

# **SHOPSHIRE COUNCIL**

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

**Minutes of the virtual meeting held on 25 January 2021**  
**10.00 am - 12.12 pm**

**Responsible Officer:** Amanda Holyoak  
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### **Present**

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

### **1 Apologies for Absence**

Apologies for absence were received from Councillors Tracey Huffer and Paul Milner. Councillor Ruth Houghton substituted for Councillor Huffer.

### **2 Disclosure of Pecuniary Interests**

Councillor Ruth Houghton reported that she was a Trustee of Bethphage, a provider of support for adults with learning disabilities.

### **3 Minutes**

Members noted that the minutes of the meeting held on 9 November 2020 would be presented to the next meeting of the Committee.

### **4 Public Question Time**

A number of questions were received from Diane Peacock relating to covid and care homes in Shropshire. The full questions with all supporting information provided are available on the webpage for the meeting: [HASOSC 25 Jan 2021](#)

Due to the pressure of work supporting residents during the current wave of the pandemic it had not been possible to provide answers in time for the meeting, and it was agreed that they would be provided at the first possible opportunity and subsequently published within the papers for the next meeting of the Committee.

### **5 Member Question Time**

There were no member questions.

### **6 Improved Better Care Fund**

Patricia Blackstock, Service Manager Hospital and Reablement introduced the report and with Amy Tipton, START, gave a presentation providing an update on IBCF funding and schemes and explained how it had been utilised to provide extra capacity in Adult Social Care, reduce pressures on the NHS, and ensure that the local service care provider market is supported.

Although the IBCF would be rolled forward into the next financial year there would be a shortfall of £700,000. The Committee were informed of the governance process and impact assessment which had taken place to determine which schemes would be terminated. This had resulted in the cessation of the Independent Care Home assessor contract and nine of the discharge to assess beds.

Members were informed how the IBCF had provided additional funding to the START service and greatly enhanced the focus on reablement. The presentation also provided some case studies of the journey of a number of individuals with complex reablement needs back towards full independence.

In response to questions from members it was confirmed that:

- The two hour target for commencement of service was available in rural areas as there were pockets of staff living across Shropshire, an office based team in central Shrewsbury, and staff accessed an app on their mobile phones.
- The impact of the reduction in discharge to assess beds would be monitored using the discharge audit tool used with partners to identify where there were any issues around patient discharge. A task and finish group on discharge was ongoing and Healthwatch gathered feedback from patients. System partners undertook weekly demand and capacity modelling to ensure the number of health and social care beds in the system were monitored. The utilisation of discharge to assess beds during October – December 2020 had been around 50 – 53%.
- If a patient occupied a discharge to assess bed when the contract came to a close, they would be able to stay there as a spot purchase could be made.
- Shropshire worked closely with Telford and Wrekin and a system approach helped align thinking around bed capacity. A demand and capacity group had helped with this and Shropshire had been able to support colleagues on a number of occasions when needed.

Officers reiterated that patients remained at the centre of everything and the pandemic had helped to facilitate a move away from barriers and organisational restrictions and find quick, safe solutions to benefit patients. Shropshire also worked with Powys which did have a similar reablement scheme, but without the local capacity of the START team.

Government guidance was that patients could not stay into hospital until they were able to go where they chose, the best destination to meet their needs were identified as quickly as possible and then work undertaken with families to identify long term places.

Lynn Crawley, Healthwatch Shropshire reported that the interim findings of the Healthwatch discharge survey had been useful and the final report would be made available shortly.

The Chair thanked officers for the very useful report and presentation and for providing assurance that impact assessments had been carried out and been thorough and that there were processes in place to assess the impact of them.

The Committee agreed its support for lobbying of the government for consistency of funding for ICBF.

## **7 Domiciliary Care**

Nicky Jacques, Chief Officer, SPIC joined the meeting at this point and was welcomed by the Chair.

Deborah Webster introduced the report and presentation which gave an overview of domiciliary care in Shropshire. This explained: the structure, scope and nature of the operation; customer base and care type; geographical spread; number of providers; the procurement/brokerage process; accreditation and performance of care providers; and the performance oversight system.

Nicky Jacques talked about the requirements for staff training, outlining what carers were required to have and the support for and monitoring of training from the Council and SPIC. She outlined the challenges and support facing the sector both in normal times and particularly in the light of covid.

Members noted the future plans for the domiciliary care market and a move towards outcomes for individuals and a working together approach rather than on time and task based care.

In response to a number of questions from Members it was explained that:

- All domiciliary care agencies had now been invited to book in for covid vaccines
- The Local Authority had acted as a broker for some self-funders and was looking to do this more of this in the future. It confirmed that this would give a broader picture of complaints across the county.
- All carers attended safeguarding training and would know how to take action if their business was not providing adequate support in any matter, for example raising a concern directly with the CQC or contacting SPIC safeguarding leads for help and signposting. Lynne Cawley reported that Healthwatch was also able to signpost those raising a concern.
- A number of providers were able to offer live in care and the framework approach taken with the market had been very successful
- A training needs analysis to identify the requirements of businesses was completed every year and the Workforce Development Fund had not been oversubscribed to date. There was an opportunity to bid for additional needs through the year if milestones were met. The latest training target had not been met due to the day to day challenges over the course of the pandemic but there was likely to be increase in

claims over the course of the year. Apprenticeships were encouraged by SPIC which was part of the STP apprenticeship group.

- Staff turnover was not a particular challenge, at 25% it was a little higher than the England average but in line with the West Midlands average. Some left to pursue professional qualifications in nursing, health and social care, but most moved from one employer to another rather than out of the sector. Accreditation was always considered carefully as there were only so many in the county available and wanting to work in the care sector.
- Any issues identified relating to proper use of PPE by domestic care workers would be raised promptly with the provider and checks on supply and distribution issues would be made. In an emergency situation providers could order PPE through the Council. SPIC worked closely with the CCG Infection control leads.
- The Council had close links with Powys Commissioners and information was shared about different providers where there were any issues meeting needs across large sparse areas. Many providers worked across the border.
- The Council had a good understanding of the level of purchasing by self funders – which was mostly although not all from same providers. Commissioning on behalf of self funders would be a big piece of work and would help enhance understanding of the market.

The Committee thanked Deborah and Nicky for the comprehensive report, presentation and for their thorough answers to questions asked.

## **8 Joint Strategic Needs Assessments**

The Director of Public Health provided a summary of the report before members, providing the background to the JSNA, the new approach agreed by the Health and Wellbeing Board and the phases involved in delivery.

The Chairman asked a number of questions around the plans for the Place Based Needs assessment, which had been delayed due to Covid, and asked for further explanation of the governance structure around this, as she had understood that this responsibility would lay with the Health and Wellbeing Board. She also asked about new timescales and the resources need to support delivery.

The Director confirmed that the Health and Wellbeing Board was accountable for the work and that the additional structures to be put in place were due to the challenging nature of the work to be undertaken in phase 3 and the joint working. She gave an example of a needs assessment to illustrate this. Both hard and soft data would be sought to understand the needs of a place. She confirmed that the role of Shropshire Association of Local Councils, HealthWatch, the community sector, providers and others would be crucial in this.

A Member suggested that a briefing paper be provided to Shropshire Association of Local Councils prior to any engagement work taking place as this could be disseminated to all parish and town councils across the county.

In response to a question it was confirmed that the Health and Wellbeing Board understood the level of commitment and resource needed to deliver phase 3, that there would be a joint analytical post created with the CCG and that the Business Intelligence Team would be contributing to the work. A paper would be going to the next Health and Wellbeing Board providing a progress update and outlining more detail on phase 3.

The Portfolio Holder Adult Social Care and Health emphasised the importance of an ultra local approach and said that he sought assurance on capacity to do the work on a regular basis. He reiterated that Shropshire Council was 100% committed to a joint approach.

The Chair welcomed the emphasis on the joint approach and contribution from CCG and other partners, as the Needs Assessment was not just for the local authority to use but for the CCG and all partners too.

The Committee recognised how importance this piece of work was and observed that doing this over 18 place plan locations was very ambitious. It asked for further details once they had been presented to the Health and Wellbeing Board and was particularly interested in partner engagement in developing the recommendations.

The Director of Public Health confirmed that the Committee would be kept updated.

The Committee thanked the Director and her team for the amazing work they had done under vast pressure over the past year which had been appreciated by all. Members looked forward to receiving an update on the important work around the JSNA and future of joint commissioning.

## 9 Work Programme

Proposals for future meetings were noted and the Committee asked that the plans for engagement activity around the Joint Strategic Needs Assessment be noted as a future agenda item.

Signed ..... (Chairman)

Date: .....