



Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 19 June 2015

**Committee:  
Health and Adult Social Care Scrutiny Committee**

**Date: Monday, 29 June 2015**  
**Time: 10.00 am**  
**Venue: Shrewsbury Room, Shirehall**

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Head of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Adult Social Care Scrutiny Committee**

|                                  |                |
|----------------------------------|----------------|
| Gerald Dakin (Chairman)          | Pamela Moseley |
| John Cadwallader (Vice Chairman) | Cecilia Motley |
| Tracey Huffer                    | Peggy Mullock  |
| Heather Kidd                     | Peter Nutting  |
| David Minnery                    | Madge Shineton |

Your Committee Officer is:

**Amanda Holyoak** Committee Officer  
Tel: 01743 252718  
Email: [amandaholyoak@shropshire.gov.uk](mailto:amandaholyoak@shropshire.gov.uk)

# AGENDA

## 1 Apologies for Absence and Substitutions

## 2 Disclosable Pecuniary Interests

## 3 Minutes of Previous Meetings (Pages 1 - 8)

To confirm the minutes of the meetings held on 30 March 2015 and 14 May 2015 as a correct record.

## 4 Public Question Time

To receive any questions, statements or petitions of which members of the public have given notice. Deadline for notification is 4.00 pm on Wednesday 24 June 2015.

## 5 Member Question Time

To receive any questions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 24 June 2015.

## 6 Adult Social Care Performance Indicators

To consider a report **(to follow)** back to the Committee on the Performance Measures identified by the Member Working Group to provide a comprehensive view of the impact and progress of the Adult Social Care New Operating Model, using the available data for Quarter 4 2014 – 2015.

Also consideration is an update report **(to follow)** on Complaints for Adult Social Care to Quarter 4 2014 – 2015, as requested by the Committee at its meeting on 9 February 2015

To agree that the Member Working Group reconvenes in Autumn 2015 on publication of the Adult Social Care Survey results

## 7 Feedback from Quality Account Meetings (Pages 9 - 16)

To share the responses made to NHS Trust Quality Accounts and identify any issues for potential scrutiny attention.

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

To appoint a Member of the Health and Adult Social Care Committee from the Conservative Group to replace Councillor Simon Jones on the Joint Health Overview and Scrutiny Committee.

**9 West Midlands Ambulance Service (Pages 17 - 18)**

The Chairman has asked for the most recent response time performance information for Shropshire to be circulated with the agenda.

**10 Proposals for Committee Work Programme (Pages 19 - 20)**

The Committee's current work programme is attached for comment. The Cabinet Forward Plan is available from the link below

<http://shropshire.gov.uk/committee>

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## 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  
Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

#### **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, Shineton, 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: .....

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# SHROPSHIRE COUNCIL

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 14 May 2015**

**held in the Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND**

**Responsible Officer:** Amanda Holyoak

Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

### **Present**

Councillors David Minnery, John Cadwallader (Vice Chairman), Simon Jones, Heather Kidd, Pamela Moseley, Peggy Mullock and Madge Shineton

### **65 Election of Chairman**

Mr G Dakin was elected as Chairman.

### **66 Apologies**

Apologies for absence were received from Mr G Dakin, Mrs T Huffer and Mr P Nutting.

### **67 Appointment of Vice-Chairman**

Mr J Cadwallader was appointed Vice-Chairman.

### **68 Appointment of Members to Joint Health Overview & Scrutiny Committee**

The following Members were appointed to the Joint Health Overview and Scrutiny Committee with the Borough of Telford and Wrekin: Mr G Dakin, Mr S Jones, Mrs T Huffer.

The following voting co-optees were also appointed: Mr D Beechey, Mr I Hulme and Mrs M Thorn

### **69 Date of Next Meeting**

The date of the next meeting was confirmed as Monday 29 June 2015 at 10.00 am.

Signed ..... (Chairman)

Date: .....

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**NHS TRUST QUALITY ACCOUNT RESPONSES 2015**

**SHROPSHIRE COMMUNITY HEALTH NHS TRUST**

**Statement from Representatives of the Health and Adult Social Care Scrutiny Committee, Shropshire Council on the Draft Quality Account 2014/15 for the Shropshire Community Health NHS Trust**

**Submitted: 15 June 2015**

Members are satisfied with the contents of the Quality Account document, and feel that the priorities set by the Trust for 2015 – 2016 reflect the priorities of the people of Shropshire.

Members were pleased with performance in 2014 – 2015 and particularly commend achievements related to:

- Reduction in pressure sores
- Infection control which is at or below targets
- The high quality of the Patient and Carer Panel; training of Panel Members and volunteers; involvement of Panel members in 'Sit and See'; and establishment of quarterly meetings of the Panel with the Chief Executive
- The increase in numbers of meaningful annual appraisals
- The expansion of the staff training programme – (both in numbers and breadth of offer, especially in Minor Injury Units in Community Hospitals where it is intended that all staff are moving towards Advanced Practitioner level)
- Good scores in the Friends and Family Test
- An increase in the numbers of staff who recommend the Trust as an employer (Members would find it useful to see the actual figure)
- National recognition of the quality of the School Nursing Team

Members were pleased to see that meaningful action is taken following complaints or contacts through the Patient Advice and Liaison Service, Sit and See and other forms of feedback. They welcomed the formation of a Feedback Intelligence Group which will consider ways to use the large amounts of feedback gathered in the best possible way.

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Members noted the close relationship of the Trust with the Integrated Community Services Project. The outcomes of the ICS project will be an area which comes under scrutiny by the Committee in the coming year.

Members have also asked for more information about the working relationship between CAMHS and SSSFT and transition arrangements from one service to another. As there are no CAMHS beds available in Shropshire, they have asked for information about the number of out of county placements.

Members note that the NHS Safety Thermometer is primarily aimed at Acute Trusts and understand that the Community Health Trust needs to use this in conjunction with other indicators.

Members appreciate the Trust's commitment to data quality and accuracy and recognise the good progress made to date. They recognise this has been challenging due to the use of several different systems.

Members recognised the contribution the Trust has made to three national audits over the course of the year and pleased to note the increase in demand in conducting research using the Trust.

Members felt it would be helpful to include more detail about the role of the Trust, the areas it covers, and the number of patients it sees at the outset of the document. They welcomed the inclusion of a glossary and suggest that this be moved from the back to the front of the document

**ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS  
FOUNDATION TRUST**

**Statement from Representatives of the Health & Adult Social Care Scrutiny  
Committee, Shropshire Council, on the Draft Quality Account 2014/15 for the  
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust**

**Submitted: 15 May 2015**

Members of Shropshire Council's Health and Adult Social Care Scrutiny Committee commend the Trust on good progress with priorities identified in last year's Quality Accounts, and agree with the priorities identified for 2015 – 2016.

They believe the Quality Accounts demonstrate a commitment to continuous, evidence-based quality improvement and identify where improvements need to be made. They are particularly pleased to note the actions taken to transform existing hospital facilities.

Members found the Chief Executive's forward a helpful summary and welcomed the inclusion of a glossary of terms. They suggest that this be included at the front of the document, rather than at the end.

Members note that a mismatch of timings means that some performance data is not available for inclusion in the Quality Accounts, also that Welsh patients are not included in all of the national indicators in the Accounts. This is outside the control of the Trust.

Members are pleased to note good progress with roll out of the STAR assessment with six out of seven wards achieving green status which helps to ensure safe, sustainable, consistent and high quality care for patients within the care of the hospital. Members also congratulate the Trust on achievement of all CQUIN targets and note that registration with the CQC is without conditions.

Members welcomed hearing the impact of the use of the Medicines Safety Thermometer improvement, and commend the Rollout of a Dementia Friendly Environment across the organisation which will be increasingly important in the years ahead.

The Committee welcomes continued engagement between the Trust and the Health and Adult Social Care Scrutiny Committee in the forthcoming year.

Councillor Gerald Dakin  
Chairman, Health & Adult Social Care Scrutiny Committee  
Shropshire Council

## **SHREWSBURY & TELFORD HOSPITAL NHS TRUST (SATH)**

### **Statement from Representatives of the Health and Adult Social Care Scrutiny Committee, Shropshire Council on the Draft Quality Account 2014/15 for the Shrewsbury & Telford Hospital NHS Trust (SaTH)**

Members are satisfied with the contents of the Quality Account document, and feel that the priorities set by the Trust for 2015 – 2016 reflect the priorities for the people of Shropshire.

Members were pleased with performance in 2014 – 2015 and particularly commend achievements related to:

- Improving the experience of patients admitted with dementia
- Good progress in pressure ulcer prevention.
- Recruitment of a Falls Prevention Officer and number of falls being below the national average.
- Mortality rates are below the national average.
- Good achievement of CQuins targets.
- Hospital acquired infections below target.

Members welcome the initiative of extending visitor hours from midday to 8pm in a number of wards and the support this adds for patients at meal times.

Although some actions will not come to fruition until 2015/16, Members commend the proactive efforts of SATH in stepping up efforts to recruit nurses from Keele and Staffordshire Universities and also from overseas. Members encourage continued efforts to make nursing staff returning to the profession feel welcomed, with a flexible employment offer.

Members endorse continued work with partners on addressing Fit to Transfer patients and agreed that all stakeholders share the responsibility to enable people to go home as quickly as possible. The Committee will want to consider data to ascertain the success of measures taken in the coming year.

Members note that a mismatch of timings means that some key performance indicator data is not available for inclusion in the Quality Account. This is outside of the control of the Trust. Where data is available it is always welcome to have results from the previous year available for comparative purposes, including the Friends and Family Test and the Trust Wide Place assessment scores.



Members are pleased to see good participation in clinical audits and research.

The Committee recognise good work undertaken to include stakeholders and patients in contributing to the Quality Account. They recommend inviting representatives of the overarching Shropshire Patients Participation Group to future events.

Members are pleased that the Quality Account is more accessible to the public than in has been in previous years but have identified a few areas where more public facing language would be helpful. The use of a glossary is also welcome and it is suggested that this is moved from the back to the front of the document.

Members welcome the efforts of SATH in facing demand issues which are outside the control of the Trust. They are pleased with the Care Quality Commission recognition of the care and compassion from staff. They welcome continuing engagement with the Health and Adult Social Care Scrutiny Committee in the coming year and have requested an update on progress on the Trust Action Plan in six months.

Councillor Gerald Dakin  
Chairman  
Health and Adult Social Care Scrutiny Committee  
Shropshire Council  
20 May 2015

**SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS  
FOUNDATION TRUST**

**South Staffordshire and Shropshire Healthcare NHS Foundation Trust Draft  
Quality Account 2014 - 2015  
Statement from Representatives of the Health and Adult Social Care Scrutiny  
Committee, Shropshire Council**

**Submitted: May 2015**

Members were satisfied with the content of the Quality Account document and the priorities set by South Staffordshire and Shropshire Healthcare NHS Foundation Trust. They welcomed the inclusion of the glossary of terms, but suggested that it be relocated to the beginning of the document.

Members were reassured that the Trust had implemented a clinical information system that supported an electronic patient record, but were concerned that patient information was not accessible to other health bodies. They wished to reiterate the importance of information sharing between health service providers, particularly the Ambulance Service, to ensure that patients receive the best and most appropriate treatment without delay.

They were satisfied by the improvements made in the process for the transition of young people from CAMHS to Adult Services through the closer working of the two services, leading to a smoother transition for the service users. However, Members expressed concern regarding the removal of nursing staff based in schools and the detrimental impact this might have on the early diagnosis of mental health issues in children.

Members noted the lack of explicit reference to safeguarding of children and vulnerable adults in the report and request further information on SS&SH's position regarding safeguarding. They suggested that the final point under the 'Provider' heading on page 4 could be re-written and strengthened to reflect SS&SH's commitment to safeguarding.

The Members welcomed the initiative of undertaking the annual health check of patients on the SMI register by the Trust, but were concerned that GPs received funding to undertake this work and this initiative could lead to a duplication of costs.

Members also welcomed:

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- the priority to improve the quality of discharge planning for service users in psychotic stable care clusters 11 to 13 and improved GP access to consultants;
- the perinatal involvement and support for partners and other significant people; and
- the initiative of street triage. Members would welcome a future update on the outcomes of this pilot scheme. It was suggested that training could be offered to Police Officers on mental health issues.

Members noted that there were no forensic units for women located in Staffordshire or Shropshire, and request further information regarding the number of women from the Counties who are located in units outside of the area.

Members also noted the possible increase in healthcare needs once the University was established in Shrewsbury.

SS&SH's close working relationship with Health Watch was welcomed. Members were reassured that while SS&SH was working with other community voluntary groups, the organisation recognises the need to further improve its working relationships with those groups.

Councillor Gerald Dakin  
Chairman  
Health and Adult Social Care Scrutiny Committee  
Shropshire Council

**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

**Statement from Representatives of the Health and Adult Social Care Scrutiny Committee, Shropshire Council, on the Draft Quality Account for the West Midlands Ambulance Service NHS Trust**

**Submitted: 13 May 2015**

Representatives of Shropshire Council's Health and Adult Social Care Scrutiny Committee commend WMAS on achievement of the priorities identified in last year's Quality Account, and agree with the priorities identified for 2015 – 2016.

They believe the Quality Account demonstrates a commitment to continuous, evidence-based quality improvement and identifies where improvements need to be made. Members felt it would be useful for the Quality Account to include comparative data from other Ambulance Services.

Members were pleased to find the report accessible and easy to read. The inclusion of a glossary is welcome but it is suggested that this be included at the very beginning of the document rather than at the end.

Members acknowledge that the challenge of meeting rural targets will never go away. The efforts of WMAS in providing measures to mitigate this are positive. Members concurred with the prioritisation of patient experience and outcome over targets.

Members would like to thank the Trust for its generosity in officer time, information dissemination, and candour in responding to requests from the Committee. They have requested 3 monthly updates on progress on the Key Performance Indicators and progress against the Quality Account priorities

The Committee looks forward to continuing working with the Trust to ensure the best possible outcomes for the people of Shropshire.

Councillor Gerald Dakin  
Chairman  
Health and Adult Social Care Scrutiny Committee  
Shropshire Council

HASC 29/6/15  
Item 9.

HOSC & Healthwatch Report For May 2015/2016

| Post Code Area     | Red 1<br>(target 75% response within 8mins) |        | Red 2<br>(target 75% response within 8mins) |        | Red 2<br>(target 95% response within 19mins) |        | Green 2<br>(target 90% response within 30mins) |        | Green 4<br>(target 90% triage in 60mins) |        |
|--------------------|---|--------|---|--------|--|--------|--|--------|--|--------|
|                    | Inc Cnt                                     | Pass % | Inc Cnt                                     | Pass % | Inc Cnt                                      | Pass % | Inc Cnt  | Pass % | Inc Cnt                                  | Pass % |
| WS10               | 4   | 75.0 % | 171   | 70.8 % | 175  | 99.4 % | 172  | 91.9 % | 22                                       | 100 %  |
| WS5                | 0   | 0%     | 25  | 56.0 % | 25   | 100 %  | 32   | 78.1 % | 6  | 100 %  |
| WW14               | 1   | 100 %  | 8   | 87.5 % | 9  | 100 %  | 2  | 100 %  | 0  | 0%     |
| NHS Shropshire CCG |   |        |   |        |  |        |  |        |  |        |
|                    |   |        |   |        |  |        |  |        |  |        |
| CW3                | 0   | 0%     | 1   | 0%     | 1  | 0%     | 2  | 100 %  | 1  | 100 %  |
| DY12               | 0   | 0%     | 2   | 50.0 % | 2  | 50.0 % | 4  | 100 %  | 1  | 100 %  |
| DY14               | 1   | 0%     | 16  | 31.3 % | 17   | 64.7 % | 19   | 78.9 % | 2  | 100 %  |
| LD7                | 0   | 0%     | 1   | 0%     | 1  | 0%     | 1  | 100 %  | 0  | 0%     |
| LL14               | 1   | 0%     | 2   | 100 %  | 3  | 100 %  | 2  | 100 %  | 0  | 0%     |
| N/V                | 0   | 0%     | 2   | 0%     | 2  | 50.0 % | 2  | 100 %  | 0  | 0%     |
| SY1                | 15  | 86.7 % | 159   | 83.0 % | 174  | 98.9 % | 160  | 98.1 % | 20                                       | 100 %  |
| SY10               | 4   | 75.0 % | 58  | 51.7 % | 62   | 75.8 % | 33   | 100 %  | 9  | 100 %  |
| SY11               | 12  | 100 %  | 129   | 80.6 % | 141  | 90.8 % | 119  | 95.0 % | 14                                       | 100 %  |
| SY12               | 3   | 33.3 % | 33  | 27.3 % | 36   | 75.0 % | 28   | 96.4 % | 1  | 100 %  |
| SY13               | 9   | 33.3 % | 71  | 90.1 % | 80   | 85.0 % | 74   | 87.8 % | 5  | 100 %  |
| SY15               | 0   | 0%     | 2   | 0%     | 2  | 0%     | 1  | 0%     | 0  | 0%     |
| SY2                | 5   | 80.0 % | 71  | 80.3 % | 76   | 100 %  | 91   | 96.7 % | 20                                       | 100 %  |
| SY22               | 0   | 0%     | 1   | 0%     | 1  | 100 %  | 1  | 100 %  | 0  | 0%     |
| SY3                | 7   | 100 %  | 176   | 93.8 % | 183  | 96.7 % | 167  | 96.4 % | 5  | 100 %  |
| SY4                | 6   | 50.0 % | 76  | 39.5 % | 82   | 84.1 % | 82   | 97.6 % | 14                                       | 100 %  |
| SY5                | 6   | 33.3 % | 58  | 36.2 % | 64   | 95.3 % | 81   | 98.8 % | 13                                       | 100 %  |
| SY6                | 1   | 100 %  | 22  | 59.1 % | 23   | 78.3 % | 44   | 88.6 % | 3  | 100 %  |
| SY7                | 1   | 0%     | 27  | 63.0 % | 28   | 78.6 % | 40   | 87.5 % | 3  | 100 %  |
| SY8                | 3   | 0%     | 90  | 70.0 % | 93   | 96.8 % | 81   | 90.1 % | 5  | 100 %  |
| SY9                | 1   | 0%     | 13  | 46.2 % | 14   | 35.7 % | 9  | 66.7 % | 1  | 100 %  |
| TF10               | 0   | 0%     | 0   | 0%     | 0  | 0%     | 3  | 100 %  | 0  | 0%     |
| TF11               | 2   | 100 %  | 22  | 77.3 % | 24   | 100 %  | 30   | 100 %  | 3  | 100 %  |
| TF12               | 2   | 0%     | 20  | 10.0 % | 22   | 100 %  | 22   | 90.9 % | 9  | 100 %  |
| TF13               | 1   | 100 %  | 8   | 50.0 % | 9  | 100 %  | 16   | 93.8 % | 0  | 0%     |
| TF2                | 0   | 0%     | 1   | 100 %  | 1  | 100 %  | 0  | 0%     | 0  | 0%     |
| TF6                | 0   | 0%     | 0   | 0%     | 0  | 0%     | 1  | 100 %  | 0  | 0%     |
| TF8                | 0   | 0%     | 3   | 0%     | 3  | 66.7 % | 3  | 100 %  | 0  | 0%     |
| TF9                | 5   | 60.0 % | 108   | 56.5 % | 113  | 82.3 % | 91   | 94.5 % | 8  | 100 %  |
| WR15               | 1   | 100 %  | 9   | 55.6 % | 10   | 90.0 % | 10   | 70.0 % | 0  | 0%     |



**HOSC & Healthwatch Report For May 2015/2016**

|      | WV15 | 2      | 100 % | 30     | 73.3 % | 32     | 96.9 % | 34     | 100 % | 3     | 100 % |
|------|------|--------|-------|--------|--------|--------|--------|--------|-------|-------|-------|
| WV16 | 3    | 66.7 % | 74    | 66.2 % | 77     | 72.7 % | 86     | 93.0 % | 9     | 100 % |       |
| WV5  | 0    | 0%     | 1     | 0%     | 1      | 100 %  | 4      | 75.0 % | 0     | 0%    |       |
| WV6  | 1    | 100 %  | 2     | 0%     | 3      | 100 %  | 1      | 100 %  | 0     | 0%    |       |
| WV7  | 3    | 0%     | 25    | 32.0 % | 28     | 89.3 % | 30     | 90.0 % | 0     | 0%    |       |

| NHS Solihull CCG | Post Code Area | Red 1<br>(target 75% response within 8mins) |        | Red 2<br>(target 75% response within 8mins) |        | Red 19<br>(target 95% response within 19mins) |        | Green 2<br>(target 90% response within 30mins) |        | Green 4<br>(target 90% triage in 60mins) |        |
|------------------|----------------|---|--------|---|--------|---|--------|--|--------|--|--------|
|                  |                | Inc Cnt                                     | Pass % | Inc Cnt                                     | Pass % | Inc Cnt                                       | Pass % | Inc Cnt  | Pass % | Inc Cnt                                  | Pass % |
|                  | B14            | 0   | 0%     | 1   | 100 %  | 1   | 100 %  | 0  | 0%     | 0  | 0%     |
|                  | B26            | 1   | 100 %  | 22  | 95.5 % | 23  | 91.3 % | 37   | 86.5 % | 2  | 100 %  |
|                  | B27            | 0   | 0%     | 8   | 100 %  | 8   | 100 %  | 11   | 81.8 % | 0  | 0%     |
|                  | B28            | 0   | 0%     | 2   | 100 %  | 2   | 100 %  | 1  | 100 %  | 0  | 0%     |
|                  | B36            | 5   | 60.0 % | 100   | 60.0 % | 105   | 99.0 % | 112  | 90.2 % | 16                                       | 100 %  |
|                  | B37            | 13  | 69.2 % | 211   | 68.2 % | 224   | 98.7 % | 193  | 91.7 % | 26                                       | 100 %  |
|                  | B40            | 0   | 0%     | 7   | 71.4 % | 7   | 100 %  | 16   | 75.0 % | 4  | 100 %  |
|                  | B90            | 16  | 81.3 % | 173   | 71.7 % | 189   | 98.4 % | 232  | 88.8 % | 24                                       | 100 %  |
|                  | B91            | 14  | 92.9 % | 213   | 85.0 % | 227   | 93.0 % | 208  | 86.1 % | 20                                       | 100 %  |
|                  | B92            | 7   | 100 %  | 143   | 72.0 % | 150   | 99.3 % | 184  | 91.8 % | 21                                       | 100 %  |
|                  | B93            | 8   | 62.5 % | 67  | 82.1 % | 75  | 96.0 % | 91   | 84.6 % | 9  | 100 %  |
|                  | B94            | 1   | 100 %  | 11  | 36.4 % | 12  | 91.7 % | 6  | 100 %  | 0  | 0%     |
|                  | CV4            | 0   | 0%     | 0   | 0%     | 0   | 0%     | 1  | 100 %  | 0  | 0%     |
|                  | CV5            | 0   | 0%     | 1   | 0%     | 1   | 100 %  | 4  | 100 %  | 0  | 0%     |
|                  | CV7            | 2   | 50.0 % | 37  | 16.2 % | 39  | 94.9 % | 45   | 82.2 % | 5  | 100 %  |
|                  | CV8            | 0   | 0%     | 2   | 50.0 % | 2   | 50.0 % | 2  | 50.0 % | 0  | 0%     |
|                  | N/V            | 0   | 0%     | 0   | 0%     | 0   | 0%     | 1  | 100 %  | 0  | 0%     |

| NHS South East Staffs and Seisdon and Peninsular CCG | Post Code Area | Red 1<br>(target 75% response within 8mins) |        | Red 2<br>(target 75% response within 8mins) |        | Red 19<br>(target 95% response within 19mins) |        | Green 2<br>(target 90% response within 30mins) |        | Green 4<br>(target 90% triage in 60mins) |        |
|--|----------------|---|--------|---|--------|---|--------|--|--------|--|--------|
|  |                | Inc Cnt                                     | Pass % | Inc Cnt                                     | Pass % | Inc Cnt                                       | Pass % | Inc Cnt  | Pass % | Inc Cnt                                  | Pass % |
|  | B74            | 0   | 0%     | 10  | 80.0 % | 10  | 100 %  | 13   | 84.6 % | 1  | 100 %  |
|  | B77            | 6   | 83.3 % | 229   | 66.4 % | 235   | 96.6 % | 233  | 90.1 % | 34                                       | 100 %  |
|  | B78            | 2   | 100 %  | 94  | 93.6 % | 96  | 88.5 % | 80   | 77.5 % | 5  | 100 %  |
|  | B79            | 7   | 57.1 % | 128   | 66.4 % | 135   | 93.3 % | 191  | 89.0 % | 13                                       | 100 %  |
|  | DY3            | 2   | 100 %  | 13  | 76.9 % | 15  | 100 %  | 32   | 96.9 % | 0  | 0%     |
|  | DY6            | 0   | 0%     | 2   | 0%     | 2   | 100 %  | 4  | 100 %  | 1  | 100 %  |
|  | DY7            | 4   | 0%     | 17  | 5.9 %  | 21  | 90.5 % | 47   | 85.1 % | 4  | 100 %  |
|  | DY8            | 0   | 0%     | 2   | 50.0 % | 2   | 100 %  | 1  | 100 %  | 0  | 0%     |

| DATE   | ITEM   | REASON FOR UNDERTAKING   |
|--|--|--|
| <b>29 June 2015</b><br><br>Deadline for reports:<br><u>Noon</u> Thurs 18 June      | <b>Adult Social Care Performance Indicators</b><br><br><b>Feedback from NHS Trust Quality Account meetings</b> | Assessment of performance in key areas of adult social care  |
| <b>27 July 2015</b><br><br>Deadline for reports:<br><u>Noon</u> Thurs 16 July      | <b>Shared Lives and Community Living</b>   | Assess the impact of Commissioning out Shared Lives and Community Living   |
| <b>21 September 2015</b><br><br>Deadline for reports:<br><u>Noon</u> Thurs 10 Sept | <b>Annual Safeguarding Report</b>  | To consider the Annual Safeguarding Report which will include the impact of new responsibilities arising from the Care Bill  |
| <b>2 November 2015</b><br><br>Deadline for reports:<br><u>Noon</u> Thurs 22 Oct    | <b>Adult Social Care Customer Feedback</b>   | To consider complaints, comments and feedback, feedback from Healthwatch and ASCOF measures to ascertain how the council compares with other local authorities, identify progress over time and identify any potential topics for future Scrutiny consideration. |

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|  |  |   |
| <p><b>14 December 2015</b></p> <p>Deadline for reports:<br/><u>Noon</u> Thurs 3 Dec</p>    | <p><b>Integrated<br/>Community Services</b></p> <p><b>Adult Social Care<br/>Local Account – 2014<br/>to 2015</b></p> | <p>To assess the success of ICS across the county</p> <p>To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement.</p> |
|  |  |   |
| <p><b>8 February 2016</b></p> <p>Deadline for reports:<br/><u>Noon</u> Thurs 28 Jan 16</p> |  |   |
|  |  |   |
| <p><b>21 March 2016</b></p> <p>Deadline for reports:<br/><u>Noon</u> Thurs 10 March 16</p> |  |   |

**Future Information Requests / Potential Items for the Work Programme:**

- **The Health and Wellbeing Board has asked the Committee to look into measuring the outcomes of the ‘Year of Physical Activity’ launched in April 2015**
- **Annual Report of the Director of Public Health**
- **Monitoring of new burdens and implications of implementation of Care Bill – ongoing into 2016**
- The Forward Plan is available from

<http://shropshire.gov.uk/committee-services/mqListPlans.aspx?RPId=130&RD=0>