

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 26 March 2018
held in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

Responsible Officer: Amanda Holyoak
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Present

Councillors Karen Calder, Madge Shingleton, Roy Aldcroft, Simon Harris, Tracey Huffer, Heather Kidd, Paul Milner, Pamela Moseley and Paul Wynn

28 Apologies for Absence and Substitutions

Apologies were received from Councillors Gerald Dakin and Tracey Huffer.

29 Disclosable Pecuniary Interest

Members were reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

30 Minutes of the Meeting held on 29 January 2018

The minutes of the meeting held on 29 January 2018 were confirmed as a correct record.

31 Public Question Time

A public question (copy attached to signed minutes) had been received from Mr J Bickerton in relation to the Better Care Fund, covering the signing of the Partnership Agreement, reductions in funding and the Grant Thornton report into Adult Social Care Funding. It also asked what action was being taken by the Council in relation to the area covered by Shropshire CCG not being classed as a rural county. A copy of the question is attached to the signed minutes and the Director of Adult Services said that similar questions had been asked at a recent Health and Wellbeing Board, and a written response was being prepared to all of Mr Bickerton's queries.

32 Member Question Time

There were no questions from Members.

33 Improved Better Care Fund (IBCF) and Projects and Delayed Transfers of Care (DToC) Update

The Health and Adult Social Care Overview and Scrutiny Committee received a report (copy attached to signed minutes) summarising the Council's allocation of the Improved Better Care Fund, some of the projects implemented using this, and progress to date in

reducing and maintaining a lower level of Delayed Transfers of Care since the last report to the Committee on 20 November 2017.

The Committee also received a presentation (copy also attached to signed minutes) covering the impact of the different projects and explaining how winter pressures had been reflected in the number of delays including readmission rates and identifying where people are three months after discharge.

Members asked for more detail about the Withywoods Project and heard that a number of people had been supported since September, of those 3 were now self-caring, 3 had a long term package of care back at home, 1 had a short term package of care at home, 1 had returned to hospital, 1 had a long term placement and 1 had a short term placement. There were new units at Bicton and planned expansion into Ludlow. This was an example of an initiative which worked on need on and geography with flexibility to change as needed. Dedicated occupational therapy staff were located at Withywood and there was a need to ensure it was as full as possible with people who would be able to move on without a delay.

Members felt this was a positive way forward but questioned transport access to the new units at Bicton particularly from the south west of the county. They felt it was a good example of the ICBF allowing innovative approaches to be tested.

The Two Carers in a Car scheme had supported 24 people between November and March and feedback on this service had been very positive with planned expansion to five market towns in the county.

In pointing out the need to fund good schemes in future, Members commented that these projects looked as if they were working well but asked what would happen to the savings made. The Director of Social Care said that the ICBF presented a three year fixed funding challenge, activity was planned for three years but there needed to be an exit strategy plan. Savings were being banked because savings targets were substantial, however Two Carers In A Car provided a clear example of where the ICBF had been used to set up a scheme that was delivering. This activity would be built into the base budget, as if it wasn't the benefits would be lost.

In response to a question, officers said that the Two Carers in a Car Scheme did not cover palliative care and a Members suggested that this might be something that could be considered if the future. Officers reported that the CCG was interested in the project and it was part of discussions regarding joint commissioning. It was confirmed that there would be a point when the model would not be viable and this was under consideration.

Members asked about support for elderly people in isolated locations. They also asked about links with the Fire and Rescue service. Officers reported that the Fire Service was provided with a list of individuals at high risk of admission to hospital. The benefits of that activity were now being seen and the Fire and Rescue Service had also helped to deliver services in recent bad weather.

Members asked about the differences of interest and willingness amongst GPs to work in a joined up way and asked how co-operation was secured. Officers explained that as GPs were businesses in their own right and it was recognised the need to offer solutions which

appealed to them as a business. The Portfolio Holder for Health and Adult Social Care reported that the CCG's Primary Care Committee provided a number of opportunities to influence. He had made a presentation to the Committee on social prescribing and this had been received with enthusiasm.

The development of a hub in Whitchurch was an approach desired across Shropshire, beyond the term of the IBCF. It would be critical to piece everything together to achieve the greatest effect.

Members heard that the reduction in delayed transfers of care, with the target of no more than 6.7 a day being met or exceeded was a powerful demonstration of progress in the face of intense scrutiny and pressure. Shropshire Council was in the top quartile per 100,000 and had the third lowest delays due to adult social care.

Members noted that SaTH needed the Council's support and were attempting to increase the number of Fact Finding Assessments. Members agreed that good discharge planning was key and that this should start on day 1 of an admission to ascertain home conditions and who could provide support to the patient. This early discharge planning had not always been consistent and it was aimed to improve this.

Members felt that the earlier Housing Associations were involved following an admission the better. An emergency hub meeting was held every morning to ensure those conversations could be fed through to housing colleagues. A Member commented that sometimes housing associations did not seem to act with urgency. Officers reported that the relationship with Housing associations would be further developed to help avoid admissions and to be ready for discharge.

Members also asked about home owners who might be asset rich and cash poor, or those in private rented property and asked if there was a system in place to help them. The Director said that the private rented sector was much larger than social housing which represented just 15% of houses across Shropshire. Engagement with private landlords was very important and relationships were under development. In terms of individual home owners, all information possessed by the Council was being utilised to produce predictive analytics to identify people likely to fall and attend A&E and to stop this from happening.

A new scheme in Ludlow due to open at the end of April was mentioned. This was mixed tenure, but residents could buy in to a package of care.

In discussing the impact of the BCF on Delayed Transfers of Care, the Committee was reassured by evidence that showed the Council was getting its approach right. However this could be put into jeopardy through the failure of other partners.

The Committee thanked officers for the delivering the excellent performance demonstrated in the presentation in such challenging circumstances. It was recognised that this needed to be sustainable and continue through winter but there was a need to recognise the finite number of staff available. Seven day working was not currently a requirement but was anticipated and this would mean significant budget implications for the whole system as well as the Council.

The Director reported on the A&E Delivery Group and regional meetings had shown that the NHS was happy with Shropshire Council’s performance. Pressure remained relentless with the hospital often operating at Level 4 and both Shropshire and Telford and Wrekin Council needing more Fact Finding Assessments. Acute hospital problems included the number of agency nursing staff and the need for more permanent staff so that the right culture could be embedded.

Members noted that a new Urgent Care Director had been appointed at SaTH and that it might be useful to invite her to a meeting to describe the plan to improve performance. A national figure in improving hospitals would also be spending time at SATH looking at the whole system and it was recognised that there was a real drive to improve.

It was agreed that this might be an issue for inclusion in the Joint Hosc Work Programme.

Vanessa Barrett, Healthwatch representative reported that some concerns had been raised by Healthwatch in relation to the Stroke Care reablement Pathway and wondered if it was possible to look at discharge information in relation to certain groups of patients . Concerns had also been expressed regarding waiting times for a heart scan.

The Chair commented that it was pleasing to hear that SaTH was recognising where it needed to make improvements. She thanked officers for the report and asked that an update be provided at a future meeting.

34 Future Work Programme

The Statutory Scrutiny Officer reported that a session for all members was to be arranged to formulate a Strategic Scrutiny Work Programme. This would help ensure that topics bridging across the remit of a number of committees would be addressed and joined up and that all strategies pulled together to deliver. It was suggested that a future agenda item for the Committee could cover schemes supporting those in the community to avoid going into hospital and that either this Committee or the Joint HOSC could look at the acute hospital’s role in discharge.

Signed (Chairman)

Date: