

Sue Roberts, Arden Cluster
Dr Helen Rostill, CWPT
Martyn Scott, WMAS
Josie Spencer, CWPT

1. General

The Chair noted the membership changes and welcomed Councillor Robbins to her first meeting of the Committee.

(1) Apologies for absence

Apologies for absence were received on behalf of Councillor Richard Dodd, Councillor Mike Gittus and Monica Fogarty.

(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 service user of Warwickshire County Council services
- a member of GMB
- a member of Unite
- having received training from NHS CAMHS in Birmingham.

Councillor Barry Longden declared a personal interest as his daughter and son-in-law are both employed by the NHS.

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

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 15 February 2012

The minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 15 February 2012 were agreed as a true record with the following correction:

Page 2 – 1(2) Members Declarations of Personal and Prejudicial Interests

The fifth declaration made by Councillor Penny Bould to be changed from “a private practitioner in psychology” to “she works as a psychotherapist in her own private practice”.

Matters Arising

Page 8 – 4. Report of the Chair of the Paediatric and Maternity Services Task and Finish Group

In response to Item 4 of the agenda of the 15 February 2012 meeting, and to recent events that had taken place, Councillor Peter Balaam, Chair of the Task and Finish Group (TFG) spoke to the update which had been circulated electronically and tabled at the meeting. He made the following points:

1. The Arden Cluster had provided an updated business case (for Option 6), which the TFG considered to be very similar to the previous business case covering 3 options. It was felt that the business case was not clear enough on detail and the equality impact assessment was inadequate, particularly in relation to transport and access.
2. The TFG felt that the revised consultation document should offer an opportunity to discuss issues such as transport and access.
3. There was some uncertainty around the requirement to have a consultation with one option and the TFG had been unable to reach a unanimous view. The update provided the details of the cases for and against consultation.

Councillor Balaam stated that the TFG did however, welcome the decision to go with Option 6, which stakeholders and residents favoured and would best meet the needs of users.

Sue Roberts, Transformation Director for the Arden Cluster stated that there had been a long discussion at the Paediatric and Maternity Steering Group meeting about whether there was a need to hold a consultation and the general view had been that there should be some form of public consultation on the option selected. She added the following:

- i. It was not unprecedented to consult on a single option, providing the consultation was clear about the rationale.
- ii. In this case the majority were in favour of this option but there was a public expectation that there would be a consultation.
- iii. The support of HOSC was being sought for the Arden Cluster to go out to the public with the preferred option and the reasons for that choice, but giving the public the opportunity to say if they preferred a different option, and why.
- iv. The consultation document was a draft and still needed to be refined.
- v. The business case should not have been expected to change, as Option 6 was covered in the original business case, and the only change had been to the medical workforce rotas. This had been in response to the Royal College of Paediatricians and Child Health

seeking a strengthened workforce rota. She added that the business case was not where the rationale for a proposal was explained to the public, and that the challenge was to ensure the consultation document was clear about what was proposed, what changes would mean for patients and visitors and how patients would experience services differently.

Sue Roberts undertook to provide data on the number of patients that would be affected by the changes.

Following detailed discussion, the Committee agreed the following points:

1. The Committee fully supported the proposals set out in Option 6 and agreed that this option represented a substantial variation to services.
2. The Committee agreed that the Arden Cluster should carry out a public engagement and involvement exercise to inform the public fully of the rationale behind and the implications of the decision, and to give the public the opportunity to comment on the Option. This would not amount to a formal consultation exercise, but was nevertheless important. The details of this exercise, including how this should take place and the timescales, would be agreed with the Task and Finish Group.
3. That the Task and Finish Group continue as a group to work with the NHS Arden Cluster on the development of the consultation document and the public engagement and involvement exercise.

The Chair thanked the Task and Finish Group and Sue Roberts for the work that had been done to date.

Page 9 – 5. West Midlands Ambulance Service

Councillor Dave Shilton was pleased to report that following the February meeting, discussions had been held with WMAS resulting in plans to have a full time paramedic based at Jubilee House in Kenilworth on a 24-hour, 7-days a week basis in the near future. Ham Patel thanked Councillor Shilton for his assistance.

(4) Chair's Announcements

The Chair announced that Warwickshire had been successful in their bid to become a Health Scrutiny Development Area, which involved support from the Centre for Public Scrutiny in moving health scrutiny forward. He thanked Ann Mawdsley for her work in preparing the bid.

2. Public Question Time

None.

3. Children and Adolescent Mental Health Services (CAMHS) – Waiting Lists

Jed Francique, General Manager (Integrated Childrens Services) introduced the report and to the latest waiting time data which had been tabled. He acknowledged the issues that had been raised at the February 2012 meeting and assured the Committee that these were being taken seriously. He highlighted the quality of service received by children and adolescents, and added the following:

- i. The updated data had shown that there were fewer waiters than had previously been identified.
- ii. The increase in the number of neurodevelopmental conditions (mostly autistic spectrum disorder or attention deficit hyperactivity disorder) was due to some extent to schools, nurses and other agencies having a greater awareness of these conditions, resulting in more referrals for assessment.

Dr Ann Aylard noted the complexity of needs of young people accessing the service. In assessing the patient journey six months in or at the point of discharge, and over time, it was clear that accessing CAMHS services had resulted in a positive impact on the lives of these young people. She added that a survey of the service had shown that 95% of parents were completely satisfied with the service.

During the ensuing discussion the following points were raised:

1. It was important that the issues faced by children and young people were recognised and strong effective partnerships were in place to tackle broader issues such as bullying.
2. Young people admitted to hospital for self-harming were not discharged until they had received a CAMHS assessment.
3. The reduction in waiting times since the February meeting was largely due to data validation and robustness of information. Following that meeting an exercise had been carried out where all files were reviewed in order to improve quality of data to ensure data was accurate and robust. Josie Spencer acknowledged that this had been a direct result of the difficult February scrutiny meeting and every effort had been made to ensure the data provided to the Committee for this meeting was as accurate as possible. Jed Francique added that this linked in with other activities being taken on an ongoing basis to address the concerns raised by O&S about the robustness of systems and performance monitoring.
4. It was agreed that the waiting lists for learning disabilities (averaging 50 weeks) was unacceptable. Dr Aylard added that these were not blanket numbers and that referrals were carefully assessed and prioritised.
5. There was a wide variation in condition pathway numbers across the county, partly due to the difference in working practices and arrangements.

- CAMHS was aware of the need to have an harmonious approach to service delivery across Warwickshire and were working on this.
6. It was clear that early treatment of neurodevelopmental conditions in children and young people had a significant impact on services and work within the service and with partners was ongoing to develop this pathway. It was agreed that this was a multi-agency issue, and all partners had a role to ensure the patient experience was clear, smooth and streamlined. Dr Aylard added that elsewhere in the country these services were provided by both CAMHS and community services, and in Warwickshire they were only provided by CAMHS.
 7. Dr Helen Rostill noted the importance of recognising boundaries of mental health conditions and that the target for CAMHS needed to be more complex needs.
 8. Wendy Fabbro stated that the connections for safeguarding were good and that CWPT were represented on the Childrens Trust Executive Board and the Safeguarding Children Board. The precise nature of the Boards and the HWBB had not yet been finalised and there was still an opportunity to contribute to this debate.
 9. Jed Francique undertook to provide separate data on numbers waiting and average waiting time for Nuneaton and Rugby.

Jed Francique summed up the commitment of the CAMHS service to move the agenda forward by stating that:

- a. CAMHS was committed to providing accurate data.
- b. Waiting list management would be improved through the introduction of more robust, efficient systems being put in place.
- c. Care pathways would be agreed with all partners, particularly in terms of autistic spectrum disorders, neurodevelopmental conditions, complex behaviours and wellbeing conditions and eating disorders.
- d. The workshop that had been held at the end of March had been positive and represented a new start to more effective partnership working.

Councillor Izzi Seccombe welcomed the project improvement and stated that if Warwickshire County Council could have an input in the new developments, this would be helpful. She acknowledged the need to draw a line under the past and to seek consistent improvement. The O&S Committee would monitor this progress.

Josie Spencer stated that CAMHS needed to be clear they had a service improvement project that would demonstrate and enable the proposals going forward.

The Chair thanked everyone for their contributions in moving forward and emphasised the importance that CWPT and WCC moved forward together.

The Committee agreed to receive an update report in June with a further progress report to the Committee at their meeting on 5 September.

4. Virtual Wards

Bie Grobet, Head of Integrated Adult Community Services, SWFT introduced the report setting out the background to virtual wards and the progress that had been made since the report to the Committee in 2011.

Heather Norgrove, Commercial Director, George Eliot Hospital, confirmed that this work had made a big difference to the way the hospital worked with community care and social care, enabling the hospital to have people who needed to be in hospital taking up the beds. She thanked everyone involved.

The following points were raised:

1. Success was very much down to partnership working, including GPs, consultants and hospital staff.
2. The next step was to take the lessons learned in the north to the south of the county. Discussions were also being held with University Hospital Coventry and Warwickshire representatives.
3. User questionnaires were analysed, together with the risk stratification tool to improve information and communication tools for the public. Bie Grobet undertook to provide copies of their leaflet for members of the Committee.
4. Early engagement with patients was crucial to avoiding long-term care or support.
5. There had been an increase in the number of referrals received, and the success had in turn given the commissioners greater confidence.
6. Four beds had been commissioned in the north in a nursing home facility, to allow for patients requiring 24 hour care. These patients were supported by the team to enable them to return to independent living.

