

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 24 March 2014
10:00am in the Shrewsbury Room. Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

Responsible Officer: Martin Stevens
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Present

Councillor Gerald Dakin (Chairman)
Councillors David Minnery (Vice Chairman), Pamela Moseley, Peggy Mullock,
Peter Nutting, Vivienne Parry and Madge Shingleton

Also in Attendance

Mr L Chapman (Portfolio Holder)
Mrs K D Calder (Portfolio Holder / Chair of Health and Wellbeing Board)

In Attendance

Penny Bason (Health and Wellbeing Co-ordinator)
Ruth Houghton (Head of Social Care, Efficiency and Improvement)
Martin Stevens (Committee Officer)
Rod Thompson (Director of Public Health)
John Wright (West Midlands Ambulance Service)

1 Apologies for Absence and Substitutions

Apologies for absence were received from Cllr Tracey Huffer and Cllr Simon Jones.

2 Disclosable Pecuniary Interests

There were no new disclosable pecuniary interests declared.

3 Minutes

That the minutes of the meeting held on 3 February 2014 be confirmed as a correct record subject to Cllr David Minnery being added to the list of those present and the correct spelling of Rod Thomson.

4 Public Question Time

There were no public questions.

5 Member Question Time

There were no Members Questions.

The Chairman reported that there would be a meeting of the Joint HOSC later in the day at 4pm which would be considering the Mental Health Services Review, Women and Children's Services and the Travel Plan.

6 Health and Wellbeing Board Review

The Chair of the Health and Wellbeing Board stated that the report showed the extent of work taking place by the Board. When the Board was initiated last year she had not even imagined the Better Care Fund or the FutureFit program. Both of these areas would undoubtedly have an impact on their work moving forward. The report highlighted that there were some areas which the Board still needed to deliver and some areas that were an ambition. The strategic approach of the Health and Wellbeing Board was still evolving.

A Member asked the Chair of the Health and Wellbeing Board what she felt was her biggest challenge at the present time. In response she stated that obtaining a clear overall picture and a clear vision for the Board was her biggest challenge. Establishing a definitive role in the Better Care Fund and Future Fit Programme was also a considerable challenge.

A Member stated that there seemed to be more of a push of important health matters to the executive rather than to scrutiny. In response the Chair of the Health and Wellbeing Board stated there had been a number of development session meetings with the Chair of the Scrutiny Committee / Health and Wellbeing Board and Healthwatch. These had been exploring the relationships between the different groups. A Member stated that it was important to try and ensure that there was a robust health scrutiny function which was able to call people to account.

The Health and Wellbeing Co-ordinator stated that Appendix A of the report was the draft memorandum of understanding which outlined the interlinking relationships of the health groups. A Member stated that he thought the Memorandum of Understanding should contain more detail about how often the Health and Wellbeing Board should report to Scrutiny. The Chairman stated that when the Health and Wellbeing Board did report back it was important to focus on the areas that needed improvement in performance.

The Director of Public Health stated that there was an emerging understanding of the role of the Health and Wellbeing Board on the FutureFit programme.

A Member stated that she was concerned about mental health care in the community. She stated that she was receiving complaints from carers about the lack of time they were able to spend with people and were having to compromise the level of service provided. She asked where she could direct her concerns. She enquired about the existence of a Health Induction pack.

The Chair of the Health and Wellbeing Board confirmed that there was an induction pack for Health and Wellbeing Board Members, which she would happily share if requested.

It was proposed that the recommendations in the report be accepted with the addition that consideration be given to how the Health and Wellbeing Board feeds into the Scrutiny Committee.

RESOLVED: That the recommendations in the report be accepted with the addition that the consideration be given to how the Health and Wellbeing Board feeds into the Scrutiny Committee.

7 Adult Services Key Performance Indicators

The Head of Social Care, Efficiency and Improvement presented a report on adult services key performance indicators for 2013/2014. Adult Social Care Services in Shropshire were provided to vulnerable adults aged over 18 and who were eligible to receive local authority support. The Fair Access to Care Services determined the eligibility for local authority services. Needs assessed at a critical or substantial level were those which the local authority would meet. She went through the report identifying the areas where the Council was and wasn't meeting its targets.

The Chairman referred to a performance graph that he had been given and asked if in future this could be replicated for Adult Services Performance indicators. He asked whether the performance team could produce something similar quarterly.

The Head of Social Care, Efficiency and Improvement with reference to local indicator AS003 stated that the 19 cases outside the target was due to a data entry error.

The Chairman in reference to supported living developments asked if there was any developments in social housing. In response the Head of Social Care, Efficiency and Improvement stated that there was a big gap in extra care for older people. There were hopefully some potential sites coming through in the future. The Portfolio Holder for Adult Services stated that he had been in discussions with RSL with a view to looking at extra care housing as an opportunity. A Member stated that it was important to get appropriate housing in the planning system moving forward.

RESOLVED: That the contents of the report be noted.

8 Social Care Bill Briefing

The Head of Social Care, Efficiency and Improvement presented a report on the sections of the Adult Social Care Bill relating to Prevention, Information and Market Shaping, Entitlement to Public Care and support and Assessment and Eligibility.

She stated that part of prevention was having a whole range of services and adopting a universal approach. Shropshire had been one of the early adopters of preventative services.

The report provided the link for the Community Directory. The directory contained over 3,000 records. The range of preventative Services continued to be developed through the People to People social work practice pilot and the STEP project where the increased use of Community based resources and local clubs, groups and activities were accessed to support local people within their own communities.

A Member stated that she wanted to see the building at Alena Lane used more. In response the Head of Social Care, Efficiency and Improvement stated that she had in fact only visited the building last Wednesday to see how the site could be better utilised.

The Head of Social Care, Efficiency and Improvement stated that Shropshire Council currently commissioned information, advice and advocacy from a range of voluntary sector providers and funded this with approximately £1 million of grants. The Council was currently working with the Information and Advice Alliance in Shropshire (IAA) to redesign and re-commission these services using a 'co-production' model. It was hoped that this would be launched in October.

The Head of Social Care, Efficiency and Improvement stated that the Care Bill was intended to improve the range and quality of services available and required local authorities to support a market that delivered a wide range of care and support services that would be available to people in their local communities. Each local authority was required to develop a market position statement which would inform the care market of future demand and trends in demand, the sort of services that were required and the types of services that the local authority would buy in the future. The Care Bill would change who was entitled to public care and support. At the present time people were entitled to public care and support if they had an eligible need under Fair Access to Care Services at a substantial or critical level and if they had less than £23 in funds. In the future under the new bill both of these would be changing. There would be a national eligibility criteria which was still being determined and the financial thresholds would also be changing. The assessment process in the Care and Support Bill made it explicit that any potential need for any potential type of care and support input covered in the legislation had to be actively considered in an assessment. If an adult refused a needs assessment, the local authority would not be required to carry out an assessment but under certain circumstances, such as an adult experiencing risk of abuse or neglect, still had to carry out an assessment.

RESOLVED: That the current Prevention Services and planned recomission that will support the implementation

9 Date of Next Meeting

The date of the next meeting was confirmed as 23 June 2014 at 10am.

Signed (Chairman)

Date:

