

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 21 November 2016
10.00 am - 12.34 pm in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
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Present

Councillor Gerald Dakin (Chairman)
Councillors Madge Shineton (Vice Chairman), Peter Adams, John Cadwallader,
David Evans, Tracey Huffer, Heather Kidd, Pamela Moseley and Peter Nutting

37 Apologies for Absence and Substitutions

Apologies were received from Councillor Peggy Mullock.

38 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.

39 Minutes of the Last Meeting

The minutes of the meeting held on 2 November 2016 were confirmed as a correct record.

40 Public Question Time

There were no public questions.

41 Member Questions

There were no questions from Members.

42 Keeping Adults Safe in Shropshire Board Annual Report 2015-2016

The Chairman welcomed Ivan Powell, Chair of the Keeping Adults Safe in Shropshire Board.

Mr Powell introduced the report which covered: the composition of the Board and how it worked; the Strategic Plan; progress on its delivery; partner agencies' contributions to its delivery; and community consultation involving Healthwatch. A Development Day was about to be held to allow co-production of the Board's Business Plan for the following year.

The report also set out the routine work of the Board, its priorities and the ultimate goal of resilient communities which helped to prevent safeguarding episodes. The Care Act had provided an opportunity to create a new approach to Safeguarding Adults in Shropshire.

There was an emerging understanding nationally about domestic abuse against older people and around caring arrangements between intimate partners, and cases where someone was reliant on a perpetrator of abuse for their personal care. Mr Powell explained how the individual would be kept at the centre of the process and how their position would be sought regarding what outcomes they would like. This differed from previously when people would have things done to them to protect them. The person subject of risk had to be put at the centre of discussion.

In response to questions from the Committee, Mr Powell confirmed that:

- A prevention strategy was being written which would fit with the strategies of all partners
- Working with GPs was undertaken through the CCG
- A performance and Quality Sub Group looked at data relating to individual cases to enable targeting of activity.
- Different agencies did have alternative definitions of vulnerable.
- Awareness within the community would be needed to help safeguard self funders.
- The Association of Directors of Adult Social Services had provided advice on responding to domestic abuse and every domestic abuse case in Shropshire was now recorded. The Police were starting to think about this in a different way at a national level.
- There remained cultural issues related to domestic abuse and there was a need to empower people to talk about what was going on.
- There was a 100% commitment that feedback would be given to anyone making a report of abuse. It might not be possible to report on the detail or outcomes of any activity but confirmation would be given that action had been taken. This would feature in the performance framework along with timelines

The Committee also heard that the CCG's safeguarding lead was working with GPs to encourage earlier discussions with families experiencing dementia to alert them about what may lay ahead. Members felt that GPs had a critical role in this and asked if their records could be used as a database to identify those at risk of domestic abuse or neglect. Mr Powell explained that this sort of issue would be covered in the prevention strategy which was being developed with all partners.

A Member of the Committee referred to a GP practice in the County where the nursing team had set up an 'at risk register' and set aside regular time to review patients at risk which included self funders in private housing. The Director said that some GP Practices worked well with People to People Let's Talk services, and the aspiration was for all to work in this way. Another Member referred to the good work of a Community Care Co-ordinator in a GP Practice. The Portfolio Holder for Adults explained the Neighbourhood work of the Sustainability and Transformation Plan which would help join up health and social care work in partnership with NHS colleagues.

The Director of Adult Social Care addressed issues around self funders in Shropshire. The market was not currently managed effectively as a whole and standards needed to be applied across all sectors, through the development of workforces and also individual carers.

Members asked for a timescale on work with self funders and heard that training across individuals and organisations was being moved forward through work with Shropshire Partners In Care. Support would be made available to purchase from the market in a more organised way and the brokerage system for domiciliary care was also utilised for residential care. The Director confirmed that there was an aspiration to open this system to the public with a stringent framework in place.

A Member asked if the Housing Associations were involved in safeguarding. The Director and Mr Powell reiterated that 'safeguarding is everybody's business'. Housing providers were members of the Board and engaged well with social workers. The engagement event to be held imminently would involve both service users and organisations and publicity material would be discussed.

Members asked how the Board could tell all the work underway was making a difference and heard that Performance and Quality Measures were being developed. The Board was about the effective delivery of safeguarding services and proportional action being taken and would need to show how it managed and reduced risk. The Chairman felt that a performance dashboard would be useful and heard that this was a work in progress.

The Portfolio Holder for Health referred to the Fire Service's access to homes and its current and potential role in health and wellbeing interventions, including safeguarding issues. The more attention was directed to safeguarding issues in a variety of ways, the easier it would be to talk about them.

Members asked if the work of the Board would be subject to an Ofsted style inspection. They heard that a formal peer review process of Adult Social Care was due in the next six months, and that one focus of this would be safeguarding.

The Chair thanked Mr Powell for answering questions and attending the meeting.

43 Performance - Adult Social Care Dashboard and Complaints and Adult Social Care Outcomes Framework (ASCOF) Measures 2014/2015

Members considered a report on performance measures and customer feedback information for Adult Social Care for 2015/16, and results for Delayed Transfers of Care for 2016/17 to date. A copy of the report is attached to the signed minutes along with a copy of a presentation provided by the Commissioning Support Manager.

Members noted the measures where Shropshire performed above the West Midlands and England averages. Areas which were lower than the West Midlands and England averages included the proportion of carers who received self-directed support and the proportion of carers who received direct payments, and the delayed transfers of care from hospital.

Delayed Transfers of Care

Members asked if brokerage had made any impact on delayed transfer of care figures. The Director of Adult Services said that brokerage had definitely made an impact on the ground and the system was working well. He reported that local delayed transfer of care

issues were replicated nationally and that there were issues regarding the way delays were recorded. There had been a spike in August and work was underway to try and establish the reasons for this as a peak had not been expected at that time of year. The Integrated Care Service was developing all the time and it had been agreed with the CCG to look at the system as a whole which was an extremely positive development.

It was confirmed that the figures provided covered the Acute Trust and also Community and Mental Health hospitals. During discussion, Members identified mental health services as an area that the Committee would need to focus on in future.

Carers

The Director explained the lack of concern around ASCOF indicators 1C (1B) 'the proportion of carers who receive self-directed support' and 1C (2b) 'the proportion of carers who receive direct payments'. These which were dramatically lower than statistical neighbours, West Midlands and England scores but this was due to both reporting requirements and the conscious decision to shift resources in Shropshire to early intervention. Pre-formal assessment data did not contribute to the figures and there was no mechanism for recording early intervention and prevention activity. The Council was not minded to change its successful operational model to hit a target and Members noted that the Association of Directors of Adult Services were supportive of this approach.

Members confirmed that they understood these reasons but asked whether it was known that prevention activity was working and whether it was possible to see some sort of value attributed to this work. The Director said this was being monitored carefully and emphasised that it was important to note that there was a steady increase in demand. If resources had not been shifted to prevention, it would not have been possible to meet the demand for statutory services.

Members asked for the actual number of respondents to the Annual Users survey and it was agreed to circulate this information outside of the meeting. Officers explained that it was not possible to make any changes to the prescribed questions or cover letter and only one reminder was permitted. In terms of customer feedback, the Chairman went on to comment that 149 complaints out of over 8,000 contacts with the Council was a good performance.

Officers reported that learning from feedback from services users, providers and partners was ongoing and the Council continued to look outward to other areas to see if there is evidence of what works which might be appropriate for implementation in Shropshire.

Members with electoral divisions in areas bordering other counties, and Wales, where patients often received primary health care outside of the county but adult social care services within, emphasised the need to work with General Practices outside of Shropshire on complaints.

Members agreed that they would like to consider delayed transfers of care in more detail.

44 Work Programme

The Committee's Work Programme was noted and it was suggested that a report be considered at the next meeting on delayed transfers of care and that Mental Health Services be included as an area for future Scrutiny.

Signed (Chairman)

Date: