

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 30 March 2015
in the Avalon Meeting Room - Avalon Day Opportunities, Victoria Road, Oswestry,
SY11 2JE**

Responsible Officer: Amanda Holyoak
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Present

Councillor Gerald Dakin (Chairman)
Councillors John Cadwallader, Simon Jones, Heather Kidd, Peggy Mullock and
Madge Shingleton

57 Apologies for Absence and Substitutions

Apologies were received from Mrs T Huffer, Mr D Minnery, Mrs P Moseley, and Mr P Nutting. Mr K Pardy substituted for Mrs Moseley and Mr D Lloyd substituted for Mr Minnery.

58 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.

59 Minutes of the Meeting held on 9 February 2015

The minutes of the meeting held on 9 February 2015 were confirmed as a correct record.

60 Public Question Time

A public question (copy attached to the signed minutes) was received from Mr J Dodson relating to the Closure of the Westlands Residential Home in Wem. A response to the question by the Head of Social Care and Efficiency was tabled (copy attached to the signed minutes) and would be forwarded to Mr Dodson. Members noted that the Leader of the Council had also written to Mr Dodson to address the questions he had submitted to the Committee plus others he had asked.

61 Member Question Time

There were no questions from Members of the Council.

62 The Transformation of Adult Social Care Services

The Head of Social Care Efficiency and Improvement introduced a report, written by the Head of Social Care Operations, on the impact on the service user of the transformation of adult social care services (a copy is attached to the signed minutes).

The report was accompanied by a presentation which covered: the vision for the future of adult social care; the challenges faced; how the change process had begun; changing needs and expectations; the People2People and Step schemes; ways of being sure that what was being changed is working; how staff with specialist inputs had been brought together meet the needs of the patient; and feedback received from service users.

There was no longer the need to maintain a waiting list and 73% of cases were resolved by the time a call back was made, two weeks after the initial contact. Shropshire Council now spent less per case than any other Council and Care Homes in Shropshire had the fewest number of concerns raised with the CQC than any other county.

Following the presentation, Committee discussion and questions covered the shift of resources to the front end, the focus on reducing numbers going into residential care, with this becoming the least preferred option, and recent recruitment and increased numbers of Shared Lives carers. Members felt that the Shared Lives was helpful to support people in rural areas and their local communities.

Members who had visited the First Point of Contact reported on the excellent quality of service provided.

Members felt it would be useful to see data on hospital discharges for months other than December, and particularly January, when there had been a huge surge of demand. The Head of Service reported that January had been a particularly demanding month which had tested the system but that staff had risen to the challenge and had worked extremely hard over long hours. Members also asked that data for a more 'ordinary' month be provided and that axis of charts be labelled clearly when information was presented in future.

Members asked about implementation of the Care Act on 1 April 2015. Officers felt that the Council was as prepared as it was possible to be with staff trained appropriately. However, changes to funding arrangements from April 2016 for the second implementation of the Care Act were still not clear, and a national consultation on finance was about to end with guidance expected around Autumn time. It was not known how many self funders were approaching the threshold. The Service Manager reported that assurance had been given at a recent Department of Health consultation event that these would be fully funded, but details were yet to be confirmed.

In response to questions from Members, the Head of Social Care Efficiency and Improvement reported that:

- Recruitment of peer supporters was matching the demand for them
- There had been concerns that resources were focused in Shrewsbury but work was underway developing the Let's Talk model and services in rural areas
- Learning was continuous and change implemented quickly where necessary
- Commissioning of carer support services would take place later in the year and work was underway to get groups and businesses on board

A Member representing a rural electoral division bordering Wales asked whether cross border and information sharing issues were being addressed adequately for those living in Shropshire but registered with GPs in Wales. The Head of Service reported that such work came under the remit of the CCG, who were developing links with Community Care Co-ordinators. 80% of GPs now had Community Care Co-ordinators.

Adult Social Care was working with the Special Educational Needs and Disability Service regarding service users making the transition from Young People's services. Although it was unusual to find people who had been unknown to the Adult Social Care service this did happen occasionally.

The Healthwatch Representative referred to feedback received by Healthwatch, with a number of service users referring to concerns around the Carer Assessment and Respite Services and the emergency respite card system. Officers explained that this was a registration issue which had been reported at the Carers Partnership Board Meeting and raised with the organisation delivering the service. This issue would make up a component when re-commissioning of the service took place.

Members asked for a list of hubs, and the number of shared lives carers and it was agreed to circulate this information outside of the meeting.

The Chairman thanked the Head of Service for explaining the report and answering questions.

63 Local Account - Comparison of Performance Measures

The Performance and Design Team Leader presented a report produced to address the request of the Committee for information on the Adult Social Care Outcomes Framework (ASCOF) measures, direction of travel, and how Shropshire Council compared with other authorities.

The report gave Members the opportunity to review comparisons over time, with England averages and the average for other similar local authorities. Members discussed where they felt clarification was needed and potential topics for future scrutiny consideration.

Seven ASCOF measures were based on the annual nationally prescribed survey of people who receive Adult Social Care services. The 2014/15 survey was currently being completed and the published results would be available from Autumn 2015. For five out of these seven measures, performance was lower than the average for England and other similar authorities, and was in the lowest quartile. These were:

1A Social Care related quality of life score

1B Proportion of people who use services who have control over their daily life, as a percentage of respondents

1I Proportion of service users who reported they had as much social contact as they would like

3D Percentage of users who find it easy to find information about services

4A Percentage of users who feel safe

Overall, the comparison of the ASCOF measures reported in the Local Account showed that the significant majority had shown improvement over the three years of the data, with more than half comparing favourably both against the England and other similar local authorities averages.

Discussion of the measures particularly focused on the following:

'proportion of service users who reported that they had as much social contact as they would like', this was a new measure for 2013/14 and it was likely that Shropshire's bottom quartile ranking might be linked to the rural nature the county, which might increase peoples sense of isolation. A Member representing a rural electoral division emphasised that this was likely to stem from difficulties around accessing both information and services which could have a major impact on mental and physical health.

Permanent admissions of older people age 65 + into residential/nursing care homes, per 100,000 population. Members felt that there was a gap in between hospital and residential care where accommodation was needed. In referring to personal experience, a Member said he had felt a reluctance to send someone into a care setting who really needed to be there, which had ended up meaning a longer stay in hospital. Members discussed how the ICS project would address this sort of circumstance and the spike in care home admissions in January 2015.

Proportion of older people who were still at home 91 days after discharge from hospital into reablement services

Members noted that the latest figures should show an improvement, reflecting the Integration Community Services now in place in Shropshire.

'Social Care related quality of life score' Members noted that this was a little lower than the England average and felt that Shropshire's performance should be comparable with the family average. They noted that the expectations of people in Shropshire might be different in terms of quality of life and that it was important to look at this indicator alongside other qualitative data.

'Proportion of people who use services who have control over their daily life, as a percentage of respondents'

The Committee felt that performance was surprising and should be better due to the extent of personalisation in Shropshire. The Performance and Design Team Leader advised Members to consider this result alongside others. Although an improved result was anticipated for 2014/15, it was suggested that the Committee establish a working group including the Healthwatch representative to look into this particular issue in more depth. The Portfolio Holder said he would welcome work to understand this apparent anomaly. The Head of Social Care Efficiency and Improvement questioned if service users were relating the questions to the services they were receiving from Adult Social Care.

It was agreed to establish a group following the June Meeting of the committee and the following members indicated that they would like to participate in this work: Cllrs: Dakin, Jones, Shington, Mullock and Vanessa Barrett, Healthwatch Representative.

Officers agreed to bring draft terms of reference for the work to the June meeting of the Committee.

It was agreed that the Committee should re-visit the performance in the ASCOF measures derived from the User Survey in the Autumn, when the most recent survey results would be published.

It was confirmed that the Committee's Working Group on Performance indicators would be reconvening shortly to continue work with officers in developing reporting dashboards and presentation of data which would be made available at the 29 June meeting of the Committee.

64 Proposals for Committee Work Programme

It was confirmed that consideration of draft Terms of Reference for the proposed work to look at the measure '*Proportion of people who use services who have control over their daily life, as a percentage of respondents*' should be added to the work programme for the 29 June meeting of the Committee. It was also confirmed that the ASCOF measures derived from the User Satisfaction Survey be reviewed at the November meeting.

Signed (Chairman)

Date: