

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 23 February 2011 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Martyn Ashford
“ Penny Bould
“ Les Caborn (Chair)
“ Jose Compton
“ Richard Dodd
“ Jerry Roodhouse (replacing Councillor Kate Rolfe for this meeting)
“ Dave Shilton
“ Sid Tooth
“ Angela Warner
“ Claire Watson

District/Borough Councillors Michael Kinson OBE
Sally Bragg
Wendy Smitten

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

Officers Rebecca Davidson, Communications Officer
Wendy Fabbro, Strategic Director of Adult Services
Chris Lewington, Carer & Customer Engagement Service Manager
Ann Mawdsley, Principal Committee Administrator
Michelle McHugh, Overview and Scrutiny Manager
Tricia Morrison, Head of Performance
Andrew Sharp, Intelligence Improvement and Partnerships Service Manager
Jenny Wood, Head of Service, Personal Care Coordination

Also Present: Jane Blackley, South Warwickshire Foundation Trust
Anna Burns, Deputy Director of Strategy and Innovation, NHS Warwickshire
Maria Fennell, General Manager – Older Adults, Coventry and Warwickshire Partnership Trust (CWPT)
Jill Freer, Director of Quality and Safety and Executive Nurse, NHS Warwickshire
David Gee, Warwickshire LINK
Mark Harris, Head of Compliance, NHS Warwickshire

Mike Hetherington, Mencap

1. General

The Chair welcomed everyone to the meeting, in particular Anna Burns and Mark Harris representing NHS Warwickshire and Maria Fennel attending on behalf of CWPT.

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Kate Rolfe (replaced by Councillor Jerry Roodhouse for this meeting), Councillor Heather Timms, Paul Maubach (NHS Warwickshire), Rachel Pearce (NHS Warwickshire) and Nigel Barton (CWPT).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as she receives a Disability Living Allowance and Direct Payments.

Councillor Jose Compton declared a personal interest as her son works for People in Action.

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 Bob Stevens declared a personal interest In connection with his association with Galanos House Care Home, Southam.

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 24 January 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 24 January 2011 were agreed as an accurate record and signed by the Chair. The Chair thanked Ann Mawdsley for the comprehensive minute of the care home discussion.

Matters Arising

None.

(4) Chair's Announcements

The Chair welcomed Jenny Wood, the newly appointed Head of Service for Personal Care Coordination, to her first meeting of this Committee.

The Chair announced that the NHS Transformation would now be considered at a Member seminar on 21 April 2011. Speakers would include representatives from Adult Social Care, NHS Warwickshire, GPs and the Centre for Public Scrutiny and further details would be made available as soon as possible.

2. Public Question Time

The Chair noted that a public question had been received from Mr Mike Hetherington of Mencap, but this would be taken at the appropriate item.

3. Questions to the Portfolio Holder

Councillor Bob Stevens

1. Councillor Martyn Ashford spoke about a family member admitted into Warwick Hospital and the difficulties experienced in long waiting times in A&E and again waiting for discharge and asked what could be done about this.

Councillor Bob Stevens noted that this was a Foundation Trust matter and that Councillor Ashford should complain officially through the Hospital Complaints Procedure. Councillor Shilton noted that he had had a similar problem at University Hospital. Councillor Jose Compton, Chair of the Task and Finish Group currently reviewing Hospital Discharges and Reablement undertook to look at this at their next meeting.

2. Councillor Sid Tooth asked for an update on the situation at Bramcote Hospital.

Jill Freer, Director of Quality and Safety and Executive Nurse, NHS Warwickshire noted that there were currently four workstreams in place to deal with the closure, which were:

- working with GPs in North Warwickshire
- redeployment of staff currently working at Bramcote
- the site and future disposal
- arrangements for current Bramcote patients.

She added that the aim was for Bramcote to be closed by 31 March 2011, and that patients would continue to be cared for by the current staff until further arrangements had been made.

3. Councillor Michael Kinson OBE asked for clarification on the voting rights of the District/Borough members of the Committee.

The Chair confirmed that the Adult Social Care section of the agenda was related to County Council work, and while the input of co-opted Members was welcomed, only County Councillors could vote on Adult Social Care items.

4. David Gee, Warwickshire LINKs asked for an update on the undertakings made by CWPT in relation to the recommendations made by the Health Overview and Scrutiny Committee on the changes to Adult Mental Health Services in Rugby. Michelle McHugh undertook to forward a copy of the recommendations to Maria Fennell, in order that an update could be provided. Councillor Jerry Roodhouse suggested that the recommendations from the Report of the Joint Panel of Health OSC & Rugby Borough Council be revisited.

Councillor Izzi Seccombe

1. Councillor Jose Compton noted that she had received an e-mail letter from the West Midlands office of Rethink about the mental health cuts in Rugby.

Councillor Izzi Seccombe noted that following a dialogue with the sender, it was clear that there needed to be further consideration of the transition and change rather than the direction of travel. Wendy Fabbro added that residential care was an expensive resource and every effort was being made to ensure that only beds that were needed were being purchased. The current contractual arrangements were not sustainable or good value for money and the County Council were negotiating a reduction in the number of beds.

2. Councillor Sid Tooth asked for an update on the situation with Warwickshire Care Services Group.

Councillor Izzi Seccombe stated that although this organisation had originally been a joint venture, it was now a stand-alone company that Warwickshire County Council purchased beds from.

3. Councillor Michael Kinson OBE asked whether the recommendation “That Cabinet explores 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.” had been approved.

Councillor Izzi Seccombe confirmed that this had been approved at the Cabinet meeting on 27 January 2011.

4. Councillor Angela Warner stated that difficulties had been experienced in arranging for assessments for long-term care for people with dementia.

Wendy Fabbro stated that for deteriorating conditions, part of the professional task was to look at long-term plans. She asked Councillor Warner to forward to her the details of any specific instances where difficulties had been experienced.

5. Councillor Richard Dodd asked that following the decision by the Cabinet to approve the closure of Abbotsbury care home in Rugby whether the number of residents had decreased or if there had been any loss of members of staff.

Wendy Fabbro replied that she was not aware of any staff losses and that the families of some residents had taken it upon themselves to look at alternative options.

6. Councillor Penny Bould asked was the future would be for residents at Park View Care Home, Warwick and The Lawns Care Home, Whitnash.

Councillor Izzi Seccombe replied that the two homes approved for closure would be closed in the next six months. For the other care homes, a timeframe had been put in place to manage the way forward. Wendy Fabbro added that the Directorate were working with Legal Services to prepare standard procurement exercise with market testing and assistance and advice was being given to community groups as far as was possible.

7. Councillor Penny Bould asked what the situation was with regard to consulting residents.

Wendy Fabbro confirmed that all residents in all homes had been consulted over the past nine months. Councillor Izzi Seccombe

added that the recommendations approved by the Cabinet on 27 January 2011 had been shared with all consultees.

8. Councillor Penny Bould asked what strategy the County Council would put in place to allay the fears of disabled people about the results of any changes that may be made to the Disability Allowance mobility component and to ensure that people with physical disabilities were able to participate in all activities.

Councillor Izzi Seccombe responded that the direction for Warwickshire County Council was to support independent living wherever possible

Health Items

4. Health Update

Councillor Bob Stevens introduced the item and made the following points:

1. The White Paper: Healthy lives, healthy people: our strategy for public health in England, was currently under consultation. It was expected that a Bill would go through Parliament in the summer.
2. More detail would be available at the seminar that had been arranged for 21 April on the NHS Transformation. This would be open to all Members.
3. An overarching Warwickshire and Coventry PCT cluster had been set up for two years to aid the transition to the new arrangements. Four Warwickshire GP consortia – South, Rugby, North Warwickshire and Nuneaton and Bedworth, would be set up to operate beneath this cluster in a shadow form initially and then replacing the Cluster altogether.
4. The County Council were taking over the responsibility for Public Health in 2013 and John Linnane and his team would transfer across to Shire Hall in the next year.
5. The shadow form of the Health and Wellbeing Board was being set up and would formally be in place by April 2012. The first meeting of the shadow Board was due to take place in March, but with no formal decision making powers at this stage.

Anna Burns, Deputy Director of Strategy and Innovation, NHS Warwickshire made the following points:

- a. GP consortia were being progressed and there would be six across Coventry and Warwickshire with work being undertaken to ensure a clear understanding of how these would function and how responsibilities would be handed over in 2013.
- b. While new arrangements were being decided and implemented, the arrangements for the two separate Boards for NHS Warwickshire

and NHS Coventry would remain, but there would one management team with one chief executive. Clarification was being sought in terms of the role of the Chair within that.

- c. A System Plan was being prepared which would be a key document on the requirements for the Cluster, identifying provider organisations (Foundation Hospitals, Acute Trusts and GP Consortia) and setting up the plan for the management of the transition and related budgets. Wendy Fabbro and her team were involved in this work.

Mark Harris, Head of Compliance, NHS Warwickshire, noted the following:

- i. There was also a sub-body of further work looking at the transfer of community services.
- ii. A Business Transfer Agreement would be put in place by 31 March 2011, setting out service transfers.
- iii. The major changes being managed by the PCT included:
 - major changes to the management structure
 - significant examinations of the budget and reductions to the budget envelope
 - ensuring management was in place to hold the system together at a time of significant change.

During the discussion that followed these points were noted:

- A. Every effort was being made to assist GPs, and each Consortium had nominated an individual to work with PCT staff in order to start understanding issues and identifying opportunities. A Development Plan was also being prepared to identify and close the skills gap by 2013.
- B. The cost of the transition for Warwickshire had not been calculated.
- C. There would be opportunities for some PCT staff to transfer to GP Consortia, the Cluster and the National Consortia Board (shouldn't this be National Commissioning Board??), but the actual numbers were still unclear, although it was anticipated there would be less jobs than applicants.
- D. Frontline staff were not affected, and although GPs may have different views in terms of the impact on workload, there was not expected to be any change to services for patients over the transition period.
- E. Councillor Jerry Roodhouse noted that LINKs would not become Healthwatch, which would be a new organisation, and there would be no transition period. As Healthwatch would be implemented from 2012, Councillor Roodhouse had asked for a piece of work to be done to give some clarity on the changes.

The Committee noted the seminar on 21 April on the NHS Transformation. The Committee also agreed to include a health update on every agenda to monitor progress.

Adult Social Care Items

5. Development of Draft Measures and Targets in Support of the CBP 2011-13

The Committee considered the report of the Assistant Chief Executive presenting the proposed measures and targets for inclusion relevant to the remit of the Adult Social Care portfolio.

During the ensuing discussion the following points were noted:

1. Members felt that there was not enough information to comment on the CBP.
2. Areas such as the arrangements to put in place a shadow Health and Wellbeing Board should not be a target – it was perceived that this was something that WCC had to deliver and was an activity that should just be delivered without a need for a target.
3. The National Indicator Set had been abolished and the local indicators should measure the County Council's ambitions more appropriately.
4. Concern was noted that it would not be in the best interests of the people of Warwickshire if performance could not be monitored against benchmarking statistics and comparison trends over recent years.
5. There would be a series of Directorate measures that sat beneath the Measures and Targets in support of the CBP, and a further report would be brought to the next meeting of the ASC&H O&S clarifying what these were and setting out what was being achieved in Warwickshire against these indicators and targets.

Having considered and challenged the draft measures and targets, the Committee agreed to forward their comments to the Overview and Scrutiny Board and to receive a further report to the next meeting.

6. Living Well with Dementia in Warwickshire

The Committee considered the report of the Strategic Director for Adult, Health and Community Services presenting the Dementia Strategy and setting out the joint key commissioning intentions in order to meet the 17 national objectives.

Chris Lewington introduced the report, noting that the Dementia Strategy had been written in conjunction with key partners and would be used as a tool for the development of the service in the future.

Maria Fennell, General Manager – Older Adults, CWPT welcomed the joined-up approach with the County Council and noted the importance of having a joined up approach with Coventry City Council as well.

Councillor Izzi Seccombe, Portfolio Holder for Adult Social Care, thanked Chris Lewington for the work she had done in producing this valuable document. She added the following points:

- i. There would be two levels of work attached to the Strategy, a strategic approach (including the work done with partners and linking in with Coventry), and the implementation of the strategy (resulting in a valuable, meaningful service to improve the lives of older people in Warwickshire).
- ii. The difficulties faced by carers were understood, and it was important that carers understood what the journey meant, where support was available and what hurdles would have to be faced.
- iii. The workforce needed to be well trained and understand people with dementia had to be valued as individuals, the same as everybody else.

During the discussion the following the following was noted:

1. Maria Fennell noted that CWPT were in the process of revisiting services provided for dementia patients in local acute hospitals and looking at how they could provide a more robust service. She added that early assessment and getting assistance with these patients as early as possible was crucial.
2. Any disruption to the lives of people suffering from dementia could result in anxiety, stress and depression.
3. Dementia was a financial pressure for available resources and this was predicted to increase over the next 10 years.
4. In response to a query regarding dealing with the gap analysis, it was noted that this work would be put into order of priority. Care pathways were key to the delivery of services, and where quick easy wins were available, such as through improving community skills or validation therapy, these would be implemented.
5. The IAPP (Improved Access to Psychological Therapies) was a national driver, receiving most referrals from GPs.
6. Care Quality Initiative monies received in 2010 had enabled a bolstering of the Memory Assessment Clinic service through the provision of a nurse specialising in memory assessment filtering patients. This was considered extremely successful after running for 5-6 months and after 12 months it was anticipated, would be absorbed into current NHS provision.
7. Chris Lewington undertook to correct the report in relation to the NHS Day Services offered in Rugby.
8. The Directorate did not yet have a full picture of service provision for early onset dementia and further work needed to be done in this

area. Maria Fennell added that CWPT was not currently commissioned to provide services for early onset young dementia patients.

9. Members asked what further work could be done to encourage people to seek help at an earlier stage. Chris Lewington noted that the County Council were making good links with colleagues in Public Health, but it had been recognised that this was an area that may need further work.
10. As the role of the County Council moved to a commissioning service, there would have to be improved working relationships with both the private and acute health sector to develop a more collaborative approach, particularly in relation to people with dementia.
11. Concern was raised around options for palliative care and death for people with dementia and the need to ensure that these patients were not automatically sent to acute settings. It was noted that the number of delayed discharges for people with dementia was a national issue.
12. Collaborative work with organisations such as LINK and Healthwatch could be built into the monitoring arrangements that were already in place using peer reviewers and the Dignity in Care Network.

The Committee agreed to:

1. Endorse the Dementia Strategy and Delivery Plan in their draft form.
2. Endorse AH&CS taking this strategy forward to the Dementia Stakeholder event on 1 March 2011 and thereafter to Cabinet and the NHS Warwickshire Board in April 2011.
3. Monitor the Delivery Plan through further reports to the Adult Social Care and Health Overview and Scrutiny Committee.

7. Adult Social Care Prevention Strategy

The Committee considered the Briefing Note setting out the purpose of the prevention strategy, which would clearly set out the vision, direction and principles of the approach to delaying the need for those with moderate needs entering the social care system and reducing dependency and need for those already in the system through recovery, rehabilitation and reablement.

The Committee noted the Briefing Note and also that a full report on the Adult Social Care Prevention Strategy would be brought to the 13 April meeting.

8. Learning Disability Strategy

The Committee considered the report of the Strategic Director for Adult, Health and Community Services setting out a programme of activity over three months to inform and consult a wide range of stakeholders on the Learning Disability Strategy.

The Chair invited Phil Hetherington, Mencap, to put his public question to the Portfolio Holder and Strategic Director. He read out his question as follows:

“The Strategy has an ambitious timeline for personal budgets, in light of the lack of progress over the last two years.

I welcome the commitment to a transparent resource allocation process.

In light of this will people with a learning disability, families and carers, be given the current cost of their social care as a benchmark, accepting this is not a like-for-like comparison? It is important in this individualised approach, that this is given.

Personal budgets should not be an avenue to cut by ‘stealth’.

Wendy Fabbro thanked Mr Hetherington for the recognition of the work that had been done in this area. She added that every effort had been made to ensure everything was in place by April, including staff training and systems. She added the following:

- i. All service users received full case reviews within each 12 month period.
- ii. This strategy was not about reducing packages, but about carrying out detailed personal assessments to develop packages that delivered against individual, personal needs.
- iii. There was a high proportion of people with learning disabilities in residential care at present, but consultations had shown people wanted their own homes and to manage their own lives, and the Directorate would assist them to achieve these ambitions.

During the ensuing discussion the following points were raised:

1. The Communication and Consultation Plans were comprehensive and a large body of work would be carried out over the next three months, the outcomes of which would be reported to Cabinet in June.
2. Transport was a big issue for people with learning disabilities and it was important to continue to develop travel training for these people to enable them to use public transport, taxis etc. Where this was not appropriate, support would continue to be offered.

3. In response to concern raised about the vulnerability of people with learning disabilities, it was noted that assumptions were often made about the limited ability for people with learning disabilities to grow in capability and confidence. The County Council had a right, duty and moral obligation to help people to fulfil their own ambitions in life and to live as independently as possible, including supporting people to take some risks themselves. This could not be achieved without a critical review of the current building-based provision.
4. If Extra Care Housing was introduced at an earlier stage, particularly with people with learning disabilities, their healthcare needs could be supported and managed as they arose. The key was around timing. There was currently no Extra Care Housing in Warwickshire, but elsewhere extremely good outcomes had been achieved.
5. There was some discussion around respite care and it was noted that respite care was an ideal option for everyone and there were other simple things that could be done rather than bed-based provision.
6. Work was ongoing with a number of partners to reduce hate crime, including police, schools and Stagecoach/bus drivers.
7. One of the advantages of having personal budgets was giving the power and control back to service users and families.

The Committee thanked Chris Lewington for the excellent report and agreed to receive an update following the consultation (including transport arrangements), before a final report was considered by the Cabinet.

9. Transformation of Day Centre Services within Learning Disability & Physical Disability

The Committee considered the report of the Strategic Director for Adult, Health and Community Services outlining the work being undertaken to review and revise models of provision for Physical Disability & Sensory Impairment and Learning Disability Day Services.

During the ensuing discussion the following points were raised:

1. The County Council was required to carry out an Equality Impact Assessment for all developments and a condition of that assessment was to ensure services fall within the remit of critical and substantial needs. Where this was not happening, efforts had to be refocused.
2. The move from building based support to community support would result in more personal support for users with profound and complex needs.
3. Members requested that future reports were clearer about locations.

4. The consultation would inform the wider Learning Disability Strategy, including a model setting out the way forward, which would link into Physical Disability and health work, and in some cases include collocation of staff.

The Committee supported the direction of travel as set out in the consultation and agreed to receive a further report before a final decision was taken by the Cabinet.

10. Home Care Commissioning Strategy 2011-14

The Committee considered the report of the Strategic Director for Adult, Health and Community Services outlining proposals for a new Home Care Commissioning Strategy for the period 2011 to 2014.

During the ensuing discussion the following points were raised:

1. There were several ways the quality of service and training of staff would be monitored, including all homecare services being regulated by CQC and an annual survey of customers receiving home care.
2. Users wanted consistency, punctuality and reliability from their carers and this could be more easily monitored with electronic monitoring systems.
3. Councillor Penny Bould asked a number of questions, which it was agreed would be dealt with in a one-to-one meeting with the Strategic Director.

The Committee endorsed and supported the Strategy for approval by the Cabinet.

Joint Health and Adult Services

11. Work Programme 2010-11

Members noted the work programme.

12. Any Other Business

Members noted their discontent at the Council Chamber being used as a venue for Overview and Scrutiny meetings.

.....
Chair of Committee

The Committee rose at 1.20 p.m.