

## **Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 8 November 2010 at Shire Hall, Warwick**

### **Present:**

**Members of the Committee** Councillor Martyn Ashford  
“ Les Caborn (Chair)  
“ Jose Compton  
“ Richard Dodd  
“ Kate Rolfe  
“ Dave Shilton  
“ Sid Tooth  
“ Angela Warner  
“ Claire Watson

**District/Borough Councillors** Michael Kinson OBE

**Other County Councillors** Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)  
Councillor Bob Stevens (Portfolio Holder for Health)

**Officers** Jo Dillon, Associate Director of Strategic Joint Commissioning - Children and Maternity  
Wendy Fabbro, Director of Adult Services  
Kim Harlock, Head of Strategic Commissioning and Performance Management  
Ann Mawdsley, Principal Committee Administrator  
Michelle McHugh, Overview and Scrutiny Manager

**Also Present:** David Gee (Warwickshire LINKs)  
Jill Freer, NHS Warwickshire  
Paul Maubach, NHS Warwickshire  
Heather Norgrove, George Eliot Hospital NHS Trust  
Rachel Pearce, NHS Warwickshire  
Sarah Warmington, Coventry and Warwickshire Partnership Trust

### **1. General**

The Chair welcomed everyone to the meeting, in particular Wendy Fabbro, the new Director of Adult Services at Warwickshire County Council.

**(1) Apologies for absence**

Apologies for absence were received on behalf of Councillor Sally Bragg, Councillor Bill Hancox, Councillor Helen Hayter, Councillor Wendy Smitten and Geoff King.

**(2) Members Declarations of Personal and Prejudicial Interests**

Councillor Richard Dodd declared a personal interest as an employee of the West Midlands Ambulance Service NHS Trust.

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 12 October 2010**

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 12 October 2010 were agreed as a correct record and signed by the Chair.

**Matters Arising**

There were no matters arising.

**(4) Chair's Announcements**

The Chair informed Members of the Committee that he had agreed to Item 6 (The Future of Bramcote Hospital) being considered after Item 3 to accommodate the availability of NHS Warwickshire representatives.

**2. Public Question Time**

None.

**3. Questions to the Portfolio Holder**

Councillor Bob Stevens

Councillor Claire Watson asked Councillor Bob Stevens to give the Committee an update on the Health Transition Group and the event planned for 30 November. Councillor Stevens gave the background to the non-decision making partnership Group which was co-coordinating all

aspects of the transfer of Public Health to the County Council. He stated that details regarding areas such as the Health and Wellbeing Board could not be finalised until the White Paper was published. The Chair noted that the Committee would monitor developments, including the issue of scrutinising the Board. Rachel Pearce stated that there were a number of changes being faced within health, and decisions were being made around communicating these internally and externally. She added that the Local Government Improvement and Development (formerly IDEA) were facilitating a meeting of all stakeholders on 22 November, which would start to look at the way forward. Councillor Izzi Seccombe stated that two issues that needed to be considered were the number of patients in rural areas not registered with GPs and how this group would be encapsulated, as well as how public health would be delivered through the County Council.

Councillor Sid Tooth highlighted the need for better communication in terms of the changes. He raised concern about the GP consortia involvement and what liaison there would be between them and the County Council. Councillor Bob Stevens confirmed that meetings were taking place, but there had still not been any confirmation on how many patients consortia would cover. Paul Maubach added that this was an issue to be debated and decided by GPs, with Strategic Health Authorities adjudicating on whether consortia were fit for purpose.

Councillor Dave Shilton stated that there was a lot of dissatisfaction about the 0845 call system used by GP surgeries. Councillor Angela Warner added that a national investigation had been carried out on this, which Members of the Committee could link into. David Gee stated that the former PPI Forum had carried out a survey and found that GP surgeries had the choice of two systems, the 0845 answering service or patients having to keep trying one number until they are able to get through. The PPI Forum survey showed that patients preferred being in a queue than having to continuously redial. Councillor Bob Stevens agreed to look into this.

Councillor Kate Rolfe asked that a piece of work be commissioned on waiting times in Warwick Hospital. The Chair agreed to look into this matter.

#### Councillor Izzi Seccombe

Councillor Angela Warner asked the Portfolio Holder for an update on what had been learned at the National Children and Adult Services Conference and Exhibition 2010: shaping the present, building the future attended in early November. Councillor Izzi Seccombe and the Chair gave a brief update on the conference and agreed that they would prepare

a Briefing Note from a Member perspective and asked Wendy Fabbro to prepare a Briefing Note from an officer perspective, for distribution to the Committee.

Councillor Angela Warner asked the Portfolio Holder for an update on developments with virtual wards in Warwickshire. Councillor Izzi Seccombe reported that the Alcester Hospital was in operation and currently going through an evaluation process. Her understanding was that this model was working well, but at a higher cost and the reasons for this had to be looked at. Rachel Pearce added that there were two virtual ward pilots being carried out in the north and south of the county and these would be assessed to ensure they were producing outcomes for the population and in terms of investment. Results to date looked promising, demonstrating that hospital admissions were reducing by 60%. Lessons learned from the work in Alcester and the two pilots had been used in setting up the virtual ward in Rugby on 1 October. The Chair asked for a Briefing Note to be sent to the Committee, giving an assessment of the overall position in Warwickshire.

David Gee, Warwickshire LINKs, stated that much had been said about virtual wards and care in the community, but everybody was aware of the financial pressures being faced and a recent survey had shown that two out of three councils surveyed had reported that they would not have sufficient money to fund this level of support in the future. Councillor Izzi Seccombe stated the following:

- the Comprehensive Spending Review had identified additional funding allocated to Health to be signed off around social services
- Health would have an additional penalty in the future for any re-referrals back to hospital within six weeks of discharge
- a lot of the changes being made were about reablement and Warwickshire were doing well in this area already
- the financial difficulties had resulted in forging closer working relationships with Health.

The Chair added that the Overview and Scrutiny Board had commissioned a Task and Finish Group on Adult Social Care Low Prevention Services and would be looking to commission another on Delayed Hospital Discharges at their meeting on 10 November.

## **Health Items**

### **4. Banbury Obstetric, Maternity and Paediatric Services**

Paul Maubach, Director of Strategy and Commissioning, NHS Warwickshire updated the Committee on the ongoing discussions with NHS Oxfordshire to resolve the contractual issue relating to their request that NHS Warwickshire pay a premium for patients living in the south of

Warwickshire using Banbury Obstetric, Maternity and Paediatric Services. He added that it was important to recognise that because of the geography of south Warwickshire, a premium of some form would have to be paid, but these were purely contractual negotiations and Warwickshire patients would continue to receive services as before.

Paul Maubach informed Members that the balance of provision of services between George Eliot and University Hospital Coventry and Warwickshire was also being reviewed and it was expected that proposals for a consultation would be brought jointly to this Committee and the Coventry Health and Social Care Scrutiny Board in the New Year.

## **5. Transfer of Warwickshire Community Health**

Rachel Pearce, Director Compliance/Assistant Chief Executive, NHS Warwickshire presented her report setting out the transfer of Warwickshire Community Health in line with the requirement for the separation of PCT commissioning from the provision of services by April 2011.

David Gee, Warwickshire LINKs stated that he hoped the proposals would provide proper pathways with smoother routes for patients. Rachel Pearce responded that this was in fact re-enforced in the White Paper.

The Chair asked that a progress report be brought to the Committee once the transfer had been implemented.

## **6. The Future of Bramcote Hospital**

Jill Freer, Director of Quality and Safety and Executive Nurse, supported by Paul Maubach, Director of Strategy and Commissioning give a presentation on the situation regarding the future of Bramcote Hospital, including the background, benefits and risks associated with the three options to be consulted on.

Jill Freer noted that she had attended the Nuneaton and Bedworth Area Committee, where concern had been expressed that Community Forums had not been consulted, and to allow for this to happen, NHS Warwickshire had agreed to extend the consultation to January. The Chair read the draft minutes from the Area Committee meeting.

During the discussion that followed, these points were made:

1. Concern was raised that despite numerous requests that the consultation document be changed, this had not happened. It was noted that a meeting had taken place with representatives from NHS Warwickshire, LINKs and the County Council, where agreement had been reached about different options for

- consultation. The outcome of this meeting had not been shared with the Committee, and the Chair agreed that a Briefing Note should be prepared setting out what had been agreed.
2. In response to a query regarding the pressures that would be put on George Eliot Hospital if Bramcote was closed and the potential for an increase in bed-blocking, Jill Freer stated that lessons had been learned from Alcester, and that greater investment in the community plus a small number of acute beds was expected to reduce the demand on George Eliot.
  3. There were currently not enough district or community nurses, but savings made from Bramcote would be ring fenced for increased investment in this area.
  4. Bramcote was geographically isolated, only accepted patients from George Eliot and could not accept patients needing specialist nurses, drips or 24 hour medical cover. This meant that even when there was pressure on hospitals, Bramcote beds could not necessarily be used. Jill Freer added that the reduction from 41 to 20 beds agreed by the NHS Board approximately 12 months ago, together with closer working with Social Care, had resulted in more appropriate use of beds.
  5. It was noted that the NHS had to have plans in place to respond to the needs of the population, including the flexibility to buy ad hoc beds should they need to. There was general agreement that having the beds (specified under Option 3) in one place under one control would ensure quality control. Paul Maubach responded to a query around winter pressures, noting these were monitored daily, and that the solution to dealing with these pressures was to invest in the responsiveness of the community, not an increase in acute hospital beds.
  6. The changing situation with Health and Social Care in an environment of limited financial resources and an aging population meant that resources would have to be managed effectively as possible and the way services were currently provided would have to alter.
  7. The Nuneaton and Bedworth Area Committee had a strong view that all services Nuneaton and Bedworth needed to be protected, but the consultation was about re-provision of services. Feedback on virtual wards from both users and GPs had already been very positive and it was expected that the money saved through closing the 20 beds at Bramcote could result in approximately 600 patients being supported in the community.
  8. The consultation was in relation to the 20 NHS beds and not to services on the site provided by Coventry and Warwickshire Partnership Trust (CWPT). Paul Maubach reported that CWPT had not to date indicated any potential implications for their services should Bramcote be closed.

9. Councillor Angela Warner raised concern about the ability for services to be provided locally at the pace of change required. She added that there needed to be a clear understanding of how much commitment there was within the local health commitment, and there needed to be an easy system providing a quick and appropriate response to GPs and patients. Wendy Fabbro added that it had been announced at the Conference that details of arrangements for NHS commitment to reablement would be available in December.
10. Members requested a copy of the report from the original stakeholder group dealing with the pilot for Bramcote, where the decision was made to reduce the number of beds from 41 to 20 beds.

Heather Norgrove, Commercial Director, George Eliot Hospital outlined the current pathways for patients using Bramcote, which had contributed to the hospital meeting the PCT stroke specifications, by the provision of non-acute beds for patients to allow them to reach optimum health. She added that she was pleased to hear that there would still be some beds purchased, and highlighted the need for these to be in the same place to facilitate treatment by orthopaedic surgeons and stroke physicians.

The Committee supported Option 3 as set out in the NHS Warwickshire report, taking into account comments above.

## **Adult Social Care Items**

### **7. Telecare Progress Report**

The Committee considered the report of the Interim Director of Adult Services providing an update on the outcome of the Strategic Review of telecare in Warwickshire and the approved recommendations that are now being implemented in the county. Rachel Norwood added that there was a greater range of equipment available than currently used in Warwickshire, and the aim was to make use of the full range to meet the needs and wants of users and achieve outcomes. There was also a need to set up a system where services bought privately could be assessed.

Councillor Izzi Seccombe stated that Rachel Norwood managed the Housing Support Service, enabling a joined-up approach with the District and Borough Councils. She added that telecare was an important service in Warwickshire County Council's direction of travel in terms of keeping people independent, and could be widened across the county and could also include telehealth.

Wendy Fabbro emphasised how advantageous telecare could be to the County, improving quality of life for individual users and families, as well

as increased value for money. There were many opportunities to work closely with Health using telehealth and telecare.

The Chair requested that this area of work, particularly in terms of the wider implications for the County Council and partners, be included in the Task and Finish Group looking at Adult Social Care Low Level Prevention Services.

### **Joint Health and Adult Services**

#### **8. Work Programme 2010-11**

Members noted the work programme, taking into account suggestions made during the meeting.

#### **9. Any Other Business**

None

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Chair of Committee

The Committee rose at 12:10 p.m.