

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 29 June 2011 at Shire Hall, Warwick

Present:

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

District/Borough Councillors Sally Bragg (Rugby Borough Council)
Michael Kinson OBE (Warwick District Council)
Derek Pickard (North Warwickshire Borough Council)

Other County Councillors Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)

Officers Wendy Fabbro, Strategic Director of Adult Services
Ann Mawdsley, Principal Committee Administrator
Michelle McHugh, Overview and Scrutiny Manager
Ron Williamson, Head of Communities and Wellbeing/Resources

Also Present: Roger Copping, Warwickshire LINKs
David Gee, Warwickshire LINKs
Suki Kaur, Service Manager, Community LD Services, Coventry and Warwickshire Partnership Trust
Rachel Pearce, Cluster Director Delivery Systems, Arden Cluster

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Nigel Barton (CWPT), Kevin McGee (George Eliot Hospital), Councillor Bob Stevens and Councillor Sid Tooth (replaced by Councillor Richard Chattaway for this meeting).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in relation to her membership of the UNITE and GMB Unions.

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

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

Councillor Angela Warner declared a personal interest as a GP practising in Warwickshire.

(3) Minutes of the meetings of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 and 7 June 2011

13 April 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 13 April 2011 were agreed as an accurate record with the following correction:

Page 1 – Also Present

David Gee, Warwickshire LINks to be included in the list of attendees.

Matters Arising

None.

7 June 2011

Page 1 – District/Borough Councillors

Councillor Michael Kinson, OBE to be added to the list of attendees.

(4) Chair's Announcements

The Chair noted that the Committee would be losing their support as Michelle McHugh and Ben Cahill were both leaving the authority and Alwin McGibbon was retiring. He thanked them all for the tremendous amount of work done for the Council and for the Committee and wished them well. He added that this would

severely impact on the Committee's ability to carry out its scrutiny function.

Councillor Dave Shilton supported the Chair's comments and pointed out that the Council would be losing experienced officers who would be very hard to replace. He added that the Council were losing a highly sought after officer in Michelle McHugh and that the support received from her, Alwin McGibbon and Ben Cahill would be irreplaceable. Councillor Shilton wished all three officers well for their futures.

Councillor Penny Bould supported earlier comments, adding her thanks to the three officers. She added that a strong message needed to be given that scrutiny would not be able to operate without proper support.

Councillor Kate Rolfe echoed all sentiments and added that it had been a pleasure working with all three officers, and she wished them luck in the future.

Councillor Richard Chattaway stated that a democratic deficit was being created, with the loss of support to the Groups and the difficulties that would face scrutiny committees in terms of support in the future, and added that if the Council wanted effective scrutiny, Democratic Services would have to be resourced effectively.

The Chair agreed to take the views of the Committee to the Overview and Scrutiny Board.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Izzi Seccombe

1. Councillor Richard Chattaway noted the concerns of residents in Bedworth in relation to the Mayfield Care Home. Councillor Izzi Seccombe responded with her gratitude for the prior notice. She added that there had been no intention as the Local Authority to purchase the property and the expectation had been for a partner in extra care housing to purchase the site. One issue was that the Administrators had kept the value of the property at the original price, despite the lack of interest from potential purchasers. She

noted that there was no budget for the Council to make a compulsory purchase but that she would look again at ways to enable a resolution. The Chair stated that some sort of investigation may need to be carried out together with the Borough Council and it was agreed that Councillors Caborn, Chattaway and Seccombe would liaise on taking this matter forward.

2. David Gee, Warwickshire LINks, asked Councillor Seccombe to respond to the following statements:
- (i) There had been a report in local newspapers regarding the development of a nursing home in Shipston
 - (ii) At the Shipston Forum, plans had been raised to build a new hospital in Shipston, which had been supported by Brian Stoten.
 - (iii) When discussions were taking place in relation to Alcester, similar plans had been declined as not being viable.

Councillor Seccombe responded that there were a number of issues in Shipston, including:

- only one GP surgery in a residential area of the town servicing a catchment of approximately 25,000 patients
- 80% of the patients in the Ellen Badger Community Hospital being non-residents of Shipston.
- The Ellen Badger Community Hospital was also not compliant with standards and there was no money to invest in improvements.

She added that the proposals for Long Furlong were for a new community hospital to be operated by GPs, with some EMI beds would be presented to the NHS Board in July.

Wendy Fabbro noted that there still needed to be more integrated work done in Alcester. She said that the proposals for Shipston would provide an integrated, seamless service for local residents that could create a new model for integrated services across the county.

Rachel Pearce reported that in relation to Alcester, an affordable approach had been recommended to the Strategic Health Authority (SHA). It was hoped that SHA approval would be received in time for proposals to be put to the Board in July. In terms of Shipston, there was general consensus that this was a good idea that should be progressed, but that there was still a process to go through, and the Board would be asked to approve the development of a Business Case at their meeting in July, and SHA approval would then have to be sought.

Councillor Seccombe noted that the planned timescales were for a report to go to the NHS Board in July and to the Cabinet in September.

3. Councillor Michael Kinson OBE asked for an update on Park View and Whitnash Care Homes. Wendy Fabbro responded that following the Cabinet decision in January, soft market testing had been carried out and a recommendation had been made regarding the value of these properties. It was hoped that a report would be brought to the ASC&H O&S meeting in September setting out the results of the analysis and the next steps for the Council.

Questions taken on behalf of Councillor Bob Stevens, in his absence

1. Councillor Martyn Ashford asked for a report to be considered for inclusion in the work programme relating to the use of 0844 and 0845 telephone numbers by GP surgeries. He noted the importance of making it clear to surgeries that, in line with the guidelines that had come into force on 1 April, they should not be using these numbers. Rachel Pearce undertook to take this matter further and the Chair agreed that this should be included in the list of items to be considered for the future work programme.
2. Councillor Claire Watson asked what the rationale was behind Rugby residents not being able to receive services at the unit treating Age Related Macular Degeneration that has moved from University Hospital to the Hospital of St Cross, Rugby. It was agreed that this question would be forwarded to Councillor Stevens for a response.

4. Final Report and Recommendations of the Hospital Discharge and Reablement Task and Finish Group

The Committee considered the report on the findings and recommendations of the Task and Finish Group set up to examine the Reablement Services and the hospital discharge process to see how effectively health and social care services were working in partnership to enable people to remain independent in their own homes, reduce unnecessary admissions/readmissions into hospital and avoid unnecessary delays on discharge.

The Chair thanked Councillor Jose Compton (Chair of the Task and Finish Group) and the Task and Finish Group, supported by Alwin McGibbon, for an excellent report.

During the ensuing discussion the following points were raised:

1. Wendy Fabbro undertook to provide for the Committee demand data, particularly in terms of the percentage of bed blockers eligible for reablement services.
2. Wendy Fabbro agreed to provide a Briefing Note to the Committee on the current waiting lists for Disabled Facilities Grant.

The Committee agreed the recommendations as set out below and requested a further report in 12 months showing progress against the Action Plan:

1. The County Council and NHS Warwickshire to conduct a feasibility study to establish if a whole systems approach to the Reablement Service would reduce NHS costs to enable the PCT to provide funding to support this service in the future.
2. That hospital staff not directly involved with the reablement team are provided with information about the Reablement Service, but this is to be well managed to ensure they are aware of the service's prescriptive eligibility criteria so that any referral made is appropriate to the patient's needs. This could be a single point of access service, like a triage service, to ensure patients receive the right information and a service that is appropriate for their needs.
3. That hospital discharge is included within the development of the Concordat agreement between WCC and NHS Warwickshire, which includes a review of the current policies and procedures and to continue the development of a set of key performance indicators, which can be used when commissioning services from providers to ensure the Reablement Service and discharge arrangements meet the future needs of Warwickshire residents.
4. All Hospital Trusts to approach Third Sector organisations such as Age UK or the Stroke Association to assess the benefits of having an advisor once a week to provide information and advice to patients on what support is available on discharge.
5. Both the County Council and the Hospital Trusts to work in partnership to consider how they can involve families from the onset of admission in the discharge planning process and use this process to raise awareness of the complications that can arise if their relative stays in hospital longer than necessary.
6. NHS Warwickshire, the Hospital Trusts and the County Council to work in partnership to deliver the Continuing Healthcare assessment process and resolve matters relating to Sections 2 and 5 of the Community Care Act 2003. This should include the

development of a strategic approach to reduce delays on matters relating to the prescribing medicines to take out (TTOs) and the taking up of placements in nursing homes.

7. When patients are admitted, the Hospital Trusts ensure patients and their families are made aware on how long they are expected to stay in hospital, when they would be expected to leave and what arrangements are made prior to discharge. If there is a complication where an agreement for discharge cannot be reached with the patients and their families all staff should be encouraged to follow the guidance relating to the Choice Directive (Department of Health 2003). This will hopefully ensure that the implementation of the trespass law to remove patients into more appropriate care is only used in exceptional circumstances.
8. NHS Warwickshire to ensure the Winter Plan is resilient to ensure resources are used in a co-ordinated way, such as the spot purchasing of care beds across the health economy to reduce delayed discharges. This would benefit all the hospital trusts including the West Midlands Ambulance Service by reducing delayed discharge rates, which will enable more acute beds to be available for emergencies.
9. Sharing good practice and taking the University Hospitals Coventry and Warwickshire's React Service into consideration we recommend that all hospital trusts should incorporate social care within a hospital team to help reduce unnecessary admissions and these social workers to be trained to provide support for carers as well as those requiring care services.
10.
 - (a) The County Council, NHS Warwickshire and the Hospital Trusts to work in partnership to develop and implement end of life care training packages for care home staff.
 - (b) This to include a pilot study working in partnership with a Care/Nursing Home and GPs to identify cases where hospital admissions could be avoided and examples of good practice. The aim will be to produce guidance on approaches that can be taken to reduce unnecessary hospital admissions, which can be implemented throughout the county.
11. The County Council and NHS Warwickshire as part of their commissioning arrangements with care homes ensure they encourage their employees or give them incentives to participate in further training to help prevent unnecessary admissions into

hospital or where medical intervention will not improve or change the outcome for those reaching the end of their life.

12. To test the suitability of providing assessments in a home setting the County Council and NHS Warwickshire invite the Borough and District Councils to look at whether future needs assessments including CHC assessments could be carried out at a lower cost in an alternative setting such as Extra Care Housing.
13. Patient findings from recent reviews indicate that communication is still the main concern for them. Recommend that both NHS Warwickshire in partnership with the County Council should actively seek ways to improve the lines of communication between clinical staff, the patients and their families.
14. The GP Consortia with NHS Warwickshire and the Hospital Trusts to review how discharge information is provided to NHS Community Services, including GPs, to enable them to be more proactive in providing aftercare.
15. All Hospital Trusts to review the discharge information they provide to patient and carers to ensure patients are aware of who to contact to receive help if they have complications. This to include information about the support Age UK and other third sector organisations can provide.
16. For all the responsible authorities such as NHS Warwickshire, University Hospitals Coventry and Warwickshire, South Warwickshire Foundation Trust, George Eliot Hospital and Warwickshire County Council to report back to Adult Social Care and Health OSC in six months time with their implementation plan for all the recommendations above.

5. Warwickshire Health & Social Care – Draft Concordat

The Committee considered the draft concordat providing the framework of operation which sets out the principles of co-operation and joint working across social care and health agencies. The concordat seeks to reaffirm the strategic commitment to partnership working building upon a single vision for health and social care in Warwickshire and specifically the delivery of integrated activity between the County Council and NHS Warwickshire.

Wendy Fabbro noted that she hoped this would prove to be a dynamic and evolving document, taking into account the changing environment.

Rachel Pearce undertook to provide an answer in response to a question about whether the therapies referred to in bullet point 13 on page 4 were purely Cognitive Behaviour Therapies or a wider range of therapies.

The Committee agreed to:

- forward the draft Concordat to the Shadow Health and Wellbeing Board with a recommendation of support, and
- to receive a review of the Concordat in 12 months.

6. Learning Disabilities – Management Regime

The Committee considered the progress report demonstrating how improvements will be taken forward in response to the learning from recent safeguarding cases and reporting of abuses nationally which resulted in a review of management controls within the Services.

Wendy Fabbro undertook to provide a copy of the Peer Review undertaken in Warwickshire in this area of work.

Wendy Fabbro agreed to provide a copy of Warwickshire County Council's Whistleblowing Procedure.

Members accepted the report and requested an update in six months.

7. Any Urgent Items

None.

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Chair of Committee

The Committee rose at 11:55 a.m.