

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 12 October at Shire Hall, Warwick

Present:

Members of the Committee

Councillor Martyn Ashford

- “ Penny Bould
- “ Les Caborn (Chair)
- “ Jose Compton
- “ Richard Dodd
- “ Kate Rolfe
- “ Dave Shilton
- “ Sid Tooth
- “ Angela Warner

District/Borough Councillors

Sally Bragg, Rugby Borough Council
Bill Hancox, Nuneaton and Bedworth Borough Council
Helen Hayter, Stratford-on-Avon District Council
Wendy Smitten, North Warwickshire Borough Council

Other County Councillors

Councillor Jerry Roodhouse
Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)
Councillor Bob Stevens (Portfolio Holder for Health)

Officers

Dave Abbot, Assistant to Political Group (Liberal Democrats)
Kim Bolton, Customer Engagement Team Manager
John Bolton, Interim Strategic Director for Adult, Health and Community Services
Chris Lewington, Carer & Customer Engagement Service Manager
Ann Mawdsley, Principal Committee Administrator
Richard Maybey, Assistant to Political Group (Labour)
Michelle McHugh, Overview and Scrutiny Manager
Simon Robson, Head of County Partnerships
Ron Williamson, Head of Communities and Wellbeing/Resources

Also Present:

Nigel Barton, Executive Director of Operations, Coventry and Warwickshire NHS Partnership Trust (CWPT)
Jeremy Brown, West Midlands Ambulance Services

Vicky Castree, Scrutiny Officer, Coventry County Council
Roger Copping (Warwickshire LINKs)
David Gee (Warwickshire LINKs)
Carl Holland, UHCW NHS Trust
Murray MacGregor, West Midlands Ambulance Services
Anthony Marsh, West Midlands Ambulance Services
Paul Maubach, NHS Warwickshire
Barry Thurston, West Midlands Ambulance Services

1. General

(1) Apologies for absence

An apology for absence was received on behalf of Councillor Claire Watson

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in her capacity as a practitioner making referrals to the NHS Services and her membership of TUDA and GMB unions; and a prejudicial interest in Item 7 as a beneficiary of direct payments.

Councillor Richard Dodd declared a personal interest as an employee of the West Midlands Ambulance Service NHS Trust and a prejudicial interest in Items 4 and 6 as an employee of the West Midlands Ambulance Service NHS Trust.

Councillor Jerry Roodhouse declared a personal interest as the Chair of Warwickshire LINKs.

Councillor Kate Rolfe declared a personal interest as a private carer not paid by Warwickshire County Council.

Councillor Angela Warner declared a personal interest in her role as a GP.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 16 September 2010

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 16 September 2010 were agreed as a correct record and signed by the Chair.

There were no matters arising.

(4) Chair's Announcements

The Chair reminded Members of the change of meeting date from the 9 February 2011 to the 24 January 2011. This was to ensure that the Committee was able to scrutinise the Future of Warwickshire County Council's Care Homes for Older People report before it was considered by the Cabinet on 27 January 2011.

The Chair stated that this would be the last meeting that John Bolton would attend and, on behalf of the Committee, thanked him for the sterling work he had done for the County Council.

Councillor Izzi Seccombe added that she had taken on the portfolio of Adult Social Care around the time John Bolton had joined the Council, and that she was indebted to his professional knowledge and experience. She stated that Warwickshire would find the changes John Bolton had brought about were positive and would help in the future.

Councillors Dodd, Bould and Shilton thanked John Bolton on behalf of their respective Groups and wished him well for the future.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Bob Stevens

Councillor Dave Shilton stated in relation to the NHS White Paper and the Portfolio Holder Decision Making Session held on the 6th October to agree the response, that it was important that the new arrangements included the ability to scrutinise issues for the good of Warwickshire and asked whether the concerns raised regarding the self scrutiny of the proposed Health and Wellbeing Board had been incorporated into the response. Councillor Bob Stevens stated that within the response that had been submitted to the NHS White Paper – Equity and Excellence: Liberating the NHS, that concerns had been raised regarding the proposals for the Board to scrutinise itself. He added that the Public Health White Paper was expected towards the end of the year, and at that stage final arrangements could be put in place. Michelle McHugh undertook to ensure that the District/Borough Councillors had received a copy.

Councillor Jerry Roodhouse reported that LINKs Warwickshire had formally responded to the consultation and the response had been circulated.

