Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 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 " Claire Watson
District/Borough Councillors	Sally Bragg Helen Hayter Wendy Smitten
Other County Councillors	Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care) Councillor Bob Stevens (Portfolio Holder for Health (Deputy Leader))
Officers	Jo Dillon, Associate Director of Strategic Joint Commissioning - Children and Maternity Wendy Fabbro, Strategic Director of Adult Services Ann Mawdsley, Principal Committee Administrator Michelle McHugh, Overview and Scrutiny Manager Andrew Sharp, Intelligence Improvement and Partnerships Service Manager
Also Present:	Bie Grobet, General Manager, Integrated Adult Services, NHS Warwickshire David Gee, Warwickshire LINks Gary Hammersley, Exact Consultants Hannah Madden, Community Nurse, NHS Warwickshire Kevin Mcgee, Chief Executive, George Eliot Hospital Heather Norgrove, Commercial Director, George Eliot Hospital Rachel Pearce, Director of Compliance/Assistant Chief Executive Loraine Roberts, General Manager, CAMHS

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for absence

Apologies for absence were received on behalf of Nigel Barton (CWPT), Councillor Bill Hancox (Nuneaton and Bedworth Borough Council) and Councillor Angela Warner.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in relation to the following:

- She receives a Disability Living Allowance and Direct Payments.
- She is a member of the UNITE Union.
- She is a member of the Socialist Health Association.
- She is a part time student with CAMHS in Birmingham.
- She is a Psychotherapist and makes referrals to CAMHS.

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.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 23 February 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 23 February 2011 were agreed as an accurate record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

The Chair welcomed Kevin McGee, the new Chief Executive for George Eliot Hospital to his first meeting.

The Chair reminded everyone about the NHS Transformation seminar on Thursday, 21 April, which would inform Members of the changes to the NHS and the implications for Overview and Scrutiny. David Gee noted that he had not received any paperwork

for the seminar and the Chair undertook to arrange for this to be sent.

Members were reminded that there had been a special meeting scheduled for Tuesday, 7 June 2011 to consider the Quality Accounts.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Bob Stevens

1. In response to a question posed by Councillor Dave Shilton regarding late reports, the Chair responded that every effort was made to get papers in time for distribution with the Agenda, but that the PCT did not work to the same timescales or within the reporting deadlines of the Council. Councillor Bob Stevens added that NHS Warwickshire staff were facing considerable turmoil and apologized for areas that were not as slick as they could be.

2. Councillor Penny Bould stated that she had been told that the PCT had already lost 47 members of staff, and asked for a further update. Rachel Pearce stated that NHS Warwickshire still existed legally, with Brian Stoten as the Chair of the Board. NHS Warwickshire and NHS Coventry had been working as one management cluster since 1 April 2011 under the leadership of Stephen Jones who had been appointed as the new Chief Executive of what was known as the Arden Cluster. She added that there continued to be a focus on reducing management costs, and some staff had left through their own choice or through the voluntary scheme that had been offered to staff. There had been no exodus of staff to date or any reductions to community services, which had been transferred to South Warwickshire Foundation Trust.

3. Councillor Penny Bould asked for an update in relation to GP Consortia. Rachel Pearce noted that there were 4 in Warwickshire and 2 in Coventry and discussions were being had with these consortia on how resources would be devolved. This would result in some PCT staff transferring to the Consortia to support this work. The Chair confirmed that this would be one of the areas covered by the seminar on 21 April.

Councillor Izzi Seccombe

1. Councillor Claire Watson raised her concerns that the Older People Partnership Board (OPPB) had been disbanded, noting that this had caused a feeling of abandonment for the Rugby Council of Older Residents (CORE). She asked for details of what, if anything, would replace the OPPB, and highlighting the need for the details of the Transformation and Prevention Strategy to be well communicated to the public and stakeholder groups. Councillor Izzi Seccombe responded that there was a great plethora of groups in Warwickshire, and that the Directorate was in the process of analysing which would be the best vehicles to work with to deliver these messages. She undertook to provide a briefing note to Members setting out the details, including the use of locality groups.

Councillor Dave Shilton asked that Paul Jennings be thanked, on behalf of the Committee, for the excellent manner he had conducted himself and his work for NHS Warwickshire.

Health Items

4. Virtual Wards

Bie Grobet introduced the DVD on virtual wards. She noted that the two initial sites for Virtual Wards were Leamington Spa/Warwick and Bedworth, Alcester Virtual Ward was expected to be implemented this month and Rugby in October 2011.

During the discussion that ensued the following points were noted:

1. Additional resources had been received towards implementing virtual wards, and areas had been targeted using the Risk Stratification Tool, which assessed information such as numbers of people attending hospital and high risk users.
2. The key elements of Virtual Wards was prevention, education and reducing hospital admissions, so it was important that the Virtual Ward targeted the right people and deployed the right resources to quickly stabilise patients so they could be discharged into normal services.
3. There were a number of key staff relevant to areas, including surgeries which were invited to participate in the service. This group was being built up slowly and was dependent on nursing staff, usually high level practitioner nurses and assistant nursing staff.

4. Work would soon start on potentially using telecare to manage both high and low level assistance, for example using new technology to enable patients to carry out blood pressure readings etc.
5. Virtual Wards were introduced in Warwickshire based on a successful model implemented in Croydon, and adapted locally using Observatory data. The existing community matron and nursing teams had been upskilled and opening hours extended and each of the initial sites had had heavy involvement from two local GPs, who had also provided a list of the patients they felt would benefit. The Virtual Wards teams were also carrying out a similar exercise with the Out of Hours Service to reduce the number of hospital admissions.
6. There were good, close links with Social Care and work in the pilot site in Leamington Spa/Warwick had included close working with Social Care colleagues. A model had been developed setting clear pathways to accessing social care practitioners to enable holistic assessments.
7. There had not been a Virtual Ward set up in Stratford as the population there were different, requiring further investigation into how best to meet the needs of Stratford residents. This was being considered by Health and Social Care colleagues.
8. The assessing nurse was usually the named nurse for a patient, but patients could be seen by any team member. Nurses were, however, aligned to GP surgeries.
9. In response to concern raised at the length of time it was taking to set up a Virtual Ward in Alcester, when this had been part of the case put forward for closing the Alcester Hospital. Bie Grobet responded that it had taken some time to get the Risk Stratification Tool rolled out to the 76 GP practices in Warwickshire, but that there had been a team in place for Alcester and Studley for 18 months to two years. She added that the situation with Bramcote would be different as more than 75% of the GP practices affected had already signed up to the Tool, and services were expected to start from 1 June 2011.
10. The Risk Stratification Tool brought all data together retrospectively, to assess data from different Trusts to determine levels of risk.
11. Rachel Pearce that this work formed part of the reprovision of care and would be reported to the NHS Board on a monthly basis

The Committee requested a further report in 12 months when all Virtual Ward services were up and running and information was available to demonstrate the impact.

5. Maternity Services Consultation

The Chair reminded the Committee that a Task and Finish Group had been set up to consider the Maternity Services consultation.

Rachel Pearce gave a verbal update on the Maternity Services Consultation and made the following comments:

i. Maternity Services were being reviewed as part of the reconfiguration of NHS Services and the proposals being consulted on followed a number of independent reviews. It was acknowledged that this was a high profile, sensitive area and it was essential to carry out a consultation with a clear message and outcomes, but also that to maintain a status quo was not acceptable.

ii. The Gateway Review carried out from 5-7 April 2001 had identified that the clinical case for the proposed changes was good, but more work was needed in developing the business case. This was unlikely to be ready for public consultation in May and it was anticipated that the consultation would take place in the autumn. Rachel Pearce undertook to confirm this as soon as dates were decided.

iii. There was already engagement with the local population and LINk representation on the Steering Group, but this would now increase.

iv. Rachel Pearce agreed to arrange for the ASC&H O&S members to have sight of any documents to be shared with the public at an early stage.

v. The complexity of interaction between University Hospital Coventry and Warwickshire and George Eliot was acknowledged and Members welcomed the discussions between Trusts, as lack of community between Trusts had been highlighted in previous scrutiny reviews.

vi. The role of midwives and current good practice formed part of the case for change

Kevin McGee, Chief Executive of George Eliot Hospital welcomed the step back to review the consultation process, as these proposed changes would be crucial to district general hospitals. He added that a more detailed piece of work needed to be carried out with commissioning colleagues to determine what the impact on all services would be and to look at clear models for future services. George Eliot had a role providing local services to local people and there needed to be some work to look at where these services sat within all services provided across Warwickshire.

The Chair thanked Rachel Pearce for her update. He noted that the Overview and Scrutiny Board had commissioned a Task and Finish Group

on Maternity Services, which would consider the consultation once it was published and report back to the Committee in due course.

6. Orthopaedic Surgery

Rachel Pearce gave a verbal update on the impact of the Fast Slow Stop initiative on activity following its implementation on 1st October 2010. Members were alerted to the report submitted to the NHS Board on ?? that had been tabled. The following points were noted:

i. The Fast Slow Stop programme had had an impact on activity from November/December onwards.
ii. Low priority procedures which were considered to have no clinical benefit had been reduced from just under £1m per month to £300,000 per month by December. Discussions were taking place with GPs to continue to reduce activity in this area.
iii. The number of requests for orthopaedic procedures and hips/knees had decrease compared to the same period for the previous year, and of the 1,480 requests received between November 2010 and February 2011, 40% had been defined as non-urgent and 40% urgent with treatment received.
iv. The reduction on activity and cost from the Fast Slow Stop programme meant that NHS Warwickshire would break even for the financial year 2010/11.
v. There was more work to be done to actively engage with the GP consortia around threshold management and activity that was affordable.

Heather Norgrove, Commercial Director, George Eliot Hospital stated that as a result of the Fast Slow Stop programme, there were now 800 cases to complete in the north of the county, 400 of which would have to be done in the next three months, alongside the normal programme of operations. She added that this had put considerable financial and operational pressure on their services, as patients were on lists for good reason and operations had only been deferred and would now have to be reassessed and then treated. The whole process had not been well managed as all patients had an expectation they would be treated on 1 April, and better PR could have avoided this.

During the ensuing discussion the following issues arose:

1. The principal issue facing commissioners was the need to work within a finite sum of money. Every effort had to be made in primary care to avoid hospital admissions, and GP consortia needed appropriate clinical thresholds to work within.
2. The volume of orthopaedic procedures carried out in the past year was not affordable.

3. A “Frequently Asked Questions” page was being developed to go on the NHS website.
4. The differential application of the policy implementation of Fast Slow Stop had resulted in the greater pressure on hospitals in the north of the county.
5. The 18 week waiting list began on the date the referral letter was received from a GP.
6. In response to concern raised regarding the backlog of orthopaedic operations and whether these would now be carried out at the expense of other surgeries and the financial implications for 2011/12, Rachel Pearce agreed to forward this information to Members. She added that Acute Trusts had been encouraged to deal with any backlog in parallel with other operations, as far as possible, and that work was being done with emerging GP consortia to look at longer-term management and referring patients, where appropriate, to secondary care to reduce surgical volumes.

The Chair thanked Rachel Pearce for her update.

7. Scrutiny of CAMHS – Progress Report

The Committee considered the report providing a summary of the progress made in implementing the Committee’s recommendations following the scrutiny review into CAMHS.

Councillor Martyn Ashford, Chair of the Scrutiny Task and Finish Group established to consider the CAMHS in June 2010, welcomed the progress made against the series of recommendations for improvement, particularly in relation to the implementation of the Choice and Partnership Approach (CAPA) and the improved communication between schools and CAMHS.

Loraine Roberts, General Manager of CAMHS gave a brief update including the following:

i. CAPA had been successfully rolled out in south Warwickshire and the service had had to deal with a 15% increase in referrals over the last three months.
ii. Part of the pre-CAPA process was a waiting list blitz, and so the longer waiting list already in place in the north had required a great deal more work to be done in north Warwickshire. From a starting point of 400 patients waiting two years for a referral, there were now only 96 patients waiting 14 weeks, but no patients waiting for longer than that and referrals had remained constant.
iii. It was hoped that the full CAPA programme would be in place by June 2011.

During the ensuing discussion the following points were made:

1. Although many services funded through the County Council had received cuts in the past year, these services were still being commissioned, and an additional 120 places had been commissioned from organisations such as Safeline, Trauma Assist, Relate and Kooth to help deal with the backlog.
2. From a County Council perspective it was disappointing that CAPA had not been rolled out in the north of the county by 1 April 2011.
3. Members asked for a briefing note outlining difficulties being faced by CWPT in terms of communications and contract arrangements with NHS Warwickshire.
4. In response to a query relating to Academies, it was noted that the same services, such as Education Psychology Service (EPS), Early Support and Counselling Services, would be available to all schools to purchase. Concern was raised that cuts in these services may cost the public purse more in the long run. Jo Dillon added that there had been no cuts made to the EPS this year, but that cuts would have to be made over the next three years. This financial year EPS had operated as a traded service to schools and how schools would prioritise services in the future was still unclear.
5. Internal monitoring of CWPT and PCT services was carried out quarterly by the commissioners, looking at data, activities, access rates and the overall services. It was noted that over the past 12 months there had been a significant improvement to the data made available to the commissioners.
6. The issue of safety of children and practitioners was noted. CWPT staff would, as part of their assessment, undertake a risk assessment to identify the best place for a consultation.
7. Loraine Roberts noted that she had undertaken, with Adrian Over (CAF Manager), to review the Common Assessment Framework (CAF) protocol. She undertook to send a copy of this to Democratic Services for circulation.
8. Members requested that, for ease of reference, future reports use acronyms only after a full version of the words has been included.
9. Members welcomed the work done in reducing the long waiting times, and noted the need for this to continue. Loraine Roberts stated that part of setting these targets for CWPT was the need to sustain waiting lists where children were seen in 7 weeks and treated in 14 weeks. Jo Dillon confirmed that any qualifying initiatives that were applied became baseline contractual criteria for commissioned services.
10. Concern was raised that exclusions would be cheaper for schools than purchasing traded services and Loraine Roberts responded that early intervention should help to prevent exclusions.
11. CAMHS used reflective teams on a quarterly basis on individual cases and where appropriate for more complex cases.

12. The timescales within CAPA worked on an average of 6-8 sessions with families, after which a question an answer session would be held between professionals and senior staff. The time between appointments varied according to the needs of a young person.
13. There had been a focus on the transition process this year, which for CWPT occurred between 17 and 18 years old. If the developmental needs of a young person required them to stay in a children and family focussed service, they would remain in CAMHS.

The Committee thanked Loraine Roberts and Jo Dillon for their contributions and requested a further report in approximately 6 months, including updates on:

- CAPA
- waiting list times
- progress in the north of the county
- the awaited response from NHS Warwickshire
- C&YP services, especially relating to Academies.

8. Concordat between NHS Warwickshire and Warwickshire County Council

Rachel Pearce set the background to the Concordat between NHS Warwickshire and Warwickshire County Council, noting that the document being considered by the Committee was a work in progress, which was expected to be in place by June 2011.

Gary Hammersley added the following points:

a. It was important that the NHS Warwickshire and County Council worked together to deliver health and social care.
b. The nature of joint working and collaboration was difficult to define.
c. The two organisations needed to jointly agree how interventions from both sides impacted on individual residents.
d. Both the Council and the NHS Warwickshire were committed to working together but both had outcomes they were aiming to achieve and there needed to be realistic indicators in place to enable scrutiny to hold both organisations to account.
e. There was a set of shared performance indicators which sat below the Concordat which would make visible how the organisations were working together. For this year, these would focus on the use of monies for reablement with clear indicators showing the impact on patients.
f. The terms of reference for the Health and Wellbeing were expected to be agreed and circulated to all Members in June.

The Committee noted the Concordat and asked for an update report at their June meeting.

Adult Social Care Items

9. Adult, Health and Community Services Directorate Plan 2011-13 and Performance Report

The Committee considered the report introducing the AHCS Directorate Plan for 2011-13 and performance to date against the measures and indicators used to track progress in 2010/11.

During the ensuing discussion the following points were noted:

1. As there was no longer an external performance review, it was important that performance continued to be reviewed internally, against challenging and stretching targets that were outcome focussed.
2. The strategies to deliver services set within the Corporate Business Plan reflected how resources were managed and services delivered against targets. These targets were still in draft form until they could be considered within the context of the performance framework in relation to Local Authorities due from central Government this week.
3. Users who were not FACs eligible (with substantial or critical needs) were signposted to alternative services within their communities.
4. Consultations would be carried out within individual parts of the transformation programme in respect to any specific service redesign.
5. The final version of the Directorate Plan was expected to be in place during May 2011.
6. Andy Sharp agreed to amend the Plan to include Disabled workers and to forward the amended Plan to Councillor Bould.

The Committee accepted the report as laid out and requested quarterly updates on progress.

10. Adult, Health and Community Services "Supporting Independence (Prevention) Strategy"

The Committee considered the report setting out the Supporting Independence (Prevention) Strategy and the approach that will be taken to reduce deterioration in the condition of those at substantial or critical level of social care need.

During the ensuing discussions the following points were made:

1. The waiting times for adaptations varied according to the size and level of installation work involved.

2. Work had begun with organisations contracted to carry out low level services to help them to develop business models to enable them to become financially sustainable.
3. Work was in progress to integrate telecare and telehealth for those users with FACs eligibility, which would bring benefits to both organisations.

The Committee accepted the report and asked to receive an update once the final Strategy was in place, including the outcomes for different groups.

11. Personalisation – A progress update

The Committee considered a report providing information about the progress made towards delivery of personalised Adult Social Care services in Warwickshire.

A discussion followed and it was noted:

1. In response to concern expressed that Warwickshire was not as far as ahead with implementing the Personalisation agenda as had been expected, it was noted that within the West Midlands, Warwickshire had exceeded expectation both in terms of reablement and prevention. Progress with personal budgets was also comparable with other Local Authorities within the West Midlands.
2. The transformation programme wad predicated on personalisation and assurance was given that the Directorate had the resources and ability to achieve this programme.
3. There were a number of initiatives in place or planned to address any weaknesses and barriers identified within the systems and processes, which were expected to be in place in this financial year.
4. Officers undertook to provide to Councillor Bould a copy of the user-led organisations referred to under 4.2 of page 9 of 17 of the report.
5. Ron Williamson undertook to e-mail to the Committee details of reviews around transformation, including overall statistics, numbers of reviews and numbers of changes. Gill Fletcher added that there were a number of national organisations such as “In Control”, which could be harnessed to support individuals to enable them to make the most of personal budgets, for users with physical or learning disabilities.

The Adult Social Care and Health Overview and Scrutiny committee agreed to:

1. Acknowledge the progress made to deliver personalised services across Adult Social Care, to meet the requirements of the national Putting People First Milestones.
2. Support proposals for next steps, which include:
    - Further embedding the cultural change necessary to fully deliver personalisation as '*the way we do things around here,'* into front line practice, our work with partners and our responsibilities as strategic commissioners.
    - Extending customer engagement in development initiatives.
    - Further developing processes, systems and tools in line with recommendations from separate evaluation mechanisms recently commissioned by the directorate:
        - an internal evaluation by staff;
        - an internal audit;
        - early feedback from the national survey of people who have a personal budget, (for which Warwickshire is one of the ten demonstrator sites).
3. Receive a further update in 12 months.

Joint Health and Adult Services

12. Work Programme 2010-11

Members noted the work programme with the addition of any reports requested during this meeting.

13. Any Other Items

None.

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Chair of Committee

The Committee rose at 1:05 p.m.