

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

Present:

- Members of the Committee** Councillor Les Caborn (Chair)
“ Martyn Ashford
“ Penny Bould
“ Jose Compton
“ Richard Dodd
“ Kate Rolfe
“ Dave Shilton
“ Sid Tooth
“ Angela Warner
“ Claire Watson
- District/Borough Councillors** Sally Bragg (Rugby Borough Council)
John Haynes (Nuneaton and Bedworth Borough Council)
Michael Kinson OBE (Warwick District Council)
George Mattheou (Stratford-on-Avon District Council)
Derek Pickard (North Warwickshire Borough Council)
- Other County Councillors** Councillor Jerry Roodhouse (Chair of Warwickshire LINKs)
Councillor Izzi Seccombe (Portfolio Holder for Adult Social Care)
Councillor Bob Stevens (Portfolio Holder for Health)
- Officers** Phil Evans, Head of Service Improvement and Change Management
Wendy Fabbro, Strategic Director of Adult Services
Nick Gower-Johnson, County Localities and Communities Manager
Martyn Harris, Democratic Services Officer
Amanda Morgan-Taylor, Interim Consultant for Provider Services
Ann Mawdsley, Principal Committee Administrator
Nicole North, Performance and Improvement Officer
Monika Rozanski, Senior Projects Manager
Kate Sahota, Communities Local Service Team Manager
Andy Sharp, Service Manager - Older People, Physical Disability, Intelligence and Market Facilitation
Jenny Wood, Head of Social Care and Support

Also Present: David Gee, Warwickshire LINKs
Heather Norgrove, George Eliot Hospital NHS Trust
Stuart Sullivan, Mayday Trust
Sue Roberts, Arden NHS Cluster

1. General

(1) Apologies for absence

Apologies have been received on behalf of Cllr George Mattheou (Stratford DC), Nigel Barton (Coventry and Warwickshire Partnership Trust), Rachel Pearce (Arden Cluster) and Ham Patel (West Midlands Ambulance Service)

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as a service user of Warwickshire County Council services

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

Councillor Angela Warner declared a personal interest due to her employment as a GP in Warwickshire.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 25 October 2011

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 25 October 2011 were agreed with the following correction:

Page 9 – 7.2 Questions to the Portfolio Holder – Councillor Izzi Seccombe

The words “administrative costs” in the fifth line to be replaced with the words “bed blocking”.

Matters Arising

Page 9 – 7.4 Questions to the Portfolio Holder – Councillor Izzi Seccombe

Councillor Dave Shilton welcomed the news that discussions were taking place between the Castel Froma physical disabilities home in Leamington Spa and the MS Society in relation to the Helen Lay

Centre. The Chair asked Wendy Fabbro to provide a briefing note for the Committee once everything had been resolved.

(4) Chair's Announcements

Members were reminded that after the meeting, there would be lunch, followed by a workshop on commissioning (led by Wendy Fabbro and Claire Saul, Head of Strategic Commissioning).

Members were reminded about the special meeting of the Committee on Friday 16 December at 2:00 pm (Rugby Town Hall, Evereux Way, Rugby), together with the Rugby Borough Council, to consider the closure of Birch Ward by the UHCW.

2. Public Question Time

None.

3. Questions to the Portfolio Holder

Councillor Bob Stevens

1. Councillor John Haynes asked what steps were being taken to close the health inequalities gaps that existed between the north and the south of the county. Councillor Bob Stevens stated that the Cabinet was looking into the wider issue of geographical inequalities, but that in relation to health the biggest inequality remained the difference in life expectancy. Councillor Izzi Seccombe noted that the Health and Wellbeing Board, which was a partner body, would be targeting areas such as obesity and smoking, which contributed to this gap, as well as other factors such as good housing, economic regeneration and paid employment.
2. Councillor John Haynes stated that with community health being based in the south, that there would be treatments that people in the north would have to travel long distances to access. Heather Norgrove, Commercial Director at George Eliot Hospital responded that there was no difference between the treatments offered at George Eliot and South Warwickshire Foundation Trust.
3. Councillor Dave Shilton raised concerns about flu vaccinations not being available for all members of the public at GP surgeries and in some cases patients being advised to purchase these vaccinations from supermarkets. Councillor Bob Stevens agreed to raise this concern with Public Health colleagues. Councillor Angela Warner

added that the system was backed by national guidelines, which would be shared with members of the Committee for information.

4. Councillor Dave Shilton raised the ongoing issue of congestion and parking problems at University Hospital Coventry and Warwickshire. It was agreed that a letter would be sent from the Chair and the Portfolio Holder to the Director at University Hospital recording the Committee's concerns.
5. Councillor Jerry Roodhouse raised concerns about the future of specialist nursing services in the country such as Parkinsons and Admirals Nurses. Councillor Bob Stevens responded that he had had a meeting with South Warwickshire Foundation Trust about community nurses and would be meeting with the other trusts in due course. Councillor Stevens undertook to provide a Briefing Note for the Committee on the outcomes of these discussions.

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, in light of the cut-off date of August 2012 and the general public concern. Wendy Fabbro reported that there had been no change in the situation and that a report or briefing note would be brought to the Committee with the response from the market as soon as the information was available.
2. Councillor Michael Kinson reported that the Public Accounts Committee of the House of Commons had today discussed Oversight of User Choice and Provider Competition in Care Markets and concern had been raised about the financial viability of care homes. Wendy Fabbro noted that there were several layers of regulation, and monitoring was carried out by the Care Quality Commission and the County Council. Councillor Jerry Roodhouse, Chair of Warwickshire LINKs added that LINKs had a statutory right to enter and inspect care homes and that this right would be increased for Local Healthwatch.
3. Councillor Sid Tooth asked for a response to the press coverage about the private sector struggling to cope on payments made by the Local Authority. Wendy Fabbro noted that this tension was not new and the challenge to the Local Authority was to adopt a more flexible approach with variable fee levels.
4. Councillor Penny Bould asked what could be done to stop care homes collapsing. It was noted that care providers were constantly

monitored through formal, full business assessments on an annual basis and members of staff visiting on a regular basis.

4. Performance Management

Phil Evans, Head of Service Improvement and Change Management introduced the item on performance management and the role of overview and scrutiny in effectively challenging portfolio holders and officers and asking Members to identify in what form they wanted to receive performance data.

During the discussion that ensued the following points were noted:

1. Reporting to O&S and Cabinet needed to be timetabled to allow O&S to make comments for Cabinet to consider.
2. Information needed to be brief and reported in plain English. Members requested that jargon and acronyms be avoided.
3. There needed to be an emphasis on areas needing improvement.
4. Benchmarking information needed to be included.
5. Data needed to be timely in order for effective scrutiny to take place.
6. It was agreed that consideration needed to be given to how performance in relation to public health would be reported.

Phil Evans stated that he would analyse the messages from all the Overview and Scrutiny Committees to achieve something that met the needs of scrutiny. This would then be reported to the Performance Member Reference Group and the Overview and Scrutiny Board.

5. Shaping Local Healthwatch in Warwickshire – Progress Report

Nick Gower-Johnson and Monika Rozanski introduced the report setting out the background information to the development of a local Healthwatch in Warwickshire as required in the Health and Social Care Bill, the work that had been done to date and the next steps in the process.

During the ensuing discussion the following was noted:

1. A further update would be brought to the 15 February 2012 meeting on developments, in preparation for the implementation date of October 2012. This would include funding and membership, and where within the County Council Healthwatch would be located.
2. Funding of Healthwatch was still to be confirmed, but it was expected to be funded from the current Government grant used to fund LINKs as well as a transfer of funding from the PCT.
3. Healthwatch and scrutiny would have to work closely together, ensuring that their work programmes complemented each other.

There would also be a role for scrutiny to ensure that Healthwatch were performing well.

4. Members agreed that Healthwatch faced a monumental challenge and it was important that the organisation developed a trusted reputation with stakeholders and the public and was seen as a partner and not a criticiser. It was acknowledged that Healthwatch could not achieve its targets on its own, but there was a great level of good will for the organisation to succeed.
5. It was felt that Healthwatch should have voting members on Clinical Commissioning Groups (CCGs) as well as the Health and Wellbeing Board. Work was being carried out to establish relationships with these groups, as well as neighbouring Healthwatch organisations and groups. Nick Gower-Johnson confirmed that while the County Council had the responsibility of ensuring that an effective local Healthwatch was in place, the relationships between Healthwatch and CCGs was still unclear and would remain so until the Health and Social Care Bill became an Act.
6. Warwickshire LINks were developing their work programme and setting in place a legacy for Healthwatch to carry forward.
7. It was important that the work around childcare and social care users was included in the procurement process for Healthwatch. Councillor Izzi Seccombe added that Warwickshire County Council needed to be clear about what exactly it was procuring, ensuring the desire to have something different was LINks was considered and that Healthwatch was able to make a difference to the people of Warwickshire.
8. There was scope for Member involvement in Healthwatch, provided the independence of the organisation was retained.
9. There was some discussion about reports received in the past on Complaints/Compliments. The Committee have asked for a report to be brought to a future meeting, particularly in relation to how this will tie in with the new Local Healthwatch function.
10. The Department of Health was gathering information on the integration of health and social care, which had not been included to date. This would be provided to support discussions in the House of Lords.

Councillor Jerry Roodhouse thanked Monika Rozanski for the extraordinary amount of work she had put into developing local Healthwatch.

The Chair thanked officers for their report and the Committee agreed that a second Health Transition seminar should be organised for spring 2012.

6. Protocol between Adult Social Care and Health Overview and Scrutiny Committee and Warwickshire LINKs

The Committee considered the protocol proposed between the Adult Social Care and Health O&S and Warwickshire LINKs until LINKs is replaced by Local Healthwatch.

Councillor Jerry Roodhouse undertook to have the latest LINK work programme circulated to the Committee.

The Committee agreed the protocol.

7. Quarter Two (July-September) 2011-12 Performance Report for Adult, Health and Community Services

Councillor Izzi Seccombe, Wendy Fabbro and Andy Sharp introduced the report on performance against the key performance indicators as set out in the Directorate Report Card.

During the ensuing discussion the following points were noted:

1. An early draft of the Local Account was expected before the end of the year, setting out what services were available, how these were delivered and the direction of travel for the future. This would be forwarded to Members as soon as it was available.
2. The Council had in excess of 250 service providers covering Older People, Learning Disabilities, Mental Health and Physical Disabilities, including private care homes.
3. Heads of services were challenged to set stretching targets that would achieve the most value for the service for the least amount of money.
4. Benchmarking was collected where available, but some targets would only be measured in Warwickshire.
5. Capacity continued to be a problem for the Directorate. There was a winter plan in place, and the expansion of the reablement service and extra capacity around hospital discharge would be able to cope with any winter pressures.

The Committee thanked the Portfolio Holder and officers for the report and requested a report on how winter pressures had been dealt with at an appropriate time.

8. Progress in Adult Safeguarding Report

Wendy Fabbro introduced the report providing an update for Members on Adult Safeguarding.

During the discussion that followed it was noted:

1. It was thought that the increase in the number of referrals (in both adults and children safeguarding referrals) was due to the increased public awareness and the increased levels of deprivation. There was also greater awareness in the national culture, possibly because of the publicity of the Baby P case.
2. The role of the Safeguarding Board was that of guardian of the system, including strengthening strategy, policy and process. The new People Group would enable best practice developed by the Safeguarding Children Board to be followed, first locally and then regionally. Councillor Izzi Seccombe added that it was not yet a statutory requirement to have a Safeguarding Adults Board, but this was expected to become a requirement in the Adult Social Care White Paper expected early in 2012.
3. Work would have to be done with individual GP practices to get the safeguarding message across.
4. The attendance of police at both meetings and in practice was improving and useful when they did attend.
5. Members noted their concern that there were resources in place to deal with the increase in the numbers of safeguarding referrals, which were expected to continue to rise year-on-year.
6. Members agreed that it was incumbent on everyone to address any safeguarding risks and requested a briefing note on the numbers of referrals received from care homes, both in-house and private. Wendy Fabbro undertook to provide this, reminding Members that this information was exempt and would need to be treated as such. Jenny Woods added that the challenge to address the increase in safeguarding referrals would have to be met through prevention, with Social Care workers and the wider community taking responsibility.

Councillor Jerry Roodhouse, Chair of Warwickshire LINKs noted that vulnerable people were more likely to be abused in their own homes than in care homes, and dignity in care policies needed to start in people's own homes. He noted that LINKs had a statutory duty to enter care homes and there needed to be a protocol put in place to determine how this would be done based on the information available. This type of report was a valuable resource to LINKs and from a County Council perspective LINKs, or Local Healthwatch in the future, would add additional capacity to safeguarding.

The Chair welcomed the report and the Committee agreed to receive annual reports, the next to be brought to O&S setting out the implications for Warwickshire arising from the White Paper and the strategy for the People Group in moving this forward.

9. Adult Safeguarding – Serious Case Review

The Committee considered the report providing an update on the recent case review into the death of Gemma Hayter, published on 14 November, and the lessons learnt.

During the ensuing discussion the following points were raised:

1. There had been a number of referrals made over a period of time, all on minor issues. Individuals needed to be able to take risks and make their own decisions, but the challenge was in how to collate contacts made with different agencies.
2. Members welcomed the removal of the requirement for a formal diagnosis from the assessment procedure.
3. Chris Lewington drew Members' attention to the "Keeping Safe Places" introduced for vulnerable people with learning difficulties to have a safe place within their communities to go to. There was also a need to education communities, and early onset dementia could be linked into this training. It was also important that GPs knew where to signpost vulnerable people to.

The Committee requested a further report in 12 months reporting on lessons learnt and progress in setting up a multi-agency management plan.

10. Work Programme

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

11. Any Urgent Items

None.

12. Reports Containing Confidential or Exempt Information

It was Resolved that members of the public be excluded from the meeting for the items mentioned below on the grounds that their presence would involve the disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Councillor Sally Bragg left the meeting.

13. Effectiveness of the Learning Disability Strategy – A Good Life for Everyone 2011-2014

Chris Lewington introduced the report considering the effectiveness of the Learning Disability Strategy – *A Good Life for Everyone 2011-2014*.

During the ensuing discussion the following was noted:

1. It was agreed that the Red/Amber/Green and Progress status used in the report needed to be reviewed.
2. There had been no negative responses received to the Strategy, but it was acknowledged that the value of people with learning difficulties had to be promoted in communities to ensure greater visibility and greater belonging within communities.
3. There would still be day facilities for people with very complex and challenging needs.
4. It was important for assessment and frontline teams to be fully aware of all the available choices. As new services were developed, existing services would continue to operate for a period of time to ensure transitions were as easy as possible for users.
5. The need for respite care was recognised, and this market was being developed to meet needs.

The Chair welcomed the report and the Committee requested quarterly updates with a full update in 12 months.

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Chair of Committee

The Committee rose at 1:05 p.m.