Members thanked Bie Grobet for her report and requested a briefing note giving an interim update in six months with a full update report to the Committee in 12 months.

5. Questions to the Portfolio Holders

Councillor Izzi Seccombe

1. Councillor John Haynes asked the following question: "Are you satisfied that Four Seasons Healthcare is a fit provider to commission services from?" If so will you please enquire why the assessment by your Officers is at odds with that of the financial sector?

In Sept 2011 after SOUTHERN CROSS went under Four Seasons were saddled with a debt of £780m. You may be aware that in 2009 Four

Seasons had further debts of £800m written off, in a debt for equity swap led by state-owned RBS. An independent study in August 2011 found that Four Seasons had “very high risks”.

Councillor Seccombe responded that the Council have very little exposure to Four Seasons in Warwickshire, and this arose through their acquisition of another company's care home rather than WCC directly commissioning with them by choice or tender etc. Despite the rumours regarding Four Seasons' financial position, we do not have sufficient evidence to suggest that we should proactively de-commission them (which would involve the transfer of existing residents, placing vulnerable people at risk without any obvious benefit). We are also not experiencing any quality or operational issues with Four Seasons.

Peter Hay, ADASS president, is monitoring the financial situation closely across our region and continues to keep us informed of any developments. His latest update in February maintained that the risk rating could now be defined as medium rather than high, given that Four Seasons have now restructured their debt after taking over a large number of ex-Southern Cross homes. In the same way that we dealt successfully with the Southern Cross situation, I believe we are well prepared to deal with any challenges that could be faced by a significant downturn in Four Seasons' fortunes, especially as this is limited to one residential care home (as opposed to higher dependency nursing) and a small number of out of county placements.

Councillor Seccombe undertook to provide information on the number of residents.

2. 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 a report to Cabinet was scheduled for May, which would set out options for the future.

Councillor Bob Stevens

Councillor Bob Stevens gave a brief update on the health changes, and some of the potential issues facing the County Council.

The Chair noted that the roundtable session on 30 April would look at some of the implications for Warwickshire.

Councillor Dave Shilton emphasised the importance of scrutiny and the need to ensure that Warwickshire had the best deal possible.

Councillor Sally Bragg asked whether the decision for the Rugby CCG to join with the Coventry CCG could be challenged. Councillor Bob Stevens responded that

each CCG had to go through an authorisation process and during this process, there would be an opportunity for stakeholders to express concern or support.

6. Joint Strategic Needs Assessment (JSNA)

Claire Saul introduced the report and the JSNA, setting out the background and revisions to the process, the key themes and the next steps.

During the discussion that following the following issues were raised:

1. The JSNA was an assessment of need and would feed the Health and Wellbeing Strategy would provide targets and performance indicators.
2. Concern was raised about the potential implications for the authority when disability living allowances (DLAs) were replaced with personal independence payments (PIPs). Wendy Fabbro responded that this was a good example of why the JSNA needed to be a dynamic system and that there were instructions within the report giving directions on how to lodge new data such as this for the Observatory to include in the assessment.
3. The launch event was attended by a wide variety of stakeholders and the Editorial Board would also engage with stakeholders of both commissioning and operational routes.

The Adult Social Care and Health Overview and Scrutiny Committee supported the Warwickshire Joint Strategic Needs Assessment Annual Review (2011) and welcomed the assurance that the Health and Wellbeing Strategy would include outcomes and targets set by the Health and Wellbeing Board, and would be brought to scrutiny for consideration before being approved.

7. Quarter 3 (April to December 2011/12)

Phil Evans, Head of Service Improvement and Change Management introduced the report setting out the Quarter 3 position with a correlation between financial and performance data.

It was agreed that performance reports needed to include trend data and benchmarking, including 'best in class' information.

The Adult Social Care and Health Overview and Scrutiny Committee accepted the report and agreed that the Quarter 4 performance report should be brought to the committee at their 19 June meeting.

8. Community Meals Consultation Feedback

Wendy Fabbro, Claire Saul and Rob Wilkes introduced the report and highlighted the following:

- i. The issue around charging went back to October 2010 when a decision was made by the Cabinet that those who could afford to pay for meals would be asked to do so.
- ii. A number of assessments had been carried out with service users.
- iii. A report was scheduled to go to the Cabinet on 19 April, when final decision on charges would be made.
- iv. Quality standards had been checked and tested, and the decision being sought from the Cabinet was based on the identification of what would be an acceptable market rate.
- v. The tendering process was carried out in 2009, based on data provided by the service provider at that time (WRVS). The contract was awarded to County Enterprise (Nottingham County Council), and the deal that had been tendered for has not materialised.
- vi. County Enterprise would continue to operate for the remainder of the current contract (to April 2013).

Councillor Kate Rolfe recorded her disappointment that the Portfolio Holder had had to leave the meeting for another appointment. She informed the committee that she had put a question to the Portfolio Holder at full Council on 27 March and asked that the cost not be increased until a full investigation was carried out of the tendering process. Councillor Rolfe added:

- a. County Council figures (based on WRVS figures) showed a steady drop-off from 2007-08 onwards, with a 40% drop when County Enterprise took over the contract. Who was this reported to?
- b. There was a need for an investigation to be carried out as county council contract monitoring was not as robust as it could be.
- c. County Enterprise had based their contract on a charge of £3.95 per meal, which included a 10% profit margin, which the original contract volumes would have amounted to a substantial profit.

Wendy Fabbro responded that the tender process had been scrutinised and confirmed by the Cabinet, and had been carried out by a reputable national organisation. The numbers that had been provided by WRVS did not correspond to the names and addresses of service users that WRVS had provided. She pointed out that community meals did not deal with a fixed number as the number of users was fluctuating and dynamic, and the fluctuation of numbers in this case had fallen within the minimum and maximum tolerances of the contract and would therefore not have been reported to Members.

A discussion followed and the following points were noted:

1. The focus group was drawn from members of the Transformation Assembly, which carried out a range of consultations for the Directorate and included all ages and all service user cohorts. Wendy Fabbro agreed to provide a breakdown of the membership for Councillor Penny Bould.
2. The recommendation was based on the recommendation of that focus group.

3. Benchmarking evidence had shown a general range in West Midlands from £3.90 to £4.95, so a price of £4.25 was middle of the range. This was for a hot meal which compared favourably against the range of £4.00 - £5.50 for frozen meals.
4. There was a discussion around the availability of frozen meals from supermarkets, which could have impacted on the numbers of users of the community meals service. This choice was however, not always available to people in rural communities.
5. It was agreed that, while 11.30 a.m. was acceptable for the delivery of a frozen meal, it was considered early for a hot meal. Wendy Fabbro added that earlier servings did benefit the delivery system.
6. The issues highlighted emphasised the need for more robust work around how governance was monitored by elected members, particularly in light of the shift towards commissioning and more working with the private sector.
7. Reference was made to previous consultation exercises and the work carried out scrutiny on community meals. One of the key findings at the time had been the importance of human contact in the delivery of meals.

Councillor Bob Stevens undertook to share the information discussed at the meeting with Councillor Seccombe.

The Committee, having considered and commented on the report and key decisions being recommended to the Cabinet by the Cabinet member and Strategic Director of the People Group voted on the recommendations of the report individually, and the following was resolved:

Recommendation a. was supported, seven members having voted in favour and three against.

Recommendation b. was supported, seven members having voted in favour and three against.

Recommendation c. was supported, seven members having voted in favour and two against.

Recommendation d. was supported, eight members having voted in favour and one against.

9. Personalisation: A progress update

Wendy Fabbro introduced the report setting out the background to personalisation. She noted that this was one target the Government would like to see 100% achievement on, but this would be challenging for all local authorities, and every effort was being made to encourage users to sign up to personalisation.

The following points arose from questions raised by Members:

1. There were limited powers in controlling how people used personalisation budgets, but comprehensive information packs were provided and the process was being monitored to ensure the right outcomes were achieved. There were independent companies offering information, advice, assistance and advocacy, including in areas such as employment legislation.
2. Advance Housing and Support Limited was a private company offering assistance to service users to help to prepare them for independence, including users with learning difficulties and people needing additional support.
3. The Committee asked for a briefing note in due course on the progress of Personalisation, including the tender for an enhanced support service.

The Committee noted the progress, outcomes and achievements in the delivery of personalised services across Adult Social Care.

The Committee voted in favour of continuing the meeting beyond the three hour duration (Standing Order 30.7).

10. Section 256 Funding to Warwickshire County Council

Wendy Fabbro introduced the report, updating Members on the progress to date in the management of the Section 256 Funding, both in relation to the £6m tranche of social care money to benefit health and the second one-off tranche of £1.4m allocated to relieve discharge pressures.

Members agreed that dementia care needed to remain high on the list of importance in allocating this money.

The Committee noted the report.

11. Work Programme

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

12. Any Urgent Items

None.

.....
Chair of Committee

The Committee rose at 1.10 p.m.