

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

**9 JANUARY 2014**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold CH7 6NA on Thursday, 9 January 2014

### **PRESENT: Councillor Carol Ellis (Chair)**

Councillors: Marion Bateman, Peter Curtis, Andy Dunbobbin, Cindy Hinds, Stella Jones, Brian Lloyd, Mike Lowe, Hilary McGuill, Dave Mackie, Ian Smith and David Wisinger

### **APOLOGIES:**

Councillors: Veronica Gay and Hilary Isherwood

### **CONTRIBUTORS:**

Cabinet Member for Social Services, Director of Community Services and Senior Manager: Commissioning and Performance

Head of Children's Services and Consultant Social Worker/Operational Manager (for minute number 45)

Head of Adults Services and Intake and Reablement Service Manager (for minute number 46)

### **IN ATTENDANCE:**

Environment and Social Care Overview and Scrutiny Facilitator and Committee Officer

## **42. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Councillor Andy Dunbobbin declared a personal interest in agenda item 5 Integrated Family Support Service as he was a Kinship Carer.

Councillor Mike Lowe also declared a personal interest in agenda item 5 Integrated Family Support Service as he was a Carer.

Councillors Hilary McGuill and Dave Mackie declared personal interests as members of the Community Health Council.

## **43. MINUTES**

The minutes of the meeting of the Committee held on 25 November 2013 had been circulated to Members with the agenda.

### **RESOLVED:**

That the minutes be approved as a correct record and signed by the Chairman.

## **44. COLLABORATIVE PROJECTS UPDATE**

The Director of Community Services introduced a report to receive a progress report on projects and services running collaboratively across North

Wales including the development of a Statement of Intent on Integrated Care for Older People with Complex Needs.

He detailed the background to the report and explained that there were a significant amount of social care projects and services that were well established and continued to run effectively across the North Wales region. A draft of the Statement of Intent was required by the end of January 2014 and it would then be commented upon by Welsh Government (WG); it would not be formally agreed until the end of March 2014. The Director of Community Services provided detail on the established collaborations which included North Wales Commissioning Hub, Telecare/Telehealth & Assistive Technology, Emergency Duty Team, North Wales Adoption Service and Mental Health Measure/Partnership. Details of new developments, such as Commissioning New Services and Safeguarding Systems and Workforce, which had recently secured WG funding to develop the collaborations were also reported. Section three of the report provided details of the governance arrangements and management structures in place. A Strategic Partnership Board with Betsi Cadwaladr University Health Board (BCUHB) had been established and the Board was chaired by the Leader of the Council and membership included the Chief Executive and Cabinet Member for Social Services.

The Statement of Intent provided a single regional statement on Integrated Care for Older People with Complex Needs between the North Wales Local Authorities and BCUHB. It was designed to be responsive to local need and historical service developments whilst developing an ambitious agenda to develop new innovative services. The Director of Community Services explained that it was a lengthy document which was not yet complete and a draft version had been attached as appendix one to the report. There was a need for a strong integrated approach to services for older people and the document highlighted current arrangements and future intent and included sections on Leadership to drive the vision, Commissioning, Resources Management/Pooled Budgets and Managerial/Service Integration. Partnership working within North Wales was further supported by the Social Services and Health Programme Board and the Director of Community Services provided details of the membership of the Board.

Flintshire County Council was the lead on the Community Equipment Service. A significant amount of progress had been made on the development of locality teams and the co-location of one of the teams had taken place in December 2013. The Director of Community Services explained that WASPI on page 24 stood for Welsh Accord Sharing of Personal Information and was a data sharing protocol which supported joint working. It was reported that there were a number of excellent examples of citizen centred/co-produced services in Flintshire and service delivery integration and service provision were also reported. Flintshire was the host organisation for the Regional Programme Manager and was currently developing a local Single Point of Access (SPOA) project team to take the development forward locally.

Councillor Hilary McGuill felt that the Statement of Intent required further information and suggested that it should include ways of expanding facilities for older people to keep them busy and active. She queried whether there was a link between the Telecare/Telehealth service and the Out of Hours GP service and she added that she did not think that the SPOA was working and that there was

not enough emphasis on user needs. The Director of Community Services confirmed that the report could be strengthened about all older people making a contribution and that this could be included in the introduction. On the SPOA, the Head of Adults Services said that there was acknowledgment that there was a need to do it better and that the project was about directing the person to the right place first time. He felt that the 'front door' into social care worked well but the SPOA was about directing service users to a wider range of health, voluntary sector and social care services, and resources available within their local communities to maintain their wellbeing. He recognised that there were some issues across partners and that there was a need to deal with referrals better. On the issue of Telecare and Telehealth, he spoke of a national funding resource available which may support better linking the two services and explained that a pilot scheme had been in place with Galw Gofal monitoring telehealth monitors on behalf of district nurses. Improved links with out of hours services had not yet been established.

Councillor Stella Jones felt that collaborative working was a good idea if it saved money but in the current financial climate she raised concern that Flintshire County Council could end up with a significant bill if the other partners in the collaboration failed. Councillor Jones felt that the service for Telecare provided by Galw Gofal was not as good as the service that was previously in place as the telephone operators who were based in Colwyn Bay did not know where some of the smaller areas in Flintshire were; she added that covering a bigger area meant bigger problems.

The Director of Community Services said that the financial element was the hub of the issue and that it was very important. He felt that responsible partners would try and work together to reduce the demand on the service and that having strong governance in place would ensure that the financial impact was monitored; the Partnership Board would also need to be vigilant in the longer term. The Enhanced Care Service was fully funded by BCUHB and on the issue of Galw Gofal, the Director of Community Services said that the concerns could be taken forward by the Head of Adults Services who sat on the Telecare Board. The Head of Adults Services added that a report on Telecare was to be submitted to the Joint meeting of this Committee and Housing Overview & Scrutiny Committee which was scheduled to take place on 6<sup>th</sup> February 2014 and suggested that Members contact him if they were aware of any specific incidents or had concerns.

Councillor Jones felt that Members would have more faith in collaboration if they were able to undertake more scrutiny of collaborative projects. She felt that there was a need for Members to be better informed and asked whether an update report could be provided every three months.

The Chair raised concern that health budgets were protected but social services budgets were not so the implications on social services were quite worrying.

Councillor McGuill said that Members did not have the power to scrutinise BCUHB but that it was important that they were informed of proposed withdrawal of services before it happened instead of after.

Councillor Dave Mackie commented on the proposal for integrated IT systems and said that it was an important issue. The Senior Manger: Commissioning and Performance said that there was a project to look at the potential for procuring a system for community health and social services. They were looking at how to share information between a number of agencies in a safe and appropriate way. Councillor Mackie queried how an all Wales system would affect the use of PARIS and the Senior Manger: Commissioning and Performance responded that this was being looked at but explained that there was no requirement to move to the new system. There would be a need to look at the cost, benefits and risks which would assist in the decision of whether to move to the new system or not. Work was being undertaken locally but the provision of a new system could be some time away. A new framework for assessments and core data set was also being explored with the idea being that data could be shared other than by email. A range of work was ongoing for a national IT system but work was also being undertaken locally.

Councillor Peter Curtis said that it was a good document but that there was a need to see the effect of the Statement of Intent along with some examples of outcome as this would determine how successful it had been. The Director of Community Services said that there was a need for Members to be informed of the intent and how the Council would respond to the needs of older people and said that information on evaluation and implementation could be added to the document. He added that effectiveness was more important than intent and that updates could be provided in the future.

The Chair referred to the Social Services and Health Programme Board and suggested that the findings of the Board be reported back to this Committee as Members were currently unaware of major changes. The Director of Community Services said that the minutes could be made available subject to the agreement of the partners on the Board. Councillor McGuill suggested that the representatives on the Board put forward an item about Members being informed of any changes to Flintshire services that would affect residents.

Councillor Jones said that she wanted to make a distinction between the medical/nursing care that she received from Wrexham Maelor Hospital which was second to none and the management at BCUHB which she was critical of.

**RESOLVED:**

- (a) That the continued success in managing and developing regional project/service collaboration be noted;
- (b) That the content of the Statement of Intent be supported;
- (c) That a quarterly update from the Social Services and Health Programme Board and other relevant boards be submitted to the Committee.

**45. INTEGRATED FAMILY SUPPORT SERVICE**

The Head of Children's Services introduced the report to update the Committee with the progress of the Integrated Family Support Service since the Service became live in Flintshire.

She detailed the background to the service, explaining that a bid from Wrexham County Borough Council (WCBC) to become a pioneer site had been approved and funding of £650,000 had been provided at the start of the project. A joint team had been established with WCBC and Flintshire County Council so some of the infrastructure was already in place. The IFSS grant for North Wales for 2013/14 was £850,000 and it was projected that the full spend would occur against the grant as local authorities already up and running with IFSS were providing additional support to the new authorities setting up their IFSS teams. It had originally been planned that the service would be rolled out to parents with mental health problems and where drug use was an issue but this had been scaled back.

In response to a question from Councillor Stella Jones, the Head of Children's Services said that if families were not referred to the IFSS cohort, then they would be dealt with by the Children's Services Teams.

Councillor Hilary McGuill asked about referrals for mental health and substance and alcohol misuse problems and also requested further details about the 13 re-referrals which had been accepted by the IFSS team. The Consultant Social Worker/Operational Manager explained that the problems experienced by the families that the team worked with were complex. Following referrals from social workers to the IFSS, assessments would be undertaken and this would highlight any barriers that would prevent the action that the social worker was requesting being undertaken. If barriers were highlighted, then the necessary work to overcome these would be carried out to give the family the best chance to keep the children safe and once this had been undertaken, it could result in a re-referral to the IFSS. The Consultant Social Worker/Operational Manager explained that the IFSS worked closely with the social workers and that significant assessments for the children were undertaken to ensure that if the need arose, the family would be referred to the IFSS. The Head of Children's Services advised that even when families were referred to the IFSS, their case could still remain open with the mainstream Children's Services Team. The Consultant Social Worker/Operational Manager said that if it was not possible for the adults in the family to make the necessary changes suggested, then the IFSS Team provided possibilities for further intervention. Following a question from Councillor McGuill about the trigger points for identifying areas of concern, the Consultant Social Worker/Operational Manager said that they would be identified at phase one of an assessment whether the family was a safe enough place for the child to be. Councillor Dave Mackie said that the information provided by the Consultant Social Worker/Operational Manager should be included in the report.

The Chair referred to paragraph 3.18 on the funding for the IFSS and asked for further information. The Head of Children's Services explained that even though the level of grant funding had been confirmed for 2014/15, funding beyond that period had not yet been identified. Of the £850,000 grant for IFSS for North Wales, Wrexham/Flintshire would receive 38% which was based on population; the £650,000 fund from WCBC's successful bid had now ceased.

In response to a question from the Chair about item number 2 under the priorities planned in paragraph 3.21, the Head of Children's Services said that it

was anticipated that Flintshire County Council IFSS team would replicate the work in place at WCBC.

**RESOLVED:**

That the report be noted.

**46. ENHANCED CARE AT HOME**

The Intake and Reablement Service Manager introduced the report to provide Members with an update of the progress of Enhanced Care at Home in Flintshire.

She detailed the background to the report, explaining that the scheme had been launched in North West Flintshire in September 2013 and that some areas had been learned from a scheme which had been undertaken in Denbighshire. A number of patients had been admitted to the scheme, mostly from General Practitioners (GPs) in Flint, and work was still ongoing with GPs in Holywell. The service was now fully staffed with an Advanced Nurse Practitioner (ANP), a number of band five nurses, social workers and administration support in post.

The Intake and Reablement Service Manager explained that the referral process to enhanced care which was either a 'step up' from home or 'step down' from hospital. She detailed the process involved and said that most people were on the scheme for a week or two and to date, 26 patients had been admitted to Enhanced Care. During their stay in Enhanced Care an assessment was carried out by the ANP and a decision was reached on whether the patient would be discharged to reablement or to their home. The total budget for Flintshire was just under £1m and this had been toploaded in the North West Flintshire budget to support a vehicle to transport equipment to support people in their own homes; the budget for Holywell was £385,447. The Intake and Reablement Service Manager detailed some of the feedback that had been received from families who had been admitted to Enhanced Care.

In response to a question from Councillor Hilary McGuill about whether the service was working, the Intake and Reablement Service Manager said that she felt it had been successful so far but added that she would welcome Holywell GPs being more engaged with the service. She added that the lead GP had been visiting colleagues and it was hoped that this and the positive feedback that had been received from those admitted to Enhanced Care would encourage them to take part. The issue had also been raised at the Strategic Partnership Board meeting attended by the Director of Community Services.

Councillor McGuill sought clarification about when weekend assessments would commence and also asked what happened to the patients after the end of the two week period. The Intake and Reablement Service Manager responded that an assessment was carried out and as a result of this, some patients may require reablement and then additional assessments would identify whether discharge to home was appropriate or whether the patient required further reablement or admission to hospital. She felt that weekend assessments would be considered when an additional two ANPs were in post.

Councillor Stella Jones asked for further information on the financial costs and queried whether those not able to pay for the Enhanced Care would be admitted to hospital. She felt that Betsi Cadwaladr University Health Board (BCUHB) were under increased pressure to empty beds, which were mostly occupied by elderly people, and that sending patients home after two weeks in Enhanced Care could result in them needing additional care which would provide its own financial burdens. In response, the Intake and Reablement Service Manager said that people could remain on Enhanced Care for up to four weeks and reablement for a further six weeks, both at no charge to the patient. There would be social care support in both teams and assessments would be undertaken to ensure that the patient received as many benefits as they were entitled to. At the end of the ten weeks, a financial assessment would be undertaken to identify how much the patient could pay, but the Intake and Reablement Service Manager reminded Members that the current maximum charge was £50.00 per week.

Councillor Jones also asked whether the money was in place if there was a significant increase in numbers requiring the service. The Head of Adults Services explained that monitoring of financial situation for Enhanced Care and reablement services would be required. He noted that there were many occasions where people were more dependent following an admission to hospital than they had been prior to one and that enhanced care aimed to overcome this potential impact of a hospital stay. He said that regular monitoring would be undertaken but said that there were benefits to supporting people in their own home.

The Chair asked for further information about the numbers of patients who had used the Enhanced Care service either as 'step-up' or 'step-down' patients and queried how many had been re-admitted if they had come from hospital and how many had moved into residential care.

Councillor Dave Mackie concurred with the comments of Councillor Jones that BCUHB needed to discharge patients from hospital to free up beds. He said that it looked like a lot of support for a few people and queried whether they would receive more support in hospital. He added that it was important that BCUHB did not see the service as a cost cutting measure. The Intake and Reablement Service Manager said that most people did not want to be in hospital and that communication from the team was that patients were much more positive about Enhanced Care at home. The Head of Adults Services said that work was ongoing to try to change the point of delivery of care to more community based care rather than in hospitals. This would require significant work around monitoring of resources to ensure that the opportunity for community care was an option.

Councillor Peter Curtis raised concern that BCUHB could view the scheme as either a way of unblocking beds or reducing costs and would therefore discharge patients who should be in hospital. On the issue of cost, he said that many patients would be on a fixed income which could result in them not being able to pay for additional care resulting in a two tier system where some patients could pay and some could not. He said that it was important to find out why the Holywell GPs were so reluctant to take part in the scheme as all of the Flint GPs

had signed up. The Intake and Reablement Service Manager said that the issues raised would need to be explored with BCUHB.

Councillor Cindy Hinds queried whether there would be additional cost to the Council following discharge from Enhanced Care. The Intake and Reablement Service Manager said that some of the patients may have needed support anyway but they would try and stop patients going into hospital if possible. She added that it was important that the patients were well enough before being discharged. The Head of Adults Services said that there was a need to consider the impact of costs but it was important to ensure the best outcome for the patient.

The Director of Community Services said that the Strategic Partnership Board offered a good opportunity to discuss the success of the scheme by sharing the positive feedback that had been received. He said that it was important that the service did not result in a negative impact on resources for Flintshire County Council so monitoring was essential.

Councillor Marion Bateman asked when the scheme would be extended to the rest of Flintshire and the Head of Adults Services said that he expected discussions to take place in March or April 2014. Councillor Bateman also said that it had been suggested at the previous meeting of the Committee that local GPs be invited to attend a meeting to discuss issues. The Chair suggested that the GP locality lead be requested to attend a future meeting. Councillor McGuill asked for information on the numbers of patients who had been readmitted and what amount of success there had been with patients with chronic illnesses. The Head of Adults Services advised that he would look into the figures requested by Councillor McGuill.

In referring to the paragraph 4.01, the Chair suggested that additional recommendations should be included for a further update report to be submitted to the Committee in six months time and that the GP locality lead be invited to attend a future meeting.

**RESOLVED:**

- (a) That the report be noted;
- (b) That a further update report be submitted to the Committee in six months time; and
- (c) That the GP locality lead be invited to attend a future meeting of the Committee.

**47. FORWARD WORK PROGRAMME**

The Environment and Social Care Overview & Scrutiny Facilitator introduced the report to consider the Forward Work Programme for the Committee.

The Facilitator reminded Members of the Joint Social & Health Care and Housing Overview and Scrutiny Budget meeting which was scheduled to take



place on Tuesday, 28<sup>th</sup> January 2014 and explained that the start time of the meeting had been changed from 9.30am to 9.15am.

Details were also provided by the Facilitator of the items scheduled for consideration at the Joint meeting of this Committee and Housing Overview & Scrutiny Committee on 6 February 2014 at Llys Jasmine in Mold. It was suggested that the start time of the meeting be moved to 1pm to allow a short tour of the facility to take place.

For the meeting on 13 February 2014, the Facilitator advised that the CSSIW Inspection Report would not be submitted as the Inspection was not taking place until week commencing 13th January 2014 and the report would therefore not be ready. Jackie James would be attending the meeting to provide an update on Public Health and a discussion on Rota Visits would also be taking place. Councillor Hilary McGuill asked for an updated list of Visits.

The Facilitator provided details of the items scheduled for consideration at the 20 March 2014 meeting and suggested that a Task Group be established to look at the Annual Council Reporting Framework before its consideration at that meeting. She added that the Annual Fostering Inspection report may need to be moved to a later meeting if it was not ready for submission to the meeting on 20 March 2014.

It had been suggested that reports on the CSSIW Action Plan Update and the Emergency Duty Team Update be submitted to the 12 June 2014 meeting of the Committee. The Facilitator also advised that reports on Foster Care and Family Placement Team and an Update on the Single Point of Access would be submitted to the June or July 2014 meeting of the Committee.

**RESOLVED:**

- (a) That the report be noted;
- (b) That the Forward Work Programme be amended to take account of the suggested changes and amendments.

**48. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE**

There was one member of the press and no members of the public in attendance.

(The meeting started at 10.15 am and ended at 12.05 pm)

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**Chair**