

**Minutes of the Healthy Staffordshire Select Committee Meeting held on 2
December 2016**

Present: Kath Perry (Chairman)

Attendance

Michael Greatorex (Vice-Chairman)	David Smith
George Adamson	Diane Todd
Charlotte Atkins	Conor Wileman
Philip Jones	Ann Edgeller
Ian Lawson	Maureen Freeman
Shelagh McKiernan	David Leytham
Trish Rowlands	Stephen Smith

Also in attendance: Councillors Alan White, Cabinet Member for Health, Care and Wellbeing and David Loades, Cabinet Support Member.

Apologies: Councillors Chris Cooke, Stephen Sweeney, Barbara Hughes and Janet Johnson

PART ONE

83. Declarations of Interest

There were none received.

Councillor Greatorex Chaired the meeting.

84. Minutes of the last meeting held on 7 November 2016

It was **Resolved** that the minutes of the Healthy Staffordshire Select Committee meeting held on the 7 November 2016 be deferred to give Members an opportunity to consider them in full before the next meeting.

85. SSOTP Consultation on Section 75

The Cabinet Member for Health, Care and Wellbeing discussed the importance of having representatives in the room from both Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) and the County Council so that operational detail could be discussed. The Committee were asked to consider the consultation questions and the feedback received to date. The way in which individuals would experience assessment and case management would stay the same but there had been some internal re-organisation.

The Director for Health and Care provided the background to the consultation and the interim findings. It was highlighted that;

- In April 2012 the County Council had entered into a Section 75 Agreement of the NHS Act 2006, with SSOTP, which allowed local authorities and the NHS to enter into reciprocal arrangements.
- The scope of the services included in the 2012 Section 75 Agreement were Assessment and Case Management, Reablement (helping people to get back their independence after admission to acute hospital or from the community hospitals), Occupational Therapy Services and sourcing and procuring long term care packages. These services were for older people and people with long term conditions. People with mental health problems were supported through the Mental Health Trust and those with learning disabilities were supported by the County Council's Independent Futures.
- The Section 75 Agreement was reviewed by the County Council and SSOTP in the summer and it was agreed by Cabinet in October 2016 that a new Section 75 Agreement would be entered into.
- The scope of the new Section 75 Agreement meant that Assessment and Case Management, Reablement and Occupational Therapy would continue to be provided by SSOTP but the responsibility for buying and sourcing long term care packages and managing the long term care budget would return to the County Council.
- Authority was delegated to the Cabinet Member for Health, Care and Wellbeing, the Director for Strategy, Governance and Change and the Director for Health and Care to consider the final detail of the Agreement.
- The intention of the consultation was to gather the views of stakeholders, staff and the public to be taken account of when the final agreement was drafted.
- The consultation had been shared on the County Council's, SSOTP's and Healthwatch Staffordshire's websites and disseminated by email to organisations and staff. Views were sought on three main areas;
 - The proposals.
 - Suggestions about what could be improved about current services and;
 - Ideas to help better understand the impact of the changes.
- The consultation commenced on Friday 4 November and was due to close on Tuesday 13 December 2016. A media release took place on Wednesday 9 November.
- Thirty three responses had been received to date. These were mainly from employees but there had also been responses from services users and their family and friends, voluntary and charity organisations and other providers.

A Member referred to the poor response to the consultation to date and suggested more Press releases.

The Director for Health and Care confirmed that this could be undertaken and explained that within the interim findings,

- People were seeking more detail and clarity. If more information was presented however this could confuse people. The changes should not affect how services would be run.
- Some concerns were raised regarding pressure on staff and low staff moral. The decision did not necessarily address this but it was recognised that some of the systems and processes in place were cumbersome and there was a plan to streamline these and make life easier for staff.

- There were concerns that the decision was financial rather than quality based. This was not the case as both issues were considered but it had to be recognised that the County Council was facing financial pressures.

The Director of Social Care, SSOTP, explained that;

- There was close engagement with staff and formal feedback was gathered.
- There was Trade Union and HR representation on the Transformation Group which was overseeing transformation within SSOTP.
- He met with groups of staff. There would be further discussions regarding assessment and case management services next year.
- Staff are aware of the national and local context of reductions in available financial resources to fund NHS and Local Authority services and therefore were understandably anxious about their futures.
- Modelling had been undertaken in partnership with the local authority to ensure services could be provided safely when the transformation plan was in place.
- There was less money available to do more but with actions to increase efficiency and productivity in the social care workforce, and by refocusing time on doing what the service had been commissioned to do, after a fifteen month transformation, services would continue to be run safely and staff would feel part of the process.

The Director for Health and Care explained that suggestions to improve services included;

- Clear information about the pathway that people could expect. This was a good suggestion and there would be information provided about this.
- That people wanted a clear named person involved in their care. It was explained however that whilst someone was involved with the case management process, the Council would want people to be clear about who the named worker was doing the assessment but as people moved into long term care, if they were eligible for it, it was not expected that they would have a named social worker. The assessment phase would determine eligibility, a package of care would then be put in place and at that point the social worker would withdraw. It was expected that the package would run for a period of a year.
- There was a need to review staffing levels. It was confirmed that the number of staff had been modelled on activity and the amount of time each unit of activity was expected to take. This had determined the optimum number of staff required to operate the service and this model would be implemented over the next fifteen months.
- Increase reablement. The new agreement would increase reablement episodes from three thousand five hundred units to four thousand five hundred next year.

In response to Members questions the Director for Health and Care confirmed that staff were already in place providing Assessment and Case Management, Reablement and Occupational Therapy Services. It was anticipated that as pathways, systems and processes were improved, fewer staff would be required. Recruitment problems applied to the long term care market.

A Member referred to the consultation responses. It was noted that responses were from staff and not service users. It was queried if the responses reflected the needs of the service?

The Director for Health and Care explained that people had had the opportunity to respond and as staff had a direct interest in the matter they had chosen to do so. Individual responses would be biased but this did not invalidate them. The responses did however need to be weighed up depending on who they came from.

In response to further comments regarding the consultation response, the Cabinet Member confirmed that the exercise was a consultation and not a referendum.

The Director of Social Care suggested that the consultation had seen a larger response from SSOTP staff as;

- It had targeted staff.
- The Living Independent Staffordshire Reablement Service was already undergoing change in preparation for the new Section 75 Agreement and the staff involved therefore had heightened awareness of the situation.
- The changes in April 2017 would be of interest to staff as they would be challenged to do more for less money.
- He met with the Reablement Service Registered Managers and operational Area Managers (responsible for delivery of all Adult Social Care Services) on a monthly basis and morale was high as they understood the need for change and to work with frontline staff to drive out inefficiencies. Changes in terms and conditions were already being made so that that staffing could be more flexible and efficient to deliver more.

The criteria and the role of the Reablement Service was queried and concern expressed that four thousand five hundred cases would be too few.

The Director for Health and Care clarified that the Reablement Service;

- Aimed to help people back to full independence after a period of ill health.
- Provided services in people's own homes such as helping them to get dressed so that they could learn to do this for themselves again.
- Was provided by dedicated staff working alongside District Nurses, Occupational Therapists and others.

The Council had to operate within the budget that it had, and whilst some people were able to become independent again others would never be able to do so. It was therefore important to target services and make the most of the four thousand five hundred episodes.

In response to a further query regarding the proportion of people who would have access to Reablement Services, the Cabinet Member explained that the target number of cases was increasing by a third.

A Member queried how the outcomes of the new Section 75 Agreement would be measured to ensure improvement in performance?

The Director for Health and Care referred to the introduction of a performance matrix for each of the services. This would monitor;

- Reablement Service, - the units of activity and the numbers of people re-abled.
- Occupational Therapy - the activity and the number of people diverted away from long term care.

- Assessment and Case Management - the quality of the process, for example the timeliness of the assessment, the number of people deemed eligible and the intensity of care packages.

The performance matrix suite could be shared with Members.

In response to further questions on performance management it was confirmed that;

- A combination of outcome and activity performance matrix would be considered.
- Performance management would take place with SSOTP on a monthly basis and on a weekly basis if there were concerns.
- Performance would be considered across the whole of the county and at district and team level so that any variation could be identified and lessons learnt from teams demonstrating good practice.

It was queried if the process would be managed by the County Council, by SSOTP or jointly?

The Director of Social Care clarified that SSOTP would be held accountable for performance by the County Council and a suite of performance indicators, targets and specifications was being developed as part of the Section 75 Agreement. SSOTP would have to meet formal legal requirements to report back weekly and monthly. The Director of Social Care in SSOTP would be held accountable for practice, performance and SSOTP's delivery against the Section 75 Agreement by the Director for Health and Care within the County Council. There would be greater transparency and challenge between SSOTP and the County Council and clearer accountability with the introduction of the new Section 75 Agreement. Concerns regarding spend activity and practice would be identified easier.

The Cabinet Member referred to the Cabinet Trust Board. Issues would be escalated to the Cabinet Trust Board and Directors would be held to account for the delivery of service. The Trust Board had not sat as frequently previously as it would do so under the new Section 75 Agreement. The Cabinet Member, the Deputy Leader and the Cabinet Support Member would represent Members on the Cabinet Trust Board and hold to account the relevant Directors of SSOTP for the delivery of services. There would be much stronger governance than previously and significant improvements had been made. It was important for the County Council to have oversight over the quality of services and how these were being delivered.

The Director for Health and Care referred to interim consultation findings regarding the potential impact. Four themes had been raised;

- That returning the brokerage function (The purchasing of long term care), to the County Council could create an extra step in the process and make the customer journey more difficult. - This step in the processes already existed. The function was returning to the County Council. It was hoped that the opportunity to improve pathways and processes would make the customer journey better.
- Whether there would be enough staff to run services. - The specification for each service had been built on the activity anticipated and the number of staff had been configured accordingly.
- Concern regarding the sustainability of adult social care, reflecting national concerns. - This was a huge risk and challenge. The new Section 75 Agreement was an

opportunity to streamline processes and pathways and make funding go further making a small contribution to addressing the overall challenge. Comments from the Committee would be taken on Board and an additional media release would be considered. The consultation would close on the 16 December and the findings fed into the new Section 75 legal document which formed the basis for the agreement between the County Council and SSOTP which would come into effect on the 1 April 2017.

It was queried by a Member if services would be sustainable locally as the NHS was having to save money and was not achieving targets.

The Cabinet Member referred to the legal obligation on the County Council to deliver adult social care but that it could choose to do this through a Section 75 Agreement. There was work with SSOTP to deliver elements of adult social services as efficiently as possible and to consider the future of health and social care services. Both major political parties had recognised that integration of health and social care services was the way forward. There was a duty to ensure that adult social care was in place and sustainable and all were doing their best to ensure that this provision would be a success.

The Director of Social Care clarified that SSOTP's Trust Board had looked at the simulation modelling and considered activity and the amount of staff required. A presentation had been made to the Board on the model, which was used by four Local Authorities already and was effective. The Board would not agree to anything that was not deliverable and safe and had received assurance that with the transformation plan behind it, services were deliverable for the money provided by the County Council. Going forward any concerns would be shared early and mitigation put in place. Social Care Managers were aware of the enormity of the challenge but accepted that the model was deliverable with the transformation programme in place.

A Member asked if the introduction of new checks and balances would place extra responsibilities on staff and if they welcomed the changes and recognised they would be under greater scrutiny?

The Director for Health and Care referred to the greater level of transparency. It was anticipated that information would be collected automatically through the Care Director management system and would not place an undue burden staff. Culturally there would be a change as the County Council would hold to account SSOTP, individual teams and social workers. This would bring opportunities for individuals to learn, develop and grow in their roles.

The Director of Social Care explained that information was already being captured so the administrative burden would not increase but information would be used at a different level for challenge and scrutiny. SSOTP was comfortable that it could report against the matrix. Information would be provided at an individual, team and area level on a range of indicators. The Family and Friends Test would ask customers about their experiences, providing an opportunity to gather rich information.

A Member expressed concern that if the County Council was to hold the budget for long term care and SSOTP was responsible for the assessment of people for long term care

this may not work as SSOTP would not be responsible for paying for services. The checks and balances in place were queried?

The Director for Health and Care referred to this as one of the potential risks of the new arrangement but that;

- SSOTP and the County Council were clear about what good social work practice looked like. Where ever possible services would promote independence, get people back on their feet and enable them to live on their own with the support of family and friends. Long term care would only be used as a last resort. This message was being promoted to staff.
- Performance management was being strengthened as the County Council needed to know what was happening within SSOTP at all levels to understand the decisions being made and to challenge them.
- As discussed, governance arrangements were being strengthened. There would be Cabinet Trust Board meetings, operational performance management meetings, the Director of Social Care within SSOTP would be held to account by the Director for Health and Care at the County Council and there was a line of accountability from the Director of Social Care through every layer of management within SSOTP.
- Every SSOTP Manager responsible for adult social care would have set objectives, including good financial management, to work towards. These objectives were the basis to hold individuals to account for decisions made.

A Member queried how staff would be supported during the period of transition?

The Director for Health and Care confirmed that there would be;

- All of the usual processes in place, for example staff supervision.
- Capturing performance data was part of the job. Records were held on the Care Director system and the data was taken from this system.
- All staff would be brought together through a series of seminars promoting the model of independence. Examples of success were being shared which gave staff the opportunity to think and reflect on their own practice.

It was requested that the Committee have sight of the implementation plan.

The Director of Social Care stated that an Implementation Plan was being developed and there was a Transformation Programme within SSOTP. Part of the Transformation Programme within SSOTP was dependent on the Plan within the Council and the links were being made between the two.

The Cabinet Member explained that the Implementation Plan documents went into a fine level of detail. Assurance was provided however that plans were in place.

A Member expressed concern that individuals could be left in the middle of SSOTP Assessment Services and the County Council's Brokerage Services. It was therefore important for the Committee to see how services would work together.

The Cabinet Member undertook to share with the Committee the model of delivery which would provide assurance about the flow though the system.

The Director of Care confirmed that TUPE arrangements to transfer SSOTP brokerage staff to the County Council were being put in place. As part of this process there was work being undertaken to address concerns. Reassurance was provided that the new model would work effectively and that issues were understood and were being addressed. SSOTP would respond to concerns effectively and efficiently.

The Chairman asked that the model detail be shared with the Committee.

A Member queried what would happen if a package of care was not delivering what a person needed and who they would approach about this?

The Director for Health and Care explained that;

- Many years ago someone would have had a key worker who stayed with them for life but this was no longer the case in most local authorities. An episode would be closed in most cases following assessment and a care package being put in place, except in some complex cases where continuity was important.
- There was the requirement to re-assess people every year.
- If people had a problem un-expectantly they could contact SSOTP.

In response to a further question it was clarified that the law required a reassessment or review once a year, the aim of which was to determine if a person was still safe and if the package was still required. If more could be done to help someone to independence then this should be undertaken.

The Director of Social Care confirmed that following an initial assessment, after six weeks, the package of care would be reviewed. There was also a requirement under the Care Act to undertake an annual review. If there was a concern between the planned six week and annual reviews then the customer would know who to contact and there would be an unplanned review to ensure that the package was working. If circumstances had not changed an unplanned review could also be requested under the Care Act. SSOTP had the resources to deliver these reviews.

A Member highlighted the importance of understanding how the model worked from the view point of customers.

The Director of Social Care referred to the importance of customer feedback. The Family and Friends Test asked about customer experiences, linking to the adult social care framework. A significant number of people completed this test which provided a real time assessment of quality. Providers also reported information to commissioners, and social workers reported feedback from customers.

The Cabinet Support Member referred to SSOTPs Board's interest and concern about the delivery of care. A customer had recently attended a Board meeting to discuss difficulties experienced and how these had been resolved. Reassurance was provided that SSOTP were considering the delivery of care.

Reassurances were sought by a Member that if SSOTP was undertaking the assessments and the County Council was responsible for the delivery of long term care, people would not be left waiting for an assessment or service?

The Cabinet Member gave assurances that this was a key focus of the restructure of the new Section 75 Agreement. All were actively considering where gaps could appear. He wished to ensure that people had adequate access to social care services across the county and was reassured by efforts undertaken that everything had been done to prevent gaps opening up as a consequence of the changes and that a smooth transition would take place so that people in receipt of services would not notice a difference.

The Director for Health and Care clarified that every step of the customer journey would be considered by Christmas. Only the brokerage part of the service would be transferring back to the County Council on the 1 April 2017. This would involve approximately ten to twenty staff so was a relatively small change structurally.

A Member expressed support for the Cabinet Member's work. Work in East Staffordshire with the introduction of Virgin Care was referred to and it was queried if the changes would have an impact on funding streams?

The Cabinet Member clarified that the County Council had a legal obligation to provide adult social care. East Staffordshire CCG's ambitions for domiciliary care had been discussed with the Cabinet Member but he was clear that the County Council was required to ensure that Staffordshire citizens had the care that they needed and if the CCG Accountable Officer had ambitions elsewhere then he would have to pursue these with the relevant Council.

A Member queried if people would have access to a helpline if their needs changed and the Director of Social Care confirmed that a helpline was in place through the evening and at night and that the Emergency Duty Team could respond to urgent enquiries. People and their families were provided with contact details as a matter of course when they were assessed

In response to a Member's question, the Director for Health and Care confirmed that there had been work to streamline the systems and processes and the only change to the provision of services applied to the brokerage service. In relation to long term care, money had previously been passed to SSOTP from the County Council, but going forward money would go directly from the County Council to domiciliary and home care providers.

Reassurance was sought that there would be integrated working across the system, with robust systems in place, clear criteria explained to all and that everyone was working together?

The Cabinet Member referred to Stoke on Trent and Staffordshire's Sustainability and Transformation Plan (STP). There was recognition that the STP had to work. The Cabinet Member thanked the Director for Health and Care and his team and the Director of Social Care within SSOTP and his team for working together to ensure adequate care for the people of Staffordshire.

A Member commented that the need for services were growing yet the budget was not. Staff would therefore be under more pressure to ensure the quality of service and the Committee should acknowledge the work being undertaken.

The meeting Chair referred to the situation as the biggest challenge for local government and confirmed that Members comments would be fed into the consultation process.

It was **RESOLVED** that;

- More press releases would be undertaken to promote the consultation.
- The performance matrix suite indicators would be circulated to the Committee.
- The new model of delivery would be circulated to the Committee.
- The views shared by the Committee on the new Section 75 Agreement for adult social care, would be taken into account of prior to making the new Agreement.

86. District and Borough Committee Update

The Cannock Chase District Council representative explained that a good presentation had been received from the Chair of Cannock Chase CCG.

The Stafford Borough Council representative referred to the Stafford Health Scrutiny Committee's unanimous support for the hospital charities work as this was good for the community.

Concern was expressed that some District/Borough representatives had had to send apologies to a number of meetings. It was suggested that the attendance records of District/Borough Members be considered

The Scrutiny and Support Manager referred to the Joint Code of Working that stated that the Chair of the District/Borough Committee should be the representative on the Healthy Staffordshire Select Committee. Following consideration of the matter, if required, the Committee could write to the Chief Executive of each authority highlighting any issues with attendance.

A Member suggested that attendance information should be fed back to the District and Borough Councils also.

It was **Resolved** that the attendance records of District and Borough representatives at the Healthy Staffordshire Select Committee meetings be considered and where there are concerns, this is shared with the relevant District/Borough Council.

87. Work Programme

A Member proposed that an additional meeting be calendared to discuss the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP) which would be published on the 15 December 2016. It was reiterated by other Members that the matter be scrutinised as soon as possible and the first two weeks in January or the last week of December were suggested.

The Scrutiny and Support Manager advised that agenda's had to be published five clear working days in advance of meetings, and to include the STP document, the earliest date for the meeting would be 23 December 2016. It was suggested therefore that the meeting could take place on the 16 January 2017 prior to the scheduled Accountability Session.

A Member requested that the meeting take place no later than the 16 January 2017 as the STP would be discussed in East Staffordshire and it would be useful to have considered the item at the Healthy Staffordshire Select Committee beforehand.

It was confirmed that Officers would consider availability and schedule an additional meeting to consider the STP as soon as possible.

A Member proposed that an item on Accountability Sessions should be included and this was agreed by the Committee. The 31 January 2017 meeting was suggested.

Members suggested that the Committee should consider the provision of services to Staffordshire residents outside the County from for example Good Hope Hospital and New Cross Hospital.

A Member expressed concern regarding the evening timing of Accountability Sessions.

A Member suggested that Accountability Session Self Assessment Reports should be shorter and look at what affected communities rather than complex presentations detailing for example staffing levels, charts and acronyms that were not easily understood. Another Member later stated that University Hospitals North Midlands NHS Trust had submitted papers from their Board meeting to the Accountability Session rather than completing the Self Assessment report.

A Member commented that the Obesity Working Group was intending to report back to the Committee in March 2017.

The Scrutiny and Support Manager stated that there had been concerns regarding the Committee's capacity in the past and Members would need to prioritise work. Good Hope Hospital would be scrutinised by the local authority in which the hospital was situated. If it was a priority however Heart of England Foundation Trust which ran services at Good Hope Hospital could be asked to attend the Healthy Staffordshire Select Committee. If there was a particular concern emerging for Lichfield residents then the Lichfield District Health Scrutiny Committee may want to scrutinise the Trust in more detail.

In response to a Members query, the Scrutiny and Support Manager explained that there had been a pause of the Transforming Cancer and End of Life Programme but following publication of the Work Programme, Members had been emailed as the pause had been lifted. The item was now coming to the Committee on the 31 January 2017.

Concerns regarding the performance at Cannock Chase Hospital were referred to and it was confirmed that a meeting with the Royal Wolverhampton NHS Foundation Trust had been scheduled to take place in February 2017.

The Chairman suggested that any concerns regarding performance be sent to the Scrutiny and Support Manager so that other Members can be notified. The Scrutiny and Support Manager emphasised that genuine concerns of residents should help inform the items included on the Work Programme.

A Member queried the scrutiny of children's mental health services and highlighted difficulties in getting access to support for an autistic child as there was no where for the child to go.

The Scrutiny and Support Manager referred to a working group that had been undertaken on children's mental health which had raised issues about places of safety and that an Executive response was anticipated. Both mental health Trusts had attended the Committee. Concerns could be raised directly with the Trust and it was suggested that this information be emailed to the Scrutiny and Support Manager.

It was **RESOLVED** that;

- An additional meeting be scheduled to consider the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan as soon as possible.
- An opportunity to reflect on, and discuss the role and format of Joint Health Scrutiny Accountability Sessions to be included on the Work Programme.
- The Transforming Cancer and End of Life Programme to be added to the Work Programme to come on the 31 January 2017.
- Committee Members share any concerns regarding health and social care performance with the Scrutiny and Support Manager so that other Members could be notified and the concerns of residents could inform the Committee Work Programme.

88. Exclusion of the Public

Chairman