

MINUTES of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 21 September 2017 at 10.00 am

Present: Councillor PA Andrews (Chairman)
Councillor J Stone (Vice Chairman)

Councillors: MJK Cooper, CA Gandy and D Summers

Officers: Herefordshire Council: J Coleman (Statutory scrutiny officer), A Pitt (Better care fund and integration manager) M Samuels (Director for adults and wellbeing), K Thompson-Dixon (Contracts officer), Prof R Thomson (Director of public health)
Healthwatch Herefordshire: C Price
Addaction: A Crawford, M Dixon, C Morris
Herefordshire Safeguarding Adults Board: I Powell

9. APOLOGIES FOR ABSENCE

Apologies were received from Cllr PE Crockett and Cllr RL Mayo.

10. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. MINUTES

RESOLVED:

That the minutes of the meeting held on 23 August 2017 be confirmed as a correct record and signed by the chairman.

13. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

14. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

15. SUBSTANCE MISUSE SERVICE PERFORMANCE UPDATE

A presentation was given by officers of Addaction.

In his introduction, the chief officer of Addaction thanked council officers for their frank feedback and noted concerns raised about service delivery which he had taken up with

Addaction's trustees. An action plan had been discussed with the public health team and it was recognised that the service had not started-off well and that the resulting concerns were understood. It was accepted that the level of cultural change was underestimated, and with support, the service had now identified what was required to make the transition from a medical model of care to one that was more peer and community focused. Much had been learned from this and there was confidence that the team was in place to take the service forward. The motivation was to ensure the best possible service for Herefordshire, regardless of who provided the service.

In answer to a member's question about what the challenge was in taking on the Herefordshire service compared with other areas that Addaction covered, the chief officer explained that there were demographic challenges in Herefordshire with implications for an available workforce. A possible comparative area was Norfolk but in Addaction's experience there were very few close comparators to draw upon. Other factors were that the shift in service model was greater than had been seen with other services whilst ensuring continuity for service users. There had been much learning taken from this area and a different approach was being taken to recruitment and training.

Members welcomed the invitation to visit Addaction again and for the opportunity to hear from a service user about their experience of the service.

A member asked about cultural changes, staff transfers and recruitment in terms of how long it would now be expected to take, with the benefit of lessons learned, to make the transitions required and embed the new model of provision. In response, it was estimated that this would take 6 to 9 months. In terms of preparation for re-tendering within a 3 year contract, it was believed that the best approach was to ensure the service continued to evolve right up to point of re-tendering and that the next transition for the new contract would be smoother as the most challenging aspects of service development had been overcome. Contracts tended to be of 3 years' duration typically although longer terms were emerging nationally, and recent research had shown how contracting could affect service delivery. It was noted by the Director of public health that the new drugs strategy recommended longer contracts although this could be a challenge for funding with the public health grant ending in 2019 and arrangements thereafter remaining unclear.

A member asked about patterns of substance use. Officers suggested that patterns were linked to changes in the drugs market and how the supply chain operated within rural areas compared with urban areas. The impact of police intervention was known to interrupt supply which then resulted in a down turn in use of particular substances.

The Addaction service manager for Herefordshire explained how the culture of the service was changing. This included a move towards group work and peer involvement where previously the service was based on 1-1 transactional support. The focus was now on structured group work which supported a clearer pathway for staff and service users. Within this there was flexibility in recognition that 1-1 or smaller group working was sometimes more appropriate to an individual's needs. Recovery support was provided by staff and peers and there were a number of activity groups for service users to take part in. The approach was built upon enabling ideas and challenges to be shared between peers, which was shown to be a stronger approach.

A member wondered if this approach could have been introduced from the start of the contract. In response, the service manager commented that these changes required the staff to be ready to support the approaches, enabled through secondments from other services familiar with the models and providing ongoing training. There were also new staff who were joining with fresh ideas and experience and although it had been difficult to recruit to Hereford there was just one vacancy remaining. There was also evidence of

how the service was supporting service users to come through recovery by becoming members of the team.

Responding to a question regarding improvements made following Care Quality Commission (CQC) inspections this year, it was explained that there were some improvements in records management although there remained both paper and electronic records. The CQC had found significant improvements in risk assessments, which were now at 97% completion, and care planning had improved. Further improvements were to be addressed through training.

The vice-chairman noted that the Addaction service had been present in Leominster for a year and some good work had been seen. He asked about any plans for increased engagement with the community, noting that there had been some local alcohol-related issues. The service manager welcomed the opportunity to meet with members in Leominster to discuss local matters. It was noted that the team in Leominster was slightly smaller and so service users were able to access the Hereford-based provision in addition. Community links were being developed and there was a co-production panel established which involved other services and businesses in shaping the local provision and contributing to resources to support service users.

In response to a member's question about support for family members, the service manager clarified that it was intended to extend family support groups with the involvement of the co-production panel. There had also been constructive discussion with Carer's Support to enable their presence in the service to support family members. As regards outreach to schools, there was a young people's team in touch with all schools and colleges, attending workshops and community events and taking referrals. A list of the schools the service planned to visit in the next 12 months was requested.

A member asked about what Addaction did to reach people given the county's significant rurality. The service manager confirmed that the service understood the complexities of rurality and explained that the service intended to build capability around communications and information technology as well as exploring potential premises where staff presence could be extended.

The matter of variable broadband coverage was noted as a requirement to consider other methods of communication in more isolated areas about how to access support such as advertisements in public and community facilities.

In terms of a plan to address outreach in rural areas, this was in development, taking good practice from other areas and building on the approach and development of the communications aspects such as signage and appropriate locations.

The Healthwatch representative welcomed the engagement between Healthwatch and Addaction. She noted the holistic approach taken by Addaction and commented on the value of local health service providers' involvement in discussions as mental and physical health were part of the complex issue of addiction, and that it was regrettable they were not present today.

The service manager commented that this method of working was welcomed and there were links with 2gether NHS Foundation Trust to develop pathways for people to have the right level of service.

Members requested the routine attendance of health providers at committee meetings, and the advice was noted that 2gether could not be represented at the meeting today as intended.

It was noted that there were plans to develop the legal relationship between Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust, with the intention of their merging as one provider, to take effect in 2018. The director for adults and wellbeing pointed out the overlapping of client groups between such organisations and this would be an emerging model across the region which would promote the

sustainability of these often smaller providers. It was noted that as 2gether was the mental health service provider for Herefordshire, although the majority of its operation was within Gloucestershire, a watching brief on developments in this matter was recommended.

Addaction's chief officer provided a more detailed response to an earlier question regarding the use of opiates and the relationship with e-cigarette devices ('vaping'), having obtained up to date information. In explanation, there were a number of local pictures rather than a national trend and the cohort of opiate users was experiencing differences around broader physical health. Usage was fairly stable, but the methods of use were changing and some substances were harder to track; there was some decrease in usage noted as a response to unemployment, labour market trends and supply. In terms of 'vaping', information obtained from the Advisory Council for Drugs suggested that e-cigarettes were more likely to be used for synthetic cannabinoids rather than opiates, although there was no noted prevalence currently. The member suggested that the situation be monitored.

RESOLVED

That

- (a) a service update be provided to the committee in early 2018;**
- (b) opportunity be provided for a service user's experience of Addaction to be shared with committee members; and**
- (c) consideration be given by commissioners to contracting services for 5 years, with a mid-term review, to support the embedding of effective service provision.**

16. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17

The chair of the Herefordshire Safeguarding Adults Board (HSAB) presented his annual report for 2016 - 2017. In his opening comments he reminded members that the HSAB was focused on a defined cohort of the most vulnerable people in the county, with 3 strategic priorities of partnership working, prevention and protection, and communications and engagement. Within these priorities it was key to ensure that partners were contributing to the work of the board to ensure a whole system approach to safeguarding.

The HSAB chair highlighted a number of points regarding the work of HSAB:

There was a national network of independent chairs which had looked at a number of common issues including an emerging theme of closer working between child and adult safeguarding boards. In Herefordshire the two boards were innovative in the establishment of a joint business unit role, which supported closer working on shared issues and which boards in other areas were considering to replicate. Consideration had also been given to cross-cutting issues that other agencies such as the community safety partnership were sighted on and there was assurance that the dynamics of such issues were understood and managed effectively within the Herefordshire system.

Other agencies contributed to safeguarding activity and the broader prevention strategy, examples of which included the fire and rescue authority extending their home safety check for those homes at more risk of fire to include assessments such as regarding risk of falls, and 'flu jabs, on behalf of partners.

The promotion of 'making safeguarding personal' (MSP) was fundamental to resolving a safeguarding episode by enabling the system to understand the risks and mitigations around the choices people made. Following an audit by the local authority, there was a mature understanding of the current position on MSP within the system.

A range of approaches had been attempted to increase engagement and this activity was to be referred to Healthwatch for additional support in seeking the views of people who have been through a safeguarding episode, in order for the system to learn from that experience. The local authority had a role in actively engaging with providers to support them to make improvements in safeguarding where needed.

Responding to the report, the chair asked for more explanation of the figures provided to understand the numbers behind the percentages.

It was clarified that the figures were based on representative samples or a significant proportion of people across county and although there was potential to provide deeper analysis of specific cohorts, the resulting figures would be less reliable as meaningful statistics due to the smaller size of the samples.

A member commented on a reference to HSAB publicity in parish magazines, observing that this had not been apparent in the 5 parishes within her ward. Attention was drawn to the need for everyone to develop a better understanding of safeguarding issues and to be more aware within their communities.

A member made a number of comments regarding the data contained in the report and asked what the figures meant in reality. The member made particular reference to interventions in care homes, types of abuse reported, linked themes of domestic abuse, alcohol abuse and numbers of looked after children, and clarity on the report (at page 24 of the report) from the CCG's director of nursing about reasons for low response rates to a Mental Capacity Act audit being understood.

In response, the HSAB chair explained that with regard to nursing homes, the figures sought to highlight where quality needed to improve. The director for adults and wellbeing clarified that of the CQC's ratings of residential and nursing homes, Herefordshire had the best rating overall, so good average rating. There was close working with care homes and interventions were seen as positive, although there was further engagement with them to help them understand what they needed to do to improve. There were few homes that were of serious concern within the quality framework, and a small number where officers were actively working with homes and being clear about the need for rapid improvement. Members were reminded however, that there should not be assumed that there was an automatic link between quality and safeguarding concern.

In responding further to the question, the HSAB chair explained that domestic abuse was defined as a category of abuse by the Care Act but there were differing levels of understanding of the act by organisations. Joint work with Shropshire on case audit had encouraged greater recording of instances of domestic abuse and involving support organisations and genuine learning had led to adoption of risk assessment models and changing practice. With regard to looked after children, the rate was higher in Herefordshire, which needed better understanding, and a domestic abuse strategy was developed through the community safety partnership. There was also a working group exploring where there is compromised parenting impacting on child safeguarding. Agencies were focused on domestic abuse and it was being embraced as an issue.

Referring to the point in the annual report provided by the CCG's director of nursing regarding a Mental Capacity Act audit, it was identified that the audit had been perceived as being an inspection when the HSAB was instead seeking to identify partners' learning and good practice.

A member expressed concern about action being taken regarding people outside a person's family and home such as cold callers. The HSAB chair explained that there was a role to promote learning and to hold the police to account about this. There were few successful prosecutions. House callers were the remit of trading standards who

understood the profile of people vulnerable to abuse and followed up concerns with those people and provided preventive and supportive measures. Financial scams could be referred straight to trading standards. The trading standards team was small and as well as casework, they attended development events about their initiatives and this was accepted as priority input over attending HSAB meetings.

The vice-chairman noted the reference in the report to local councillors being a key group in the safeguarding system, and asked what additional action councillors should be taking. A suggested activity was to improve an understanding of adult safeguarding and to promote it as the public was less aware of national scandals relating to adult safeguarding compared with child safeguarding.

The director for adults and wellbeing commented that the role of the HSAB was not an operational one and so it did not deal with individual cases, which should instead be a matter for individual organisations, and for them to know how to respond to concerns reported to them.

The Healthwatch representative commented that Healthwatch was part of the quality subgroup, and had a remit to explore cases through this forum and raise the level of concern about the issue.

A member welcomed the inclusion of case studies in the report, noting their value in educating people and raising awareness of issues.

RESOLVED

That

- (a) the matter of awareness raising and publicity be given further attention to ensure the public are more aware of how to express their safeguarding concerns; and**
- (b) a briefing note be provided to members showing information about the numbers of safeguarding concerns dealt with in the year.**

The meeting ended at 11.55 am

CHAIRMAN