

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 30 January 2017

10.00 - 11.34 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak

Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 252718

Present

Councillor Gerald Dakin (Chairman)

Councillors Madge Shingleton (Vice Chairman), Peter Adams, John Cadwallader, David Evans, Roger Evans, Heather Kidd, Pamela Moseley, Peggy Mullock and Peter Nutting

45 Apologies for Absence and Substitutions

Apologies were received from Councillor T Huffer. Councillor R Evans substituted for her.

46 Declarations of Interest

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.

47 Minutes of the Last Meeting

The minutes of the meeting held on 21 November 2016 were confirmed as a correct record.

48 Public Question Time and Petition

The Committee received details of a petition submitted by Shropshire People's Assembly Against Austerity containing 475 signatures regarding the Sustainability and Transformation Plan. They also received the response to it from the Portfolio Holder for Health who reported that lobbying continued for the county's health and social care service to receive fair funding. Details of the petition and the response to it are attached to the signed minutes.

49 Member Questions

There were no questions from Members.

50 Adult Social Care Local Account 2015 - 2016

Members received a report, copy attached to the signed minutes, presenting the Adult Social Care Local Account 2015-2016, which remained a draft but was close to completion. The Director of Adult Social Care reminded Members of the purposes of the Local Account, the production of which was not a statutory obligation but good practice.

The Making it Real Board had encouraged a magazine style publication which featured real life Shropshire stories and individuals, creating a report that was inviting and easy to read.

In response to questions from Members it was explained that:

- Advocacy and support arrangements were put in place to support responses to the annual user survey
- Valuable qualitative feedback and challenge was obtained from the Making It Real Board.
- The report was designed to be easily readable on websites and using tablets but advice was taken from the voluntary and community sector about where it would be best placed to circulate hard copies.

Officers acknowledged that the pages showing details of performance were complex and confirmed that discussion had been undertaken with the Making it Real Board about the best way of sharing this information. Some changes in performance were not as statistically significant as others and the construction of some targets changed year on year meaning that comparison was difficult.

In discussion of the numbers of people on long-term sick leave in Shropshire, the Portfolio Holder for Health referred to work underway in Oswestry on a pilot designed to prevent long term conditions developing. Information about this would be made available through Local Joint Committees.

The Performance, Intelligence and Policy Team Leader confirmed that the Council worked more with local indicators, as the user survey questions and format were prescribed. He agreed to let Members know the number of respondents to the User Survey. *[It was confirmed following the meeting that for the 2015/16 survey – the user pool was 3244 of which 887 were randomly selected and sent surveys of which 434 were returned]*

Members agreed that the Local Account provided an informative and accessible read and along with the Shropshire Choices website was a source of valuable information. The Chair thanked officers for the report.

51 Carers Support Shropshire

The Committee had requested a report on Carers Support, (copy attached to the signed minutes), particularly in the light of the Council appearing to be an outlier in performance with a 77% performance for England, as opposed to 2% for Shropshire.

The revised Adult Social Care operating model meant that resources had shifted from post to pre-assessment. The Carers offer in Shropshire focused on prevention with universal access to commissioned carers services. This had an impact on national ASCOF/SALT performance target reporting requirements which recorded only on post assessment for carers. People were now supported much earlier with better outcomes, before an assessment was needed. 70% - 75% of contacts were resolved at the First Point of Contact, avoiding the need for a complex assessment

The Council was confident that supporting carers earlier on and in a better way led to better outcomes for people. The Director said that his recommendation was not to change the model in use in order to align with that particular reporting metric. He reported that the directorate was developing local indicators in order to record and evidence current performance.

Members of the Committee agreed that they would not wish to amend an approach which was working to fit a metric. They asked if other authorities were in a similar position and heard that this was an issue that the Director had raised both regionally and nationally. A number of authorities were very interested in Shropshire's approach and had asked to visit and find out more.

Members asked if the new Social Care IT system would be able to separate figures related to spending on carers. They also asked if a carer could insist on having an assessment, and about support available for young carers.

In response the Director confirmed that the new IT system would be able to extract that information and this requirement was in the tender specification. He confirmed that all carers had a right to an assessment but in the first instance were advised of the choices available to them. The Council was currently in discussion with the Carers Trust about the possibility of them attending Let's Talk sessions.

Members asked about support available for young carers and heard that the Red Cross no longer provided this support but that discussions were underway with the Carers Trust.

The Committee wished to be assured of the services available and asked for a report back on support available to young carers. As this was an area also falling into the remit of the Young Person's Scrutiny Committee it was agreed that its members should be invited to be present for this discussion.

52 Delayed Transfer of Care (DToc) Review to November 2016

Members considered a report, copy attached to the signed minutes, on Delayed Transfers of Care.

