

SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Virtual meeting held on 19 April 2021
11.00 am - 1.16 pm

Responsible Officer: Amanda Holyoak
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Present

Councillors Karen Calder (Chair), Madge Shineton (Vice Chair), Roy Aldcroft, Gerald Dakin, Kate Halliday, Simon Harris, Simon Jones and Heather Kidd

10 Apologies for Absence

Apologies for absence were received from Councillor Tracey Huffer.

11 Disclosure of Pecuniary Interests

Councillor Kate Halliday reported that she worked for a professional body, the Drug and Alcohol Service.

Councillor Simon Harris reported that he was a Trustee of a Care Home

Councillor Simon Jones reported that he was a Member of Midlands Partnership NHS Foundation Trust Council of Governors

12 Minutes

RESOLVED:

That the Minutes of the meetings of the Health and Adult Social Care Scrutiny Committee held on 9 November 2020 and 25 January 2021 be approved as correct records.

13 Public Question Time

Ian Barber raised the following questions:

Q. What proportion of domiciliary care payments are made to small and medium size businesses in Shropshire?

A. Specific information will be sought from the questioner and the relevant information will be forwarded.

Q. Regarding a report from Healthwatch Shropshire, is there evidence to illustrate any improvements to continuity of care by service providers?

A. Providers agree that less carers dealing with each individual equates to better continuity. Better practices are introduced where possible but the pandemic created a massive issue.

Q. Can the CQC Homecare survey dated 30 November 2020 be provided?

A. A direct response will be supplied to the questioner and a link to the document will be provided to members of the Scrutiny Committee.

Diane Peacock raised the following questions:

(The Committee also noted her earlier questions - and answers provided – at the HASC Overview and Scrutiny Committee meeting held on 25 January 2021, attached to the agenda)

Q. Does the Council receive anonymised positive Covid test results from Care Homes?

A. These are reported to Public Health England which then reports to the Public Health team in Shropshire.

Q. Is the Council informed when care home residents in Shropshire are admitted to hospital?

A. Yes, the care home is required to inform the appropriate team in Adult Social Care. The information is not anonymised and is specific to the individual.

Q. Do relevant groups receive information when a patient is discharged from hospital into a care home? And do care homes provide information to the Council regarding hospital admissions?

A. Yes, SaTH provides numerical data regarding discharge pathways.

Q. Does SaTH provide information to the Council regarding care home hospital admissions that subsequently test positive for Covid after 7 days?

A. No, this data is not provided.

Q. What is the efficacy of Covid data sharing protocols in supporting infection protection and control in Shropshire's residential care homes?

A. A link will be provided on the Council's website to the Health Service Control of Patient Information Regulations 2002 (COPI).

With reference to the above and to the previous questions raised by Diane Peacock it was agreed that further investigation was needed into the issues raised relating to patients with Covid having been discharged from hospital to care homes without carers being made aware. Broader questions also needed to be raised on the data received by the local authority.

It was agreed that these issues should be escalated to a future meeting of the Joint HOSC for its consideration.

14 Member Question Time

There were no Member questions.

15 Delivering Public Health Outcomes - Update

The Director of Public Health presented the report providing a 2020/21 update on Shropshire Council's approach to the substitution of general core Council funding with monies from the public health grant to fully embed health in all policies.

She explained that the process worked alongside public health advocacy and health in all (HiAP) local policies, to tackle the wider determinants of health and ensure that wellbeing was embedded throughout Shropshire Council services. She assured the Committee that the process was robust with agreements in place to ensure a spread of monies across the breadth of public health delivery. The process was continually reviewed in order to ensure a continued appropriate use of resources.

The Committee heard from Public Health team members on the use of resources and delivery of public health outcomes within their specific service areas.

Firstly, from the Housing Services Manager who provided details of two case studies, facts and figures on homelessness and on domestic violence together with key work areas for the next 12 months.

In response to Members' questions it was confirmed that:

- Figures on the numbers of ex Service personnel requiring housing would be provided to the Committee.
- Any obligation on the part of the local authority to house partners of ex Forces personnel e.g. the ex-husband/wife was not known but would be conveyed to the Committee.
- The impact of changes resulting from the Domestic Abuse Bill and the expectations on the local authority should be shared with the Committee at a future meeting.
- Weekly operational meetings and monthly management meetings were held regarding rough sleepers in the county. It was noted that at some points during the last twelve months there had been no rough sleepers in the county. The Everyone In and Protect programme instigated by the Government during the Covid epidemic had had a positive impact.
- Reducing the use of B and Bs and using better accommodation continued to be one of the top priorities in housing people with mental illness. Endeavours would be made for those people who needed to be alone to be housed in individual units. A key focus for future improvements would be to make every attempt to house those from rural areas into their home area if possible.
- The support to the homeless community during the pandemic had been provided from general Covid funding to the Council and had not been specific to homelessness. However, the Council now had a duty to continue to accommodate these people (from the last 12 months). The numbers had increased and did result in a pressure on the authority; work was ongoing with social housing partners to provide cost effective housing.

The Director of Public Health stressed that vulnerable communities would continue to be recognised and the constant assessment and review of need would ensure that funding would be used where the need was greatest.

The Regulatory Services Operational Manager provided an update of the services provided during the Covid pandemic including, measures to protect the food chain, business closures as part of protection action, regulating Covid secure workplaces and outbreak management in work places, food safe (Covid risk controlled). She explained that a vast amount of work had been undertaken by the regulatory services team and their professionalism, care and commitment was to be applauded.

In response to concerns regarding the long-term impact of services cut or delivered differently and the need to monitor the substitutions made, the Director of Public Health stressed that the Council was continuing to influence across a range of domains. Resources for lifestyle services e.g. mental health, smoking, pregnancy, weight management were ring fenced and remained a priority now and in future. Monitoring the impact would continue at a high level and, where specific services were in place, such as Exercise on Prescription, monitoring would be undertaken via such contracts.

The Early Help Project Manager provided the performance headlines relating to the Early Help Family Hubs including the focus on health, the whole family approach, parenting programmes, case study information and the support given to 551 families during the last 12 months.

It was noted that support to young people increased during the pandemic and this, together with the growth in the number of referrals from partner organisations, had an impact on the number of young people needing support.

The Portfolio Holder for Adult Social Care, Public Health and Climate Change commented that the presentations provided to the Committee illustrated the broad range of services and the positive outcomes that had arisen from the substitution programme and served to provide a flavour of the work that had been undertaken.

The Director of Public Health stated that scrutiny interest was welcome and further updates could be provided at a future meeting. Referring to Appendix 4 of the report, she commented that future reporting could include targets but she cautioned that there was an element of longevity in some areas with improvements becoming evident in a longer timeframe of 4 to 5 years and little evidence within a tighter 12 month period.

In drawing the debate on this item to a close, the Chairman thanked all Officers for their hard work and for the information supplied to the Committee. She agreed with the Portfolio Holder that a revisit to these service areas should be considered for inclusion on the Committee's future Work programme.

16 Adult Mental Health

Two Service Managers, Adult Social Care, provided an overview of Shropshire Council's adult mental health services. They outlined the service's social work and housing strands, explained working arrangements with health partners such as the NHS, described the challenges in securing permanent supported living, outlined the statutory responsibility of the Council, provided detail about working with drug and alcohol support services and gave examples of case studies. The Committee noted that mental health social work formed an integral part of a multi-agency team around both the person and the family.

Information was provided on current data regarding individuals looking for Supported Living Accommodation with 52 individuals on Shropshire's waiting list. An update was given on the development of a property portfolio platform to capture and hold information on all Supported Living schemes in Shropshire including future developments and proposed schemes. Information would also be shared with developers in order to support their potential investments.

Responding to Members' questions, the following information was provided:

- Accommodation was adapted, where possible, for those with mental health needs, learning difficulties or autism but it was acknowledged that some rent levels were high. Housing would be provided with a registered social landlord for an individual with exempt accommodation status. Support was provided by a sustained contract and quarterly meetings were held with providers in such cases.
- Individuals with a care and support package would raise any concerns with the care provider or the care provider would raise them on behalf of the individual.
- Referring to drug and alcohol services, Members received assurances that a systematic approach was being developed through the work of a Task and Finish Group to ensure collaborative working between mental health and substance misuse services.
- Government funding for drug and alcohol services was for 1 year only currently focussing on two key elements – reduction of drug related deaths and issues relating to the Criminal Justice agenda. The Council has tried to improve what it currently provides for example, provision of continuity of care on leaving prison and the strengthening of pathways for women through a residential rehabilitation programme.
- A partnership approach for the commissioning of drug and alcohol services is preferred and represents the way forward although a local model has yet to be determined.
- Joint responsibility between the local authority and the CCG to fund an individual is dealt with by a funding panel on a fortnightly basis and additional conversations outside of the panel meetings take place when necessary.

It was agreed that adult mental health and drug and alcohol abuse represented an extensive subject area that would benefit from a more targeted debate in future with both items being worthy of a single item agenda.

The Chairman stated that this was her last meeting as she would not be standing for re-election at the forthcoming local elections. She thanked the Officers for their support and contribution during her term of office adding that their compassionate approach to their work was evident. Thanks were also extended to the support staff to this Committee namely the Committee Services Supervisor and the Overview and Scrutiny Officer.

Signed (Chairman)

Date: