

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 15 September 2014
10.00 am – 12 noon in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present

Councillors Gerald Dakin, John Cadwallader, Simon Jones, Heather Kidd, Pamela Moseley, Peggy Mullock, Peter Nutting and Madge Shingleton

18 Apologies for Absence and Substitutions

Apologies were received from Mr D Minnery and Mrs T Huffer. Mrs V Parry substituted for Mrs Huffer.

19 Disposable 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.

20 Minutes of Previous Meetings

The minutes of the meetings held on 23 June 2014 and 14 July 2014 were confirmed as a correct record.

21 Public Question Time

There were no questions from Members of the Public.

22 Member Question Time

There were no questions from Members of the Council.

23 Annual Safeguarding Report

The Director of Adult Social Care introduced the Annual Safeguarding Report (a copy is attached to the signed minutes). He drew attention to the increasing number of referrals but explained that this was felt by the Board to be acceptable and linked to greater public awareness around adult safeguarding.

Current priorities focused on improving the experience of all within the safeguarding process and speed of investigations, on addressing a change in interpretation of the law around Deprivation of Liberties Legislation, and meeting the legislative duties in relation to implementation of the Care Act in time for April 2015.

The Care Act would put the Adult Safeguarding Board on the same legal framework as the Children's Safeguarding Board and involve a change in its composition. Consideration was being given as to whether these requirements would allow a Board across Shropshire and Telford and Wrekin to function effectively or whether there would be a need for separate ones.

Members questioned the Director of Adult Services on a number of areas, including whether there was a mechanism for feeding back to a person who had reported a safeguarding issue, in order that they could be satisfied that action had been taken on the concern they had raised.

Questions also covered the figures around staff training, and how much training was provided to those actually working with vulnerable people whether in a care setting or in their own home.

In response, the Director of Adult Services stated that when an adult safeguarding concern was raised, the details would be recorded and at that point, the person making the report should be informed what the likely feedback route for them would be, and reassurance provided that the report would be acted upon.

Members felt it was important that a person making a report should be informed once an investigation had been completed. They did not believe that any other information should be fed back but this would provide reassurance that the issue had been looked into. The Committee suggested that this mechanism should be reported on in next year's annual report. The Director of Adult Services said that staff should be aware that a person making a referral could be informed that an investigation had been concluded.

In addressing the questions asked about training, including how many domiciliary workers were trained in safeguarding, the Director of Adult Services said that the Council needed to ensure that its contractors provided the same training as the Council would. All contractors were registered with the Care Quality Commission which took training provision into account and safeguarding was a mandatory element. The Committee asked how confident the Council was that this reflected 100% of the workforce who had contact with service users and the Director said he would report back on the actual figure.

Members also asked why the majority of incidents (43%) happened within care homes and some felt this was worrying considering these should be the places where vulnerable people would be most safe. The Director of Adult Care explained that a large scale investigation, for example into a residential care home, was deemed to impact on all residents in the setting, and these would all then be listed separately as a potential victim of abuse. Such incidences would now be addressed as large scale institutional investigations. Also, there were more people within an institutional setting who were better equipped to raise concerns and increase the chances of a safeguarding issue being spotted.

Members also asked what happened when cases were 'not substantiated' and whether this determination would lead to any increased monitoring. The Committee noted that where an investigation concluded with 'not-substantiated' a final meeting would be held and next steps identified if necessary, for example, increased monitoring by a social worker.

The Committee asked whether people receiving care in their own homes were advised on how to report abuse, particularly those who may have dementia or serious learning difficulties. A social worker and reviewing officer would check understanding of this during reviews which happened at least annually. The main Adult Social Care telephone number was the contact and 'First Point of Contact' cards were made available. The Director Adult Services said that in cases of severe learning disability or dementia there was likely to be a large number of people involved in providing care but there would be a lead person with responsibility for that person and this would be set out in contracts.

The Director of Adult Services reassured Members that he would know at any period in time if an organisation might be failing and what safeguarding action was in place. Intelligence would be shared in such cases between HealthWatch, the Care Quality Commission and Clinical Commissioning Group and checks were made where necessary. If there was a failure to reach an appropriate standard within a set period of time additional action would be taken.

Attention was drawn to some errors in the report which the Director of Adult Services said would be corrected (pie chart page 10, and in paragraph 7.1 figure should read 48, not 448.)

Deprivation of Liberty Safeguards (DoLS)

The Director of Adult Services reported on the implications in a recent change of interpretation in law around the Deprivation of Liberty Safeguards. These were first introduced in 2009 as a way to keep someone in hospital or in a care home when the person needed to receive care and treatment but were unable to make this decision themselves. The Supreme Court had issued a decision earlier in the year on a number of cases which gave rise to significant implications in terms of the increase in numbers of people who would require assessments, even if they were compliant and happy. This also widened the setting in which deprivation of liberty became applicable and this now included supported living, foster care, shared lives schemes and domiciliary care.

The Committee heard that last year Shropshire had conducted 165 assessments in total but had received over 500 requests so far for this year. The process to grant an authorisation was complex, time consuming and costly, and the number of people qualified to carry out assessments was limited. Following an initial assessment review was also required within a maximum of a 12 month period, often much shorter periods of time.

When asked what action was being taken to address this, the Director of Adult Service reported that a formal approach for funding this new cost burden had been made to central government by the Local Government Association and the Association of Directors of Adult Social Services. The situation in Shropshire was being monitored on a monthly basis and some underspend was being used to fund this to date. A business case was being built around future requirements. There would also be a cost attached to any decisions which were challenged through the complaints procedure.

In response to a question from the Healthwatch representative, it was confirmed that every Deprivation of Liberty referral was considered by the DoLS Manager who would consider the urgency of the application and prioritise as necessary.

RESOLVED:

That the Director of Adult Services be asked to provide information through the Annual Safeguarding Report confirmation that people making referrals were informed that an investigation had been conducted and completed

That the Committee be provided with further information in the new year on the costs and challenges associated with the change in interpretation of Deprivation of Liberty legislation and the effect on the Social Care Budget

24 Adult Social Care Bill

The Head of Social Care Efficiency and Improvement delivered a presentation (copy attached to signed minutes) designed to brief the Committee on the Implementation of the Care Act in Shropshire, and following up on previous reports.

The outcome on the previous consultation on draft regulations and guidance for implementation of part 1 was expected in October but no major surprises were envisaged. Revised guidance was known to be an improved safeguarding section, and clarification in a number of areas to ensure better consistency with the legislation.

In responding to the Committee's questions regarding Shropshire's preparation for implementation, officers reported on the key issues facing the Council, the Programme Board Structure in place to provide governance, the project team leading implementation and the 11 workstreams each with a lead officer who would report to the Project Manager.

The presentation also covered funding streams, funding reforms (the care cap) and the impact of this and other financial burdens for Shropshire. A national communication programme was expected from November 2014 and Shropshire would develop a communication plan to all stakeholders based on real life experiences. The presentation concluded with the next steps required.

In response to questions, officers explained that there were potentially 10,000 carers within Shropshire who would become eligible for assessment. Data was being triangulated to refine this figure to allow the impact of this to be estimated.

The Committee also asked questions around the Funding Reforms, the separation of care and accommodation costs and the £123,000 upper capital threshold for means tested support in residential care and the £72,000 cap on total amount an individual would have to pay for care related costs.

The Committee asked for further information on this to be provided at a future meeting so it could better understand the situation.

RESOLVED:

That the Committee continue to monitor potential new burdens and implications of implementation of the Care Bill as necessary

That the Committee receive a future briefing to particularly clarify the impact of funding reforms once more guidance is available

25 Work Programme

The proposed work programme for the Committee was considered. A meeting had been planned for 24 October 2014 to consider Future Fit options for Emergency and Urgent Care Centres but Members agreed to put this item back as there had been a delay in the programme.

It was agreed that the 24 October meeting be used instead to look at performance of the West Midlands Ambulance Service.

RESOLVED

That West Midlands Ambulance Service be asked to attend the meeting on 24 October to address performance issues in Shropshire.

Signed (Chairman)

Date: