



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

Date: 17 July 2005

Committee:
Health and Adult Social Care Scrutiny Committee

Date: Monday, 27 July 2015

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

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)

John Cadwallader (Vice Chairman)

Tracey Huffer

Heather Kidd

David Minnery

Pamela Moseley

Cecilia Motley

Peggy Mullock

Peter Nutting

Madge Shineton

Your Committee Officer is:

Amanda Holyoak Committee Officer

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AGENDA

1 Apologies for Absence and Substitutions

2 Disclosable Pecuniary Interests

3 Minutes of Previous Meeting

To confirm the minutes of the meeting held on 29 June 2015

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 22 July 2015.

5 Member Question Time

To receive any questions, statements or petitions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 22 July 2015.

6 Shared Lives and Community Living

To review the transfer out from the Council of two accommodation services for adults with learning disabilities (Shared Lives and the Community Living Service) to external providers at the end of year one of the contract.

Providers and service users will attend the meeting and a report is attached.

7 Orthopaedic Surgery in Shropshire

The Chairman of the Committee has asked Shropshire CCG to share its thoughts and proposals for orthopaedic surgery in Shropshire and the suggested engagement activity with the public around these proposals

8 Proposals for Committee Work Programme

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-services/>

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

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:



Committee and Date
Health and Social Care
Scrutiny Committee

27 July 2015

10.00 am

Item

6

Public

Update on Accommodation for Adults with Learning Disabilities – Community Living Service and Shared Lives Service

Responsible Officer Ruth Houghton. Head of Social Care: Improvement and Efficiency

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Tel: 01743 253093

1. Summary

- 1.1 This report provides an update on two accommodation services for adults with learning disabilities that transferred from the Council to independent providers during the Summer 2014.

2. Background

- 2.1 In March 2014 Shropshire Council's Cabinet approved the transfer of two accommodation services for adults with learning disabilities from the Council to an Independent Provider.
- 2.2 The two services that transferred had been in house Council provided services for a number of years.
- 2.3 The services were registered with the Care Quality Commission (CQC) and the Council was registered as the provider.
- 2.4 The Community Living Service transferred to Midland Heart.
- 2.5 The Shared Lives service transferred to Positive Steps.

3. Recommendations

- A That Members review and comment on the service developments achieved by both Providers since transfer of the services from the Council
- B That Members review the geographic areas of provision in relation to the Shared Lives service and consider how the service may be promoted in local areas to encourage the recruitment of new Shared Lives Carers.
- C That Members consider any further areas for improvement in both services.

4. Risk Assessment and Opportunities Appraisal

- 4.1 When the services were transferred in 2014 an Equality Impact Needs Assessment (EINA) was completed for each service and provided to Members for consideration when making the decision to transfer the services to the external independent providers.
- 4.2 In addition a number of risks were identified in the exempt report in relation to the shared lives service and the contract award to Positive Steps. These risks were not detrimental to either the Council or the Provider and related to the Council contracting with a newly formed company without a trading history but albeit with very experienced staff in the delivery of shared lives services. The risks were set out with the appropriate mitigating actions thus enabling Members to make an informed decision on the contract award.
- 4.3 Both providers have used the last 12 months to establish and embed their services into Shropshire. As new providers in Shropshire they have added additional diversity to the care sector and provided further opportunities for career development by staff within the wider sector.
- 4.4 Both providers now have the opportunity to expand and develop further their Shropshire offer. Midland Heart have expressed an interest in a number of new services that have been tendered recently in Shropshire and whilst not having been successful to date for various reasons have progressed through the shortlisting to the final selection stages in what have turned out to be very competitive tenders.
- 4.5 Positive Steps have successfully recruited additional shared lives carers across the County primarily for adults with learning disabilities. The opportunity is to build on this successful recruitment with a view to recruiting carers that can support older people, more people with mental health needs and more people with a physical disability for short periods of respite. This reduces the reliance on higher cost care home placements, supports people to stay in their own communities connected to friends and neighbours as well as providing an economic advantage to more rural areas by enabling local people to earn an income whilst being home based.

REPORT

5. This report is in two parts. Part 1 relates to the Community Living Service and Part 2 the Shared Lives Service.

5.1 Part 1 Community Living Service

The Community Living Service was an in-house CQC registered domiciliary care service provided by Shropshire Council until June 2014. In June 2014 the service transferred to Midland Heart following a competitive procurement process.

At the point of transfer on 9th June 2014 Midland Heart received 61 staff under TUPE and there were a number of vacant posts.

The present staffing compliment remains at 61; during the last 12 months 11 staff have left for various reasons and 11 new staff been recruited.

- 5.2 At the point of transfer there were 17 geographic locations supporting 36 customers. There are now 18, supporting 37 customers; 3 x 24 hour services in Oswestry, 1 x 24 hour service in Much Wenlock, 5 x 24 hours service in Shrewsbury and a further 9 locations within these areas where the support is not provided on a 24 hour basis.

Service Developments

- 5.3 Midland Heart have supported individuals to access a range of community activities, some examples include:

June 14: Providing transport to enable customers from all areas of the service to come together, have a meal and watch a live England World Cup football match at the Brooklands Pub in Shrewsbury.

July 14: Supporting 2 individuals to achieve their ambition of taking a helicopter flight.

Sept 14: Holding a fun day in Hereford which all service users were supported to attend.

Sept 14: Supporting a group of individuals to go fishing with The Albrighton Trust.

Nov 14: Three people attended a 5 day "Myth Breaker" activity holiday with other users from across the Midland Heart business, in April 15: This was followed in by another individual joining a "Myth Breaker" holiday as mentioned above.

The Midland Heart myth breaker holidays are open to all Midland Heart customers (service users). These can include younger people in supported housing schemes, older people, people with mental health needs and people with physical disabilities. The events are adventure based activities that support individuals to work and socialise together and are designed to break down preconceived "myths" about what people can or can't achieve because of their age, disability or vulnerability.

Various activities and opportunities have been facilitated and enabled in the last year, including; a coach trip to see the Blackpool lights, holidays in Derbyshire, the Isle of Wight, Great Yarmouth and Wales, trips to the zoo, pantomime, shopping and to see the ballet.

5.4 Individual highlights for service users

- a) Service user SD:

SD: has achieved sufficient independence in the last 8 months that his 1-1 support has reduced from 15 to 5 hours/week. SD volunteers at two museums (Ludlow and Shrewsbury). The placements were initially fully supported. SD now travels to, and attends, his placements independently and he is held in high regard by museum staff.

On 22nd April, the Volunteers of Shrewsbury Museum and Art Gallery received a Gold Mayoral Award "in recognition of their achievements towards promoting Shrewsbury as a friendly and courteous place". SD was one of 3 people receiving the award from the Mayor on the behalf of the volunteers.



Also, having had support to develop IT skills, SD recently asked for help to buy a Tablet so that he can send and receive his own emails. By purchasing his own Tablet he has been able to send/receive emails and research history and topics of interest to customers at the Museum and his fellow peers

b) Service user TF:

TF: Had initially found it difficult to deal with not accessing day services however alternative activities had been identified in his local community and TF was supported to engage with local walking groups instead. TF went on holiday independently for two weeks over the Christmas and New Year period at the Bond Hotel in Blackpool. TF said he wanted to buy a bicycle for his birthday and he was supported to do this in April. He has since booked onto classes to learn road safety and cycle maintenance.

c) Service user CS:

CS: Was discharged from hospital in July 2013 with palliative care and a life expectancy of 4 weeks, after developing aspirated pneumonia on several occasions. Staff were trained in PEG feeding and all aspects of CS's care, initially with daily visits from nurses and specialists. Since then, staff have worked closely with physiotherapists and CS and have successfully reintroduced Hydrotherapy and physiotherapy and CS is engaging and positively responding. CS and another customer were supported to go on days out to the Shrewsbury flower show last year, Chester, and the theatre in Wolverhampton to see "Dirty Dancing".

d) Service user CB:

CB: Midland Heart have introduced Care & Support Customer Awards based on six core values. Customers can be nominated by other customers or staff. CB was shortlisted and went on to win an award for empowerment in April 2015. CB attended a gala dinner in Birmingham to receive his award. CB together with PH are members of the Midland

Heart Excellence Panel and attend meetings where they look at services and decide whether customers are receiving the right support, social activities and living spaces. The Excellence Panel feeds back to the Care and Support board.

- e) Service user DS:
DS: Was concerned that he might not see his elderly grandmother again. Staff supported him to go on a day trip to London where he saw his grandmother and visited Harrods.

5.5 Midland Heart have their own designated community fund that can support people on limited funds to achieve some of their aims, ambitions and aspirations. This is new and additional funding available to people in Shropshire with a learning disability that are supported by Midland Heart and an additional benefit to the County from appointing a larger external provider.

5.6 Part 2 Shared Lives Service

The Shared Lives service transferred in June 2014 to Positive Steps a newly formed local organization. In the 12 months since the transfer of the Shared lives service to Positive Steps there have been the following developments:-

The new provider has developed the service through recruiting new Shared Lives Carers. The table below indicates the improvements made in increasing the number of shared lives carers over the last 12 months.

There are currently 4 long term vacancies and a matching progress currently underway between carers and service users to ensure that these are used appropriately. There are a number of respite vacancies.

Table 1 Recruitment of new Shared Lives Carers

	Point of Transfer	July 2015
Number of Shared Lives carers	36	45 Long term 25* Short term 20 *11 of these carers also provide Short Term replacement care
Number of people supported	72	69 Long term 34 (includes LD 22, MH 1, ABI 1, MH/LD 10) Short term (replacement care) 35 (includes LD 33 and PD 2)

The development of the Shared Lives service supports people to live in their local communities including for periods of respite. The tables below indicates the number of long and short term Shared Lives carers in each geographic location of the county and the location of carers by town and village

Table 2: Geographic location of Long and Short Term Carers

Location of Shared Lives Carers		
	Long Term	Short Term
North	10	9
South	12	6
Central	3	5

Table 3: Location of Shared Lives Carers by Town and Village

South	Central	North
Bishops Castle	Shrewsbury	Lake Vyrnwy
Pontesbury		Market Drayton
Craven Arms		Llanrhaedyr
Little Stretton		Ellesmere
Priest Weston		Oswestry
Morville		Nesscliffe
Highley		Bomere Heath
Wrentnall		Whitchurch
Broseley		West Felton
Leintwardine		Whittington
Bridgnorth		
Cressage		
Telford		
Ditton Priors		
Neenton		

The process for recruiting Shared Lives carers includes approval by a Shared Lives panel. Three panels have been held in the last 12 months since the transfer at which 10 new carers have been presented and approved.

Positive Steps have also deregistered carers who have retired and some who have been 'inactive' since point of transfer.

Positive Steps report that in their experience new carers joining Shared Lives prefer to start with offering respite/replacement care initially although out of the 10 new carers recently recruited 3 are at the point where they are looking for permanent matches and the Provider is working towards fulfilling that need.

The service, through additional carer recruitment, has extend across the County through the recruitment of carers into more rural areas. This has been beneficial in enabling respite to be provided in a person's local community retaining contact with friends, neighbours and local activities.

As a new provider a condition of contract award was that Positive Steps became a member organization of Shropshire Partners in Care (SPIC).

This has enabled the Provider to access subsidised and specialist training for Carers as well as providing a useful peer support opportunity for the new business in the Shropshire care sector.

Service Developments

- Positive Steps are working closely with local Advocacy Groups and have commissioned one of the groups to promote an independent steering group for service users to evaluate and look at new ways of working in taking the Shared Lives forward as well evaluating, as peers, the quality of the accommodation, support and care provided.
- Positive Steps have produced the paperwork provided for service users in an easy read format.
- Positive Steps have reviewed the Shared Lives Approved Panel for the approval of new carers and also used this review to revise and streamline the approval process.
- Positive Steps have set up 6 weekly drop-in sessions at locations around the county where carers have the opportunity to meet the Registered Manager ensuring that they feel part of the shared lives care team as well as providing the opportunity to raise concerns or questions that can be promptly addressed.
- Positive Steps have commenced reviewing the service by the use of questionnaires with Shared Lives Carers. Further information is provided on this in Appendix A.
- Positive Steps as a new business in Shropshire have become members of Shared Lives Plus (a national shared lives organisation), Shropshire Partners in Care, Shropshire Chamber of Commerce, Shropshire RCC, and Skills for Care thus ensuring that they have access to the appropriate business support both in relation to care, volunteer support and business development.
- Positive Steps have established a shared lives website which has been revised to include a 'members only area' which is password protected and exclusively for Shared Lives carers. This gives shared Lives carers access to up to date Handbook, Policies & Procedures and regularly used documents within the service.

5.7 Summary of support offered:

Shared Lives Services offers support in a family environment to individuals assessed as having a learning disability, a physical disability, a frail older care need or mental health care.

- Individuals using Shared Lives service have the opportunity to share the daily life of the carer and their family and friends and to live an ordinary domestic life in the same kind of home as others in the local community.

- An individual in a Shared Lives arrangement is supported by the carer to live an independent life, as well as being supported in making their own choices and living the kind of life they want to live.
- Fundamental to any Shared Lives arrangement is the promotion of the physical, emotional and spiritual wellbeing of the person placed and their protection from abuse and harm.
- Positive Steps aims to offer high quality and well-matched placements to racially and culturally diverse communities of Shropshire.
- Positive Steps aims to offer a service to individuals who may use the service for both respite and long term living arrangements, with well-matched Shared Lives carers as well as the possibility of day time support only as well.
- Positive Steps aims to continuously evaluate and improve the quality of service it offers and has consulted with carers through the use of questionnaires over the last 12 months. As a CQC registered service it is important that Positive Steps can demonstrate how it delivers a quality service as well as demonstrating how it responds promptly to matters raised by service users and carers

Training for Shared Lives Carers

Positive Steps have commissioned and delivered bespoke training for Shared Lives carers which has been valued by the Carers who have accessed the training. This is a continuing aspect of the service to ensure that shared lives carers are skilled and competent in meeting the needs of the people that they support. Positive Steps have also produced and implemented an Induction Process for new carers again ensuring that the correct skill base is available to support individuals.

A summary of the Training Courses provided and number of Carer attendees is listed below:

Training Course	Number of Courses	Number of Attendees
New – medication in Care	2	23
New – Health and Safety in Social Care	2	23
New – Safecare / MAPA	2	21
New – Recording for Staff	1	11

- These courses have been developed in close conjunction with Joint Training and have been tailored so that they are more relevant to the specific requirements of Shared Lives Carers. Joint Training have been very helpful as they have shared Course Evaluation sheets with Positive Steps. A recurring theme is that Shared lives carers are saying that that they prefer training to be delivered in group courses

undertaken in this way as it is a good opportunity for them to meet and share experiences. All of the Positive Steps team have attended the training in order to fully appreciate the issues faced by carers.

- Positive Steps are in the process of commissioning a course on Infection Control.
- Historically, Shared Lives Carers have had poor attendance records for training mainly due to the home based nature of their work. Positive Steps have managed to increase attendance levels by offering bespoke courses and running them in two locations i.e. Shrewsbury and Oswestry.

These are in addition to other existing courses deemed mandatory by Positive Steps to ensure compliance with registration.

Positive Steps: Carer Survey

Positive Steps have undertaken a survey with Shared Lives carers during the first 12 months of the contract.

The number of responses (66%) is encouraging as are the positive comments received. The findings of the survey are being built upon by seeking 5 volunteers from each of the Carers and Service Users groups to set up steering groups to work alongside the provider to improve the service.

The survey and a summary of the results and comments received is attached at Appendix A.

6. Conclusions

- 6.1 Both services continue to develop, both in the scheme expansion and in supporting individuals to live in local communities, take part in activities and events that are important to them.
- 6.2 For Midland Heart a significant amount of work has been undertaken in relation to individual service users achieving their goals and aims and aspirations. For some of the supported living properties this has involved a significant amount of work on finances and the management of group home accounts ensuring that individuals have access to the appropriate level of benefits and are supported to make purchasing choices as well as learning how to budget and shop thus creating further independence. Additionally Midland Heart have used the past 12 months in establishing themselves as a new Care Provider in Shropshire. Future work will need to build on this and seek the views of users and carers in the service.
- 6.3 For Positive Steps this first 12 months has focused on scheme expansion and the training of shared lives carers as well as establishing Positive Steps as a new care company in Shropshire. Further work will need to focus on expanding the shared lives offer to a wider client group than presently including a respite offer for older people.

Both services transferred out of the Council following a significant amount of preparatory work in designing the tender packs and in evaluating the

competitive bids that were submitted. Officers have used this experience to further develop and enhance their skills and expertise in transforming and recommissioning other service areas in Adult Social Care whilst ensuring that the users of the service remain supported and experience as little disruption as possible.

List of Background Papers

(This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Councillor Lee Chapman – Adult Services and Commissioning (South)

Local Member

All – this is a countywide matter.

Appendices

Appendix A – Carer Questionnaire Responses



CARER QUESTIONNAIRE FEB 2015

POSITIVE STEPS SHROPSHIRE LIMITED SHARED LIVES SERVICE – RESPONSES

NUMBER ISSUED 36

NUMBER RETURNED 24

1.	Are you clear about your role and responsibilities?	Yes 24	No 0
2.	Do you have access to training?	Yes 24	No 0
3.	Do you understand the term “safeguarding”?	Yes 24	No 0
4.	Have you received training relating to safeguarding?	Yes 22	No 1
5.	Do you feel supported in your role?	Yes 23	No 0
6.	If you didn’t know how to do something could you ask a manager for help?	Yes 24	No 0
7.	Do you have supervision?	Yes 21	No 3
8.	If you need urgent support and advice could you get This from one of the management team?	Yes 22	No 0
	Don’t know - 1		

9. How do you feel about working in the service today?

Excellent service with very responsive and helpful staff. We have been very pleased with the service since it started.

I think it's accessible, friendly and informative.

Very comfortable and confident.

I enjoy working in the service and value my job but have concerns with council changes, how much is it going to change our service ??

We'll be happier when positive steps take over the finances ! You are all doing a fab job.

It's more relaxed with help and information given when needed.

After working two decades in the service I currently feel the happiest. Quality for clients and carers has improved. I feel we as carers are regarded as part of the team and this is reflected on a number of things. Our needs are listened to which is refreshing, the changes have been welcome and I for one regard the positive steps the best provision we have had to date, so sincere thanks there's a real touch of realism and this increases confidence as I endeavour to commit to providing my client the very best of care.

I have only just started working for the services, but the support and help has been wonderful !!

I am really looking forward to the prospect of providing respite for individuals, and I am ready for the challenge of taking my working career in a different direction as in the past I have worked in residential and day services.

I enjoy working with positive steps the team is friendly and supportive. No issues or complaints regarding the service given by positive steps. Areas that could be assisted with are the service users and carers discounts and activities in the community. **We have produced a newsletter and asked for information, ideas etc. to be shared with us so that we can let everyone know. We have been letting carers know about specialist holiday companies, the Autism Hub and the work of the Basil Houghton Trust.**

I feel very positive about the service. I feel very supported and feel the team are doing a good job. The transition for myself has been smooth. The staff are very knowledgeable and professional. Well done to you all.

We feel very good, very positive and are looking forward to the service developing.

I know the changeover has created challenges this past year, but I have felt supported throughout the changes, and look forward to a positive future.

I must say it is better since the new team have taken over, more explained and more approachable.

Very positive.

Good all's ok.

Yes its ok I do feel this questionnaire needs to be more complex, done in more detail. Ticking a few boxes doesn't answer all your questions so does not give a very clear picture about how we feel working in this service today. **Point taken - will be addressed next time.**

Fulfilled and supported.

I feel that the people needing to join the service require much more support from yourselves. We were given the details of a young man but the parent has been left to contact us himself and this has never happened. Frequently parents need much encouragement and support to let their loved ones go into service because they feel guilt, worry that no one will understand my child like I do, or sometimes that they don't need a break at this time. I believe that you need to invest time into giving new referrals the assessment they require and make arrangements and accompany them to meet the new carer and stay to give them reassurance. In the past sometimes the staff came on their first tea visit providing the transport and familiar face. If this fails to happen then the only new people will be emergencies which is hard on everyone involved. We also have noticed a significant drop in the number of people we are being asked to support and have noted that our regular people are actually asking for this, is this because you have taken on fewer people in this last year, not had as many emergencies in this area ? We were always delighted when someone we have cared for finds a more suitable placement or moves on with their lives and no longer needs us but in the past within a few weeks we have had another person to get to know, this is certainly not happening now. **Point taken, however, we try to work with families at the start and as time and resources are limited it is unlikely that this previous practice can continue. We do work with people as individuals and in particular circumstances we do go out of our way to support.**

I think the service has improved however I would like to be a little more secure in a flow of work.

We have not yet had any clients to date, but feel confident that we can work comfortably and effectively within the service. We are happy there is support and advice when/if required and the training already given offers a good reliable base. We look forward to working with shared lives/positive steps and their clients.

I feel the service I work in is a well run and very important service, I am well supported in my role by the team which enables me to fulfil my role properly.

Shared lives is a great service, my main concern is that some shared lives users need a lot more support than others which in turn can limit the amount and type of people who become part of the shared lives scheme, as some individuals don't get any additional support package to run alongside of the shared lives scheme which can put extra strain on families. [There continues to be a detailed matching process.](#)

Shropshire Health and Adult Social Care Scrutiny Committee 27 July 2015

Review of orthopaedic surgery in Shropshire – hip and knee replacement surgery

Purpose

Shropshire Clinical Commissioning Group (CCG) is responsible for commissioning most orthopaedic surgery for residents of Shropshire. The purpose of this paper is to present the CCG's proposals to change the pathway for patient referrals for hip and knee replacement surgery in the county and plans for further patient and public engagement.

Context

The NHS has come to the end of a five year period where £20bn in efficiency savings were required in order to ensure on-going financial sustainability. Coming out of this period the NHS is faced with a further £22bn in savings to be made over the next five years in order to manage the forecast health demands of the population.

On a local basis Shropshire CCG is managing an increasingly challenging year on year financial position, in order to continue to provide for the needs of our population. For 2015-16 the CCG has a savings target of £9.4m; an increase on the 2014-15 target of £8.6m. Over the next five years the CCG is planning for a further £7.4m in savings per year in order to ensure financial sustainability.

Shropshire's population profile is changing significantly; this is largely owing to people living longer. We know from the work being undertaken by NHS Future Fit that in Shropshire, the population aged over 65 years has increased by 25 per cent in the last 10 years. This growth is forecast to continue over the next decade and beyond and as a result the pattern of demand for services has shifted. Long term conditions are also on the rise due to changing lifestyles. This means services within the NHS need to have greater emphasis on prevention and earlier interventions as well as sustained support in the community.

In 2014 Shropshire CCG conducted a comprehensive review of orthopaedic services, looking at activity in both outpatients and inpatients, down to locality and GP practice level. The report concluded that with a current spend of approximately £33 million a year on Orthopaedic services, Shropshire CCG has to reduce this by £1 million this financial year and plan on reducing up to £3 million over the next five years in order to keep the service sustainable.

Review of orthopaedic surgery in Shropshire – hip and knee replacements

There has been support for the review from both the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) and the Shrewsbury and Telford Hospital NHS Trust (SaTH) and both Trusts recognise that changes are necessary. The review covered all orthopaedic specialties but with a particular focus on demand for hip and knee surgery.

Benchmarking

In order to identify opportunities for improving efficiencies and reducing waste in the system the CCG obtains benchmarking information which shows where the CCG is an outlier in spend areas compared to other CCGs. This information is then scrutinised to understand the underlying causes of the variations.

In June 2014, the Midlands and Lancashire Commissioning Support Unit (CSU) published benchmarking information relating to hip and knee replacements. These “Commissioning for Value” papers provided the CCG with detailed analysis of the activity in Shropshire compared with the other CCGs in Staffordshire and Lancashire, and assuming that Shropshire were to be brought in line with the other CCGs, the related financial opportunities.

	Rate per 1,000 population			Financial opportunity
	Shropshire CCG	CSU average	CSU lowest rate	
Knee replacements	5.16	4.52	3.67	£444K-£1.0m
Hip replacements	5.35	4.41	3.56	£711K-£1.3m

Table 1

The data indicated that rates of hip and knee replacements in Shropshire are 21 per cent and 15 per cent higher than the CSU average respectively. It follows that if procedure rates in Shropshire were closer to these averages a saving of £1.3m per year could be realised.

Case for change - reducing variation

Reducing the variation in procedure rates and bringing Shropshire in line with our peers, requires urgent and decisive action by the CCG, particularly in light of the current financial context.

In Shropshire, the referral pathway for hip and knee replacement surgery makes use of a questionnaire designed to be completed by the patient when a referral for surgery is being considered. The questionnaire uses a scoring system, known as the Oxford Scoring System that assesses the patient’s pain and abilities. The questionnaire provides a single sum score, the lower the score the worse their pain and disruption to normal abilities are. The intention is that the score provides a consistent measure of patients’ conditions, enabling the patient and the clinician to understand the severity of the problem with their hip or knee. At present all patients have an opportunity to undertake the

questionnaire either at their GP surgery or with the help of one of the CCG's Referral Assessment Service (RAS) Clinical Specialists.

Patients with a score of 26 or less are currently referred directly to a consultant for consideration of total joint replacement surgery. Patients who score more highly are directed to Shropshire Orthopaedic Outreach Service (SOOS), previously known as Advanced Primary Care Service (APCS), for next stage management and advice. SOOS is staffed with GPs with a specialist interest in orthopaedics, Specialist Podiatrists and Extended Scope Physiotherapists. Patients will repeat the questionnaire as part of their care in SOOS and if they meet the threshold will be referred on for consideration of surgery.

The Oxford Scoring System is one of the only tools available to us to reduce the procedure rates in Shropshire and support our efforts to achieve financial sustainability. Our proposal is to use this tool to move to a more conservative management pathway.

Proposal

The CCG is proposing a pathway change for hip and knee replacement surgery in order to meet the health challenges of our changing population and to ensure that the future of health care services in Shropshire is sustainable.

We propose that:

- patients with a score of 20 or less are referred directly to a consultant for consideration of total joint replacement; and
- patients with a score of 21 or more are directed to SOOS for conservative management.

The following exceptions would make a patient suitable for referral for joint replacement despite a score of 21 or above:

- Severe pain and objective evidence of arthritis
- Progressive deformity
- Bone erosion
- Deteriorating range of movement
- Fixed flexion deformity

Alongside this, the CCG is taking part in an evaluation of an enhanced programme of care in the community, "A 'model consultation' to deliver optimal primary care for Osteoarthritis" with Keele University and Arthritis Research UK. This will include promoting health prevention work that can help patients' foster better ways to look after their health and avoid the need for hip or knee surgery, such as better weight management, pain management and physiotherapy. Our aim is to roll out this model across the County, enhancing the support and advice available to patients in primary care.



Patient and public engagement

Patient representation has been part of this project from the outset. Feedback from patient and public engagement exercises and responses from existing meetings with patient representatives was incorporated into the review of orthopaedic services in 2014. There have also been bi-monthly meetings with the planned care groups.

The CCG intends to run further targeted patient and public engagement activities to include an online and face to face survey. The face to face survey will be developed in conjunction with the planned care patient group and any other interested patient groups. Through this engagement exercise, the CCG will explain the rationale and case for change. A representative sample of people across Shropshire will be included in this exercise and the CCG will ensure that any additional impacts on protected characteristic groups will be considered and mitigations put in place where necessary.

The CCG will work with stakeholders including Healthwatch to ensure that Shropshire's residents' views are heard and captured prior to any Governing Body decision to reduce the threshold score for hip and knee replacement surgery.



Conclusion

The CCG is proposing a more conservative management pathway for patients accessing hip and knee replacement surgery in Shropshire.
Further work is planned to seek public and patient views on the proposed change following which the proposal will be presented to the CCG Governing Body for consideration.

Recommendation

The Health and Adult Social Care Scrutiny Committee are asked to note the content of this paper and the intention to undertake further targeted patient and public engagement activities

Dr Julie Davies
Director of Strategy and Service Redesign

Dr Julian Povey
GP member, Clinical Director of
Performance and Contracting

Shropshire Clinical Commissioning Group

16 July 2015

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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

27 JULY 2015

DRAFT SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE

Purpose

To act as a discretionary Joint Health Overview and Scrutiny Committee (Joint HOSC) to consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council including matters referred by Telford and Wrekin and Shropshire Healthwatch.

To meet when proposed changes to services are identified to confirm if the Committee will undertake the role of the Committee as a mandatory Joint HOSC and statutory consultee in relation to NHS proposals for a substantial variation or development in service. To actively research any statutory consultation and respond in line with Health Scrutiny Regulations and the Department of Health Guidance on Health Scrutiny (2014)

Powers of the Joint Health Overview and Scrutiny Committee

The Joint Health Overview and Scrutiny Committee exercises the powers of both a discretionary and a mandatory Joint HOSC, as set out in the Health and Social Care Act (2001) consolidated in the NHS Act (2006) and amended by the Localism Act 2011 and the Health and Social Care Act 2012, to review any matter relating to the planning, provision and operation of health services across the local authority areas. Both Telford and Wrekin Local Authority and Shropshire Council Local Authority have delegated the health scrutiny power to the Joint HOSC for pan Shropshire health matters. When the NHS make a proposals for a substantial variation or development of service the Joint HOSC will be the only Scrutiny Committee which will:

- Respond to the consultation
- Exercise the power to require the provision of information by relevant NHS body or health service provider
- Require members or employees of relevant NHS bodies or health service provider to attend before it to answer questions in connection with the consultation.

However, both local authorities have retained the power of referral as set out in the Councils' Constitutions. Any referral of proposed substantial change or variation in service to the Secretary of State will be made in line with Health Scrutiny Regulations and the Department of Health Guidance.

The roles and responsibilities of the Joint HOSC, commissioners and providers of NHS and Local Authority public health services is set out in the Department of Health Guidance, Guidance to support Local Authorities and their partners to deliver effective health scrutiny (2014)

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

27 JULY 2015

Membership of the Joint Health Overview and Scrutiny Committee

There will be three elected members from each local authority.

There will be three co-opted members from each local authority area who are independent of the relevant Council.

The Co-opted Members of the Committee have voting rights as determined by full council at both authorities.

Executive Members for Health and Social Care and Health and Wellbeing Board Chairs issues may attend the meeting at the Chair's discretion in a non voting capacity.

Chairing Arrangements

Meetings alternate between the Council areas. The appropriate Chair will take the lead for meetings in their Local Authority Area.

Chairs' Casting Vote

The Chair will not use their casting vote due to the alternating venue.

Political Balance

Political balance applies to this Committee. The political balance applies to each participating authority.

Administration

In line with the Department of Health Guidance **the support for the Joint HOSC will be made available by the local health and social care system to enable the powers and duties associated with the function to be exercised appropriately.** Meetings will alternate between local authorities. Each council will take the lead in arranging venues and co-ordinating agendas with organisations and individuals invited to present reports or papers or give evidence, for the meetings taking place in their Local Authority Area.

The agenda will be agreed by both Health Scrutiny Chairs. Papers and presentations will be considered during this meeting to establish running order and specific instructions to those attending.

Pre-meetings will be at the Chair's discretion, to be attended either by the Chairs' alone or for members of the whole joint Health Overview and Scrutiny Committee.

Additional Support

Each local authority will identify an agreed resource which it can provide to support the work of the Joint Committee. This may be officer time and/or a financial contribution to cover the costs of any specialist advice.

Frequency of Meetings

To be detailed in the Joint Committee Work Programme.

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

27 JULY 2015

Quorum

One third of the membership of the committee. At least 2 elected members must be present including 1 from each authority. There must be 2 representatives from each authority including co-optees.

Ways of Working

Under the Department of Health Guidance (2014) the Joint Health Scrutiny committee must:

Strengthen the voice of local people, ensuring that their needs and experienced are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective.

Operate in a way that will lead to rigorous and objective scrutiny of the issues under review and carried out in a transparent manner that will boost the confidence of local people in health scrutiny.

In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operated and should therefore take into account the effect of the proposals on sustainability of services as well as their quality and safety.

The Joint Committee will hold formal meetings, and will undertake visits – which as far as possible will involve representatives from both authorities. Each authority will be able to lead and undertake individual pieces of work. The Joint Committee may also hold meetings with relevant representatives and officers outside of the main scrutiny forum such as focus groups, public meetings and consultation with relevant patient/service user groups.

Reports

Wherever possible all reports will present joint evidence based conclusions and recommendations. However, where differences exist reports will be able to include sections setting out evidence based conclusions and recommendations reflecting the different views within the joint committee.

Review of Terms of Reference

Annually or as required when issues arise for joint scrutiny.

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**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE 27 JULY 2015
PROPOSED WORK PROGRAMME AS AT JULY 2015**

DATE	ITEM	REASON FOR UNDERTAKING
27 July 2015 Deadline for reports: <u>Noon</u> Thurs 16 July	Shared Lives and Community Living Orthopaedic Surgery Presentation from CCG	Assess the impact of Commissioning out Shared Lives and Community Living The Chairman of the Committee has asked Shropshire CCG to share its thoughts and proposals for orthopaedic surgery in Shropshire and the suggested engagement activity with the public around these proposals
21 September 2015 Deadline for reports: <u>Noon</u> Thurs 10 Sept	Annual Safeguarding Report	To consider the Annual Safeguarding Report which will include the impact of new responsibilities arising from the Care Bill
2 November 2015 Deadline for reports: <u>Noon</u> Thurs 22 Oct	Adult Social Care Customer Feedback	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.
14 December 2015 Deadline for reports: <u>Noon</u> Thurs 3 Dec	Integrated Community Services Adult Social Care Local Account – 2014 to 2015	To assess the success of ICS across the county To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement.

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE 27 JULY 2015
PROPOSED WORK PROGRAMME AS AT JULY 2015**

8 February 2016		
Deadline for reports: Noon Thurs 28 Jan 16		
21 March 2016		
Deadline for reports: Noon Thurs 10 March 16		

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 – to be added to the Work Programme in 2016
- 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/mgListPlans.aspx?RPId=130&RD=0>