Councillor Izzi Seccombe

Councillor Dave Shilton stated that Warwickshire County Council had recently closed the Evergreens premises in Kenilworth. Evergreens had provided Day Care facilities for clients who could be categorised as needing either critical or near to critical care support. He added that some of these clients have moved to Waverley but their care requirements had not been an easy fit with the more social atmosphere provided at Waverley and there was a vacuum in services provided in Kenilworth, particularly in light of Government policy to encourage independence and the Council's re-enablement service to help the elderly following hospitalisation or sickness to regain the skills and confidence needed to return to the home environment with safety etc.

Councillor Shilton asked the Portfolio Holder to look into the matter and give assistance where possible. Councillor Izzi Seccombe undertook to investigate and to respond directly to Councillor Shilton.

Health Items

Having declared a prejudicial interest, Councillor Richard Dodd left the room.

4. West Midlands Ambulance Service (WMAS) – re-modernisation proposals

The Chair thanked Anthony Marsh for arranging the visit to Staffordshire and Brierley Hill Emergency Operating Centres.

Anthony Marsh, supported by Jeremy Brown, Murray MacGregor and Barry Thurston, set out the background and implementation of the recommendation to move the Leamington Spa control centre to Stafford, which was expected would be completed during November.

During the discussion that followed the following points were made:

1. There would be no change to the positioning and deployment of ambulances. The deployment of ambulances would be monitored.
2. Previous experience showed an enhancement of level of performance through deployment, and while it was agreed that the Coventry and Warwickshire staff were doing a very good job, the current capacity and capability of Leamington Spa would not be able to deal with a major incident in Coventry or Warwickshire.

3. WMAS was the best performing service in the country, having been judged Ambulance Service of the Year for the past four years. The WMAS wanted to strive to continue to improve on this record.
4. A formal consultation had been carried out in the region, predominantly in Herefordshire and Worcestershire when initial changes were undertaken as at that time it was a substantial step change. The proposal to move the Leamington Spa operational centre to Stafford was not considered to require a formal consultation, as positive results were now demonstrable from initial changes and no change to the service being provided.
5. A publicity campaign had been carried out with an overwhelming message to the public that “if you dial 999, we will respond”.
6. When security levels were high, there were a number of resilient systems that took effect and the Service was confident that the arrangements in place were adequate to deal with a reasonable emergency.
7. Investments and improvements to the service had resulted in WMAS having the best back-up systems in the country, with very significant resilience systems on a variety of levels. If all systems failed, the Service would revert to a paper system, which was practiced for one hour every week to ensure all operators were fully conversant in the practice.
8. All paramedics and ambulance drivers would stay local and would be relatively familiar with roads and road closures. Where locations were difficult to find, vehicles and incidents were plotted using in-built GSI systems and directions were given from control centres, and could be accurately plotted to within 10m of an incident.
9. All ambulances were identified on the computer system and controlled from a desk that was staffed 24 hours a day, seven days a week. Part of this role was liaising with crews and hospital management to facilitate speedier handover. It was noted that Coventry and Warwickshire hospitals were currently excluded from this service.
10. John Bolton reported that there was evidence available of positive impacts where moves had been made towards more community-based initiatives with Local Authorities, Ambulance Services and PCTs working together to avoid hospital admissions. Anthony Marsh added that there was currently no such regional approach in the West Midlands, and this approach would be most effective at a local level.
11. Only two out of every three ambulance calls resulted in people being taken to hospital, with the third being treated over the phone or in their homes. Opportunities to reduce hospital admissions further were available through advanced paramedic training, greater use of Walk-In Units, Minor Injury Units etc. Barry Thurston added that the move towards NHS Pathways which would contain a

full directory of services for the region, all of which would be available to ambulances, and would allow greater flexibility within the system.

12. There were no redundancies planned in relation to the move, and all staff and staff representatives had been consulted.

Paul Maubach stated that he supported the proposals and having visited the call centres, felt that the West Midlands were fortunate to have such a state of the art system. He did caution however that in previous years of winter pressures that Warwickshire ambulances had been diverted to Birmingham and there was a need to ensure performance standards in terms of response times to patients in Warwickshire were maintained.

The Committee accepted the report as presented and requested an update briefing in three months to include statistics regarding ambulance responses, as well as a further visit to the Control Centres following completion of the amalgamation.

Councillor Richard Dodd rejoined the meeting.

5. NHS Warwickshire Board meeting – 6th October 2010

Paul Maubach gave an oral presentation to the Committee setting out NHS Warwickshire's position in terms of activities and performance to date this year, as set out in the press release which had been circulated to Members. The main points to note were:

- i. In response to spiralling hospital admissions which had risen by 30%, referrals would be streamed into "fast, slow or stop" as follows:
 - Fast: Emergencies, cancer related procedures, and other clinical cases which cannot wait will be given 'fast' priority. For fractures, this is expected to speed up treatment as winter approaches.
 - Slow: Some elective procedures which can reasonably be delayed without harming the long term health of the patient will not be scheduled until April 2011.
 - Stop: Procedures where there is little clinical evidence of likely health benefit, such as acupuncture, will no longer be conducted.
- ii. This streaming would not apply where there was an overriding clinical need.
- iii. In terms of elected orthopaedics, a clearer set of thresholds needed to be agreed with GPs around treatment, to ensure successful outcomes.
- iv. These measures would be introduced as a precursor to looking more closely in the next financial year in managing resources. It

was noted that even if Government protected the Health budget, the NHS would be looking at cuts in real terms as the rate of demand had increased so considerably.

David Gee, member of Warwickshire LINKs, made the following statement to the Committee:

“At the previous OSC meeting the Director of Compliance said that they aimed to be in financial balance by the end of the year

At the Board meeting an overspend of £10 million was projected. Even this is not a true picture as this was only achieved after totally clearing the reserves of £5.8 million

The report also stated “this is not the worse case scenario”.

Proposed actions will only lead to savings of £5 million.

The four proposed actions are

Selected elective procedures in the acute sector – this includes stretching waiting times, not carrying out non-essential procedures (acupuncture etc) and helping those that would benefit least (obese and smoking patients). It was not made clear whether this meant refusal of treatment

Outpatient re-referral within acute trusts (consultant to consultant) Acceleration “healthcare assessment improvements” (is this ‘efficiency savings’ under a different name?).

Management cost reductions. (A staff reduction of 45% was given). I pointed out that we were promised management cost savings of £2 million when the three PCTs were merged but I felt that the management structure had since become bloated and top-heavy with a plethora of directors and associate directors and were these reductions starting at the top? No reply

I would like to ask the following two questions

- 1). Is it not true that NHSW have lost control and are aiming at patients as an easy target?*
- 2). Is NHS Warwickshire looking at reducing top level staffing levels rather than those members of staff more directly involved with patients?”*

During the discussion that following the following points were noted:

1. 23% of patients having undergone knee surgery did not report any improvement in overall health. Reasons given in patients surveys were available nationally.
2. Procedures that had been identified as having limited benefits, such as acupuncture, would be stopped in perpetuity. The slowing down of other procedures would be considered in light of the review of thresholds for treatments, with the intention to have these in place from 1 April 2011.
3. The 45% staff reduction being aimed at was Coalition Government policy. The first focus of the PCT would be to look to reduce management costs, but it was pointed out that the vast majority of resources were spent on healthcare and radical changes would be needed to manage the increase in demand.
4. The predicted forecast position for the end of the financial year was £10m overspend, but this would be balanced by the actions proposed above.
5. Work would be done to encourage patients to stop smoking before undergoing operations due to the significantly higher health benefits.
6. All urgent treatment, including for cancer, or treatment felt necessary by GPs would take place.
7. Members agreed that they needed to be given a detailed picture of commissioning intentions for 2012, setting out changes to plans and services and where providers were placed. Paul Maubach stated that NHS Warwickshire was working on a clear set of proposals which were expected to be ready by December 2011.
8. The increase in demand was attributed to a number of reasons, including greater opportunities in terms of the range of treatments available, increasing aging population and increased patient expectations.

The Committee accepted the report and requested a further update regarding future commissioning strategy at the December meeting.

6. Future Model for Emergency and Urgent Care Services at the Hospital St Cross

Councillor Dave Shilton presented the report and recommendations to the Committee. He thanked Councillors, Michelle McHugh, Alwin McGibbon and the contributing officers from Rugby Borough Council for their support.

The Chair thanked the Task and Finish Group for their work and noted that the Rugby Borough Council had accepted the recommendations.

Carl Holland, UHCW NHS Trust added that the meeting held had been extremely constructive and the recommendations that had been put

forward were sensible. He stated that the Trust had found the process useful and would be moving forward to resolve the situation as soon as possible,

Having considered the Task and Finish Group's report on the future model for emergency and urgent care services for Rugby, the Committee agreed the recommendations set out in the report.

Adult Social Care Items

7. Fairer Charging and Contributions

The Committee considered the report of the Interim Director of Adult Services setting out the outcomes from the consultation process agreed at Cabinet on 17 June 2010, the final options on the way forward and including the Equality Impact Assessment, Report of the Customer Engagement Team and the Observatory's Fairer Contributions Consultation Report.

Ron Williamson thanked the Customer Engagement Team for the robust consultation and the hard work.

Councillor Penny Bould requested clarification about whether disabled workers would be required to pay towards costs. Ron Williamson stated that earnings were not taken into account in the determination of Fairer Charging.

Councillor Penny Bould made a statement to Committee setting out her personal experiences as a disabled person requiring personal assistants to be able to live independently, and her concerns at the huge hikes proposed for respite care and daycare, which she felt would increase stress, exhaustion and ill-health for users and increase the cost to the public purse in the long term.

Having declared a prejudicial interest, Councillor Penny Bould left the room.

A discussion followed and it was noted:

1. Members noted the low numbers of attendees at public meetings and it was stated that the nature of the people being consulted, as well as the nature of the consultation had to be taken into consideration. John Bolton added that attendance was good in relation to similar consultations carried out in other areas of the country. Public meetings had also been only a part of the public consultation, and other response mechanisms included questionnaires, a telephone helpline and participation at community forums.

2. The consultation process had to be carried out to allow for timings to be scoped. The expanded timeframe had been in response to the consultation and was possible due to savings targets being exceeded.
3. The issue of quality of care had arisen repeatedly during the consultation process. It was noted that while it was impossible to guarantee quality of care, the Local Authority would continue to monitor quality and ensure that the Domiciliary Care Contracts and the Charter reinforced this. John Bolton added that Government policy was for Local Authorities to do less in terms of monitoring quality and for service users to be empowered to monitor quality of care for themselves.
4. The 50% rule would finish in December 2010 and be replaced by a system of actual costs.
5. Services that were excluded from charging were in areas such as community equipment.
6. The Directorate was working hard to reduce the demand on services (including daycare) and it would be difficult to determine in the future whether any drop in demand was as a result of increased charges or improved reablement. John Bolton added that Coventry City Council had carried out a similar exercise 18 months ago and they had not seen any discernable drop in demand from increased charges.
7. Members all recognised the vulnerability of the service users in questions and agreed that many of the choices to be made would be extremely difficult, but that the deficit had to be addressed.

The Committee took a vote, and with four in favour and two against, it was agreed to support the recommendations to the Cabinet, as set out on page A1 of 13 of the Cabinet report.

Councillor Penny Bould rejoined the meeting.

8. Learning Disability Self Assessment Action Plan

The Committee considered the report of the Strategic Director of Adult, Health and Community Services presenting the Learning Disability Self Assessment Action Plan prepared in response to the first learning disability self assessment report (considered by the Committee on 12 June 2010).

During the ensuing discussion the following points were raised:

1. Working with people with learning disabilities was an area that traditionally was managed in a paternalistic culture. The pace of change in Warwickshire had been slower than other Local

- Authorities, but was starting to improve with a focus on improved lifestyles, quality of life and dignity for users.
2. There were now a number of users moving from children's services with packages of care that needed to be reflected in adult services.
 3. Complex needs would continue to be supported in partnership with Health.
 4. There were many older parents who were struggling in their roles as carers to their children. More work needed to be done in this area to support parents to let go and to improve the independence of the service users. This had to be dealt with sensitively, and in line with individual needs, an example was given of accommodation on extra care sites where (in extreme circumstances) parents could be housed in close proximity but independently to service users.
 4. The County Council worked well with the voluntary sector, but there needed to be work done to increase the support and understanding of the voluntary sector to enable greater partnership work to support the Council's philosophy of reducing the reliance on day services and to improve community support.

The Committee supported the Action Plan as set out in the report, and requested a progress report once the results of the formal consultation on the impact of any proposed changes to building based support, in particular day services.

Joint Health and Adult Services

9. Work Programme 2010/11

Members noted the work programme with the inclusion of an update report regarding changes to older adult mental health services in Rugby and impact on this had on services in Nuneaton.

10. Any Other Business

None

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Chair of Committee

The Committee rose at 5.05 p.m.