

# SHOPSHIRE COUNCIL

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 8 February 2016**  
**10.00 am – 11.30 am**

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

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

### **44 Apologies for Absence and Substitutions**

Apologies were received from Mr D Evans.

### **45 Appointment of Vice Chairman**

Mrs M Shingleton was appointed Vice Chair of the Committee.

### **46 Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests.

### **47 Minutes of the Meeting held on 14 October 2015**

Minutes of the meeting held on 14 December 2015 were confirmed as a correct record.

### **48 Public Question Time**

Members considered a question from Mrs E Parsons related to Scanning Services provided by Shrewsbury and Telford Hospital NHS Trust, and the response provided by the Trust. (a copy of both is attached to the signed minutes).

Some anecdotal evidence was shared about other occasions where the bookings service had not appeared to have the most up to date information and it was agreed that this issue be brought to the attention of the Trust.

### **49 Adult Safeguarding Report 2014 - 2015**

Members received a report, copy attached to the signed minutes, which explained the development of the Keeping Adults Safe in Shropshire Board and revised statutory obligations under the Care Act.

The Chair welcomed Andy Begley - Director of Adult Services, Sarah Hollinshead-Bland - Designated Adult Safeguarding Manager, and Ivan Williams - Independent Chair of the Board, to the meeting.

The Adult Safeguarding Manager gave a presentation (copy attached to signed minutes) during which she covered: how the name of the Board had come about; the structure of the Board and development of the strategic plan; past and current levels of adult safeguarding; how performance would be monitored; how making safeguarding personal was different; and the wider context for adult safeguarding.

In response to questions from the Committee, officers explained:

- There were now 10 categories of abuse, including self neglect and financial abuse.
- The reason for the large increase in referrals (816 in the first half of 2015/2016, opposed to 417 total in 2014/2015) was because the implementation of the Care Act had raised awareness in reporting. Referrals were being made even when an incident had been dealt with and a person made safe.
- Officers felt that this demand could be managed once the safeguarding team was fully staffed, and through a different way of working. This included the First Point of Contact having a significant part in screening safeguarding concerns and gathering information. The Care Act had also led to a change in dealing with the referrals where a situation had been addressed and there was no ongoing risk.
- Costs of the Board were to be shared amongst key partners.
- Performance indicators were under development and would be reported to at the end of the year to the Safeguarding Board. These would also be made available to the Scrutiny Committee. The Board would also be producing a public annual report.
- The statute set out that the local authority was responsible for decisions on whether to take cases further, and such decision were made by senior social workers. The role of the Safeguarding Board was to provide the strategic lead on safeguarding.
- There was a well-publicised number for the reporting of abuse but work on publicity for how to raise a concern was to be reviewed - there would always be work to do to increase awareness and a stand-alone website was to be developed.

The Safeguarding Manager explained that Making Safeguarding Personal and implementing personalisation meant giving people as much control as possible over their lives. Contact would be made with an individual affected when a safeguarding concern was raised, to see if they wished the concern to be taken any further or raised on their behalf. If they did not wish it to be progressed, a decision would then be made as to whether there was a public or vital need to prevent a crime before proceeding.

Members asked how this would work in practice for someone who, for example, had severe learning difficulties, and was not able to make a decision. They noted that in such instances, officers would work with the individual's representative or if they did not have one, an advocate would be recruited. Safeguarding training was to be rolled out to advocates and voluntary sector organisations.

The Committee went on to ask questions about how a number of scenarios would be dealt with including abuse by family members. The Safeguarding Manager acknowledged that this would be a difficult situation to address and individuals did worry about getting members of their family into trouble. It was important to ensure that any response was proportionate. If the risk was very high, it might be necessary to take action, even if the

individual did not want this to happen. She reiterated that it was always best to register a concern especially if it appeared that a situation was ongoing.

Members commented that feedback to people who had reported concerns in the past had been inconsistent. The Adult Safeguarding Manager said that feedback would be provided and the Care First system would enable reporting on whether concerns would be investigated further, and if not, the reason why. Feedback to people who had raised concerns would be monitored.

Ivan Powell, the Independent Chair of the Board, introduced himself and outlined his experience, including a long career within West Mercia Police Force. He commented that there was some way to go to raise adult safeguarding to the same level of awareness of that of children. He explained the responsibilities of the Board in relation to publishing a strategic plan, an annual report and commissioning adult safeguarding reviews. The Strategy would be delivered through a three year plan and subgroups worked on progress which was monitored by an executive group.

He was pleased to report that the Board was genuinely multi-agency with full engagement and a good culture of professional challenge amongst the Local Authority, CCG and West Mercia Police. An induction pack for Board Members was near completion and it was agreed to send a copy of this to Scrutiny Committee members. Work was underway with West Mercia Police regarding a refresh of their policies and procedures.

He also referred to the challenges of the cultural shift represented by the 'Making Safeguarding Personal' agenda and referred to emerging links between domestic abuse and dementia.

A Member commented that sometimes dementia patients had to be held to stop them from hurting themselves, which might result in bruising. The Chair of the Board reiterated that a proper and appropriate response would be made in all scenarios and the police would be open and thorough in such situations and would consider if a person was prone to bruising for a particular health related reason.

The Safeguarding Manager added that indicators of abuse were often present but this did not mean that abuse had taken place. Facts would be established, and advice might be available to help with situations leading to bruising.

Members discussed how the community might be educated to raise the profile of adult abuse. The Board Chairman said Members had a leadership role to play in that. It was likely that an adult review would happen at some stage and already existing channels of communication would be exploited. The Director of Adult Social Care reiterated that although there was a specific Safeguarding Team and now a Keeping Adults Safe in Shropshire Board, safeguarding was everybody's business.

Members were pleased that there was now a genuine multi-agency approach to adult safeguarding and with the progress to date in implementing the requirements of the Care Act and the Strategic Action Plan. It was agreed that the Committee should receive the Annual Report of the Board in September 2016 and that in addition to this, a mid-year update be circulated to Members.

The Committee thanked the Director, Safeguarding Manager and Board Chairman for attending the meeting.

## 50 Non-Emergency Patient Transport (NEPT) - Assessment for Eligibility

Dr Julie Davies, Director of Strategy and Service Redesign, Shropshire Clinical Commissioning Group, introduced a report (copy attached to signed minutes) setting out plans for communication and engagement work and timescales for the implementation of a consistent approach to assessment for eligibility to access the non-emergency patient transport service.

In response to questions she explained the reasons for change and the phased approach agreed with the service provider. The communication and engagement work planned included Healthwatch, key Patient Groups including regular users, GP surgeries, Shropdoc, the voluntary sector, residential and nursing home staff, CCG staff and all local NHS trusts including West Midlands Ambulance Service. She confirmed that she felt confident that all main stakeholders would have been targeted by the middle of February.

The Committee noted that non-emergency passenger transport was not provided for social or financial reasons and that the expectation was that wherever possible patients should make their own transport arrangements. They asked if it was intended to monitor attendance at appointments following the implementation of the new approach. Dr Davies confirmed that this would be the case. Patients receiving certain benefits had always been able to reclaim the cost of a journey but Committee members felt that many people were not aware of this. They asked that more emphasis be given to publicising this, particularly in the light of implementation of the new approach.

A Member referred to those in the C1 transport category who were currently users of voluntary bus and car schemes to access healthcare appointments. She asked about the appropriate course of action if a person's condition deteriorated and they were no longer able to be transported in a private vehicle. Dr Davies confirmed that enquiries about Non-Emergency Patient Transport could be made by contacting Medical Services, as set out in the publicity material attached to the report.

Members commented that the process for a patient who had failed the first assessment and wished to question the outcome sounded a bit onerous, involving further assessments by supervisors and then by a trained clinician. Dr Davies said that this was the process agreed with the provider currently and it would be kept under review. If it was felt that it was unwieldy or added too much time then it would be looked at again.

A Member of the Committee raised some issues in relation to long waits for passenger transport and said he understood that this was partly because transport was not arranged until a patient had concluded their appointment and also because there were problems with radio contact between Royal Shrewsbury Hospital and the transport service. The Director said she was not aware of any radio contact issues and agreed to look into this. She confirmed that transport would not be arranged until a patient had concluded an appointment, in case of any delays.

The Healthwatch representative reported that Healthwatch Shropshire had not received any comments related to NEPT to date and would work with the Committee on any significant concerns raised.

The Committee thanked Dr Davies for keeping them informed and for attending the meeting. It was agreed that if any significant concerns arose following implementation that she would be asked to attend a meeting to discuss and address these.

**51 Appointment to Joint Health Overview and Scrutiny Committee**

The Committee appointed Mrs H Kidd to the Shropshire and Telford Health Overview and Scrutiny Committee, to replace Mrs T Huffer.

**52 Work Programme**

Members considered the Committee's Work Programme. A Member suggested that an item be added related to GP waiting times.

Signed ..... (Chairman)

Date: .....