

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

Date: 10 November 2017

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

**Date:** Monday, 20 November 2017  
**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 Overview and Scrutiny Committee**

Karen Calder (Chairman)	Tracey Huffer
Madge Shineton (Vice Chairman)	Heather Kidd
Roy Aldcroft	Paul Milner
Gerald Dakin	Pamela Moseley
Simon Harris	Paul Wynn

Your Committee Officer is:

**Amanda Holyoak** Committee Officer  
Tel: 01743 257714  
Email: [amanda.holyoak@shropshire.gov.uk](mailto:amanda.holyoak@shropshire.gov.uk)

# **AGENDA**

**1 Apologies for Absence**

**2 Declarations of Interest**

**3 Minutes of the meeting held on 25 September 2017 (Pages 1 - 4)**

To confirm the minutes of the meeting held on 25 September 2017, attached marked: 3

**4 Public Question Time**

To receive any public questions or petitions from the public, notice of which has been given in accordance with procedure rule 14. The deadline for notification is 5.00 pm on Wednesday 15 November 2017

**5 Member Question Time**

To receive any questions of which Members of the Council have given notice. Deadline for notification is 5.00 pm on Wednesday 15 November.

**6 Adult Safeguarding Annual Report and Future Structure of the Board  
(Pages 5 - 10)**

To consider the annual safeguarding report and future structural arrangements for both Children's and Adult's Boards, report attached marked: 6 (Appendix 1 to follow)

**7 System Report - Delayed Transfers of Care (Pages 11 - 14)**

To consider dashboards regarding Delayed Transfers of Care and wider performance. Report attached marked: 7. A presentation will be also be made at the meeting.

**8 Work Programme**

To consider the future work programme of the Committee.

## SHOPSHIRE COUNCIL

### HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting held on 25 September 2017**  
**Times Not Specified in the Shrewsbury Room, Shirehall, Abbey Foregate,**  
**Shrewsbury, Shropshire, SY2 6ND**

**Responsible Officer:** Amanda Holyoak  
Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

#### **Present**

Councillors Karen Calder, Madge Shineton, Roy Aldcroft, Gerald Dakin, Simon Harris, Heather Kidd, Paul Milner and Pamela Moseley

#### **1 Election of Chairman**

Councillor Karen Calder was elected Chairman for the remainder of the Municipal year 2017 – 18.

#### **2 Apologies for Absence**

Apologies for absence were received from Councillor Tracey Huffer.

#### **3 Appointment of Vice-Chairman**

Councillor Madge Shineton was appointed Vice-Chair of the Committee for remainder of the municipal year 2017 – 2018.

#### **4 Declarations of Interest**

Councillor Madge Shineton reported that she was a Member of Health Concern.

#### **5 Minutes of the Meeting held on 24 July 2017**

The minutes of the meeting held on 24 July 2017 were confirmed as a new record.

#### **6 Public Question Time**

Mr J Bickerton had written a letter questioning the Future Fit Pre Consultation Business Plan and asking if Members had seen a copy of an audit report by Grant Thornton. As this was a matter under the remit of the Shropshire and Telford Joint Health Overview Scrutiny Committee which would be meeting later in the day, it was agreed to circulate his letter and this report to Members of the Joint HOSC.

#### **7 Member Question Time**

The Director of Public Health reported that Councillor Tracey Huffer had e-mailed him and the Chair of the Committee regarding the recent case of Legionnaires Disease in two separate buildings in Ludlow. Councillor Huffer had sought reassurance regarding the learning from the event and asked whether the correct procedures had been followed,

particularly with regard to communication. She had emphasised the need to reassure the public.

The Chair reiterated the need to clearly communicate facts clearly to the public to reduce concern and prevent ill-informed rumours from spreading. She also advocated the use of the most local newspapers for communicating information.

The Director confirmed that Public Health England had agreed an updated statement for the public and reported that the Communications Team were targeting Ludlow and would be making use of the Ludlow local newspapers. He reported that the investigation was complex but that the two incidences were not related. The Portfolio Holder for Adults and Health acknowledged the importance of the need for proactive and clear communication in such cases.

The Director confirmed that he had met with Councillor Huffer to discuss the issue.

## **8 Claypit Street Medical Practice APMS contract (Whitchurch)**

The Committee considered a report (copy attached to signed minutes) from the Director of Primary Care, Shropshire CCG, on the measures the CCG was taking to commission a primary care service for patients in Whitchurch currently receiving an interim service from Shropdoc at Claypit Street Medical Practice

Nicky Wilde, Director of Primary Care, took Members through the report, explained that the novated contract was due to be signed with Bridgewater Medical Practice within the week and offered to answer questions.

In response to questions from Members about the importance of communicating what was going on, the Director of Primary Care reported that:

- Press releases had been issued through the Whitchurch Herald (which had been identified as a preferred means of communicating)
- The CCG had attended Patient Group meetings
- Further meetings had been arranged for late September
- As soon as the contract was signed, a letter would be sent to all Claypit Street Medical Practice patients

In response to further questions Members were informed that patients would be able to access a doctor from 8.30 am to 6.00 pm on Monday – Friday but that on Tuesday, Thursday and Friday afternoons this would be at the Bridgewater Practice not Claypit Street. The two practices were approximately 500 metres apart and on the same bus route.

Contact details would remain the same as they were currently and prescriptions could still be picked up from Claypit Street as the building would remain open, even when GPs were located at the Bridgewater Practice.

Councillor Gerald Dakin, member for Whitchurch South, reported that Whitchurch Patients Group were happy with the proposals and that the CCG, GPs and CCG had worked well

together. It was now hoped by all that it might be possible to recruit an additional GP. The Committee asked about plans for review of the arrangements. Members heard that Patient Groups would be supported to run surveys and gather feedback to pass the CCG and that a formal review would be made by the CCG Primary Care Committee.

The Committee was pleased to hear that all patients would receive a letter with a clear explanation of the new arrangements and contact details once the contract was signed.

Members asked if it was envisaged that eventually one Practice would operate in Whitchurch. The Director of Primary Care explained that this was an issue for Providers but that the CCG was actively encouraging this approach. The Director of Public Health referred to the GP Five Year Forward View.

(Subsequent to the meeting the following information was received from the Director of Primary Care and circulated to Committee Members :

*I advised that Claypit Street Medical Practice would remain open 8.30am – 6.00pm Monday to Friday, however I have since received clarification that unfortunately the opening times of the Practice at Claypit Street will change as part of the novation of the contract to Bridgewater Medical Practice. At least in the short-term, the Practice will be open: Monday and Wednesday – 8.30 am – 6.00pm, Tuesday, Thursday and Friday – 8.30 – 1.00pm However, patients will be able to access care, collect prescriptions etc from the Bridgewater Family Medical Practice on Tuesday, Thursday and Friday afternoons.)*

## **9 Maternity Services Task and Finish Group**

Councillor Madge Shingleton, Chair of the Maternity Services Task and Finish Group introduced the report and recommendations of the Group (copy attached to signed minutes). She explained that the report was an interim one as work would not be completed until after the conclusion of Shropshire CCG's review of Midwife Led Units.

During discussion, Vanessa Barrett, Healthwatch Representative, reported on Enter and View Visits made to Midwife Led Units in 2015 where concerns were identified in relation to staffing issues and tariff arrangements. Many using services at Midwife Led Units had actually delivered outside of Shropshire and there were issues with patient notes and funding. Healthwatch had sent a summary of its findings to the Better Births national maternity review.

A number of Members of the Committee had attended recent consultation sessions run by the CCG in relation to Maternity Services. Several had noted that concerns of the public often related to ante and post-natal services and where these were accessed, rather than delivery itself. Members also remarked how at each of the meetings midwives in attendance had felt that they were not consulted or well informed about what was going on, were under significant strain and had not felt listened to. A Member was pleased that these views had been noted at the meeting she had attended and she had been reassured that these comments would be listened to as part of the review.

A Member said she had received recent anecdotal evidence about an occasion where there had been a serious staffing shortage due to staff sickness on an occasion where services had already been centralised due to a problem with a building. She also referred to a case where there had been no midwife available to visit a new born. The baby had

been suffering from jaundice and had to be taken by its parents a long distance to a Midwife Led Unit where the medical equipment needed had not been working. The Director of Public Health reported that the Head of Midwifery was accountable to the SaTH Board whose role it was to maintain and ensure a safe staffing level but ultimately this responsibility lay with the CCG Commissioners.

Discussion also covered: the need for upskilling opportunities; concerns about training in general; the likely implications of ending the student midwife bursary; whether there was any further action the Council could take in relation to making housing available for key workers; new language criteria for working in the NHS; implications of Brexit . Councillor Paul Milner confirmed that he hoped to join the Brexit Task and Finish Group recently set up by the Places Overview Committee.

The Chairman thanked Councillor Shineton for Chairing the Group. The Committee endorsed the list of recommendations set out in the interim report subject to an amendment to the second bullet so that it stated 'Shropshire CCG should *continue* to review the commissioning of Maternity Services in the light of the most recent clinical guidance'

Councillor Shineton thanked Members of the Group for their contribution to date and the Director of Public Health and Healthy Child Programme Co-ordinator for their help in supporting its work.

## 10 Work Programme

Members suggested a number of areas for potential scrutiny attention. These included: waiting times for the Improving Access to Psychological Therapies Service, CCG proposal to remove grant funding from the Voluntary and Community Sector, CAMHS reform, development of the Five Year Forward View; Neighbourhood work, rurality and working between health and adult social care services – variation in access; the Sustainable Transformation Plan; and the future of the Community Health Trust.

The Statutory Scrutiny Officer referred to the fit of some of these items with the broader Strategic Scrutiny Work Programme and different ways to approach them.

Signed ..... (Chairman)

Date: .....

# Agenda Item 6



## Committee and Date

Health and Adult Social Care  
Scrutiny Committee

20<sup>th</sup> November 2017

## Item

Public

## **Keeping Adults Safe in Shropshire Annual Report 2016-17**

### **Responsible Officer**

e-mail: Andy.begley@shropshire.gov.uk      Tel: 01743 258911

### **1. Summary**

- 1.1 The Committee are asked to scrutinise this report which provides an overview of the latest Keeping Adults Safe in Shropshire Board (KASiSB) Annual Report and update on progress since the November 2015-16 report.
- 1.2 The Care Act 2014 requires the Board to produce an Annual Report on:
  - a) What it has done to achieve its objective.
  - b) What it has done to implement its strategy and what each member has done to implement the strategy.
  - c) Findings of any Safeguarding Adult Reviews including what has been done or not done to implement the findings of the review.
- 1.3 The performance of each member is also reviewed and how effectively agencies are working together. The Annual Report also reinforces the Boards Strategic Plan 2015-18.

### **2.0 Recommendations**

- 2.1 The Committee are asked to accept the contents of the following report which outlines the progress made to date since the implementation of the Care Act 2014 as detailed in the Annual Report.
- 2.2 Comments from the Committee will be reported to the KASiSB for future planning and delivery of the Board objective.

## **REPORT**

### **3.0 Risk Assessment and Opportunities Appraisal**

- 3.1 The Annual Report highlights the impact of abuse on people with care and support needs in Shropshire and how partners are working together to prevent abuse taking place. There were 2,382 safeguarding contacts made to the First Point of Contact (FPoC) team between April 2016 and March 2017. These contacts resulted in 872 Safeguarding Concerns about alleged abuse or neglect which is a reduction of 38% from the previous financial year. This reduction is due to how the Safeguarding Team work more effectively with FPoC. Only 37% of those calls related specifically to allegations of abuse or neglect. In total only 8 people went to an additional safeguarding plan. We know this tells us that the majority of people are made safe as a result of the work we do with them through the enquiry process.
- 3.2 Raising awareness for safeguarding adults is having a positive impact. Conversely, it also highlights that many calls could have been dealt with differently had people known the most appropriate service or person to direct their query to. It is hoped that this initial contact figure will decrease over the forthcoming year with collaboration of all agencies and the implementation of a robust performance framework being developed by the Board. This will not only hold partners to account for work they do or don't do but will highlight areas of good practice and show how partners in Shropshire are preventing abuse, reducing demand, and Making Safeguarding Personal.
- 3.3 There are no known Human Rights implications in the decision to accept this report is not at variance with this Act.
- 3.4 The Care Act 2014 provides legislation in relation to how the local authority carries out carers assessments and needs assessments, how local authorities determine who is eligible for support and how local authorities charge for residential and community care. In addition to this, there are some identified obligations in relation to the transition of children in need with support needs (including their parents) and young carers. This is a national change to policy and procedure and aims to improve outcomes for adults with care and support needs and their carers. The KASiSB Annual Report highlights the work of the partners, and in particular the preventive work, via the developing KASiSB website which provides learning resources and news and information to citizens and professionals. In addition to this, 'easy to understand' publicity material is being developed to encourage everyone to act rather than defer to a service and to raise public awareness. By focussing on preventative work, the number of adults with care and support needs requiring formal safeguarding intervention should reduce. There are no changes to policy and procedure and by accepting the contents of the report, there is no requirement to complete an Equality Impact Needs Assessment (EINA).
- 3.5 It is important that adults who use care and support services are involved in any decisions made. This is integral to 'Making Safeguarding Personal' and without this approach, the right intervention may not be offered. This approach needs to be delivered by all partners and it is clear that over the last twelve months that this has been embraced by all. Some examples include West Mercia police using Makaton and symbols to communicate with a victim of abuse in order to establish their wishes and Shropshire Partners in Care have ensured training courses promote the principle that all agencies start with the views of the adult. More detailed examples are contained in the main Annual Report (attached background paper).



3.6 There are no Environmental consequences or consultations to consider.

## **4.0 Financial Implications**

- 4.1 The Keeping Adults Safe in Shropshire Board and Shropshire Safeguarding Childrens Board will be working in a more aligned way by establishing a new 'Safeguarding Boards Business Unit'. This will combine back office functions and include one Business Manager overseeing two Development Officers and admin support as well as a training officer. This will provide valuable and consistent support to partners. It will also improve outcomes for vulnerable children, young people and adults with care and support needs as emerging problems often affect more than one age range or vulnerability. Financial contributions from partners for the Board are still to be finalised but as a minimum will be made by the three statutory partners who are; Shropshire Council, Shropshire Clinical Commissioning Group and West Mercia Police.
- 4.2 In addition to this, it is anticipated that the combined work of all partners around prevention will in turn reduce demand on all services thus providing a financial saving and improved outcomes for adults with care and support needs. This priority will be continued into the forthcoming year; there is no evidence to support this currently.

## **5.0 Background**

- 5.1 The KASiSB Annual Report details the Strategic Plan for 2015-18 and how the Board has worked in the last 12 months towards achieving the plan. The plan details how Shropshire will keep people safe. The Board is also responsible for ensuring all policies are reviewed and updated. It also monitors and holds other agencies to account for their contribution towards the strategic plan to ensure everyone works together protect citizens in Shropshire. There are specific examples of how each partner agency has contributed to the priorities in the full Annual Report (attached as a background paper).

## **6.0 Additional Information**

- 6.1 A further responsibility of the Safeguarding Adult Board (KASiSB) is conduct Safeguarding Adults Reviews (SARs) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them. Shropshire has recently concluded one SAR which has been presented to the Executive Group of the Board with 23 recommendations. These recommendations involved 5 partner agencies and were accepted by the Board; more detail can be found in the Annual Report (attached as a background document).

## **7.0 Conclusions**

- 7.1 Since the last scrutiny report, the KASiSB has continued to embed the changes brought about by the Care Act as well as seeking opportunity to further strengthen the partnership arrangements in Shropshire and ensuring people are in control of their own lives. There has been more focus on performance reporting in order to provide accountability for what we are achieving and how well we are achieving this. The key theme of 'Making Safeguarding Personal' will remain for the next year as will the current priorities. It is recognised there is still more work to be done and work is ongoing but that positive results

are already being produced by all agencies.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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Keeping Adults Safe in Shropshire Board Strategic Plan
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<b>Cabinet Member (Portfolio Holder)</b>
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Cllr Lee Chapman
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<b>Local Member</b>
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<b>Appendices</b>
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<b>Appendix 1:</b> Keeping Adult Safe in Shropshire Board Annual Report April 2016-2017 (To Follow).
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<u>Committee and Date</u>	<u>Item</u>
Health and Adult Social Care Overview and Scrutiny Committee  20 <sup>th</sup> November 2017	

## Delayed Transfer of Care – Progress Report

### Responsible Officer

e-mail: Tanya.miles@shropshire.gov.uk      Tel: 01743 255811

### 1.0 Summary

- 1.1 The Health and Adult Social Care Overview and Scrutiny Committee have asked for a presentation on Delayed Transfers of Care, commonly referred to as DTOC, in Shropshire. This is a brief report to compliment the presentation which will explain how the Council has taken effective measures to address DTOC.
- 1.2 The Care Act 2014 sets out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients. The NHS is required to notify the relevant local authority where a patient is likely to need care and support when discharged. The Care Act statutory guidance explains that, in general, the NHS should seek to give the local authority as much notice as possible of a patients impending discharge. This is so the local Authority has as much notice as possible of its duty to undertake a needs and carers assessment, and, where they lack capacity to make a decision on their care, a best interests decision in accordance with the Mental Capacity Act.

### Definition of a delayed Transfer

- 1.3 A patient is ready for transfer when:
  - a. A clinical decision has been made that a patient is ready for transfer **AND**
  - b. A multi disciplinary team decision has been made that a patient is ready for transfer **AND**
  - c. The patient is safe to discharge/transfer

- 1.4 A delayed transfer of care from acute or non-acute care occurs when a patient is ready to depart and is still occupying a hospital bed
- 1.5 Adult Social care services across England are expected to maintain or reduce the number of patients who are delayed in such circumstances. The government has set each Council a target to reduce the delays of transfers of care. Top performing authorities had to maintain or improve the number of delays, middle *performing* local authorities to reduce their rate down to 2.6 people per 100,000 population per day. Worst performing authorities to improve by 66%. Shropshire was towards the upper end of the middle group and was required to improve by 60% by September 2017.
- 1.6 Shropshire ASC has implemented a number of actions to improve Delayed transfers since July 2017.

## **2.0 Recommendations**

- 2.1 Review progress to date in relation to achieving Delayed Transfer of Care targets and the associated (financial) risks of non-achievement.
- 2.2 Scrutinise performance management metrics around key processes.
- 2.3 Maintain oversight and scrutiny of DTOC over the next 12 months

## **REPORT**

### **3.0 Risk Assessment and Opportunities Appraisal**

- 3.1 This report is compatible with the human rights and other equalities legislation and demonstrates the Council's commitment to prioritising vulnerable individuals who are assessed as being ready for discharge from hospital.

## 4.0 Financial Implications

- 4.1 Shropshire council received additional funds via the New Improved Better Care Fund ( IBCF) to support us to reduce patient delays in acute settings.
- 4.2 The risk to Shropshire Council if delayed transfers of care did not improve by September 2017 was significant with the very real threat of a percentage (not defined) of the new IBCF being withdrawn from our budget for 18/19.

## 5. Background

- 5.1 From April 2014 there was a gradual increase in the number of delayed days attributed to this Council culminating in a peak in December 2016.
- 5.2 Performance targets were set by the NHS in July 2017 and were required to be met by September 2017 (published in November 2017). Failure to achieve the targets could result in Shropshire New money (IBCF) being reduced 18/19. Performance since July has been closely monitored and action has been taken to address the number of delays. Shropshire delays attributed to ASC were required to be no more than an average of 6.7 patients per day.
- 5.3 During the current year the monthly number of delayed bed days has reduced. ASC have seen month on month improvements during the reporting period. Jointly attributed delays have remained stable. NHS attributed delays have seen an increase in the latest two months.
- 5.4 The target for Shropshire to reduce the number of people who are delayed to less than 6.7 people per day. The following chart shows the daily improvement from the commencement of the baseline period.
- 5.5 The following chart shows current progression against target.

May 2017 Target 10.5	June 2017 Target 9.3	July 2017 Target 8.6	August 2017 Target 7.4	September 2017 Target 6.7
Actual 10.5 	Actual 8.06 	Actual 5.5 	Actual 3.26 	Actual 3.16 

- 5.6 When the baseline targets were set, delayed days attributed to the Council in Shropshire were amongst the highest rate in England. The published data for September shows that the rate of delays per 100,000 people is now in the lowest quartile.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Councillor Lee Chapman
<b>Local Member</b> n/a
<b>Appendices</b> n/a