Officers explained that results for Shropshire showed that the number of patients facing delayed transfer of care according to a snap shot survey had stabilised and were slightly better than the previous year. However, the number of delayed days was increasing, although at a slower rate than the national average.

Members also noted that the latest available data was for November 2016, and that comparatively small numbers made it appear that there were great fluctuations. NHS England determined which organisation was deemed to be causing a transfer of care being delayed, the options being the NHS, Adult Social Care or a joint responsibility. Delays attributed solely to the NHS had seen a decrease whilst those attributed solely or jointly with social care continued to increase. This was mirrored across the country where social care departments faced budgetary pressures, exacerbated in Shropshire due to the rural nature of the county and above average rate of elderly population.

Members noted that an unusually high numbers of delayed days occurred in Shropshire during August 2016, accounting for the majority of the annual increase. The reasons for this fluctuation were unknown.

It was confirmed that each month as the data was issued the dashboard was circulated to Directors. The Director also confirmed that he looked at DTOC figures on a daily basis at individual patient level.

A member drew attention to delays at hospitals, some of which were attributed to people registered with GPs in Wales, but whose social care was provided by Shropshire. It was confirmed that the data was based on a person's normal home address.

Members observed that Shropshire was doing relatively well at not increasing patient numbers but that patients in hospital were in for longer. They asked what was being doing to address this. The Committee were reminded of the work of the ICS team at the hospital and the brokerage service which was now also being used for admission avoidance work. Avoiding delayed transfers of care was a focus of the entire health and social care economy. The figures fluctuated constantly, demand was ever increasing and the pressure in the whole system was increasing on a daily basis. A plethora of initiatives was underway to find ways to reduce stays in hospital.

Members asked if there were enough care providers in the county. The Director explained that although progress was good, more providers were needed. This would be a focus of activity for the year as it had been surprising that the visibility of brokerage had not led to more providers. Work was underway with Shropshire Partners in Care to identify the reasons for that and to help businesses to develop.

Members wondered if providers were not stepping up due to the costs of training staff. Officers explained there was a significant issue around recruitment into the care industry both nationally and particularly in Shropshire. Those who might work in care often turned to retail employment, especially in a rural county where travelling could be difficult in winter. The Council continued to work with Shropshire Partners In Care on these issues, paid for training for staff and was offering support for collective recruitment initiatives.

A member asked for a more up to date picture than the November figures were able to provide but this was not yet available. The Director was able to say that 27 people were awaiting domiciliary packages that day, some of which were related to admission avoidance. He viewed a report every morning first thing and at noon.

The Director commented that the national reporting metric was a blunt tool and did not account for reasons for the delays in the system. It was important not to just focus on the point of discharge, there were many reasons for delays and differences in organisations managing risk. The increase was reflective of the demand on the system as a whole.

A Member referred to the lack of affordable housing particularly in the south and west of the county. She asked whether this evidence of local housing need for carers would be input into the Local Plan Review. The Director referred to his responsibility for both housing and social care which meant those connections could be made. He confirmed issues around affordable housing for carers were being considered, along with developing

a career pathway. Members requested that the submission to the Local Plan Review be shared with the Committee.

Members also felt it important to encourage the education establishments in the county to provide relevant training at the appropriate level.

Members acknowledged the tremendous pressure Council and NHS staff were working under and the change and improvements which had taken place. More people were being helped now than ever had been previously.

The Director welcomed the challenge from the Committee. He spent a significant amount of time looking for solutions both in the region and nationally, there were many different models of care. The Committee noted that one region could be performing well one day but not the next. No configuration had solved the problem to date and other faced the same challenges.

The Portfolio Holder for Health said it was very interesting to reflect on measuring performance nationally and locally and asked if it might be possible for the Committee to influence how national measures evolved. The Committee noted that the officers raised these issues at both the regional Directors group and the regional Performance Group. Issues with the way the figures were constructed and informed by a number of different organisations would also be raised at a national level.

Members agreed the recommendations in the report and wished to add an acknowledgement of the excellent work of Social Care and NHS colleagues in very difficult circumstances.

53 Work Programme

It was agreed that an extra meeting be held on 20 February 2017 to receive the CCG's new Investment Priority Strategy and to ask West Midlands Ambulance Service about the proposed withdrawal from the Physician Referral Unit, progress on working with the Fire and Rescue Service and to provide performance information for Shropshire by postcode.

It was agreed to add Mental Health to the work programme for the 27 March 2017 meeting, particularly in relation to the recommendations of the Regional Commission on Mental Health Report and delayed discharges from hospital. It was also agreed to add Young Carers to the work programme and ensure that Members of the Young Person's Scrutiny Committee be present for the discussion.

Signed (Chairman)

Date: