Shropshire Council

Date: Monday, 9 November 2020

Time: 10.00 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

3 Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 21 September 2020, TO FOLLOW

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 21 September 2020
10.00 am - 12.29 pm Virtual Meeting

Responsible Officer: Amanda Holyoak
Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

Present
Councillors Karen Calder (Chair), Madge Shineton (Vice-Chair), Roy Aldcroft, Gerald Dakin, Kate Halliday, Simon Harris, Tracey Huffer, Simon Jones, Heather Kidd and Paul Milner

57 Apologies for Absence

There were no apologies for absence.

58 Disclosure of Pecuniary Interests

No pecuniary interests were disclosed. Councillor Kate Halliday reported that she was a member of a professional body of which the addiction service in Shropshire is a Member of. Councillor Tracey Huffer reported that she was employed by a GP Surgery in Ludlow. Councillor Madge Shineton reported that she was a member of Health Concern Kidderminster Hospital.

59 Minutes

The minutes of the meeting held on 20 July 2020 were confirmed as a correct record.

60 Public Question Time

There were no public questions

61 Member Question Time

There were no Member questions.

62 Health and Wellbeing Board Subgroups

The Chair of the Health and Wellbeing Board introduced the paper before the Committee and outlined its membership, statutory duties, vision, objective and aims and mechanisms of delivery through sub groups. The Board was not able to instruct services to make changes but could challenge, reflect and recommend activity for commissioning partners. Success was dependent on positive engagement from all partner members.

In response to Committee comments and questions, particularly around the Joint Strategic Needs Assessment (JSNA), he reported that:

- The Co-chair of the Board took an active role and the Council's relationship with the CCG was good.

- He regretted that the JSNA was not yet where it should be. The Board would look to establish a narrative to set the context alongside the data available. The new Director of Public Health's background and ambition would help further identify health inequalities and need across Shropshire but the pandemic had put that work back considerably.

- The Board had last considered the JSNA at a time pre-pandemic, and had agreed the establishment of a working sub group across the system to consider how to progress it. It was intended to sub-regionalise the data to integrate with economic data and base that around the Place Plans. This would allow full understanding of the needs of communities in Shropshire, especially in relation to PCNs.

- Governance around the Board might appear complex but was clearer than many other parts of the health economy. The CCG Board and Council's Cabinet were the only responsible executives capable of making decisions. The Joint Commissioning Board worked to co-ordinate commissioning activities across the health and social care economy.

- Establishment of the STPs to attempt to bring together health care providers and commissioners to simplify and improve outcomes in local health and social care systems, had neglected to take into consideration existing Health and Wellbeing Boards. The Board now had a reasonable working relationship with the STP and along with Telford and Wrekin Health and Wellbeing Board, was starting to align activities and responsibility across the wider footprint of STP. Until primary legislation removed distinct Shropshire and Telford and Wrekin Health and Wellbeing Boards the disparate system would continue.

- There was now a considerable degree of co-ordinated work carrying on across STP and both Health and Wellbeing Boards. Having just one CCG would mean that commissioning of health and social care services would be further streamlined and simplified.

- The H&WB membership did not include a representative from the Area Pharmaceutical Committee. The H&WB had observer status on the Local Primary Care Commissioning Committee at which the Medicines Management Lead for NHSE was present.

- With regard to a suggestion made about a larger pooled budget beyond the requirements of the Better Care Fund - this would require a release of sovereignty over funds which was not a short term prospect in a system where all partners were stressed financially. However, jointly commissioned posts and jointly commissioned pieces of discrete work were possible.

- Co-ordination of drug and alcohol abuse services and clinical commissioning of mental health services was a source of challenge to the Health and Wellbeing Board. Responding to comments that there was a core of people being excluded from mental health services due to drug and alcohol problems, he said he would look at this with a view to bringing the issue to the Board. The Drug and alcohol strategy was currently

being updated and a consultation document under development. The importance of prevention, helping people early on and multi-agency working was recognised with strategies under development to engage local stakeholders.

- The Board continued to press for improvements in mental health service across Shropshire. The Council's Public Health Team had done some extremely good work in relation to mental health and suicide which had demonstrated the Council's ability too co-ordinate an approach and bring together a good strategy and encourage commissioning in support of that. It continued to request progress reports. The failings around SEND had been highlighted at Board meetings and progress had been frustrating. The Portfolio Holder for Children's Services advised on how the Health and Wellbeing Board could contribute to improving outcomes in children's services.

