

# SHOPSHIRE COUNCIL

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 14 December 2015**  
**10.00 am - 11.47 am**

**Responsible Officer:** Amanda Holyoak  
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### **Present**

Councillor Gerald Dakin (Chairman)  
Councillors John Cadwallader (Vice Chairman), Heather Kidd, Pamela Moseley,  
Cecilia Motley, Peggy Mullock, Peter Nutting and Madge Shingleton

### **36 Apologies for Absence and Substitutions**

Apologies were received from Mrs T Huffer and Mr D Minnery. Mr R Evans substituted for Mrs Huffer.

### **37 Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests.

### **38 Minutes of Previous Meeting**

The Minutes of the meeting held on 16 November 2015 were confirmed as a correct record.

### **39 Public Question Time**

There were no questions from members of the public.

### **40 Members Question Time**

There were no questions from Members of the Council.

### **41 Presentation from Shropshire Clinical Commissioning Group**

Donna McGrath, Chief Finance Officer, Shropshire Clinical Commissioning Group, was welcomed to the meeting. She explained that Brigid Stacey, Acting Accountable Officer, was unable to attend the meeting as she was due to meet the Turn Around Team which was about to commence its work.

She gave a presentation entitled 'Explaining Shropshire CCG Finances'. The presentation covered:

- The forecast deficit for 2015/16
- The main causes of the deficit
- The underlying position

- Actions in place to control expenditure in year
- What this would mean for 2016/17 planning round
- The CCG approach to 2016/17

She explained that the year had started with a plan to deliver a £3.6 million surplus and that this had been recognised as high risk both by the CCG and by NHS England. The CCG had overspent against three key lines of expenditure: Continued Health Care; Acute Contracts, and preparing for turnaround and winter. This had created a deficit of £7.9 m, which was £11.5 m adverse to the 2015/16 plan. This was a change from the widely publicised £10.6 m deficit caused, largely, by preparing for financial turnaround. It was confirmed that the total budget was £350 m.

In discussion of the main causes of the deficit, Members asked about the invoices for Continuing Health Care totalling £2.2m relating to 2014/15, and why they had not been known about and factored in. The Chief Finance Officer explained that there was variability in invoice timing and sometimes decisions were made after the care had been delivered. External advice received had suggested that the CCG had been paying for patients that it should not have been paying for, but this advice had turned out to be not as realistic and legally sound as it could have been.

Members referred to £9m of unexpected costs incurred during the year and asked about the likelihood of this happening again the following year. The unexpected costs related to £4.4m Continuing Health Care and £6m of unplanned costs. Members also referred to Telford and Wrekin CCG which was predicting a surplus and asked why there was such a difference between the two CCGs.

The Chief Finance Officer explained that Telford and Wrekin CCG were advantaged by the Fair Share Target and had received extra funding in November and an uplift which Shropshire had not. If it was funded in the same way as Telford and Wrekin CCG, Shropshire CCG would be £8m better off.

Members asked why Telford and Wrekin had received this uplift but not Shropshire. They learnt that it had been around five years since the last calculation was made. Last year Telford and Wrekin had been deemed to be underfunded, but Shropshire CCG deemed to be over target as the rurality adjustment had been removed. The sparsity adjustment currently only applied to four areas in the country.

The Chairman enquired about brokerage, NHS England had approved the CCG obtaining loans from other organisations to achieve a 1% surplus. Not all of this would be repayable, although £3.2m would need to be paid back this year. The CCG had been told not to obtain brokerage for this year.

NHS England had informed the CCG that it needed only to balance the budget and that the deficit need not be repaid next year. The Turn Around Team would add capacity and expertise to support the pace of change needed and assist with planning for the future.

In terms of Acute contracts and activity levels, the CCG had to pay hospitals based on activity levels incurred and this had caused a forecast overspend against those contracts

of £4m. Robert Jones and Agnes Hunt Hospital and Shrewsbury and Telford Hospital Trust had not met 18 week waiting targets and had needed to put in extra activity to address this. The CCG did have the ability to award a penalty for failing to meet these targets, but this was not enough to cover the extra activity needed.

The headline deficit which the CCG had identified for 2015/16 contained a significant amount of non recurrent costs. Had these one offs not occurred then the CCG would have had a deficit of £2.9m this year which needed to be addressed as part of the bigger challenge in arriving at a balanced budget for 2016/17. This £2.9m recurrent deficit from 2015/16 would be carried across into the 2016/17 planning round. The total efficiency requirement for 2016/17 would be £13m which was 3.5% of the budget.

The presentation went on to cover actions in place to control expenditure in year. A number of measures had already been taken and were listed in the presentation. Areas of focus were likely to be high cost services with little outcomes, high cost services for a small number of patients and integration of services. There was a possibility that some services might be decommissioned, but not for the next year and this would require consultation.

Members asked for examples of money saving schemes and heard about the constant review of GP prescribing and changes to NICE guidance. 'Script Switch' was a system flagging up cheaper alternatives for GPs, and had saved around £1m.

The Portfolio Holder for Adult Social Care referred a recent Idea Generation workshop with Executives, Governing Body and Providers and asked what areas were being looked at and whether these were being discussed with Shropshire Council. The Chief Finance Officer confirmed that these would be discussed with Council colleagues.

Members discussed educating patients to avoid inappropriate use of ambulances. and heard that the Health and Wellbeing Board were tackling this with the Department of Health and NHS. The Committee was informed of an ambulance frequent user scheme whereby frequent callers of ambulances received a telephone call every day from a paramedic. Blackpool CCG had used this approach and it had proved to avoid unnecessary ambulance call out.

Members asked who had appointed the Turn Around Team and heard that it had been procured by the CCG itself. It would help with the deficit position and putting systems in place to address this. It would also help with planning for next year and the medium term future.

Members enquired about who would identify the impact on other organisations of any changes the CCG might make. The Turn Around Team would facilitate discussions with other providers, partners and stakeholders.

The Portfolio Holder for Adult Social Care reported that the Council's Chief Executive had asked if the Council could contribute to the work of the Turn Around Team, particularly in light of its involvement in admission avoidance, and Integrated Community Services. He also asked about any impacts on primary care and their role in admission avoidance.

The Chief Finance Officer referred to Primary Care provision through Shropdoc, the Community Fit element of Future Fit, the Urgent Care Recovery Plan, Team around the Practice, and links with ICS. NHS England would be delegating some primary care commissioning to the CCG from this year onwards which would help.

Members considered whether it was the funding of Shropshire CCG or spending patterns which had caused the problem. It was acknowledged that there was always room for efficiencies, but the level of efficiencies providers had been asked to deliver was unrealistic. Benchmarking showed that Shropshire residents were relatively healthy which caused disadvantage in funding. The Chief Finance Officer felt the campaign to get rurality to be acknowledged fairly needed to be reinvigorated and Members asked what could be done to help achieve this. Councillor C Motley reported on campaigning by the Rural Services Network regarding the allocation formula used for Clinical Commissioning Group funding.

The Committee asked how much warning would be given if services were potentially going to be decommissioned, and what consultation would take place and where.

Although a number of ideas had been considered, there were no plans yet to decommission in any areas. Full public engagement and a consultation would need to be conducted properly to understand the consequences if there was such a proposal. A full review would then be undertaken to identify if, for example, services were perceived to be not good value for money, whether costs might emerge elsewhere instead.

At the conclusion of discussions, the Committee requested:

- that Shropshire Council be included in any discussions around proposals which would impact on services provided by the Council at an early stage.
- that the Council be involved in the Recovery Plan in any way possible
- that quarterly reports on progress and proposals be made to the Committee
- that lobbying for fair funding for Shropshire and recognition of the rural, sparse nature of the county be continued

The Committee thanked the Chief Operating Officer for attending the meeting.

## **42 Shropshire Council Adult Social Care Annual Account**

Members received the Shropshire Council Adult Social Care Local Account 2014 – 2015 (a copy is attached to the signed minutes).

The Committee was reminded that the Local Account was designed to demonstrate and describe performance in adult social care to local people, was designed to be user-focused and highlight the quality aspects of services provided, rather than numbers.

During discussion, Members asked questions and raised issues related to the following:

### *Telephone number for the First Point of Contact*

Members commented positively on the success of the First Point of Contact. It was confirmed that the telephone number for the FPOC was promoted on all adult social care publications and advertised in a variety of ways including through bulletins issued by Shropshire Association of Local Councils and Parish Magazines.

### *Family Carers*

A Member drew attention to the Focus on Carers page which showed that 66% of family carers said that they did not have enough control of their life. Officers acknowledged that more could be done for carers. All carers services had recently been recommissioned and the Council would be working on developments with the NHS. The Carers Partnership Board was involved in considering what was needed.

### *Delayed transfers of care from hospital (for people aged 18+) attributable to adult social care*

Members noted a deterioration in performance over the year and asked for the reasons for this.

They heard that the national picture was also deteriorating for reasons including the increase in complexity of conditions of patients leaving hospital which often meant a significant package of domiciliary care was required. In Shropshire this was often in very rural parts of the county. A Member of the Committee remarked on the need for carers in rural areas to have access to satnav as some locations were very hard to find.

Care particularly for hospital leavers had recently been commissioned and more was needed. Recruitment to domiciliary care posts was discussed and work with schools, colleges and the Job Centre to encourage applications was underway. It was felt that more should be done nationally to recognise the work of those employed in social care and enhance training opportunities so that jobs were perceived in the same way as those in the health sector.

Members noted that a report covering hospital discharge delays would be considered at a meeting of the Joint Health Overview and Scrutiny Committee the following day. It was also noted that 30.9% of national hospital discharge delays were related to social care.

### *Preventative Work*

A Member asked where dementia fell within the primary support reasons listed on page 8 of the report. The Director explained that if the primary impact of dementia was the need for personal care support, that would be how a service user would be categorised. The Council's Social Care Information System was limited when it came to extracting information in other ways.

Members also referred to other causes of mental confusion in older people, for example as a result of a urinary infection. They asked whether the Council had regular contact with GPs to tackle this sort of issue. There was evidence to suggest that many older people were not drinking enough and low level interventions such as reminding them of the

importance of drinking would be an inexpensive way of preventing poor health and hospital admissions.

The Director referred to hospital admission avoidance schemes, and encouraging GPs to make links with Let's Talk Local sessions. In response to a question from a Member about GP surgeries in Wales, he said that the aim was to make links with GPs in remote areas serving Shropshire patients, regardless of whether they were in Shropshire or Wales.

Members discussed the role of Frail and Elderly co-ordinators located in some GP surgeries. They felt it would be useful to hear how many there were across the county and to hear from someone in such a role.

The Committee thanked officers for the comprehensive and useful Local Account and for attending the meeting.

**43 Proposals for Committee Work Programme**

The Chairman reported that the CCG had requested an agenda item to brief the Committee on Non-Emergency Passenger Transport eligibility. It was agreed to add this item to the 8 February meeting.

It was agreed to set up a small group of the Committee's members to do a short piece of work to understand the Integrated Community Service and the different factors which impact on the service, and the level of activity, quality and impact of this service. Councillors Dakin, Kidd, Moseley and Mullock volunteered to undertake this work.

The Committee agreed to a suggestion by the Head of Social Care Efficiency and Improvement that the agenda item on Support for Carers be added the work programme for October or shortly after then so that the new contract would have been in place for six months.

Signed ..... (Chairman)

Date: .....