

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 15 December 2014
10.00 am - 12.03 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 David Minnery (Vice Chairman), John Cadwallader, Simon Jones,
Heather Kidd, Peggy Mullock and Madge Shineton

40 Apologies for Absence and Substitutions

Apologies for absence were received from Mrs P Moseley, Mrs T Huffer and Mr P Nutting.
Mr K Pardy substituted for Mrs Moseley and Mrs V Parry substituted for Mrs Huffer.

41 Disclosable Pecuniary Interests

Mr Jones informed the meeting that he was employed by Shropshire Community Health Trust and Mrs Shineton informed the meeting that she was a Member of Health Concern.

42 Minutes of the Meeting held on 24 November 2014

The Minutes of the meeting held on 24 November 2014 were confirmed as a correct record.

43 Public Question Time

There were not questions from Members of the Public.

44 Member Question Time

There were no questions from Members of the Council.

45 Integrated Community Services Pilot and Better Care Fund

The Chair welcomed Kerrie Allward, Better Care Fund Manager, and Sally-Ann Osborne, Deputy Director of Operations, Shropshire Community Health Trust, to the meeting.

They made a presentation to the Committee on the Better Care Fund, and on progress made with the Integrated Community Services (ICS) Scheme (a copy of the presentation is attached to the signed minutes). The presentation explained and particularly drew attention to:

- The strategic context of the Better Care Fund and its four strategic themes
- The 11 transformation schemes of the Fund
- Progress toward final approval of the Fund

- The Background to the Integrated Community Services prototype and the model
- Progress to date with the ICS prototype.

The Better Care Fund Plan described how Health and Social Care would work together to improve outcomes in:

- Non-elective admissions
- Permanent Care Home Admissions
- People still at home 91 days after discharge from hospital into rehabilitation and reablement services

Two local measures were related to awareness of emergency contacts for Mental Health Crisis Care and reduction in Redwood hospital admissions for dementia patients.

In response to questions from Members, the Better Care Fund Manager confirmed that the target for reducing non-elective admissions did take into account the rise in the age demographic of Shropshire (a net 3.6% reduction target in real terms was one of 6.5%). She also stated that digital services would not be relied upon in raising awareness of who to contact in the case of a mental health emergency.

Discussion and questioning on transformation schemes established the following:

- The Ambulance Service were part of an Integrated Falls Sub-Group and the Service's role in Falls Prevention activity would be considered within that Group. Work on falls prevention had been completed by Scrutiny in the past.
- Officers were working on cross border issues, for example, patients living in Shropshire but registered with a GP in Wales, who would require social services to be provided by Shropshire Council.
- Each of the Transformation Schemes were at different stages, from the early scoping stage onwards.
- The early intervention schemes – Community Care Co-ordinators and Practice Care Co-ordinators were schemes which were at initial stages. The Practice Care Programme was a national enhanced service whereby GPs were paid more per patient to create a plan.
- The Team Around the Practice scheme would involve creating a virtual team around GP Practices and this was at the very initial discussion stages.

More detail about each scheme was available from the Better Care Fund Plan appendix, available from the Health and Wellbeing Board pages on the Council's website. The Plan had been approved with support and confirmation of final approval was awaited.

A Member referred to his personal experience of a 'battle of budgets' and asked what could prevent that sort of scenario in future. Officers explained that from the Better Care Fund Perspective, this was about providing a more robust intermediate care service to support a discharge from hospital.

The Director of Adult Services explained that in Shropshire, more people were placed into the residential and nursing home system than in similar counties and attempts were being made to address this over-reliance, unless an individual fit the criteria for health or residential care.

Intermediate care could help people get from hospital to home which was usually the best place for a person to be with an appropriate level of support, until this interfered with their life so much that they would need to go into a home.

The Committee moved on to the Integrated Community Services prototype.

Following a presentation, questions and discussion, the Committee established that:

- ICS provided a single point of access, facilitated a rapid response, and avoided a patient being reassessed on multiple occasions.
- Leadership of the Service had now been transferred to Shropshire Community Health Trust.
- Staff from other admission avoidance schemes had transferred into ICS and there had also been recruitment to new posts.
- The 'purple' approach - whereby the experience of Social Workers, Nurses and Therapists were integrated into one team, was working well and enabled all needs to be covered during one generic assessment.
- Detailed demand and capacity modelling across the year had taken account of expected escalation winter pressures.
- The Service had never had to refuse any one and if it did ever appear to be reaching capacity, focus would be shifted to ensuring existing cases were staying in the service only as long as they needed to.
- The average length of stay in the service was currently 29 days and the aim was to reduce this to 23 days as most people reached a reablement plateau in that time.
- The Pilot had initially covered the Shrewsbury area, and had been rolled out to the North and South of the county on 3 November.
- Data was collected from the 'referral source' and showed where a patient had been referred from, including out of county hospitals.
- Completion outcomes were being reviewed on an ongoing basis. The re-admission rate of around 12% - 16% was significantly lower than the national rate of 20%.
- 68% of those leaving the service did not require ongoing support and this compared favourably with the national benchmark of 60%.
- The Healthwatch Feedback Survey results were positive but had identified some learning points around the way ICS was explained to patients.
- The Healthwatch survey was a good example of an evaluation process which had been built in alongside the introduction of a new service and it would help develop the workforce and prototype according to its results. The Committee found this assurance very helpful.

The Committee agreed to review the roll out of ICS across the county in 12 months time.

46 Adult Social Care Performance Indicators

The Committee considered the measures proposed to provide a comprehensive view of the impact and progress of the Adult Social Care New Operating Model. The members of the Committee that had been involved in designing the measures had been clear that their focus was on outcomes and experiences of the customer, and understanding the impact of the New Operating Model on both individuals and communities.

The Performance and Design Team Leader agreed to ensure an explanation of the various data sources would be included in future reports.

Several Members of the Committee (Cllrs Dakin, Jones, Kidd, Moseley and Shineton) have volunteered to meet with officers to look at how what is measured will be presented.

The Committee agreed that the measures identified and developed be supported and recommended for integration into the refreshed Outcome Dashboard for 2014/2015. It was also agreed that the Committee consider the performance indicators at a meeting in six months time.

47 The Care Act - Update: Costs & Funding

A briefing note providing an update on The Care Act: Costs & Funding was received by the Committee. The Chairman said a briefing session on its content could be arranged if necessary.

48 Work Programme

Members noted the proposals for the Committee's Work Programme.

Signed (Chairman)

Date: