

Roger Copping, Warwickshire LINKs
Frances French, League of Friends of the Shipston on Stour
Hospitals
David Gee, Warwickshire LINKs
Gloria Godfrey, Warwickshire LINKs
Paul Maubach, NHS Warwickshire
Kate Morrison, Warwickshire Community and Voluntary
Action
Heather Norgrove, George Eliot Hospital
Rachel Pearce, NHS Warwickshire
Shirley Shaw, Coventry & Warwickshire Partnership Trust
John Wheeler, League of Friends of the Shipston on Stour
Hospitals
Caron Williams, NHS Warwickshire

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for absence

Apologies for absence were received on behalf of Councillors Sally Bragg, Jeff Clarke and Helen Walton.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as she receives social care as a disabled person living independently.

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

Councillor Jerry Roodhouse declared a prejudicial interest in Item 4 as his wife was employed by Warwickshire County Council, working in one of the residential homes proposed for closure.

Councillor Dave Shilton declared a personal interest in Item 4 as his mother was a resident of the County Council care home.

Councillor Angela Warner declared a personal interest in her role as a GP and in relation to the possibility that her staff or patients may use care homes or respite care.

(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 8 December 2010 were agreed as a correct record with the following corrections:

Page 1 – 1. General (1) Apologies for Absence

Councillor Penny Bould to be added to the Apologies for Absence.

Page 1 – Other County Councillors

Councillor Jerry Roodhouse (Chair of Warwickshire LINKs) to be added to the list of Other County Councillors.

Matters Arising

Page 3 – 3. Questions to the Portfolio Holder

Councillor Michael Kinson OBE (Warwick District Council) reported that Ron Williamson had attended the Warwick Council Meeting on behalf of Councillor Izzi Seccombe and thanked him for his useful presentation.

(4) Chair's Announcements

The Chair reminded Members that they had received an invitation to attend a Tobacco Control Advocacy Training Event at Warwick University on Tuesday 8 March 2011. Any Member wishing to attend should use the booking form provided and notify Janet Purcell to be included on their training logs.

The Chair drew Members' attention to the invitation they had received to attend the Dementia Event on 1 March. Any Member wishing to attend, who had not yet replied could do so through Ann Mawdsley.

The Chair stated that the April 13 meeting would include a morning session looking at changes to the Health service. He added representatives from the NHS, GPs, Advisory Services, representatives working on the Transformation Agenda and the Centre for Public Scrutiny would be invited to participate.

2. Public Question Time

The Chair noted that two public questions had been received, but these would be considered under the relevant item (Item 4 – Care and Choice Programme).

3. Questions to the Portfolio Holder

There were no questions to the Portfolio Holders.

4. Care & Choice Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People

The Committee considered the report of the Strategic Director for Adult, Health and Community Services asking the Committee to scrutinise proposals being taken to Cabinet on 27th January to modernise residential social care, taking into account the consultation as well as the demographic and financial challenges facing the Council in this area of service and other strategies which are already being adopted to tackle the issues.

Councillor Jerry Roodhouse presented the following submission:

“There seems to be a general agreement that the overall direction of travel in regard to care using Extra Care, reablement, personalisation and living independently is right. There is a lot of evidence to support this direction. The outcome from this move will mean that the care sector economy will change as WCC moves closer to just commissioning care from it.

Transparency in outcomes: a framework for adult social care, forms part of a suite of documents relating to adult social care the most importantly the Vision for Adult Social Care: Capable Communities and Active Citizens 2. Presents the following principles.

Our vision for a modern system of social care is built on seven principles:

Prevention: *empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.*

Personalisation: *individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support*

is available for all local people, regardless of whether or not they fund their own care.

Partnership: *care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils – including wider support services, such as housing.*

Plurality: *the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.*

Protection: *there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.*

Productivity: *greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.*

People: *we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.*

In relation to the agenda item and the proposed closure, I need to place on record my opposition to the immediate closure of these homes and ask that the decision be reconsidered as part of the tendering to the market. Abbotsbury care home is a valuable resource and should be used as the main intermediate and respite care facility in Rugby. The closure of this home leaves the eastern side of Rugby without any local home as the demographic for this area is an ageing above the average. There is an opportunity to develop a healthy centre bringing in other agencies and using the total place principles the County should and could enable this to happen. The report is light on dementia care I hope that the County Council will pursue with vigour in all its contracts and make explicit that staff are trained based on the "Enriched Opportunities Programme" developed by Extracare trust and University of Bradford.

I would also like to raise the following questions relating to the proposals.

- *Current projected capacity issues is this right? Page 3 bottom paragraph states ref independent sector “needs to be emphasised that this is a fluid position in that capacity in the private sector is not guaranteed” where is the growth in the market dementia/moving towards more nursing care, then para 2.3 NHSW not subject of this report, who not as the NHS looks to change its provision there is another item on the agenda in relation to Bramcote Hospital?*
- *Whilst the overall strategic approach to changing service delivery looks positive, the consultation versus engagement debate needs to be raised as we saw in the fire station closure programme individuals feel that it is being done to them.*
- *Is a key driver for change and closure the financial savings para 3.3 states 25% savings WCC re Abbotsbury page 19 “potential capital receipt” (also begs the question around the use of the site and any discussions?)*
- *Savings paragraph 10.2 re last sentence “giving away/all of the land and buildings etc relate to this matrix 10.3 and the “waking night cover” I presume this is WCC money? This paragraph is not clear as to how much WCC will be putting in for cover.*
- *Confused by the view that the increase in ECH (non-nominated places) will not be taken up by wealthy folk – thereby also reducing demand for private sector care which might cause some risk to viability of private care homes...so how will we keep an eye on overall market to ensure we have enough capacity of right sort in right place.*
- *Quality and safety standards of care/inspections/dignity WCC homes are good quality homes (para 2.4) and set a standard for others to follow, would you agree? If so, how will you ensure that quality is improved in the care sector? Section 256 funding £6million with NHSW will any of this funding be used to improve the quality and safety?*
- *Respite/day care/carers – where and how will these still be available?*
- *Para 8.4 begs the question as to why not put them all out and see what the market place does?*
- *What does recommendation 4 mean? Contingency arrangement/cost how much/how many people?”*

Having declared a prejudicial interest, Councillor Jerry Roodhouse left the room.

Gloria Godfrey, Warwickshire LINKs made the following submission:

“The LINK Council supports the overall proposed model for older people services of increasing the range of ways in which people can retain their independence. However we do have a number of reservations about the current proposals.

The analysis clearly shows that residential places will be needed during the period of development of extra care housing, and beyond that it will continue to be needed for the most vulnerable older people, those with dementia and with the most challenging needs and behaviours, those who will rely on skilled and committed staff and on joint working with health staff and partnerships with communities and other organisations. This is why LINK is doing a project about Dignity in Care Homes to ensure that homes are continuously aware that much is expected of them in this important role.

It is surprising and concerning to the LINK therefore that the report contains no consideration of the role that in-house provision could potentially play in ensuring the best quality, innovative services for this group of people also. Taking dementia as an example, we assume that the Council is not complacent that the current residential care provision and the services and support to carers is as good as it gets – and recognise that there is considerable room for improvement. Perhaps the in-house provision could utilise the investment the County Council has made in training and good conditions of service of the staff by leading the way in developing the range of services and supports that address the needs and anxieties of the growing number of people with dementia, their families and communities.

We also feel that the consultation process has not involved all possible stakeholders. The consultation was limited to those currently living in homes and their families, despite representation from LINK and has not enabled the public, future users of services or communities to have an adequate say. We also do not feel that the proposals have taken sufficient account of the views of residents and relatives – particularly the concern raised at the second consultation that the first re even was a second consultation.

The proposals have been based on the concern that the cost of in-house provision is 40% more than places can be bought in the independent sector. However there has not been any breakdown of the costs, the range of factors that contribute towards them, and we are not told whether it has been investigated if any/all of the elements could be reduced in any way.

Also the comparison with the independent sector is not clear – independent homes do not charge the rate WCC pays unless they have some contracted beds, or some land deal or they are prepared to arrange their fees so that private fee payers subsidise the WCC funded folk. The proposal of JVC allows the possibility of cross subsidy, so would WCC also choose to increase their income by charging full cost (as agreed by Cabinet) in November, but also continuing to admit all those who choose a WCC home rather than restrict places to only those without means (as also agreed at Nov Cabinet), as one means of narrowing the apparent gap. There are some figures in the report that we have not been able to follow... in Appendix 6(a) – Savings for care homes – there is a 0 figure for dementia customers, but other information indicates 29 dementia places in Stratford.

Also we are not clear whether all potential transitional costs have been identified and included – e.g. will WCC still be admitting new people to the homes or will vacancies push up unit costs further, duplicating the cost of buying the place in the independent sector. Have pension liabilities/redundancies been included, might some properties/sites be left empty whilst disposal/ redevelopment being sorted, incurring security and up-keep costs.

We are not against all change, but we do feel that people should only have to experience a significant change to their circumstances if there is likely to be some benefit to them, and certainly no disadvantage. We had assumed that the CACP would be coordinating new developments in a given locality with full investigation of issues for care home residents in that area and assessing impacts and implications accordingly. This would have ensured that clearer outcomes for individuals could be planned for. We do not feel that the report reassures us about the outcomes for the residents of Abbotsbury/Mayfield and whether, for instance, the strongly expressed concern about maintaining friendships and companionship, will be delivered for them, and it feels that the needs and wishes of the current generation of WCC residents are being overshadowed by those of a future generation of older people and we question the fairness of this. We would urge Cabinet to request specific information about outcomes for residents of Mayfield/Abbotsbury before agreeing the appropriateness of the decisions, and to ensure such analysis is available if other homes become similarly targeted.”

Mr Paminder Birdi, attending on behalf of the Social Group attached to the Lawns made a statement to the Committee. He thanked the County

Council and their staff for the excellent care provided in County Council Care Homes, and in particular the Lawns in Whitnash, which was well-run, used to capacity and had received a 2-star rating from CQC for the last few inspections. Mr Birdi made the following points:

- i. He urged the County Council to progress Option 2C as set out in the recommendations to the Cabinet (Appendix 4A), adding that the aim in the private sector was to increase profits and the establishment of local community groups would ensure a continuation of service for the community without increased costs.
- ii. Would the County Council be able to get the private sector to take up commissioning of beds at the current pricing level and high standards? This looked like a short term solution to a long term problem.
- iii. The approach of the Social Group would be similar to the model of school governors, retaining the staff currently running the home with the community running the management side. The Whitnash Town Council had given their support to the proposal and accounting help had been offered on a free basis, as well as free legal support being offered from Wright Hassall Solicitors.

The Chair read out a statement received from Councillor Chris Saint:

"I am sorry that I cannot be at the meeting of the Overview and Scrutiny Committee this morning, but only long standing commitments have prevented my attendance.

I note that the Cabinet, so also the OSC today will ponder over a range of options and it is important to ensure the efficient delivery of services. It is also important to put a wide range of issues in context.

Whereas I support the established moves to enable care at home for the elderly, there remain a number of obstacles. Care at home is not a universal one size fits all option.

A lot of Social Care for the elderly is provided in families. Locally available respite care gives them essential breaks that enables them to cope.

Low Furlong

I represent a local population that has a significant local focus on the residential care home at Low Furlong in Shipston-on-Stour.

While Low Furlong is situated in Shipston-on-Stour, it serves a wide rural area. If residents were displaced, then alternatives could be some considerable distance away.

Family members who support these local residents may have to travel unsustainable distances to visit their loved ones, if there is not a facility local to Shipston. Whilst there are public transport links from Shipston to local towns, Stratford-upon-Avon, Banbury and Chipping Norton, only one of these is in Warwickshire and this is 10 miles away. Onward travel beyond these towns by public transport is often totally impractical.

Many of the parishes in my Electoral Division are classified as having poor access to public services in Warwickshire, a factor when considering rural deprivation.

General Comment

The County Council must ensure that there is sufficient capacity in the alternatives being considered to enable care to be administered locally.

Well established residents of care homes need security in their future as do their families.

Residential care homes contribute to the Council's 'Narrowing the gaps' agenda with a service of established value from public sector involvement alongside the private sector.

Resources are simply not available to bring a wide range of dwellings up to the required specification to enable care at home as a matter of course.

The Council's position as landowner and local authority must underpin the opportunity to guarantee services for those who find it impossible to live in their own homes."

Mrs Frances French_Chairman of the League of Friends of the Shipston on Stour Hospitals, read out her public question:

"Considering the high risk residents at Low Furlong in Shipston on Stour, particularly those in the highly valued Dementia Unit, what plans does WCC have to address the wide and varied accommodation needs for vulnerable individuals living within the rural Shipston community, and to promote their quality of life?"

