

**Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 7 September 2011 at Shire Hall, Warwick**

**Present:**

- Members of the Committee** Councillor Les Caborn (Chair)  
“ Jose Compton  
“ Richard Dodd  
“ Barry Londgen (replacing Cllr Penny Bould for this meeting)  
“ Kate Rolfe  
“ Dave Shilton  
“ Sid Tooth  
“ Angela Warner  
“ Claire Watson  
“ Chris Williams (replacing Cllr Martyn Ashford for this meeting)
- District/Borough Councillors** Sally Bragg (Rugby Borough Council)  
Michael Kinson OBE (Warwick District Council)  
George Mattheou (Stratford-on-Avon District Council)
- Other County Councillors** Councillor Jerry Roodhouse  
Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)  
Councillor Bob Stevens (Portfolio Holder responsible for Health)
- Officers** Wendy Fabbro, Strategic Director of Adult Services  
Ann Mawdsley, Principal Committee Administrator  
Janet Purcell, Democratic Services Manager  
Andy Sharp, Service Manager  
Rob Wilkes, Service Manager Care Accommodation, Equipment and Compliance  
Ron Williamson, Head of Communities and Wellbeing/Resources
- Also Present:** Glen Burley, South Warwickshire NHS Foundation Trust  
Simon Crews, Coventry and Warwickshire Partnership Trust  
Roger Copping, Warwickshire LINKs  
Heather Norgrove, George Eliot Hospital NHS Trust  
Rachel Pearce, Cluster Director Delivery Systems, Arden Cluster  
Susan Smith, Coventry and Warwickshire Partnership Trust

## 1. General

### (1) Apologies for absence

Apologies for absence were received on behalf of Councillor Martyn Ashford (replaced by Councillor Chris Williams for this meeting), Councillor Penny Bould (replaced by Councillor Barry Longden for this meeting) and Councillor John Haynes (Nuneaton and Bedworth Borough Council).

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

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

Councillor Barry Longden declared a personal interest in relation to his daughter's employment by the NHS and his son-in-law's employment by West Midlands Ambulance Service NHS Trust.

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

Councillor Jerry Roodhouse declared a personal interest as the Chair of Warwickshire LINK.

Councillor Dave Shilton declared a personal interest as his mother is in residential care.

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

### (3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 29 June 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 29 June 2011 were agreed as an accurate record and signed by the Chair.

#### Matters Arising

None.

### (4) Chair's Announcements

None.

## **2. Public Question Time**

None.

## **3. Questions to the Portfolio Holder**

### Councillor Izzi Seccombe

1. Councillor Sid Tooth asked for an update in relation to the Southern Cross homes. Rob Wilkes noted that there had been three nursing homes and one residential home run by Southern Cross in Warwickshire and negotiations were taking place between landlords and potential new care operators. The target for the completion of handover arrangements to the new care operators was 31 October 2011. Wendy Fabbro added that it was in the best interest of all stakeholders to have a smooth transition and the Contract Monitoring Team were doing everything possible to monitor this. Wendy Fabbro undertook to provide a Briefing Note to Members once everything had settled.

### Councillor Bob Stevens

1. Councillor Claire Watson asked for a response to her question put forward for Councillor Bob Stevens (in his absence) at the last meeting in relation to the Lucentis treatment for Age-related Macular Degeneration in Rugby. Councillor Watson agreed to e-mail the question to Councillor Stevens, for a response to the full Committee.
2. Councillor Claire Watson asked for an update on the Rugby St Cross Walk-in Centre, particularly whether there were now enough qualified nurses in place. She added that the road signs in Rugby still referred to an A&E Department, even though one of the recommendations made by the Task and Finish Group in October 2010 and subsequently forwarded to NHS Warwickshire, had been for NHS Warwickshire to ensure the road signage around Rugby was changed to indicate to the public that there are no A&E facilities at the Hospital of St Cross, requesting implementation as a matter of urgency. Ann Mawdsley undertook to provide a copy of Task and Finish Group's final report to the Chair for further investigation.

## **Health Items**

## **4. Rugby Crisis Centre**

Susan Smith and Simon Crew presented the report of the Coventry and Warwickshire Partnership Trust giving an update on the current position on the use of Charles Street, Rugby as crisis house accommodation.

During the ensuing discussion the following points were raised:

1. Crisis homes were only used where people were deemed to be in a mental crisis, and with their agreement, were treated for short periods of time until they were recovered enough to return home. In any setting, crisis teams remained with the person until the crisis was resolved or, at the least, any risk had diminished.
2. The property at Charles Street had been bought due to a number of factors at the time, including concern about the robustness of the crisis resolution team, a redesign of the inpatient facilities in Warwickshire and pressure being brought to bear on the PCT to provide an additional crisis house facility. Since then the crisis resolution team had been strengthened to a 24/7 service, and peoples perceptions and expectations had changed, to a preference for being treated in their own homes.
3. There were two crisis homes in Warwickshire, and while it was acknowledged that there was work to be done with each to ensure they were both fit for purpose for the future, they would be openly accessible to all Warwickshire residents.
4. Older Adults Mental Health Services were now provided under a formal Section 75 arrangement for integrated services working together under one management structure, and under these arrangements and the focus on treating people in their own homes was not expected to result in greater demand for social care support.

The Committee agreed:

1. Charles Street could be released for disposal to support the Partnership Trust's estates rationalisation plans. The Committee acknowledge that at the current time, the opening of another crisis house in Rugby is not desirable or possible due to funding streams and more importantly, cannot be shown to be required due to demand and capacity.
2. That operational services continue to work with the two current Third sector providers in Warwickshire and the Commissioners, to review access, standardise procedures and practices and review the interface between the Trust and the crisis houses.

3. Key stakeholders are informed of the moves and changes that have occurred since the original agreement and that the plan around a third crisis facility cannot be justified or resourced.
4. That a further report be brought to the Committee in 12 months including occupancy rates, access and an update on the outcomes of service reforms.

## **5. Update on Fast , Slow, Stop**

Rachel Pearce gave an oral update on the situation following the Fast, Slow, Stop (FSS) programme including the following:

- i. 2,500 procedures had been postponed, approximately half of which were orthopaedic procedures.
- ii. At the end of the programme, a reassessment of the postponed cases was carried out, all were treated in chronological order with 1,800 having been considered urgent and fast-tracked.
- iii. All hospitals were on schedule to complete postponed operations in September, and George Eliot had completed their list by the end of August.
- iv. Every effort had been made to avoid disadvantaging patients, and new patients had not been affected.
- v. The backlog had been done at tariff price, with no additional cost to the PCT.
- vi. The PCT did not yet have a full picture in relation to 18 week breaches.
- vii. All patients who had met the criteria for IVF had received treatment.
- viii. Work was ongoing with GPs in relation to the local access rate, particularly where other forms of treatment were available and could be used before referral.
- ix. The low priority procedure list was still in place and there was no plan to finance any treatments on this list.

Heather Norgrove, George Eliot Hospital NHS Trust stated that 895 patients had been treated at George Eliot (25 patients had chosen to wait for treatment), and while these operations had not incurred additional cost to the PCT, staff at Trusts had had to work every weekend, and Trusts had had a high price to pay for this programme. She added that the staff at George Eliot had all pulled together to get patients treated as soon as possible. The Chair asked Heather Norgrove to pass the thanks of the Committee on to her team and the George Eliot staff for their hard work.

During the ensuing discussion the following points were noted:

1. It was acknowledged that there had been lessons to learn from this exercise, particularly in the area of communication.

2. The PCT had taken the decision to introduce this programme to balance the budget, and without it, the PCT would have faced significant financial problems.
3. From a clinical point of view, the focus of clinical discussions between the PCT and primary care providers, and between primary and secondary care providers, had had strategic implications in going forward and had contributed towards the introduction of an access rate to manage numbers.
4. Issues around timing of actual operations needed to be taken up with the relevant Trusts and Councillor Bob Stevens undertook to take this issue up with the Trusts.
5. In response to a query about the 18 weeks target, it was noted that the 18 weeks started at the time a GP made the decision to refer a patient to a consultant. Heather Norgrove added that all patients affected by the FSS programme were in breach of the 18 week rule, as the postponements were not made for clinical reasons.
6. There was no intention to reintroduce the FSS programme in the future and the PCT were working with clinical groups to manage referrals from GPs.

The Committee noted the update and requested a further update once the numbers for final outcomes had been received for all Hospital Trusts.

## **6. Warwickshire LINK Annual Report**

Nick Gower-Johnson and Councillor Jerry Roodhouse introduced the Warwickshire LINK Annual Report for the year ending 31 March 2011. It was noted that there had been considerable change since then, including:

- a. a more focussed work programme
- b. a change to the hosting arrangements, which were now shared by Warwickshire CAVA and Age UK
- c. improved and better connections with local health and social care networks.

Work was also being done to establish an appropriate model for the local Healthwatch which, in line with the Health and Social Care Act, would have to be established by October 2012. This would fulfil the current LINK functions and provide advice and information for health and social care users and patients, and from 2013 also provide an advocacy role on health issues.

During the discussion that followed the following points were noted:

1. Community Forums were one of many engagement tools, but it was agreed that LINK members should only attend meetings where relevant discussions were expected to take place.

2. It was agreed that every effort should be made to ensure that there was no duplication of work being undertaken by partner organisations.
3. Nick Gower-Johnson undertook to provide a briefing note for Councillor George Mattheou on Warwickshire LINK.
4. Discussions were taking place with Coventry City Council in relation to the new Healthwatch, and consideration was being given to the possible sharing of back office staff.
5. Members agreed that there needed to be more evidence provided to illustrate any impact on outcomes, rather than just processes. Nick Gower-Johnson added that both LINK and Healthwatch would be judged on impact rather than processes, and that LINK's responsibilities would continue until December 2012 to ensure there was no void for service users.

The Committee agreed to receive a further update to their December meeting, including an updated version of the work programme and progress in developing Healthwatch.

### **Social Care Items**

#### **7. Care and Choice Accommodation Programme – the future of Warwickshire County Council's Residential Care Homes for Older People and the development of Extra Care Housing in Warwickshire - Progress Report**

Rob Wilkes introduced the report providing updates on the progress being made with regard to internal residential care homes for older people and the development of Extra Care Housing in Warwickshire.

During the ensuing discussion the following points were noted:

1. Rob Wilkes had been working with the Heads of Housing in the District/Borough Councils to ensure that extra care housing was identified as part of the housing needs for planning authorities.
2. Members agreed that every effort had to be made to ensure that all residents had good outcomes.
3. There would continue to be a broad spectrum of care needed, and while the aim was to keep people independent in their own homes, there would always be a demand for nursing, dementia and residential care homes. The market currently lacked extra care housing, which once in place would enable most people to avoid residential care.

### **Recommendations**

It is recommended that Overview and Scrutiny Committee:

1. Considers and comments on the progress made to date since the recommendations resolved by Cabinet on 27<sup>th</sup> January 2011 in relation to internal residential care home provision for older people.
2. Considers and comments on the progress made with regard to the delivery and provision of Extra Care Housing in Warwickshire in line with key strategic objectives.
3. Continues to support the progress of the Care and Choice Accommodation Programme in the delivery of a range of housing with care and care accommodation services that offer Warwickshire's citizens improved choice, control and independence.
4. In line with the Committee's commitment to monitor developments in the Care and Choice Accommodation Programme and in particular the outcome for residents of residential homes, a further report based on 2.4 of the report was requested

## **8. Proposed Changes to Community Meals Service**

The Committee considered the report presenting the proposals for conducting a customer consultation relating to charges for the Community Meals service.

During the ensuing discussion the following points were noted:

1. Concern was raised that increasing the price of meals would result in a decrease in demand, which would further impact on the sustainability of the provider.
2. The proposed increase was in line with most other local authorities.
3. Steps had been taken to ensure that there would be no break in services provided to users.
4. Members emphasised the importance of the social contact element of meal providers going into homes.
5. It was suggested that there needed to be more publicity about meals on wheels, to make it more acceptable.

### **Recommendations**

The Committee agreed to:

1. Support the report to be presented to the Cabinet for their consideration in October 2011.
2. Propose that Cabinet are asked, upon considering the report, to



- a. Give permission for a formal consultation to be carried out.
  - b. Delegate any final decision (based upon the consultation findings) to the Strategic Director of Adult Health and Community Services in consultation with the Portfolio Holder for Adult Social Care.
3. recognise the importance for Warwickshire County Council to maintain a meals on wheels service for residents.
  4. receive a progress report on developments following the consultation, if agreed by the Cabinet.

## **9. Staffing Capacity**

The Committee considered the report setting out the Adult, Health and Community Services Directorate Staffing Capacity. Wendy Fabbro outlined the impact on services due to staffing cuts, highlighting in particular the difficulties being encountered by the Contract Monitoring team and the Care Managers teams. She noted the importance of ensuring that the Council had sufficient professional capacity to meet demands.

Wendy Fabbro alerted Members to the invitation that had been sent to all Members to meet with her team in the Peoples Group that would be in place from 1 November 2011. At this meeting Members would receive contract sheets and be given an overview of remit of the new Group.

During the ensuing discussion the following points were noted:

1. Councillor Bob Stevens undertook to ensure that all Members were given a full list of names and jobs across the authority.
2. Members recorded their support and thanks to Wendy Fabbro and her team for their commitment under difficult circumstances.

### **Recommendations**

That Adult Social Care and Health O&S Committee commended the achievement in delivering target savings in 2010/2011, and recognised the further work being undertaken to redesign processes to find further efficiencies. A further report was requested to enable the Committee to continue to monitor staff capacity.

## **10. Quarter One (April – June) 2011-12 Performance Report for Adult, Health and Community Services**

The Committee considered the report providing an analysis of the Adult, Health and Community Services Directorate's performance for quarter one

of 2011/12 and reporting on performance against the key performance indicators as set out in the Directorate Report Card.

Wendy Fabbro noted that the inspection regime of CQC had changed and that the Directorate would be publishing a local account in December. Work was being done to look at the extent to which the Directorate would be able to benchmark performance across the region and the country.

### **Recommendation**

The Adult Social Care & Health Overview & Scrutiny Committee, having considered both the summary and detail of the performance indicators within the Directorate Report Card for the first quarter of 2011/12 (Appendix 1), requested a further report once the new process was in place.

## **11. Work Programme and Proposed Task and Finish Group**

The Work Programme was agreed, including the additional items requested at this meeting.

The Chair reminded Members that the meeting on 7 December would be a full day, with the scheduled meeting in the morning and a workshop in the afternoon on Commissioning. It was agreed that all Members should be invited to the workshop.

The Chair informed the Committee about the Task and Finish Group set up to consider the Paediatric Cardiac Surgery Services Review.

It was agreed that as there were a number of Members who would be away on conference for the 19 October meeting, that an alternative date would be circulated.

### **Recommendations**

The Committee agreed the work programme.

## **12. Any Urgent Items**

None.

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Chair of Committee

The Committee rose at 12:45 p.m.