Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 25 October 2011 at Shire Hall, Warwick

Present:

Members of the Committee	Councillor Les Caborn (Chair) " Jose Compton " Richard Dodd " Jim Foster (replacing Cllr Angela Warner for this meeting) " Kate Rolfe " Dave Shilton " Sid Tooth " Carolyn Robbins (replace Cllr Claire Watson for this meeting)
District/Borough Councillors	Michael Kinson OBE (Warwick District Council) George Mattheou (Stratford-on-Avon 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 Paul Hooper, Group Manager Community Safety and Substance Misuse Will Johnston, Joint Commissioning Manager (Adult Treatment and Care) Di King, Service Manager, Locality North Ann Mawdsley, Principal Committee Administrator Ron Williamson, Head of Communities and Wellbeing/Resources
Also Present:	Roger Copping, Warwickshire LINks David Gee, Warwickshire LINks Roy Green, Warwickshire LINks Jane Ives, South Warwickshire NHS Foundation Trust Hugh Jobber, Addaction Alison Kennerdell, George Eliot Hospital NHS Trust Quentin Marris, Addaction Jerry Penn-Ashman, West Midlands Ambulance Service Sue Roberts, Arden NHS Cluster Paul Wells, Coventry and Warwickshire Partnership Trust Caron Williams, Arden NHS Cluster

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Nigel Barton, Councillor Sally Bragg (Rugby Borough Council), Councillor Martyn Ashford, Councillor Penny Bould, Councillor John Haynes (Nuneaton and Bedworth Borough Council), Heather Norgrove, Councillor Bob Stevens, Councillor Angela Warner (replaced by Councillor Jim Foster for this meeting) and Councillor Claire Watson (replaced by Councillor Carolyn Robbins for this meeting.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Richard Dodd declared a personal interest in item 3 as an employee of the West Midlands Ambulance Service NHS Trust.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 7 September 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 7 September 2011 were agreed as an accurate record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

Members were reminded that the meeting on 7 December would be a full day meeting, with the scheduled meeting in the morning, lunch and a workshop on commissioning in the afternoon (led by Wendy Fabbro and Claire Saul, Head of Strategic Commissioning). All members have been invited to the afternoon session, which will not be open to the public.

2. Public Question Time

None.

3. Improving Trauma Care in the West Midlands

Sue Roberts, Transformation Programme Director, Arden NHS Cluster, spoke to the Committee on Improving Trauma Care in the West Midlands,

setting out the case for change and the expected outcomes for patients in Warwickshire.

Sue Roberts and Jerry Penn-Ashman, West Midlands Ambulance Service, answered questions from the Committee. It was noted that patient flows in Coventry and Warwickshire had already been remapped, so no further changes to patient flows were expected. The following points were noted:

1. A&E departments faced different seasonal pressures, but the small number of trauma cases that would be taken directly to the specialist trauma centre were not expected to impact on patient flows.
2. Blue light paediatric cases were already sent directly to UHCW. Work was being undertaken with UHCW to better understand the needs for specialised paediatrics.
3. Ambulance teams had experienced problems accessing the hospital during the business works, but there was no evidence of access issues locally at this time. Jerry Penn-Ashman undertook to confirm this, but also pointed out that any serious case alerts for major trauma were accepted by all hospitals.
4. Members welcomed the move towards triage at the scene of an accident, which was based on lessons learned in the Gulf War, but questioned the capacity within the ambulance service to manage. Sue Roberts responded that each of the proposed models had workforce implications, and included proposals for investment to deliver against these implications. Jerry Penn-Ashman pointed out that central to this programme was the ability of paramedics to identify the extent of injury quickly, what was needed and where the patient needed to go. All paramedics would be trained appropriately. Councillor Richard Dodd added that one of the dangers was staying too long at the scene of the accident and key to training was the 'golden hour', focussing on early identification of the patient's condition and transport to a trauma centre.
5. Guidance for paramedics was to get patients to major trauma centres within 45 minutes. In rural areas where this was not possible, patients would be transported to a trauma unit to be sedated and stabilised before being moved to specialist trauma centres.
6. Sue Roberts undertook to provide to the Committee comparative information on numbers of cases per day and whether other regions were looking the implement the same changes.
7. Air ambulances borrowed road paramedics, as well as recruiting their own full time paramedics and having doctors on board. Jerry Penn-Ashman confirmed that St Johns ambulances were used on full blue calls, and that their staff were trained and adhered to full governance arrangements managed by their own clinical departments. Sue Roberts agreed to provide a briefing note for the

committee on the co-ordination between air ambulance and charities.

8. The final approval on the preferred option (Option 1 for three trauma networks) would be made by the West Midlands Strategic Commissioning Group on 31 October 2011, and as agreed by the West Midlands Regional Health Scrutiny Chairs and Officers Group, a programme of community engagement would then take place.
9. Once agreed, implementation would commence in February 2012 with phased plans, but it was noted that the Arden NHS Cluster were already well advanced with this.

The Adult Social Care and Health Overview and Scrutiny Committee agreed that:

- there had been adequate consultation and the committee were content with the explanations given
- they supported Option 1, which was the best option for Warwickshire
- the committee should receive an update on the implementation plan once this was ready to move forward, and a further report 12 months later.

4. Discussion on Improvements for Frail Elderly Care

Jane Ives, Director of Operations at South Warwickshire Foundation Trust gave a presentation on the Proposal for South Warwickshire Community Emergency response team, asking the Committee to consider whether the proposal to reconfigure care pathways represented a significant service change requiring a full public consultation. She was supported by Caron Williams, Associate Director of Commissioning Community Services, Arden NHS Cluster and Di King, Service Manager, Warwickshire County Council.

During the discussion that ensued the following points were raised:

1. The options for the NHS were to either engage with the public in consultation with the ASC&H O&S, or to hold a full public consultation. These proposals were about moving a facility to a different location rather than any closures.
2. Wendy Fabbro noted that there had been a high volume of consultations carried out recently along these same principles, with similar discussions on issues such as extra care housing and reablement being held in a number of different settings. The NHS and the Council had fewer resources to meet need and had to do things differently in the future, and in this case it was delivering changes that residents had asked for.

2. The problem for the NHS was moving patients through the pathways, not the number of patients entering the system. A recent survey of patients at South Warwickshire Foundation Trust had identified 70 patients not requiring acute care.
3. Patients lost their confidence quickly in a hospital setting, and the longer they were in hospital, the less likely it was that they could be reabled or enabled. These proposals were about putting services in the right place to the benefit of patients.
4. In order to ensure safe implementation, the beds would not be taken out this winter, and the ward at the Royal Leamington Spa Rehabilitation Hospital would only close once the community facilities were in place.
5. In response to a query about whether the loss of eight beds was sufficient to achieve the savings being sought, it was noted that on average, five people could be supported in the community from the resource tied up in one hospital bed.
6. Social care staff would not take on clinical tasks, and the key to the success of this process was in partnership and joint working.
7. There would not be a reduction in the number of community staff, but the changes would increase productivity and less time would be spent travelling to offices.

The Chair invited Roy Green, Warwickshire LINks, to put forward a question.

"I was a member of the North Warwickshire Community Board, and in that role attended the Quality Assurance Committee, the Health Safety and Risk Committee and the Fall and Bed Sores Committee. All of these committees ceased to operate in March 2011 on the transfer of community services to South Warwickshire Foundation Trust.

The Mid Staffordshire Management report identified a number of issues including:

- *the Trust lacked effective Clinical Governance*
- *the Board was distanced from reality*
- *the Board should review audit processes and outcomes on a regular basis.*

Their final recommendation was that 'ALL NHS Trusts and Foundation Trusts responsible for the provision of hospital services should review their standards, governance and performance in the light of this report'.

Since March I have not been aware of any such Community Governance in the North of the County. However, I have been assured it is all covered at the NHS Warwickshire Board Meeting

which to me is not fully in accord with the above. Have standards, governance and performance been satisfactorily reviewed in the North?"

Jane Ives responded that governance structures of clinical and community services had been brought together and good practice in areas of monitoring and auditing had been established. She agreed to discuss Mr Green's issues with him, outside the meeting.

Members thanked Jane Ives, Caron Williams and Di King for their contributions and agreed that they had been adequately consulted, that this proposal did fit entirely within the views of Warwickshire County Council and their agreed direction of travel and requested:

- an update report six months after implementation
- a post event analysis of the winter pressures in the late spring.

5. Reablement: Data on Demand for the Service

The Committee considered the report providing the data and narrative on customer demand and eligibility for reablement, including:

- how many customers accessed the service
- how many customers bypassed reablement
- how many customers who were eligible for reablement did not receive a service upon their hospital discharge.

During the discussion that followed the following points were raised:

1. There was no restriction to the number of times a person could have reablement, and each case was decided on an assessment and the best outcomes for the person.
2. When money was transferred from Health to Social Care, a reablement audit had been requested, including the number of repeats. It was generally accepted that two years was the recovery period for people benefitting from reablement, and it was not yet two years since it had been introduced.
3. In response to a question about the low numbers in Rugby, Di King noted that it had taken time to get the resources in place to transfer into reablement services and to transfer users into the service.
4. The Committee commended the report and the work done in this area.

The Overview and Scrutiny committee are asked to:

1. Consider and comment on the information presented on demand for the reablement service
2. Recognise the report on the Evaluation of the Home Care Reablement Service (Cabinet 8th September 2011) for context and further information

3. Continue to support the development of Reablement

6. Commissioning for Recovery: Drug and Alcohol Service Modernisation Update

Will Johnston, Joint Commissioning Manager (Adult Treatment and Care) presented the report providing Committee Members with background information to the new drug and alcohol treatment provision. He then introduced Hugh Jobber and Quentin Marris from Addaction, the new providers of a recovery-orientated drug and alcohol treatment system for Coventry and Warwickshire. They gave a PowerPoint presentation on 'The Recovery Partnership: An Implementation Update'.

The Chair drew Members' attention to the letter they had received from the Coventry and Warwickshire Partnership Trust on this change.

During the ensuring discussion the following points were noted:

1. Members welcomed the positive report and presentation and the shift in treatment away from the methadone programme.
2. The scope for this treatment system covered treatment and recovery, and the Substance Misuse Team were responsible for the wider aspects of drug and alcohol abuse, including education. It was noted however that while Addaction would be providing treatment services and not preventative services, they would commission approximately 1,000 training places for people such as PCSOs and foster carers.
3. Within a short space of time Addaction were taking on the care of hundreds of service users and the transfer of 160 staff from CWPT. They would also be setting up five bases, satellite services and linking into community-based services that were already in place. This all involved the transfer of data, particularly prescribing data, IT system, telecoms and services and suppliers. Risk assessments had been carried out for each of these aspects.
4. Local GPs would work within the service and in some cases primary care and Drug and Alcohol services would be delivered from the same premises. Addaction were in contact with all local medical communities and GPs.
5. A referral process and one focussed contact number would be available from early November 2011.
6. Addaction staff would be working in police cells at the point of arrest and with criminal justice staff in justice centres and on all local bodies dealing with criminal justice.
7. Included in the contract is access for family and friends, and the initial assessment of people would include getting an awareness of the needs of the person and those affected.

8. While the service was not set up to deliver services in people's homes, people who could genuinely not access services in their communities would not be excluded.
9. After the end of November 2011, people could be referred to a number of different providers of inpatient services. These would be as close to Warwickshire as possible, depending on the needs of the person.
10. Organisations such as Alcoholics Anonymous and Narcotics Anonymous were recognised as being essential for people moving through treatment and recovery.
11. Success rates would be measured against people's ability to lead normal lives, in terms of employment, maintaining housing and relationships and participating in society. This was however a new way of working, and in the future it was hoped there would be a clear way of measuring success.
12. Having investment, treatment and preventative services in place, would not only impact positively on individuals, but would help to support work in lots of other services across the county. The overall aim of the County Council was to focus on prevention, but this contract ensured that treatment services were available if needed.
13. Members requested contact details as soon as they were available.
14. The placement of satellite centres would be based on needs assessments, in communities with the greatest need.

Hugh Jobber and Quentin Marris thanked Paul Wells and the staff at Coventry and Warwickshire Partnership Trust for their co-operation in mitigating the risk to patients during the transfer.

The Committee thanked Hugh Jobber and Quentin Marris, as well as the staff at Coventry and Warwickshire Partnership Trust for this work and requested a report back in June 2012 giving an update on the transition, what had gone well or not during the implementation, and the way forward.

7. Questions to the Portfolio Holder

Councillor Izzi Seccombe

1. Councillor Michael Kinson OBE asked for an update in relation to the disposal of care homes, particularly in the Warwick District Council area. Councillor Izzi Seccombe responded that the expression of interest for a social enterprise takeover of the Lawns in Whitnash had not progressed. The Council was still trying to sell the care home as a going concern, and this did not materialize, further discussions would be held with the community group. The

Chair added that the work of the Committee evidenced the focus on taking care of older people and ensuring that the quality of care was as good as it could be. Councillor Seccombe added that the Alex in Redditch had not had a good outcome report and this situation needed to be monitored.

2. David Gee, Warwickshire LINks noted that a new integrated model of health and social care in Herefordshire, with an integrated care organization under one management structure combining community, acute and adult social care had enabled them to cut bed blocking by two thirds, with an aim to achieve a 90% savings. He asked whether Warwickshire County Council were looking at anything similar. Councillor Seccombe responded that Warwickshire were already progressing down that route, as exampled in earlier items. She added that future plans were for more integration of frontline teams and the delivery of better community services to people.

3. David Gee, Warwickshire LINks stated that he was concerned about the consultation in regard to maternity arrangements at George Eliot, which had not been meaningful. The Chair undertook to pass this concern to the Paediatric and Maternity Task and Finish Group.

4. Roger Copping, Warwickshire LINks was saddened at the closure of Helen Lay on 31 January 2011. He asked Councillor Seccombe for a report on the 10 residents currently at the Helen Lay. Ron Williamson undertook to provide a briefing note to the Committee on this.

8. Update on the Peoples Group

Wendy Fabbro outlined the structure that the new Peoples Group would take from 1 November, made up of the following six business units:

- Social Care and Support Services
- Safeguarding
- Business Management
- Strategic Commissioning
- Early Intervention and Family Support
- Learning and Achievement.

She added the following:

1. There would be five themes that ran through the new Group:
   - intervention would be evidence-based
   - a commissioning approach would be taken
   - work would be done in partnership

- officers would be accountable
- staff needed to be innovative and do things differently, taking risks if necessary.

2. Current plans and performance indicators would remain in place for the next year.
3. A Risk Management Planning Conference would be held to consider current risks and additional risks the Peoples Group would bring.
4. There would be an Ofsted and a Care Quality Commission (CQC) inspection the first week in November.
5. The results of the serious case review from Rugby that was carried out in the summer would shortly be published. This was expected to receive a significant amount of media interest and Members were reminded that any queries must be redirected to the Directorate or to Communications.

The Chair thanked Wendy Fabbro and offered the full support of the Committee in her new role.

9. Fairer Charges and Contributions – Impact of Changes

In October 2010, following a three month consultation, Cabinet approved a series of increases in charges for community care under the Fairer Charging guidelines aimed at eliminating subsidy other than by way of means testing. The Committee considered the report, the first annual monitoring report on charging in response to concerns about the effect of these changes, looking at whether the success of the policy in achieving its objectives could be measured against the impact on customers.

During the ensuing discussion the following points were raised:

1. In the savings plan it had been presumed that what was lost due to increased charging would be saved on the cost of the service. There was no estimate on numbers, but it was anticipated that there would be some people who would stop using the service, and some of these would move to personal assistants and personal budgets.
2. Concern was raised that older people may become more isolated because of costs. Councillor Seccombe undertook to ensure that the Committee were provided with information on respite care and any changes to the use of service hours. She added that it was important that service users understood the options available to them to mitigate the impact of any increase in charges.
3. The efforts made by staff during the consultation period were commended.

4. Social work teams had a duty to ensure that peoples' needs were met. Where there were issues of real concern the teams were required to follow these up.
5. Changes to charges had been challenging from an IT perspective. The Directorate were looking to more integration of their systems in the future.

The Committee noted the contents of this first annual monitoring report on Charging and urged officers to sort out any computer problems as soon as possible. A further report was requested in twelve months time.

10. Work Programme

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

11. Any Urgent Items

Councillor Dave Shilton asked that a letter be written raising concern about the capacity for A&E Services at UHCW to cope with demand.

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Chair of Committee

The Committee rose at 12:45 p.m.