

Minutes of the Health and Adult Social Care Scrutiny Committee

Monday 14th November, 2022 at 6.00 pm
In the Council Chamber at the Council House, Priory Road,
Dudley

Present:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Ahmed, R Collins, T Crumpton, M Hanif, L Johnson, P Lowe, M Qari, K Razzaq and D Stanley; J Griffiths – Health Watch Dudley (Co-opted Member)

Dudley MBC Officers:

M Abuaffan (Acting Director of Public Health and Wellbeing), M Spittle (Head of Access and Prevention), N Boerm-Hammond (Call Centre Manager) and H Mills – Senior Democratic Services Officer.

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)
Councillor N Neale (Cabinet Member for Adult Social Care)
P Kingston – Independent Chair (Safeguarding) (Agenda item no. 6)
N Bucktin - Black Country Integrated Commissioning Board
S Cartwright and H Codd - Dudley Integrated Health and Care
C Masikane - Black Country Healthcare NHS Foundation Trust

29 **Declaration of Interests**

Councillor P Lowe declared a non-pecuniary interest in relation to agenda item no. 7 – Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley’s Integrated Health and Care Model, in view of his employment as National Officer for Managers in Partnership (Unison).

30 **Minutes**

Resolved

That the minutes from the meetings held on 8th September and 10th October, 2022, be agreed as a correct record and signed.

31 **Public Forum**

No issues were raised under this agenda item.

32 **Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS)**

A report of the Director of Adult Social Care was submitted on the Annual Adult Safeguarding report and Deprivation of Liberty Safeguards (DoLS).

The Independent Chair (Safeguarding) was in attendance at the meeting and referred Members to paragraphs of specific importance within the Dudley Safeguarding Adults Board Annual Report 2021/22.

The Committee were advised that the structure of Dudley Safeguarding People Partnership (DSPP) had been modified to strengthen links between the Executive, sub-groups and wider partnerships, to ensure effective working and to provide a consistent approach to safeguarding.

The Annual Report highlighted that it had been a busy year with a total of 6156 referrals received, which was a 16.3% increase from the previous year. Reference was made to the abuse category breakdown, which highlighted that the category with the highest proportion of enquiries received were in relation to neglect and acts of omission, which was also reflected nationally. An increase in self-neglect referrals had been recorded, which was considered to be the most difficult category area to deal with, due to the skilled complexity and time required.

The priorities for the forthcoming years were outlined which would focus on neglect, exploitation and preventing harm across the life course.

In referring to Deprivation of Liberty Safeguards (DoLS) it was reported that legislation was still awaited from Central Government with regard to the introduction of Liberty Protection Safeguards, and implementation had continued to be delayed. The DSPP continued to hold regular multi-agency task and finish groups to ensure all were prepared and well equipped ready for when the change would occur, which was now anticipated for 2023.

The Independent Chair (Safeguarding) commented positively on the training and education office at Dudley MBC and the exceptional training offer available.

Following the presentation of the report, Members made comments, asked questions and responses were provided where necessary as follows:-

- (a) Councillor P Lowe commended officers for the exceptional report, which demonstrated the outstanding work taking place.

In referring to the ongoing delay in relation to the Deprivation of Liberty Protection Safeguards legislation, concerns were reiterated with regard to the robustness of the Local Authority and the significant resources that would be required to implement the new legislation, in a service area that was already overstretched and under resourced. In considering the increase in the number of neglect and self-neglect abuse cases, whilst this had been impacted upon by Covid, it was considered this may also be a shift from early intervention and cases were now being raised at an intense level. It was considered clear throughout the report austerity had impacted upon safeguarding concerns.

Councillor P Lowe suggested that a recommendation on behalf the Scrutiny Committee be submitted to the Cabinet in that irrespective of budget issues and pressures, Safeguarding be immune from additional resource cuts and measures be taken to look at how to enhance and positively address areas of neglect, to ensure that the service was fit for purpose.

Ongoing updates about the impact of Safeguarding in Dudley Borough were requested, with particular emphasis on how areas of neglect would be addressed moving forward.

- (b) In response to a question from Councillor T Crumpton, the Independent Chair (Safeguarding) provided clarification on the meaning of the term 'Conversion Rate'. It was stated that each concern reported was triaged to establish if they classified for safeguarding intervention, and the conversion rate was the percentage of those concerns that required safeguarding attention.
- (c) Councillor Crumpton expressed concern in relation to the lack of individual support and care provided to vulnerable hospitalised patients, particularly those diagnosed with Alzheimer's and Dementia, which was not included in the Annual Safeguarding report and questioned how the Local Authority and Elected Members could work with health providers to improve this service. In response, the Independent Chair (Safeguarding) recognised that there was a delay in discharges, however this was not covered by the Care Act or included in the Adult Safeguarding remit. However, should a patient in hospital be identified as being a victim of neglect or self-neglect, intervention from the Directorate of Adult Social Care would be appropriate.

Councillor P Atkins considered Dementia Care to be a high concern and commented on the exceptional ward at Russells Hall Hospital that provided outstanding care and support to dementia patients.

- (d) In response to a further question raised by Councillor T Crumpton in relation to the reasoning behind the increase in enquiries, the Independent Chair (Safeguarding) stated that public awareness on safeguarding had significantly increased and procedures on how to report a concern had been actively promoted, particularly during the peak of Covid-19, when posters and information were displayed throughout vaccination centres. Collaboratively working with partners had ensured better data analysis and helped to make individuals feel safer and made a real impact within the community.

The Independent Chair (Safeguarding) advised Members of the Scrutiny Committee, that the Board had been asked to produce a short podcast on Safeguarding and welcomed any comments or thoughts on how safeguarding could be further promoted.

- (e) In responding to a question raised by Councillor R Ahmed in relation to what the current priorities for the winter were, the Independent Chair (Safeguarding) confirmed that priorities had not changed. It was advised that a 2-hour cost of living crisis and safeguarding seminar had been scheduled for 8th November, 2022, however, due to the poor uptake of attendance, this had subsequently been cancelled. It was anticipated that a similar seminar would be arranged in the future, as it was important to recognise that safeguarding issues were arising as a result of the cost of living crisis.

The Acting Director of Public Health and Wellbeing, confirmed that Public Health had dedicated £500,000 towards tackling austerity in the Borough. It was stated that the Household Support Fund had developed a public website, which was needs assessed, to help address the impact of poverty.

- (f) In responding a question raised by Councillor M Hanif, the Independent Chair (Safeguarding) confirmed that implementation of Deprivation Liberty Protection Safeguards legislation had been expected 2 years ago, however Deprivation of Liberty Safeguards (DoLS) had continued in the meantime. Work was ongoing with all agencies to ensure that all partners were prepared as possible for when the change did occur.

Resolved

- (1) That the report on Dudley Safeguarding Adults Board's Annual Report for 2021/22, be received and noted.
- (2) That the Cabinet be recommended to refrain from making any additional resource cuts in relation to Safeguarding, irrespective of budgetary issues and pressures, and that consideration be given as to how to enhance and positively address areas of neglect, to ensure that the service was fit for purpose.
- (3) That the Independent Chair (Safeguarding) and Director of Adult Social Care be requested to continue to update the Committee on the level of safeguarding demand and performance of the Directorate.

33 **Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model**

A joint report of the Dudley Managing Director, Black Country Integrated Care Board and the Acting Director of Public Health and Wellbeing, was submitted to provide the Scrutiny Committee with a progress update on the development of the Black Country Integrated Care System (ICS), which included the Black Country Integrated Care Board (ICB) and the Development of Dudley's Integrated Health and Care Model.

The Dudley Managing Director, Black Country Integrated Care Board presented the report and in doing so briefly outlined the background in relation to the establishment of the ICS, which was composed of two bodies, namely the ICB and the Black Country Integrated Care Partnership (ICP). It was stated that the ICB was responsible for day-to-day NHS issues and was currently reviewing the local governance arrangements, where as the ICP addressed the wider health, public health and social care needs of the system.

In referring to Dudley's Integrated Health and Care Model, it was reported that Capgemini had provided support with the development of an agreed integrated model. A set of four workstreams had now been agreed and the work would be overseen by an implementation group.

Arising from the presentation and in response to questions raised by Councillor P Atkins in relation to whether there was a robust plan in place to review all commissioning contracts to ensure best value was being achieved, the Dudley Managing Director confirmed that all contracts would be reviewed to ensure that they were fit for purpose and that new legislation and regulations were anticipated, which would allow for different procurement options in the future.

Arising from discussions, Members were of the view that the significant changes in the care system impacted upon the role of a Councillor, in particular with regards to funding, health and local authority long-term issues and requested that further details be provided so that Elected Members were better informed to enable effective scrutiny. Further information and clarity was also requested on the specific role of a Councillor and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated. It was considered vital that Dudley was well represented and played an active role to provide transparency and a democratic input, so that regular feedback could be provided to the Health and Adult Social Care Scrutiny Committee.

The Dudley Managing Director stated that he could make representations to the Board on behalf of the Committee, and that work continued with the Better Care Fund to develop new services to alleviate pressures in other service areas. Particular focus would be on health inequalities, with additional resources being made available for all four Black Country Authorities. A further report on health inequalities would be provided to a future meeting of the Scrutiny Committee.

At this juncture, Councillor N Neale, Cabinet Member for Adult Social Care referred to a request that had previously been made at an informal meeting of the Cabinet to the ICB, in relation to the possibility for either the Chair of the Health and Adult Social Care Scrutiny Committee, the Chair of the Health and Wellbeing Board or herself as Cabinet Member for Adult Social Care, to be invited as a Board Member on the ICP or to attend future meetings for transparency, to which she had been advised that the composition and representation on the Board would be reviewed in April 2023.

The Dudley Managing Director suggested that Brendan Clifford be invited to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors. The Director of Strategy, People and Partnership also agreed to feedback the comments of the Scrutiny Committee to the ICB on how Members could be actively involved. Members were advised that meetings of the ICB were held in the public domain and all were welcome to attend. It was reported that Local Authorities were represented on the ICB, with the current membership being the Chief Executives from Walsall MBC and the City of Wolverhampton.

Concerns were raised with regards to the two local authority representatives appointed, both of which were from Local Authority's that had different revenue streams to that of Dudley, and therefore the need for a representative from Dudley to be in attendance at those meetings was considered very much necessary.

At this juncture, representatives from Dudley Integrated Healthcare Trust (DIHC) provided an update on the relocation of High Oak Surgery, in particular referred to the public conversation that was currently live and which would conclude on 5th December, 2022. It was noted that following conclusion of the Public Conversation a further meeting of the Health and Adult Social Care Scrutiny Committee would be arranged for early January 2023, and assurance was provided that the Committees views would be taken into consideration, in addition to the public conversation data analysis report.

The Committee were advised that as part of the public conversation, public meetings within the local area had been arranged, together with drop-in sessions to assist any resident with the completion of the survey documentation.

Councillor I Bevan, Cabinet Member for Public Health and Wellbeing also provided an update, and in doing expressed concern in relation to the format of the survey which was not considered accessible to all residents and which was also longwinded. Concerns were also raised in that there were only two viable options now under consideration, both of which were for services to be retained at Brierley Hill Health and Social Care Centre, when there had originally been four options submitted to the Health and Adult Social Care Scrutiny Committee.

Councillor I Bevan stated that local residents were unhappy with the proposals, and considered that the proposed options did nothing to address inequality or health needs in an existing deprived area.

In response, the DIHC advised that copies of the survey were also available in large print, easy reading or audio and that the Trust was also working collaboratively with Healthwatch Dudley and had arranged specific drop-in sessions for young people and for patients with a registered learning disability at High Oak.

Councillor T Crumpton concurred with the concerns expressed by the Cabinet Member for Public Health and Wellbeing, in particular that as the area was one of the most deprived in the Borough, viable options for the Pensnett Community were not being considered. As a General Practitioner (GP) surgery was required in that area, the removal of this facility would further exacerbate health inequalities. It was suggested that health providers and public health should work collaboratively to look at an integrated way to ensure the health needs of the community were a priority.

Councillor R Collins commented on the inadequate transport network operated between Pensnett and the Brierley Hill Health and Social Care Centre and the difficulties residents encountered, which had resulted in them attending A&E at Russells Hall Hospital, rather than travelling to Brierley Hill Health and Social Care Centre to receive care.

The Director of Strategy, People and Partnership provided assurance that all comments were listened to and had been noted.

Resolved

- (1) That the position in relation to the development of the Black Country Integrated Care System, including the integrated care board and the development of Dudley's Integrated Health and Care Model, be noted.
 - (2) That the Dudley Managing Director - Black Country Integrated Care Board, be requested to provide a further report on the significant changes in the care system and the impact this had on the role of a Councillor and provide further clarity on the specific role of a Councillor and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated.
 - (3) The Dudley Managing Director be requested to invite Brendan Clifford to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors.
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34 **Impact of the Dudley Telecare Digital Strategy**

A report of the Director of Adult Social Care was submitted in relation to the implementation and impact of the digital strategy and the progress of the Telecare Service Review.

The Head of Access and Prevention and the Assistant Care Co-ordinator was in attendance at the meeting and gave a detailed presentation on the progress against key deliverables as set out in the Digital Strategy 2021-2026; how the Telecare service had been rebranded with an updated logo, information guide and updated webpage; provided headline figures in relation to the number of direct calls taken, the number of individual alarm calls answered, the number of new installs and the number of non-injured fallers that had been supported to prevent an ambulance from attending. The measures taken to educate staff and stakeholders were outlined, together with the new initiatives implemented to support the community and provide a full response.

The ways in which the telecare service supported the wider health and social care system were highlighted and it was emphasised that should the service not be in operation, West Midlands Ambulance Service would be under increasingly more pressure than it already was. The risks from the switchover from analogue to digital were outlined, together with the charging model and future developments for the service.

Arising from the presentation, Members asked questions, made comments and responses were provided where appropriate as follows:-

- (a) In responding to a question raised by Councillor P Atkins with regard to the time taken to answer a call, it was reported that 99% of calls were answered within 1 minute, however exact data would be provided following the meeting.
- (b) The Scrutiny Committee were advised that the exceptional work of the team had been recognised as they had been awarded the Gold award for Telecare Services.
- (c) In response to a further question raised by Councillor P Atkins in relation to the 751 non injured fallers, it was confirmed that those patients had been treated/responded to without the need for an ambulance to attend.

- (d) Councillor P Lowe commended the exceptional service that helped keep residents living independently and the need to celebrate the successes and actively promote the service to residents in particular to Carers within the Borough. The costs for the service, in comparison to care fees was considered reasonable, particular with the exceptional service that was provided, however it was recognised that the costs would need to increase to ensure that the service was self-financing.
- (e) Councillor T Crumpton supported the positive comments and recommended that a small information pack be made available to elected Members, providing an overview of the service, that they could share and promote to residents.
- (f) Members suggested that an introduction to the service should be provided as part of the induction training and a letter from the Scrutiny Committee be sent to the Telecare Services Team expressing their thanks and recognising the exemplary work that they achieve.
- (g) In response to a question raised by Councillor P Atkins in relation to how telecare interacted with hospital discharge teams and health providers/trusts, the Cabinet Member for Adult Social Care commented that the Team had previously attended discharge meetings, however this was discontinued during Covid. The Service did provide an awareness slide to trust assessors to raise awareness of the telecare service that was available, which could support a patient upon their return home.

In discussing ways in how to promote the service, Members were of the view that measures should be taken to ensure that the service was built into the standard discharge assessment and that every effort should be made to promote the success of the service.

Resolved

- (1) That the impact of the digital strategy and digital offer be noted and appraised by Members.
- (2) That the awareness and impact of the analogue to digital switch cover be noted.

- (3) That data in relation to how quick calls were responded/ answered be circulated to the Scrutiny Committee following the meeting.
 - (4) That a letter on behalf of the Scrutiny Committee be sent to the Telecare Services team expressing their thanks for their exemplary service.
 - (5) Consideration be given to the development of an information pack/booklet for Elected Members and that information on the service be included as part of the induction training for Elected Members.
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35 **Action Tracker and Future Business**

Resolved

That the Action Tracker and Future business, be noted.

The meeting ended at 8.00 pm

CHAIR