

Martyn Scott, West Midlands Ambulance Service (WMAS)
Bryan Stoten, Chair of the Warwickshire Health and Wellbeing Board
(HWBB)
Mandy Whateley, CWPT
Press representative from Coventry Telegraph

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Carolyn Robbins (replaced by Councillor Carol Fox for this meeting), Nigel Barton (CWPT) and Jane Ives, South Warwickshire Foundation Trust.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest as:

- A disabled person in receipt of Direct Payments
- a Psychotherapist in private practice, making referrals to the CAMHS services.

Councillor Richard Dodd declared a personal interest as an employee of the West Midlands Ambulance Service and a prejudicial interest in Item 10 in relation to the Quality Accounts of the WMAS.

Councillor Michael Kinson declared a personal interest in relation to a relative working for the NHS.

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

Councillor Claire Watson declared a personal interest as the Rugby Borough Council representative on the Coventry and Warwickshire CCG.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 11 April 2012

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 11 April 2012 were agreed as a true record and signed by the Chair.

Minutes of the special meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 24 May 2012

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Matters Arising

None.

(4) Chair's Announcements

The Chair announced that he and Ann Mawdsley, in their roles as West Midlands Regional Representatives on the Health Accountability Forum, had attended a seminar earlier in the week updating Scrutiny members and officers on the Caring for our Future consultation and the delays on the White Paper and Social Care Bill. Ann Mawdsley would prepare a briefing from the day and circulate this to the Committee.

2. Public Question Time

1. Mr Peter Jackson, Rugby resident, put the following questions to the Committee:

"I would wish to refer you to the Department of Health Guidelines which deal with Learning Disabilities. These place a responsibility upon Family Carers to 'Hold Statutory Agencies to Account'. In order to fulfil this role it is necessary from time to time for Family Carers to seek additional information from your Council Officials. To achieve this within an effective time-span has often proved difficult and I cite the following by way of examples.

- *Some 3 years ago, we were instructed not to make direct contact with the Carer representative on the Learning Disability Partnership Board – thus making it difficult to keep in touch with the activities of that Board and making it necessary to submit more questions direct to your Council officials.*
- *Board Minutes can take up to six weeks to receive.*
- *When you instigated your 2011 consultation on your proposed Learning Disability Strategy we submitted a number of questions in order that we might make valid responses. We received partial answers after the expiry date for the consultation process and further partial answers something like a year later after we had raised the matter with the Local Government Ombudsman.*
- *In the course of the presentation made in October 2011 there was a commitment to provide answers to a number of questions which the presenter was unable to answer at the time – we still await answers.*

- *It was necessary to go to the Freedom of Information people to override a refusal to make available recordings made at one of your presentations.*

As Family Carers we believe that good communications, particularly during a period of change, are very important and I would on their behalf ask you as a Committee to examine the situation in order to establish what can be done to effect improvements. Surely, it should not be necessary to have to spend weeks, months and even years going through your own complaints people, the Freedom of Information people and the Local Government Ombudsman to get answers.”

Wendy Fabbro responded that the Council did encourage and would want carers on the Learning Disability Partnership Board to have good communication with their representatives of the Board. The role of the carer representatives was to hear and disseminate the voices of other carers. She added that Mr Jackson had made reference to a number of issues included minutes and the recording of meetings, and undertook to take the questions away and to provide a written response to all the points raised by Mr Jackson.

Councillor Izzi Seccombe noted that she had had a meeting with Mr Jackson and a number of other carers to discuss these issues and that the Council had moved forward to ensure a wider carer group to get feedback and more representation for carers.

Councillor Claire Watson, a member of the Learning Disability Partnership Board, stated that there were two carer representatives on the Board, and from a Board perspective there was an assumption that these carers were representative of the caring communities. She added that the Board already had a large membership and that ultimately it was most important to have the voices of people with learning disabilities represented, and that the Board was working well.

The Chair thanked Mr Jackson for his question and asked Wendy Fabbro and Councillors Seccombe and Watson to ensure that a response was provided for Mr Jackson.

2. The Chair read out a question received from Mr Robert Grainger, in relation to the Dialysis Unit at Whitnash / Heathcote Hospital

“I attend the above unit as a patient on Tuesday, Thursday, and Saturday mornings, with 4hrs dialysis on each visit. The unit operates Monday to Saturday with sessions both morning and afternoon. When we turned up for our session on Thursday 14th June we were shocked to be told that the Tuesday, Thursday, and Saturday sessions were being cancelled due to

long term staff sickness, and most of the patients will be transferred to other units in Stratford or Rugby where twilight shifts will be organised, meaning you would not get home until at least 11-30 at night. The unit is a satellite of the main dialysis centre at University Hospital Coventry. There is such a good atmosphere at this unit, with a friendly and caring staff whom I know never seen this bombshell coming either. What I cannot understand is, that anywhere else when they have a staff shortage they get agency workers in or bank staff. If at the end of the day its all down to money then this feels like a significant change to what has been provided for before, and I would be grateful if you would look into obtaining some answers for us.”

Councillor Jerry Roodhouse, Chair of Warwickshire LINK undertook to look into the question.

3. Children and Adolescent Mental Health Services (CAMHS) – Waiting Lists, Current Position and Action Plan

Jed Francique, Ann Aylard, Dr Helen Rostill and Mandy Whateley presented the report, which provided an update for the committee on the information provided to the April meeting. The headline information was:

- i. There had been reduction of approximately 40% in the number of children on waiting lists in Warwickshire, with the vast majority of children and young people having received an assessment.
- ii. There had been a strengthening of operational and procedural management arrangements, which had resulted in better management of the service.
- iii. There had been a significant investment in additional clinical capacity.
- iv. The service were looking to the future and projecting what would be needed in order to eradicate waiting lists, but this would require significant investment to achieve.
- v. There was more effective partnership working in place, with improved engagement and greater transparency.
- vi. There was a clear focus on the experience of children and young people and their families.
- vii. CWPT were investing the resources to ensure the improvements were ongoing and sustainable with a clear service that worked for children and young people.
- viii. Internal clinicians had been brought together to develop the Autistic Spectrum Disorder (ASD) pathway to move away from the previous fragmented service towards a more streamlined, high quality process. This work was ongoing and involved working with local strategic partners, including Warwickshire County Council.

During the ensuing discussion, the following points were raised:

1. Members expressed concern at the high number of Warwickshire children and young people entering the CAMHS service with high levels of complex needs. There was currently no evidence to support any reasoning for this.
2. There were different pressures in different parts of the county, but the data in the report referred to Warwickshire as a whole.
3. Members recognised the challenge the service had faced and welcomed the improvements that had been made.
4. In response to a query about benchmarking data, both regionally and nationally, it was stated that CWPT were engaged with benchmarking, but that the focus had been on reducing the high levels of waiting in Warwickshire. Once there was a clear picture of the service without any bottlenecks, comparative analysis would be done. The Chair noted that this would be picked up in ongoing work with CWPT.
5. There was a national challenge around increasing core competence of CAMHS workforce. CAMHS were in the process of recruiting, and due to the range of different interventions and combination medicines, it was important any new staff were able to evidence their competence and skills.
6. Although the national RTT pathway treatment target was 18 weeks, CAMHS were aiming for a target of 14 weeks, which was extremely challenging, with a focus on children and young people with the most complex needs.
7. Part of the work being done was to map out clinical capacity, which would enable greater flexibility and responsiveness by the service, which was an aspiration of patients and families. It was pointed out however, that this was a debate that was taking place across the whole health sector.
8. The historical delivery of service had to be unpicked to ensure waiting lists were reduced and that there was one equitable service for Warwickshire that reflected need.
9. In response to a query asking whether CAMHS accepted verbal referrals, it was confirmed that they did, but that these needed to be followed with written confirmation as soon as possible.
10. Work was being carried out to engage with young people. Councillor Jerry Roodhouse reported that Warwickshire LINK were producing a report about engaging with young people and invited CAMHS to work together on this.
11. CAMHS needed to investigate the best ways of delivering services, working with partners, including the third sector to develop clear roles to deliver different elements of mental health support and care. It was noted that many voluntary sector services focussed on Tier 2 needs, while the focus for CAMHS was the more severe Tier 3 needs. There needed to be better partnership working around the transitioning between tiers.
12. Members agreed that mental health needed to be integral to the health and wellbeing agenda.
13. Members emphasised the importance of accurate data definition that was up-to-date.

Kate Harker, Joint Commissioning Manager, responsible for the commissioning of CAMHS services made the following points:

- a. There needed to be a degree of caution in accepting the improvements, as the Committee and Council had been in this position before, and any improvements made had to be sustainable.
- b. In order for waiting lists to stay down, CAMHS needed to change their ways of working, and there was evidence this was happening.
- c. She had seen a huge amount of action and effort from all CWPT staff to get this right, and this needed to be recognised.
- d. The Committee needed to continue to monitor CAMHS to ensure data was robust and sustainable.
- e. The Council was already commissioning a range of services from the third sector which complemented the services commissioned from CAMHS.
- f. Baseline evidence was key to understanding how our services were working against other areas in the West Midlands and wider.
- g. As previously requested, once CWPT was clear about need and capacity, they would need to produce a business case if additional resources were required.

The Committee agreed to receive a further update report at their meeting on 5 September, to include:

- An update on waiting times
- An update on staffing
- Progress in relation to benchmarking activities
- Improvement in equity of service delivery across the county
- Continued evidence of smarter working
- A clear indication from the Trust that they were clear on what was needed and their capacity to deliver against that need.

The Chair thanked CWPT for the work that had been done and for presenting the report to this meeting.

4. Coventry and Rugby Clinical Commissioning Group – Progress towards Authorisation

Dr Charlotte Gath, a GP with the Coventry and Rugby CCG presented the report, which also included comments that had been made by the HWBB. She made the following points:

1. Dr Gath noted that she had been incorrectly quoted (line 3 at the top of page 2 of 4 of the report) and that what she had said was that CCGs were not obliged to formally consult Health and Wellbeing Boards on configuration.
2. GPs in Coventry and Warwickshire had voted with a clear majority to combine, and the combined CCG had begun operation on 1 June 2012.
3. Authorisation was expected to take place in November/December 2012.

4. Steve Allen had been appointed as the Chief Executive of the CCG and Adrian Canale-Parola was the Interim Chair.

The following points were raised:

- a. When asked how the Committee could be assured that the health and wellbeing of Rugby residents was kept integrated in Warwickshire, Dr Gath responded that there would be no loss of Warwickshire focus with a strong physical base retained in Rugby and the CCG seat on the Warwickshire HWBB. The CCG were also commissioned to deliver against the Warwickshire Joint Strategic Needs Assessment and had a strong link to Public Health in Warwickshire.
- b. When questioned about the allocation of resources, Dr Gath responded that she expected resources to be better with these arrangements than if they had stood alone.
- c. The CCG had a good strong working relationship with Wendy Fabbro and other Warwickshire partners.

Councillor Bob Stevens stated that Warwickshire's concerns had been made clear and that the situation would be monitored through the Health and Wellbeing Board, with a focus on outcomes for Warwickshire residents.

The Chair thanked Dr Charlotte Gath for speaking to the Committee.

5. Shadow Health and Wellbeing Board – Update

Bryan Stoten gave a verbal update to the Committee on the Health and Wellbeing Board, making the following points:

- i. The Board was still in shadow form and would not be a statutory body until April 2013.
- ii. The membership of the Board had been deliberately kept small and was made up of:
 - Four Warwickshire Cabinet members
 - Strategic Directors of the Peoples and Communities Groups
 - Director of Public Health
 - Representatives of the three CCGs
 - Three District/Borough representatives
 - Chair of Warwickshire LINK.
- iii. Board meetings were public and contributions from outside the Board were welcomed.
- iv. The Health and Wellbeing Board was a committee of the Local Authority, and from 2013 would be the only body responsible for the overall view of what health and social care would look like for the authority as a whole. The intention of the Secretary of State had been for the HWBB to fill the democratic deficit and to ensure a democratically accountable body was responsible for the strategic delivery of health and social care.

- v. In line with Sir Michael Marmot's report on Health Inequalities, the HWBB have looked at ways local society in Warwickshire shapes health and wellbeing, including education, housing, social care, employment, opportunities and income, and ways these areas can be improved.
- vi. Education and educational outcomes were crucial to health and wellbeing. 40% of Warwickshire children leave school without 5 good GCSEs, and evidence showed that this would have a detrimental impact on their health and wellbeing for the rest of their lives, regardless of further education or employment.
- vii. Housing, police and probation, spatial planning and leisure all shaped life expectancy and infant mortality rates.
- viii. Against the national average Warwickshire did well, but on similar comparators they did not.
- ix. The Board were also concerned with environment and individual lifestyles and choices.
- x. Two areas of particular focus for the Board were the integration of health and social care and how services would be brought together to shape health and wellbeing.
- xi. The Health and Wellbeing Strategy was more primary focussed than hospital based. 35% of hospital users should not be in hospital and there needed to be an increase in community care to avoid this.
- xii. The Board was not concerned about which hospitals should exist, but about what hospitals should do.
- xiii. The Board needed to focus on:
 - A strategic vision and direction
 - The ageing population
 - Complex, troubled families
 - Changing sexual mores
 - Widening inequality
 - Earlier and later pregnancies
 - Ethnic pluralism.

Bryan Stoten noted that this thinking had underpinned the Health and Wellbeing Strategy.

6. Health and Wellbeing Strategy

Bryan Stoten and Mike Caley introduced the Health and Wellbeing Strategy (HWBS), which set out the broad direction of travel based on the JSNA and which would be used to judge the clinical groups plans. The following points were noted:

- a. The HWBS was a new concept aimed at bringing together health, social care, public health and social determinants of health.
- b. The Strategy had been agreed by the HWBB and was now out for public consultation, which would close on 3 September 2012.

A discussion followed and these points were raised:

1. Members acknowledged that the HWBS was a wider umbrella document and welcomed the aspirational messages, but there was general agreement that the document was too “mother and apple pie” and did not include any detail on how these ambitions would be achieved. Bryan Stoten responded that the Board would expect commissioning plans to set out how the actions would be achieved. Mike Caley added that commissioning plans were obliged to take note of the Strategy.
2. There was some discussion about whether parts of the Strategy were achievable in the current climate of deficit reduction. Bryan Stoten noted that in many cases such as cycling, the costs of not pushing these aspirations forward were much greater in the longer term, and that there were many areas that could be achieved through rearranging current work with a greater focus on health and wellbeing, and through working together.
3. Concern was raised that the Strategy relied heavily on goodwill and there needed to be stronger executive direction from the Board. There would also need to be an ongoing journey to get people to understand the Strategy.
4. There needed to be a greater emphasis in the Strategy on the life course in Warwickshire, looking at areas such as families, mental health and wellbeing and “happiness”, with further exploration behind the reasons for Warwickshire not performing as well as it should.
5. There was a risk of tension between the aspirations of the Strategy and the national priorities and indicators that health providers were required to report against. There needed to be greater synergy between the two so that the outcomes reflected back through achieved the aspirations.
6. There was a need to ensure that health and wellbeing was embedded within all decision-making processes, including District and Borough Councils.
7. Members agreed that education was key to improving health and wellbeing, and felt that there needed to be greater emphasis on this in the Strategy.
8. Members welcomed the emphasis on primary and community health services and expressed a hope that GPs would engage with the Strategy and look at issues such as out of hours services.
9. Bryan Stoten stated that the Strategy would be used as a measure against which commissioning plans of CCGs would be assessed to ensure they were going in the right direction. He added that the HWBB, ASC&H O&S and HealthWatch would all have an overview responsibility, and that O&S would also scrutinise CCGs and Foundation Trusts. He expected the HWBB to look at the policies of all commissioners, and expected to do this in concert with O&S and HealthWatch.
10. Members agreed that they were responsible for health and wellbeing and in order to carry out their roles properly they needed to have a clear idea of what had to be delivered and how that would be done.

Bryan Stoten summed up by saying that the next three months were key for the Strategy and the Board would start to pull together the final document towards the end of August, beginning of September. At that time there would need to be enough substance included to be clear about what the signpost said, without second guessing what the CCGs would do.

The Chair thanked Bryan Stoten and Mike Caley for their contributions. The Committee welcomed the Strategy as an aspirational document and reinforced their agreement that there needed to be more focus and a clear understanding of how the aspirations would be delivered. It was agreed that the Chair and Party Spokes would agree with the HWBB and LINK (HealthWatch) how to move forward.

Councillor Bob Stevens gave his apologies and had to leave to attend another meeting.

7. Questions to the Portfolio Holders

There was a further discussion about the management of the agenda and it was agreed that in future, unless otherwise notified, all ASC&H meetings would start at 9:30 am and that the agenda would alternate between Health and Adult Social Care at the start. At the meetings where Adult Social Care was first, health colleagues would be invited to join the meeting at 11:00 am.

Councillor Angela Warner (on behalf of Councillor Bob Stevens)

1. Members noted their concern about the possible impacts for Warwickshire residents of the proposed GP strike on Thursday 21 June 2012.

John Linnane noted that the Arden Cluster was putting together a plan in terms of maintaining the health service. He agreed to provide a briefing note for the Committee on what had been done (retrospectively), the impact on residents and the impact on the WMAS.

2. Councillor Dave Shilton stated that there was talk of Worcestershire A&E Services being reduced and the possible impact on Warwickshire residents. The Chair noted that this will be looked into.
3. Councillor Penny Bould noted her concern at the BBC report that “The Royal College of Surgeons (RCS) has condemned NHS trusts in England for changing the criteria for operations, leading to some patients being taken off operation waiting lists”. John Linnane reassured Members that the Arden Cluster had a range of policies based on evidence of benefit, seeking to maximise outcomes for patients and optimise time for treatment. He undertook to provide a briefing note for the Committee.

8. Partnership with Health - Update

Wendy Fabbro gave a verbal update to the Committee to reassure Members that although the Concordat with the PCT was no longer possible, discussions were taking place to continue that work with the relevant people. She added that it was difficult for Social Care to be clear about integration with health as the changes with the CCGs were still fresh. She stated however that the focus for her Directorate was in preparing functional descriptions of how services might be aligned.

There was work already underway between WCC, SWIFT and the South Warwickshire CCG aligning assessment and reablement services, ensuring quick access to the right services. There was also work being done on occupational therapy, working closely with hospital occupational therapists on functional discharge, which was likely to be mirrored with UHCW. All of this work would stand in good stead for the future direction of travel.

The Chair thanked Wendy for her update.

9. 2011/12 Performance Report for Adult Social Care

Members welcomed the report and commended the Adult Social Care staff for the improvements achieved, despite the cut in their budget.

Councillor Izzi Seccombe reminded that Committee that the service had seen massive change over the past two years with a significant loss of staff, and had still achieved significant improvements, and continued to do a very good job in challenging times.

During the ensuing discussion the following points were noted:

1. The decrease of the proportion of older people who are still at home after 91 days following discharge from hospital into reablement, was the result of a loosening of criteria resulting in a big increase in the number of people accessing the service.
2. The reasons for peak in demand for hospitals described in 2.4 (page 3 of 8) were unclear, but the Directorate had had to direct resources to help ease the pressure for hospitals.
3. The red triangles showing for supporting carers on page 7 of 8 of the report were due to a redefinition of the provision of day-care – to a service for users and not a service for carers.
4. Members congratulated the Directorate on the number of people using personal budgets.

The Chair thanked Wendy Fabbro and asked her to pass the thanks of the Committee on to her staff for the encouraging performance.

Councillor Richard Dodd left the room

10. Quality Accounts

The Committee agreed the responses to the Quality Accounts, with the only addition being the inclusion of the membership of the Task and Finish Groups for each.

Martyn Harris outlined the proposals for dealing with Quality Accounts going forward, which would involve a new and better working relationship with between the Trusts and the Council.

Members agreed that there should be five working groups set up with representatives from the County Council, District/Borough Councils and LINKs. The role of the working groups would be to look back at previous Quality Accounts and to engage in developing the priorities for the Trusts. Agreement had been reached with the Chair and Party Spokes as well as with the Trusts, and discussions would now be held with the District/Borough Councils and LINK. This process would be managed by Martyn Harris, who would be contacting Members in the near future.

11. Work Programme

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

12. Any Urgent Items

None.

13. Reports Containing Confidential or Exempt Information

The Committee 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 Schedule 12A of Part 1 of the Local Government Act 1972”.

14. Care and Choice Accommodation Programme – the future of Warwickshire County Council’s Residential Care Home Provision for Older People and Extra Care Housing in Warwickshire – Progress Report

Councillor Izzi Seccombe, Rob Wilkes and Tim Willis presented the report updating Members on the above programmes.

The recommendations set out in the report were agreed.

Members were reminded that the information contained in the report was exempt and should not be disclosed without express agreement from Wendy Fabbro or Rob Wilkes.

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Chair of Committee

The Committee rose at 1.15 p.m.