

HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Thursday 10 March 2022 at 2.00 pm in Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors A R H England, V A Fletcher, E J Greenaway, L A Murray, S J Reynolds, J M Seymour and D R W White (Chair).
Co-optees: H Knight and J O'Loughlin

Also Present: Councillor A Burford (Cabinet Member: Adult Social Care and Health, Integration and Transformation)

In Attendance: L Gordon (Democracy Officer (Scrutiny))

Apologies: Councillors J Gulliver, V J Holt and D Saunders

HAC-23 Declarations of Interest

None

HAC-24 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 28 July 2021 be confirmed and signed by the Chair.

HAC-25 Telford & Wrekin Safeguarding Partnership Annual Report

The Committee heard an overview of the Telford & Wrekin Safeguarding Partnership Annual Report from the Independent Chair of the Local Safeguarding Partnership. They heard that this was the last time that the report was to be presented in this format and the Committee would receive a dedicated Adult Safeguarding report moving forwards. This was due to the decision to create a separate Children and Adults Board. It was noted that it had been a challenging year but that partners had continued to provide effective safeguarding as indicated by the positive results of assurance exercises.

Members heard that they received equal funding from Health, the Local Authority and the police which was also reflected in their executive. The Independent Chair cited the success of the Adult Criminal Exploitation Sub-Group which worked with those who didn't meet the threshold but still required help. This alongside a recently set up perpetrators group provided key early intervention. They commended the work of the Adult Social Care team who were found to be exceptional as part of ADAS peer review. There was also more that could be done, but the Independent Chair highlighted that they had strong partnership working.

Members asked a number of questions:

Where there any weaknesses that they had identified or areas where the Health Scrutiny Committee could add value?

Capacity was always an issue. They had focused on children's mental health issues as SaTH had prevented access to services due to oversubscription. This had only be worsened by the pandemic. The Independent Chair sought the Committee's assistance in assuring that the right communication was going out to adults regarding accessing the correct services. Members of the Committee concurred that mental health was a concern and would be subject to further scrutiny.

There were also concerns about the level of influence they would have once the Clinical Care Group moved to an Integrated Care System.

In the report it was indicated that the number of children subject to child protection was lower than at the same point in 2020. However, the Borough's number of looked after children rose. How were the two related as they appeared contradictory?

The numbers reported throughout the pandemic were not necessarily accurate, with some things being hidden. The Independent Chair noted that it was doubtful that there was a dramatic reduction in the number of referrals but with school closures during the pandemic they were not being referred through that route. He stated that this was not a challenge that was going away but Family Safeguarding did work very hard to prevent children going into care.

There were case studies cited in the report. What was support was offered in these cases and what was the monitoring process?

Whilst the Independent Chair was unable to provide the outcomes of individual cases but the priority was always to prevent children going into care so ongoing support to the family to prevent that. In the instances where it could not be presented, ongoing support was provided. Recommendations made as a result of those cases would have been implemented and monitored through a sub-group, with the Independent Chair stating that they would be happy to ask someone to provide a more detailed answer on the specifics.

What support was provided to adults and children following incidents involving the Police?

They received ongoing support. Members heard that there was a process named encompass which meant that after an incidence is reported to the police where a child was involved, the school is notified the next day in order for them to observe their behaviour and provide additional support where needed.

What was being done to identify those children who had not returned to education following school closures?

The Independent Chair was unable to provide number but explained that each school had their own process for this situation but did believe that the rules around home schooling required review nationally. They did carry out an exercise during the pandemic on children that had been highlighted as a concern. They found all were receiving regular contact to ensure they were not in danger. The Independent Chair did ensure members that it was an area that they would look at a future board meeting.

The residents of some of the most deprived areas in Telford & Wrekin were facing high pressures which at times resulted in them taking it out on their loved ones. Did they have the capacity to deal with that?

The safeguarding systems within schools were tried and tested and all designated safeguarding leads were well trained.

The number of completed concerns which progressed to S42 had decreased in comparison to 2019/2020. This drop coincided with a change in how it was recorded, but was the benchmarking the same?

The Independent Chair was not able to confirm if the benchmarking was the same but noted that it was difficult to compare when things had changed externally. Will request that it is looked into and that the Committee is updated. They added that a high number of referrals were raised out of concern and were often not substantiated.

The Annual Report related to last year. Was it possible for the Committee to be updated more regularly?

The Independent Chair stated that they would be happy to look at more ways of communicating more regularly and agreed to liaise with the Council's partnership team in order to facilitate this. They wanted to ensure that they were responding to concerns quickly and whilst they were still relevant.

The Committee thank the Independent Chair for their report.

HAC-26 Telford & Wrekin Adult Social Care Update

The Director: Adult Social Care provided the Committee with an update on the position of Adult Social Care within Telford & Wrekin. Members heard that the Adult Social Care Service Plan and Position Statement were informed of partners and strategies and underpinned by the Adult Social Care Charter. They highlighted the recently finished Autism consultation and the upcoming update to the Place Based Mental Health Strategy in conjunction with the Telford & Wrekin Integrated Place Partnership (TWIPP). Providing specialist and supported accommodation was key to keeping people in their own homes in their own community. The Director: Adult Social care advised that the

quality assurance framework related to this could be provided following the meeting.

Post-Covid there had been an increase in demand and the complexity of the issues they were dealing with. In order to manage these challenges they had worked closely with Shropshire Providers in Care and the Making It Real Board. The experience of people with lived experience had also been invaluable. The Director: Adult Social Care informed the Committee that the lessons learnt through Covid had made them appreciate the role of their partners even more.

Members heard that workforce recruitment and staff retention continued to be key across the system. This had led to the commissioning of different types of care to manage those challenges. Enablement grants had allowed care providers to manage staffing gaps and the introduction of new technology had allowed for virtual visiting. This was all in aid of supporting people at home where possible. It was noted that the Independent Living Centre was closed during Covid but was now re-opened and providing bookable appointments and drop-in sessions with health professionals. The Council had been actively involved a dedicated recruitment campaign that included promotion of the 'you can care' social media campaign. It was noted that partnership working had been essential to support the care provider market to be more flexible.

The Director: Adult Social Care informed the Committee that they had worked with the Inter-Disciplinary Discharge Team based within SaTH to co-ordinate a 7 day hospital discharge service. This had ran into difficulty though when outbreaks had prevented 91% of care homes in the Borough from accepting people. It was advised that they were in a much better position now though. Members heard that the Health & Social Care Rapid Response Team had continued to receive an average of 55 referrals a week, which worked to avoid hospital admission through targeted support.

Looking to the future there was a number of upcoming consultations regarding the supporting older people strategy and the placed based carers strategy that the Director: Adult Social Care was happy to discuss with the Committee at a later date. Members heard that the first part of the Autism Strategy consultation had just come to an end and that an analysis report would be published by Autism West Midlands in May 2022 for further consultation. The learning disability strategy that was discussed at a previous meeting of the Committee subject to the Partnership Board. The Committee were informed that after listening to residents and families about where they wanted to live in the future they were not looking at creating quality accommodation and respite facilities for adults with learning disabilities. Two sites that were being explored were Lakewood Court and the Wellbeing Centre in Wellington.

The Committee heard that there were two recent White Papers that impacted Social care. The People at the Heart of Care: Adult Social Care Reform White Paper introduced the care cap and the Care Quality Commission's regulation of adult social care departments from 2023. They were advised that whilst there was still much to be done around charging and people contributions, the

Council were in a good position in terms of providing a digital offering. The other White Paper which had an effect was Joining Up Care for People, Places and Populations. Members were informed that conversations had taken place with TWIPP regarding more integrated support. The Director: Adult Social Care advised that they were happy to take direction from the Committee regarding what they would like to look at in more detail.

Members of the Committee asked a number of questions

It was clear that a number of big changes were coming that we cannot overcome alone. Were we working with other Councils to find solutions?

Our regional and national connections have been invaluable. The Council regularly shared best practice and would come together with other Councils to find solutions where necessary. The Director: Adult Social Care mentioned that only earlier that day had they been involved in a regional webinar regarding the care cap.

Were we in a position financially to carry out our social care ambitions?

Cabinet had agreed further growth in adult social care. It would still be challenging but it was important that this commitment was made. Members heard that the Council would maximise their resources by finding creative ways to commission services and work with our partners to get the most for local people.

Were the thresholds for older people living with long-term conditions still too high?

The Care Act set out the eligibility criteria for meeting people's care needs. However, the wellbeing principles of delaying or preventing were also considered. Most of the services provided were not subject to threshold as resources had been dedicated to keeping people connected, reducing isolation and easily accessible community services. Members heard that a number of technological initiatives that were introduced during Covid had provided additional opportunities for residents to keep their independence.

Did Lakewood Court and the Wellbeing Centre belong to the Council currently?

The provider for both was My Options which was ran as a department within the Council.

Have we seen a rise in more complex requirements coming forward since Covid, and have we been able to meet the need for the different services required?

They had seen a marginal increase in adults with more complex needs. The Director: Adult Social Care advised that they were well placed to meet needs

with the resources available. They noted that the challenge during Covid had been their ability to respond quickly due to absences.

The way people accessed the services had previously been changed which caused a number of issues. Had these issues since been resolved?

The Committee was reassured that these issues had been resolved. The system had been changed to prevent people from having to call multiple times to speak to different services. Instead there issue could be dealt with in one call. Members heard that they were continually asking what more could be done to improve the first point of contact. This had included a review of peoples thoughts on their experiences.

What was being done to support the welfare of both home carers and those employed in care homes?

They recognised the impact of Covid on carers. In conjunction with the Carers Partnership Board and the Carers Centre they have looked at the best ways to provide support.

Had the recruitment drive made up for the loss of staff in care homes?

The support the Council had provided towards the recruitment campaign had bolstered applicants. Additionally, the Quality Team had assisted homes to implement changes needed as a result of staff losses.

Given the likely shortfall in care packages given financial pressures and the increasing numbers of older people. What. How many care packages have been put in place over each of the last five years?

The Director: Adult Social Care advised that there had been a slight rise in the number of people referred to them for support. The majority of which were discharged from hospital. It was noted that there had been an increase in complexity, pace and demand which meant they needed to be flexible enough to meet needs. In order to keep people at home they were looking at potential virtual care homes combined with physical at home support.

How were micro providers monitored if they were not CQC registered?

They are not required to be CQC registered if they do not provide personal care. Typically they provide services such as shopping and cooking and activities to reduce isolation. Members heard that there services were used in lower level cases. The Director: Adult Social Care assured the Committee that there was a monitoring process for checking their providers.

HAC-27 Work Programme 2021/22

The Committee agreed to discuss this item at a later date in a workshop setting.

HAC-28 Chair's Update

The Chair advised that Scrutiny Work-Programme planning was underway for the next municipal year and members should direct any suggestions to Democratic Services.

The meeting ended at 4.02 pm

Chairman:

Date: Tuesday 17 January 2023