

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 27 July 2015
10.00 - 11.50 am**

Responsible Officer: Amanda Holyoak
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Present

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

11 Apologies for Absence and Substitutions

Apologies were received from Mr D Minnery and Mrs C Motley.

12 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.

The following members did not have a disclosable pecuniary interest but wished the following to be noted:

Mrs Shingleton – Member of Independent Community and Health Concern
Mrs Huffer - worked at a doctors surgery where Keele University were based for its work on osteoarthritis (agenda item 7)
Mrs Kidd – her daughter worked at Robert Jones and Agnes Hunt Orthopaedic hospital (agenda item 7)

13 Minutes of Previous Meeting

The minutes of the meeting held on 29 June 2015 were confirmed as a correct record.

14 Public Question Time

A public question was received from Mrs M Cosh, Senior Citizens Forum, in relation to the Better Care Fund Reference Group, its objectives, the future of the Group and plans for improving joint working between NHS and Local Authority care. A response was tabled (a copy is attached to the signed minutes) and it was confirmed that the next meeting of the Reference Group would take place in the next week.

15 Member Question Time

A Member Question from Mrs T Huffer in relation to Ludlow Hospital was brought up at the end of the meeting.

16 Shared Lives and Community Living

The Chairman particularly welcomed Managers, Carers and service users from Midland Heart and Positive Steps, the Community Living and Shared Lives services.

The Head of Social Care, Efficiency and Improvement introduced the report before Members (a copy is attached to the signed minutes) and explained that these two accommodation services for adults with learning disabilities had previously been Council provided services. The Community Living Service transferred to Midland Heart and Shared Lives service to Positive Steps during summer 2014.

Community Living Service – Midland Heart

Members heard that Midland Heart customers received levels of support from a few hours a day, to overnight or up to 24 hour support. Services were currently focused on Shrewsbury and Oswestry based in supported accommodation. It had established an Excellence Panel and individuals had been helped to access a range of community activities. A designated Community Fund had been established to help support people on limited funds to achieve some of their aims, ambitions and aspirations.

Emma Main, Operations Manager, outlined the 'Mythbreaker' holidays which were open to all Midland Heart customers. The holidays provided groups of people who historically had not had contact with each other to meet and participate in adventure based activities. One of Midland Heart's customers present at the meeting reported how much he had enjoyed the holiday and had experienced horse riding, abseiling and a zip wire.

Another Midland Heart customer talked about how well his voluntary work was progressing and his carer reported on dramatic progress in his independence skills. His previous 15 hours of care had now dropped to just 5.

Members were pleased to hear such positive feedback directly from service users and carers. They went on to ask a number of questions including:

- If the service was likely to grow beyond Shrewsbury and Oswestry for Shropshire residents;
- how long it generally took for someone who had been used to day centre care used to independent activities;
- Whether there were targets within the Council for future delivery;
- Whether a physical building was needed to work from;
- How Midland Heart could increase its offer in Shropshire;
- Were there any issues accessing physiotherapists or occupation health services.

The Head of Social Care Efficiency and Improvement explained that Community Living service was based on where people lived in supported accommodation, of which there was a limited amount available in rural areas. She also explained that there were no targets set as the service had transferred as a whole in 2014 and the Council was responsible for commissioning services where they were required. Any future developments would be subject to a procurement process and Midland Heart did participate in that but it was a very competitive market.

The Operations Manager explained the market was competitive because a shared property could provide a care base which was easier to grow from. 110 hours of care made a good care base and would offer more efficiencies if a staff team were based in one location.

In response to a question from a Member for a particularly rural electoral division, she also explained that Midland Heart did not offer traditional domiciliary services. Visits would never be shorter than one hour which meant that lack of premises was not such an issue as for other services. However, having to travel long distances did impact on costs and time. The aim was to develop services which met people's needs and kept costs down. The Member for Cleobury Mortimer reported that a new medical centre had spare capacity in her electoral division.

Members noted that it could take up to eight weeks to access a physiotherapist, and there was often a long wait before a referral was even acknowledged. There could also be long waits for occupational health services and equipment. The Committee suggested that this was a potential area of attention for the Committee and the Director of Adult Social Care referred to acute shortages of physiotherapists which would need to be followed up in the first instance with the Community Trust and Clinical Commissioning Group.

Positive Steps - Shared Lives

A carer working for Positive Steps explained how he and his family had shared their home with two adults with learning difficulties for eight years. The transfer from the Council to Positive Steps had been fairly seamless, excellent support was always available by telephone or in person, and there were good working relationships. He congratulated the council on having faith in the local community, and the excellent support offered by Positive Steps.

He also stated that social workers now seemed less accessible and there were now restrictions on taking on additional service users for respite periods, as short term day services at the Mayfair Centre in Church Stretton were no longer available.

The Head of Social Care, Efficiency and Improvement, explained that there had been a significant number of recent changes to day care in the county. She confirmed that from October, the Mayfair Centre would be able to offer a temporary service again. The Director of Adult Social Care acknowledged the comment with regard to social workers and referred to work undertaken in considering how best to use them.

A member representing a particularly rural electoral division expressed her support for Shared Lives and Positive Steps. She referred to a service user in her electoral division who had been able to obtain a secure home in a community she was used to and become more active than she ever had been.

The Committee expressed admiration for the carers, and emphasised the need to recruit more. They asked what was being done about increasing capacity for future years and asked if it would be possible to see a map of care provided across the county. They also congratulated Positive Steps on using carers who had been frustrated that they were not being used before the handover.

Members were pleased to hear endorsement of the services from those who used them and wondered why there was little provision in the Shrewsbury area. Two carers had been taken on in the Shrewsbury area since the transfer and it was intended to actively recruit in the Shrewsbury area as well as Market Drayton and Whitchurch. Members noted that the matching process was very detailed, and if the match did not appear to be right, then a pairing would not be made, even if the carer was located in the right geographical area for a service user.

Alison Glover and Diane Phillips from Positive Steps reported on intended promotional activity. Leaflets were to be circulated via GP Surgeries, Radio Shropshire was to be utilised as well as talks given at Business events and WI groups. A Member pointed out that many Shropshire patients were registered at Welsh GP surgeries close to the border and asked that leaflet distribution covered these practices.

A member asked about financial and contractual arrangements around the service and noted that the procurement exercise included evaluation criteria with weightings for both quality and price. Bids were competitive and the evaluation process was detailed. The contract period was five years with a possibility to extend for another two years.

Members also asked about demand and whether Council finances were constraining the service. The Director of Adult Social Care explained that both Positive Steps and Midland Heart provided good examples of better outcomes whilst spending less money than would be required by some of the traditional models of adult social care such as residential care. The law did not allow the council to turn anyone down if their needs met the eligibility criteria and Shared Lives offered a good quality, cost effective model.

In response to questions the Director referred to the significant overspend in Adult Social Care in the last year and Quarter 1 pressure from three areas: service users known to the Council but needing a change to care packages; self funders who were now at the threshold; and those coming out of hospital following an accident or illness with complex needs and who were new to the service.

It was hoped that expansion of Shared Lives would involve supporting more older people in local communities in addition to those with learning disabilities. However, older people tended to have a higher level of need and could be harder to place as some accommodation was not suitable and downstairs rooms with ensuite facilities were usually needed.

Shared Lives carers applauded the plans for expansion. However there had been just a 1% pay rise over the last 8 years and it would be important to bear this in mind for future expansion plans and not push good will too far as the cost of living changed over time.

In conclusion, the Committee felt that:

- the developments had been very successful in terms of outcomes for service users and were well placed to progress and expand. This would be essential to meet increasing demand on social care.
- It would be important to continue to monitor and track progress on a regular basis.

- It would be useful to gain greater understanding of geographic areas of provision through visual presentation using maps.
- it wished to encourage expansion of services to also cover mental health and older service users
- Recruitment of new Shared Lives Carers could be promoted to Parish and Town Councils through the Shropshire Association of Local Councils and also through the Local Joint Committees

The Committee expressed its appreciation to the Positive Steps and Midland Heart managers, service users, customers and carers for attending the meeting and sharing their views and experiences.

17 Orthopaedic Surgery in Shropshire

Dr Julie Davies, Director Strategy and Service Redesign, Shropshire Clinical Commissioning Group, introduced the paper before members and gave a presentation on the CCG's proposals to change the pathway for patient referrals for hip and knee replacement surgery. (a copy of the report and presentation are attached to the signed minutes) She explained:

- the context for the proposals;
- benchmarking information – which showed the CCG was an outlier in spend compared to other similar CCGs;
- The case for change and reducing the variation in procedure rates;
- The details of the proposal;
and
- plans for further patient and public engagement.

In considering the information presented to them, the Committee commented, asked questions and raised issues relating to:

- The availability of alternative options, such as physiotherapy, as it was understood there was a shortage of physiotherapists in Shropshire;
- The need to recognise that Shropshire had more agricultural and forestry workers and therefore the figure for hip and knee replacements should be expected to be higher;
- Whether cancellations of scheduled operations, including at hospitals outside of the county, contributed to pressure at Shropshire's hospitals;
- Whether putting an operation off until later might increase the clinical risks, as a patient would have aged in that time;
- Whether peer CCGs used a similar cut off score
- Information about the review carried out in 2014
- Whether hip and knee surgery being seen as routine was an issue
- The potential impact of the move in Worcestershire to carry out all orthopaedic surgery at the Royal Alexandra Hospital in Redditch

In response, Dr Davies reassured Members that comparisons had been made with comparative CCGs in terms of work and ethnic mix, age, deprivation and rurality.

She acknowledged the challenge around provision of physiotherapists which would need to be factored into any decision made. A complete physiotherapy review was planned to help balance and ensure resources were in the right place.

She reported that some peer CCGs had adopted similar scores although others did not use the same scale. If the CCG did decide to change the threshold, it would be kept under review on an annual basis. Members noted that there would always be clinical exceptions to the scoring procedure.

In terms of cancellations of scheduled surgery, this was constantly under consideration and a booking and scheduling review under way. However, this was not a particular issue at Robert Jones and Agnes Hunt hospital as it did not deal with emergency cases.

Dr Davies confirmed that hip and knee surgery was viewed as being fairly routine. However, it did involve risks and she acknowledged that these risks could increase as patients got older. The Director of Public Health reported that in general, the less surgery people had, the better they were. He also highlighted that delaying initial surgery meant less chance of replaced joints wearing out. Research conducted by the University of Birmingham on ageing in conjunction with clinicians had demonstrated the disadvantages of surgical intervention unless it was really needed.

Dr Davies also emphasised that proposals were not just about saving money but about best use of resources to ensure the best care overall for Shropshire patients. The proposals needed consideration as part of efforts to ensure the whole health care system of patient care would be sustainable for the future.

Members commented on the good quality of the analysis within the paper and the work undertaken on maximising use of alternative action against surgery, such as the pilot work on osteoarthritis delivered by the University of Keele and Arthritis Research UK in the south of the county. The Committee felt that taking a position to wait until the optimum point for getting the best outcomes from surgery was the right thing to do. It was hoped that if the right balance was achieved through conservative management that the need for a scoring threshold may no longer be needed.

The Committee went on to ask about plans for public engagement and stressed the need for the public to be helped to understand the potential change.

Mathew James, Head of Governance and Involvement, explained plans for advertising the proposals which would involve utilising the Association of Local Councils, Healthwatch, local Patient Groups, the Voluntary and Community Sector and local newspaper. He welcomed any further suggestions for accessing networks and the Committee suggested that Mrs Cosh, Senior Citizens Forum, be asked to help this. A series of listening workshops was also planned across the county, to allow discussion of the proposals and gain people's views.

The Healthwatch representative confirmed that Healthwatch was happy to be involved with targeted engagement activity, and if the change did take place could also monitor activity and responses to it. She also welcomed plans for better primary care management which fit in well with the Community Fit part of Future Fit.

In conclusion, the Committee agreed that the proposal for a more conservative management pathway for patients accessing hip and knee replacement surgery in Shropshire was an appropriate way forward, and emphasised the need for any changes to be kept under careful review.

18 Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee - Terms of Reference

The Committee noted that this item would be presented at the September meeting.

19 Proposals for Committee Work Programme

The Committee received the proposed work programme.

20 Member Question Time – Ludlow Hospital

Councillor Tracey Huffer expressed concern that a ward had been shut at Ludlow hospital with just a week’s notice and without any consultation. Concerns had been raised with her about who had made the decision, the rationale behind it, whether it would be permanent, why there had not been any consultation and whether it would threaten the sustainability of Ludlow Hospital. She was also concerned that the closure would lead to single sex wards and that the ability to meet winter pressures would be compromised.

It was agreed that the Chairman would write to Shropshire Community Health Trust on behalf of the Committee seeking clarification of the rationale for the changes and how they would impact on local service provision.

Signed (Chairman)

Date: