

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 29 June 2015
10.00 - 11.30 am in the Shrewsbury Room**

Responsible Officer: Amanda Holyoak
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Present

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

1 Apologies for Absence and Substitutions

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

2 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.

3 Minutes of Previous Meetings

The minutes of the meetings held on 30 March 2015 and 14 May 2015 were confirmed as a correct record.

4 Public Question Time

There were no questions from Members of the Public.

5 Member Question Time

There were no questions from Members of the Council.

6 Adult Social Care Performance Indicators

Members considered a report (copy attached to the signed minutes) which outlined the headline points demonstrated by the Performance Measures developed with the help of the Committee's Member Working Group. These had been designed to provide a comprehensive view of the impact and progress of the Adult Social Care New Operating Model, using the data for Quarter 4 2014 – 2015 and would help identify areas the Committee might wish to scrutinise further.

The following areas came under particular questioning and discussion:

Recording of contacts – officers confirmed that it was possible to identify if a person made contact again with the Council after the two week follow up call back. Once a contact was

made beyond two months of the original call it was recorded as a separate episode. Two thirds of contacts were resolved by the First Point of Contact or through a conversation.

Waiting list – it was confirmed that there was a 28 day referral process. The need for assessment was often driven by a person's capital reduction prompting a need for reassessment. The significant majority of requests for support were addressed following one contact. It was felt that this demonstrated that the new operating model and call back at two weeks was helping the majority of people access the support they required.

Form filling – some Members reported that they had heard that some forms were very complex but officers explained that one intention of the New Operating Model was that form filling should be proportional to the activity requested. However, forms around financial assessment were more complex, and particularly if there was any delay in submitting a declaration of resources.

Activity by Month – the rise in assessments shown in November – January time coincided with the hospital winter pressures and increased strain on the system. The Committee was concerned to note that this pressure had continued following the winter and not reduced since. The Chair reported on the Joint Health Overview and Scrutiny Committee's intention to scrutinise reasons for delayed transfers of care, and measures taken to alleviate these, at a meeting in the Autumn.

Presenting Issue – most significant areas included personal care needs and reduced mobility and these were related to Shropshire's older population.

Routes of Access – Members noted that accessing services following discharge from hospital looked low for 2014/15 but data from the Integrated Community Service would be included next time and it was likely the figures would be higher. Following a discussion on access to Mental Health services, the Chairman reported on work of undertaken by the Joint Health Overview and Scrutiny Committee in relation to mental health.

Service delivery following assessment – Officers explained that the chart represented average days per patient and that 'STMI' meant 'short term maximum independence', ie the Integrated Community Service. These figures were linked to pressures in hospital and would come under the consideration of the Joint HOSC in the Autumn.

All present acknowledged that less time in hospital led to better outcomes. Residential care would now be a very last resort and officers stressed the importance of the whole system working together. The Committee noted that 'short term support' covered rehabilitation support and domiciliary care.

Members asked about the relationship between capacity in residential homes and hospital discharges. Officers reported that the Council attempted to shape market forces to best effect and that there was capacity in residential care in Shropshire. It was confirmed that if a residential place was available at Council rate, the Council was obliged to use this one. A top up would be required if an alternative choice was made.

ISF Care Elements – It was confirmed that ISF stood for Individual Service Fund, a form of direct payment paid to a provider and that the figures related to numbers of people. The Committee requested that the next time this data was presented that it also be accompanied by personal payments, and council managed budgets.

Complaints

The procedure around complaints and their progression was explained to the Committee which noted the number received in 2014 – 2015 was 126.

Causes of complaint – The Committee felt it was useful to see the breakdown of causes of complaints. The most frequent causes appeared to be around quality and delivery of service and decision making. A Member asked if there was any way to measure the learning from complaints, other than considering the figures. Attention was drawn to the report which accompanied the dashboard but it was felt that one of the best measures of learning was to see if there was a reduction over time.

Outcomes by Team – the greatest number of complaints came within in People 2 People as this was the largest of the service areas, but these complaints were being considered carefully.

The Head of Social Care Operations said that one of the highest cause of complaint was 'do not agreed with decision' and this needed to be examined further to gain further understanding of issues around this.

The Committee noted that the complaints represented a small proportion of the huge number of contacts made over a year.

Safeguarding – The Head of Social Care Efficiency and Improvement confirmed that she would be considering the outcomes of a recent peer review of Children's Safeguarding.

The Committee went on to discuss the positive reception to the new autism hub but also identified the need for outreach services, particularly in rural areas. Officers explained that grant funding was being sought for outreach services.

The Committee were pleased with the way the information had been displayed in the dashboards and agreed that this would evolve over time. In the meantime it requested that:

- Explanation be provided of any abbreviations used
- All axis be labelled
- Care elements purchased to also include personal payments and council managed budgets as well as ISF.

It was confirmed that the next meeting of the Working Group would look particularly at the 'proportion of people who use services who have control over their daily life, as a percentage of respondents', as highlighted at the previous meeting.

It was also confirmed that all Members of the Health and Adult Social Care Scrutiny Committee would be invited to the meeting of the Joint HOSC in the Autumn looking at delayed transfers of care from hospital.

Members thanked officers for presenting the dashboards and answering questions.

7 Feedback from Quality Account Meetings

Feedback from Quality Account meetings had been circulated to the Committee (copy attached to the signed minutes). It was confirmed that the finalised Quality Accounts would be circulated to Members once available.

Members who had attended the meeting with SSSFT highlighted their concern around the CAMHS service being separate from adult mental health services. This appeared to be for historical reasons and it was agreed to write to the Health and Wellbeing Board and CCG to question whether these reasons were still relevant. Several Members reported of schools being frustrated with long waits for referrals to CAMHS and teachers having to deal with extremely complex cases they were not qualified to deal with.

8 Membership of the Joint Health Overview and Scrutiny Committee with Telford and Wrekin

RESOLVED: that Councillor John Cadwallader be appointed to the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee.

9 West Midlands Ambulance Service

The Chairman had asked that the most recent West Midlands Ambulance Service response time performance information be circulated with the agenda. Members of the Committee received this information on a monthly basis outside of formal meetings.

10 Proposals for Committee Work Programme

Proposals for the Committee’s work programme had been circulated to Members (a copy is attached to the signed minutes).

A Member suggested that the Scrutiny Committee should identify how the changes made in Adult Social Care translated into the savings required by the Council. Other Members emphasised the need for the Committee to focus on how the changes were impacting on service users.

The Chairman reported that he was currently looking into issues around tackling obesity to identify if scrutiny attention in this area would be helpful

The Committee noted that final guidance around Care Bill implementation on 1 April 2016 was expected October time, and a report would be provided to Members at that time.

Signed (Chairman)

Date: