a direct statistical comparison with the previous year as a change had been made to the question but the result was up about 10% on last year. This reflected the implementation of the New Operating Model and taking an asset based approach, focusing on what individuals could do, rather than on what they could not. Previous results had been an area of concern for the Committee and the Chairman commented on the good result, which also compared favourably with the West Midlands and England result.

Control – Users, by age

The Performance Manager commented on the difference in satisfaction levels between different age groups, and the Head of Social Care Operations felt that the highest satisfaction levels, in the 18 – 64 age groups reflected the work underway and the focus on independent living, rather than residential care.

Social Contact

The Head of Social Care Operations commented on the encouraging result for carers but the less encouraging numbers for users. More work was needed to address this.

Overall Satisfaction

The Portfolio holder referred to over half of carers being unsatisfied and the urgent need to understand the reasons for this result. The Head of Social Care Operations added that the England average was also not good enough and should not be regarded as a target.

Included in discussions – Carers

The Head of Adult Social Care Operation said that the result of 72.8% showed that the Council needed to be focusing more on carers.

Easy to Find Information

The Committee considered the differentiation between satisfaction between users who were 18 – 64 year olds and those who were 65+. Ease of finding information was a core issue for the Council.

Feel Safe – Users

It was felt that for feeling safe in general, Shropshire would have scored better against the west Midlands and rest of England. It was also interesting that 18 – 64 year olds and 65+ felt about the same.

ASC Services help feel safe

Shropshire scored well with 94.4% against 86.1% for the West Midlands and 84.5% for England. The last slide was corrected to show 94.2 for the 18-64 age group and 94.4 for age 65+ in Shropshire.

Members thanked officers for the informative and detailed presentations and highlighted the results related to carers as a potential area for scrutiny attention.

26 Correspondence from Shrewsbury and Telford Hospital Trust and Shropshire and Telford and Wrekin CCGs

The Director of Public Health referred to the correspondence received from the Clinical Commissioning Groups (CCGs) and Shrewsbury and Telford Hospital Trust (SATH) which stated that there were categorically no plans in place to close an A&E department as part of winter planning.

In response to questions, the Director of Public Health provided an update on consultant cover and specialist nursing cover, recruitment issues, use of locum staff, the nature of a cap placed on the use of temporary staff, and impact of immigration restrictions on nursing staff. The Committee went on to discuss the role of Scrutiny, Joint Scrutiny and the Health and Wellbeing Board in these issues. The Portfolio Holder for Adult Social Care referred to pressure being exerted on CCGs and Future Fit Board to arrive at a rapid conclusion, particularly around urgent care provision.

The Portfolio Holder also referred to the work of the Health and Wellbeing Board Communications and Engagement Group in encouraging people to 'choose well' when seeking medical help. He felt that Councillors could do a lot within the community to support and encourage appropriate choices.

The Chairman thanked the Director of Public Health for seeking clarification from SATH and the CCGs regarding winter and future plans.

27 Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee - Terms of Reference

The Committee felt it needed more time to discuss and understand the proposals for amendments to the terms of reference for the Joint HOSC and it was agreed to defer this item to the next meeting.

28 Proposals for Committee Work Programme

A Member suggested that support provided for Carers by the Council be added to the Committee's Work Programme, in the light of the earlier discussions and survey results on satisfaction of carers.

Signed (Chairman)

Date:

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