- The Scrutiny Officer reported that the SEND action plan was to be considered at the People Overview Committee shortly and the Chair said she would attend this meeting.

- The role of the Board's Commissioning sub-group besides commissioning of Better Care Fund activity was to look at opportunities and progress areas where there was shared ambition to commission services across the CCG. For example, hospital discharge work and two carers in a car. This work ensured the right vision and strategy and Social prescribing and preventative work had been considered by this group.

- The Chair of the Board reiterated that it could demonstrate best practice, evidence need, share and pull together a strategy for partners to buy into but ultimately individual organisations had sovereignty over funds and decision making.

The Committee observed that the pandemic had shown the importance of working together. The discussion had also underlined the importance of having a JSNA supplying evidence for more integrated commissioning. The Chair of the Health and Wellbeing Board said he absolutely agreed with this and the Board's commitment to progress the JSNA remained undiminished.

The Committee thanked the Chair of the Health and Wellbeing Board and Director of Public Health for attending the meeting and providing candid answers to questions.

AGREED

That a clear resourced plan to create the Joint Strategic Needs Assessment for health services be presented to the 25 January 2020 meeting along with further information about the work of the Commissioning Sub-Group.

63 **Improved Better Care Fund**

The Chair welcomed Tanya Miles, Deborah Webster and Patricia Blackstock to the meeting. They outlined the report and gave a presentation, copies are attached to the signed minutes.

In response to comments and questions raised by Committee Members, Officers explained that

- In developing a rural solution for two carers in a car, a pilot in the south west of the county was being carried out involving outreach services from care homes and utilising domiciliary care workers. It was confirmed that local members would be involved in conversations once it had been identified what was possible.

- There were multiple referral pathways for the two carers in a car service, including via Social Workers, GPs, A&E and the ambulance service. It was hoped to replicate all of these pathways once a rural area service was up and running.

- It was confirmed that the service could be used for of end of life care

- Some of the carers were nurses, this was not a requirement but an enhanced level of training would be needed for the job

- If the fund were to be removed, an equalities impact assessment would be conducted and savings elsewhere would be sought. ADASS And LGA had made powerful statements on the importance of the funding to the Health and Social Care Select Committee

- The clinical information accompanying the patient included that identified through the multi-disciplinary fact finding assessment on transfer to community hospitals

- Discharge to assess beds were contracted with providers and GPs were contracted to provide support to these.

- All discharge to assess beds were located in Shropshire. If a patient's GP was located over the Welsh border the GP support they received when in a discharge to assess bed would come from the GP contracted to supply it - but they would liaise as necessary with the Welsh GP

- Comments from a Member about lack of co-ordination around a discharge meeting were noted. Weekly meetings were held with Redwoods – and officers were aware of issues regarding the degree of support available in the community. Additional social work capacity was being directed into mental health.

- Lobbying central government to roll over the ICBF grant into base budget continued.

Members commented on the excellent work of the START team and were interested in hearing more about how it worked at a future meeting.

The Portfolio Holder for Adult Social Care reflected on the presentation and discussion during the meeting. He paid tribute to the fantastic team of officers delivering cutting edge schemes and deserved considerable credit. 100% satisfaction levels had been achieved by the two carers in a car scheme, and each scheme was making significant savings. The projects had delivered immediate impact and vastly reduced delayed transfers of care, helping avoid patient decompensation and hospital inquired infections. He reiterated that

the Health and Social Care system was now working together as never before and this was delivering huge benefits. If the IBCF funding came to an end these schemes would still need to be funded somehow.

The Scrutiny officer reported on work being undertaken by the Joint HOSC on mental health.

The Chair pointed out that the request for this item was to highlight risks of funding not being forthcoming into the future and the impact this would have on schemes which had demonstrated considerable benefits and savings and improved quality of life for Shropshire residents. The Committee asked for a further report once there was more known about the future funding position.

Officers agreed to circulate two recent documents from government – National Adult Social Care Winter Plan and Social Care Task Force Report. The Committee asked for more information about the Winter Plan for the next meeting.

The Committee thanked officers for attending and answering questions.

AGREED

That a report on the Adult Social Care Winter Plan be provided for the next meeting.

That a further report on IBCF be provided to the Committee once more was known about the future funding position.

64 **Work Programme**

The Committee considered proposals for its work programme. The Scrutiny Officer said he would add in the suggestions made earlier in the meeting and meet with the Chair to decide on best timing for these items.

A Member asked for an update on the Broseley Project and it was agreed that this would be circulated outside of a meeting.

Signed ..... (Chairman)

Date:

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