Mr John Wheeler of the League of Friends of the Shipston on Stour Hospitals, read out the following public question from The Shipston Medical Centre:

“Shipston Medical Centre has worked closely with the staff at Low Furlong for many years and believes the facility to provide an excellent and essential service to those it serves. Low Furlong currently represents the only provision of EMI and residential care in Shipston and surrounding villages, an area where the population of older people is significantly higher than the national average, and the majority of the county. Additionally, Low Furlong provides respite care enabling a significant proportion of older people to remain in their own homes, supported by family and friends.

The financial constraints upon Warwickshire County Council and the need for service reform are recognised. However, the need for appropriate residential care services in Shipston remains. The practice therefore requests that Warwickshire County Council confirm that alternative provision of services, equivalent in type and quality, will be put in place within the Shipston area before the closure of existing services, if the regrettable decision is made to close Low Furlong. Can you please confirm this?”

Kate Morrison, representing Warwickshire Community and Voluntary Action (CAVA) recorded their support for Option 2c of the recommendations to the Cabinet. She added that there had not been much interest shown by community and voluntary groups due to the lack of wider public consultation and people being unaware of the proposals. She offered the support of Warwickshire CAVA in publicising this option and providing support and advice to interested parties.

Wendy Fabbro, Strategic Director for Adult, Health and Community Services thanked Mr Birdi for his comments in relation to the amount of work carried out by County Council staff and pointed out the effort that had been put in to bring together these proposals, including 140 consultation meetings. She added that it was not the policy of the County Council to close care homes, and these proposals were about modernising the service to ensure that people received the care they wanted, and that services available were good quality and sustainable, including where appropriate, residential care.

Ron Williamson, Head of Communities and Wellbeing/Resources introduced the report and set out the background to the proposals to the Cabinet. He added the following points:

- a. In-line with Warwickshire’s priority to maximise people’s independence, the County Council were working hard with the market to effect change and maintain high quality, appropriate options of care. This included working closely with Warwickshire Care Services.

- b. The number of people within residential homes with dementia had increased over the past decade from 9% to 52%. This highlighted the need to continue to develop care for those with high end needs.
- c. The consultation carried out in July 2010, focussing on people in residential homes and their needs, was part of a wider strategy that was being worked through since 2008.
- d. Keeping services local and the ability to re-provide services within an area were weighted highly in the decision matrix. This explained why Shipston was not high on the list and work was being undertaken to find a solution in this area.
- e. There was a large market for respite care and work was being done to continue this provision. This was factored into plans for the future.
- f. If closures were agreed, a full team would be involved with families to ensure the right results were achieved for residents and families.
- g. In terms of contingencies, the Council had to ensure there were robust processes in place throughout the programme and the ability to work with the market in order to achieve the right outcomes.
- h. Challenges faced by different communities was recognised and it was noted that in Low Furlong, there was a real willingness by both Health and Social Care to work together to address all needs, both high and low level. Discussions were also being held with Health around options in Shipston.

Councillor Izzi Seccombe thanked the officers involved for all the effort and commitment on what had been a long and difficult piece of work. She stated that views, concerns and needs of residents and families had been encompassed within the proposals. Councillor Seccombe made the following points:

- i. The success of Social Enterprise co-operatives would be reliant on voluntary sector support, particularly in light of ongoing statutory and Care Quality Commission requirements, and the support of Warwickshire CAVA was welcomed.
- ii. The County Council would have to continue to commission quality, care and standards to ensure residents in Warwickshire were well looked after.
- iii. Every effort would be made to ensure sustainability and continuation while minimising uncertainty for users and families in the future.
- iv. The County Council would be working closely with Health to enable people to retain their independence and to keep people out of hospital.
- v. The proposals put forward would build in the required capacity, quality and level of support through the market place.

During the ensuing discussion the following was noted:

1. The Customer Engagement Team had operated as flexibly as possible during the consultation exercises, involving families at the request of residents and not interviewing residents who were not capable of participating. Ron Williamson undertook to make enquiries regarding the timing of notification of interviews and the extent of the consultations and to make this information available to the Committee. He added that everything possible would be done to ensure safe passage through the process for residents.
2. Day care and respite care users were consulted in group sessions within homes with those service users who were there at the time, and with all users through postal questionnaires. These services were central to addressing needs and these services would be re-provided where appropriate.
3. The figure quoted in the report of £530 per week covered the running costs of homes and did not include corporate costs. Private businesses were also able to cross-subsidise fees, while local authorities were not allowed to make a profit.
4. In response to queries regarding the closure of Mayfield, it was noted that half of the places available at Mayfield had been closed in 2010 due to lack of demand, despite these places having been offered to people.
5. Low level demands, including milder dementia and physical needs, could be accommodated in extra care housing and residential care in the future would concentrate on high level demands and people with high social care needs with challenging behaviour.
6. The Directorate was facing critical financial issues, and all people currently in receipt of Social Care were vulnerable with challenges and problems. It would not be possible to make savings without impacting on users, but in the future the emphasis would be on responding to significant needs and high level dependency EMI (elderly mentally impaired) and every effort would be made to mitigate that impact.
7. The 10 County Council care homes currently provided approximately 350 beds out of a total of 2,229 beds available in Warwickshire. The majority of beds provided by the County Council were already commissioned through the independent sector. There were many local authorities operating without any in-house care homes.
8. Joint ventures, sale and social enterprise were all part of the available options.
9. If the recommendations were agreed by the Cabinet, formal consultations would be undertaken with affected staff. The trade unions were fully involved already.

10. Members agreed the importance of ensuring information was transparent and accessible throughout the process so that people understood what the situation was at each step.
11. The County Council was not able to offer advice and assistance to potential providers, but would do everything possible to ensure advice was available from other sources.
12. Councillor Izzi Seccombe suggested that the understanding by the public of the procurement process and potential implications for the local community could be built into the proposed 6-monthly reports.
13. There were regulations in place for all care homes to provide stimulation and activities for their residents.
14. David Gee reported that Warwickshire LINks was considering undertaking a programme looking at standards in nursing homes across all sectors in their work programme for the next year.
15. Any group or co-operative was welcome to come forward with an offer within the timescales and requirements set out.
16. The Committee supported the two homes proposed for closure being put to open market prior to any decisions being made on closure.

The Chair, seconded by the Councillor Dave Shilton, moved and a vote was taken with six in favour and four against that:

The Adult Social Care and Health Overview and Scrutiny Committee, having scrutinised the proposals in the report to Cabinet on 27 January in relation to the Future of Warwickshire County Council's Residential Care Homes for Older People, proposes the following recommendations to the Cabinet:

1. That Cabinet notes the rationale and evidence of demand for residential services in the light of the strategic direction and approves closure of two homes, Mayfield and Abbotsbury, calculated to be surplus to requirements, subject to putting the two homes out to the open market for consideration as a joint venture or sale as ongoing concerns as outlined below under recommendation 2.
2. That Cabinet agrees that officers should invite expressions of interest in the following options for procurement in relation to its current internal care homes provision:
 - a) Purchase of any or all of the homes as "going concerns" maintaining quality and charging in accordance with CRAG regulations.

- b) Entering into a partnership with the Council to operate a joint venture company for any homes not eliciting market interest in order to facilitate careful strategic scheduled transformation.
 - c) Establishing social enterprise/local community co-operatives where quality, safety and value for money can be assured.
 - d) Exploring further the potential for the Total Place solution in relation to Low Furlong in Shipston.
3. That subject to the outcome of recommendation (2) Cabinet agrees a priority schedule of closures based on the matrix set out in Appendix 3(d), recognising that changes in the data may still affect the actual priority order.
 4. That temporary contingency arrangements should be put in place to ensure that sufficient provision is retained in the independent sector to ensure that capacity is retained while closures are implemented.
 5. That the Cabinet agree that Overview and Scrutiny monitor all transitional arrangements undertaken under the plan at 6 monthly intervals throughout the whole programme.
 6. That the Cabinet agree that Overview and Scrutiny monitor the assurances of quality and standards of care for transferred residents at 6 monthly intervals.
 7. That the Cabinet explore the legal position in relation to the transfer of the care home buildings to other providers to ascertain whether a covenant can be embedded within any agreement to ensure that the assets are retained for the elderly and communities within the social care landscape.

5. Bramcote Hospital Consultation

Rachel Pearce, Director Compliance/Assistant Chief Executive, NHS Warwickshire and Caron Williams, Associate Director of Community Services, NHS Warwickshire introduced the reports that had been presented to the NHS Board on the outcome of the consultation in relation to Bramcote Hospital. Rachel Pearce noted that the NHS Board had been recommended to accept Option 3, in line with the consultation, and this had been agreed.

David Gee, Warwickshire LINks, outlined the points referred to in his submission, which had been received by members of the Committee. He stated that the consultation process carried out by NHS Warwickshire had

been flawed and the proposals were flawed as Virtual Wards would take 6-12 months to be in place.

In response, Rachel Pearce noted the following:

- i. A variety of views had been expressed at the public meetings and in documented responses and these had been included in the report.
- ii. The Nuneaton and Bedworth GP Consortium had supported Option 1 and the North Warwickshire GP Consortium had supported Option 3. The North Warwickshire Consortium had a larger patient base, but the Board had been asked to consider both responses. Assurances had been given to both consortia that with Option 3, the intermediate care service would be enhanced with the purchasing of a further 10 care home beds.

Caron Williams explained virtual wards as the proactive identification of clients who may be subject to increased episodes or use of health care because of unstable long-term conditions. The BUPA health dialogue tool was used to identify people's risk and care plan to reduce their attendance at hospital.

A discussion followed and it was noted:

1. The agreed way forward was about change and re-providing care in people's homes. It was acknowledged that there would always be a need for 24 hour access for a small number of people.
2. There was currently capacity within care homes to accommodate the additional 10 beds that had been agreed.
3. The patient admission to Bramcote had been varied, including stroke victims. The changes in acute stroke care had increased the percentage of patients supported to return to their own homes, and this had reduced the number of patients going to Bramcote.
4. There were currently concerns as Bramcote was used to step down from George Eliot Hospital. Assurances were made that more appropriate care would be provided through the capacity in intermediate care and nursing capacity in the area.
5. These proposals formed part of the national Transforming Community Services programme, which included virtual wards, and the pilot on this carried out in North Warwickshire had been very successful.
6. Members agreed to the screening of a video clip on Virtual Wards by NHS Warwickshire at their April meeting.
7. Work was ongoing with the GP consortia to assess the opportunities and changes that would arise from Option 3.

The Chair thanked Rachel Pearce and Caron Williams for their contributions, noting that the decision regarding Bramcote had been an

NHS Warwickshire decision to make. The Committee requested an update in three months.

6. Adult Social Care Annual Performance Assessment Improvement Plan

The Committee considered the report of the Strategic Director for Adults, Health and Community Services outlining the actions being undertaken to address the issues that arose from the Care Quality Commission (CQC) Annual Performance Assessment.

During the discussion that followed, these points were made:

1. In response to a query regarding adaptations, Wendy Fabbro stated that the third set of monies allocated by Government by a Section 256 transfer from the PCT to the County Council, included the capacity to transfer some of that money into adaptations. This was currently being considered with the PCT management.
2. Professionals were keen to ensure that things like telecare were available across the board, but there were no conclusions at this stage in relation to full reablement monies and plans.
3. Wendy Fabbro undertook to e-mail to the Committee the current position in employing Occupational Therapists in different areas of the county, as well as any backlog with adaptations, including trends.

The Committee welcomed the report and endorsed the actions planned to address the areas for improvement highlighted by the CQC. An update was requested for the end of the year, particularly in relation to Outcome 7.

7. The Report of the Adult Social Care Prevention Services Task and Finish Group

The Committee considered the report of the Chair of the Adult Social Care Prevention Services Task and Finish Group setting out the findings and recommendations of the Task and Finish Group.

Councillor Claire Watson thanked everyone for their contributions to the Task and Finish Group, particularly for the valuable support received from Alwin McGibbon, Scrutiny Officer.

The Chair thanked the Task and Finish Group for the work they had done, adding that the recommendations would be useful in moving forward with the change programme.

Wendy Fabbro, Strategic Director for Adult, Health and Community Services acknowledged the work done and supported the recommendations.

During the ensuing discussion the following points arose:

1. Concern was raised at the potential reliance on the Third Sector.
2. Members agreed that there needed to be a focus on including BME communities in this work and that this should be approached with sensitivity.
3. In future when Task and Finish Groups were set up there needed to be more Directorate input into the scopes.

Having considered the Task and Finish Group's Report, the Committee agreed to:

1. forward the recommendations to the Cabinet and appropriate partners for consideration
2. receive a further report on progress in 12 months time.

8. NHS Warwickshire - Update

Paul Maubach, Director of Strategy and Commissioning, NHS Warwickshire updated the Committee on progress made following decisions to reduce activity and the Commissioning Plan for 2011/12, including the long-term reduction in beds.

A discussion followed and it was noted:

1. There were currently two GP consortia in Coventry and four in Warwickshire and NHS Warwickshire were facilitating discussions amongst them.
2. GP consortia would assume full responsibility in 2013, but in practice both Coventry and Warwickshire were working towards establishing in shadow form from April 2011.
3. Some procedures with limited clinical value such as acupuncture would be stopped, but there would be no change to a large number of services. There was currently reduced access for non-urgent cases, especially orthopaedics, but this was a small percentage of the overall totality of procedures.
4. The only service area where spend was disproportionate was the higher provision of nursing home places in the south. This was in line with the number of homes and the aging population.
5. As the health sector looked to become more efficient, PFIs (Public Finance Initiatives) would become more important. This was demonstrated by the fact that over the last year Warwickshire spent £71m on GPs, while £70m was spent by UHCW on resourcing buildings and support services over the same period.

6. The loss of staff that had already occurred at NHS Warwickshire was not felt to be critical, but those remaining were starting to feel stretched.
7. Smoking cessation formed part of the community services which were planned to be transferred to South Warwickshire Foundation Trust. Work was being done to maintain these services as the benefits had been substantial.
8. NHS Warwickshire was keen to work with the County Council on their change programme to reduce costs for both the NHS and County Council and increase benefits for patients. It was agreed that there was more that could be done to emphasise reablement and reduce the demand for institutional care. Wendy Fabbro added that there was a considerable amount of strategic alignment, and the NHS and County Council were seeking the same goals and actions required to achieve these.
9. NHS Warwickshire was working with providers to reduce the number of agency staff being used. In response to a query regarding actual numbers, Rachel Pearce stated that this information could be requested from providers, as well as their quality accounts.
10. In response to a query regarding orthopaedic operations, Paul Maubach reported that urgent cases were still being carried out, but there was a cohort of patients waiting for treatment in April. Work was underway to develop a comprehensive process to dealing with demand, and in particular at the GP level looking at levels of referrals to plan for and make the service as efficient as possible.
11. Councillor Jerry Roodhouse asked whether agreement had been reached in relation to the £6m Section 26 monies. Wendy Fabbro confirmed that she and Rachel Pearce would have to conclude negotiations on this. She added that a letter on how to reach decision had been received, and when read in light of the Bill, the intention was to provide detailed plans by 1 April.
12. Rachel Pearce stated that NHS Warwickshire was required to produce a public document setting out a System Plan. This would be considered by the NHS Board early in March and published at the end of March. She undertook to circulate the Plan to members of the Committee.
13. The biggest challenge initially would be to change clinical behaviour following years of parallel growth, the ability to introduce any treatment quickly and the focus on reducing waiting times. The emphasis in the future would be on doing everything more efficiently and not carrying out services that did not deliver improvement. The challenge over the long-term would be outpatient clinic management, managing emergency care capacity and efficiency and reducing the number of beds in the system.

14. It was acknowledged that the interface between the GP Consortia and the NHS was important.

The Chair thanked Paul Maubach for his presentation. He stated that at the meeting scheduled for 13 April, the Committee would look at the future of the NHS as a whole in Warwickshire.

9. Warwickshire Local Involvement Network (LINKs) – Progress Report

The Committee received the report of the Strategic Director for Customers, Workforce and Governance describing recent progress made by Warwickshire LINK and giving an update regarding the work programme pursued by LINK in 2010/11 and seeking to gain views of members on the hosting arrangements which might apply on the expiry of the current contractual arrangement and setting the scene for the transition of LINK into local Healthwatch.

In response to a query from the Chair relating to the opportunity for O&S to consider the work identified under the LINKs work programme, Councillor Jerry Roodhouse noted that there was an understanding between the different organisations involved as to where information would go.

There was some discussion about the host organisation, and it was noted that there had been improvement over the past year due to improved levels of professional support.

The Committee agreed to:

- a) Note the present position in relation to the Warwickshire Local Involvement Network (LINK).
- b) Note the current work programme of the LINK for 2010/11 and request that appropriate completed reports be brought to O&S for comment.
- c) Notes the position in relation to the transition of the LINK into local Healthwatch.
- d) Notes the need to put into place new arrangements for the hosting of the LINK with effect from 1 April 2011 and steps being taken to progress this.

10. Work Programme 2010-11

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

11. Any Other Business

None

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Chair of Committee

The Committee rose at 15.25 p.m.