Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 5 September 2012 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Les Caborn (Chair)
" Martyn Ashford
" Penny Bould
" Jose Compton
" Richard Dodd
" Carolyn Robbins
" Kate Rolfe
" Sid Tooth

District/Borough Councillors Sally Bragg (Rugby 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 Bob Stevens (Portfolio Holder for Health)
Councillor Angela Warner

Officers Zoe Bogg, Reablement Service Manager
Kirstin Clarke, Team Manager, Social Care and Support
Wendy Fabbro, Strategic Director of People Group
Kate Harker, Joint Commissioning Manager
Martyn Harris, Democratic Services Officer
Carol Judge, Strategic Lead for Safeguarding Adults/Deprivation of Liberty Safeguards Manager
Di King, Service Manager, Locality North
Chris Lewington, Interim Head of Strategic Commissioning
Ann Mawdsley, Senior Democratic Services Officer

Also Present: Ann Aylard, Lead Consultant Psychiatrist, CWPT
Michael Curry, Parent Carer
Jed Francique, General Manager, Integrated Children's Services, CWPT
Jane Ives, Director of Operations, SWFT
Dr Eloise Jessop, GP lead on mental health, Warwickshire North Consortia
John Linnane, Public Health
Len Mackin, Warwickshire LINk
Heather Norgrove, Commercial Director, George Eliot Hospital
Dr Helen Rostill, Head of Psychological Therapies, CWPT
Deb Saunders, Warwickshire LINk Manager
Sue Smith, General Manager Age Independent Mental Health, CWPT
Josie Spencer, Director of Operations, Community Services, CWPT

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Cllr Mike Gittus, Cllr Dave Shilton, Cllr John Haynes (Nuneaton and Bedworth Borough Council), Cllr Izzi Seccombe, Cllr Claire Watson, Mark Radford (UHCW) and Megnana Pandit (UHCW).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Martyn Ashford declared a personal interest as a member of the NHS South Warwickshire Foundation Trust.

Councillor Penny Bould declared a personal interest as:

1. a psychotherapist in private practice sometimes making referrals to CAMHS
2. a trade unionist
3. a member of a government supported on-call team for post-disaster work.

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

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

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

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012

The public minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012 were agreed as a true record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

The Chair gave an update on the work being done with District and Borough partners on the Warwickshire health scrutiny partnership. He added that a meeting would be set up in the late autumn between the

Committee and the District and Borough Councillors to agree a working protocol and to share work programmes.

2. Public Question Time

None.

3. Questions to the Portfolio Holders

Councillor Bob Stevens made the following points:

- The Shadow Health and Wellbeing Board agenda was moving forward. The decision on whether the Chair would be a political or independent appointment was yet to be made, and this would be made by full council.
- The South Warwickshire CCG was well advanced and expected to go through their authorisation in the latter half of December as part of Wave 3 of the authorisation process.
- Warwickshire North CCG and Rugby and Coventry CCG were making progress towards their authorisation, both in Wave 4.
- He had received a response to his letter sent to Worcestershire in relation to their review of hospital services, and assured members of the committee that Warwickshire would be involved in any developments.

Councillor Sally Bragg asked Councillor Bob Stevens why, in light of the downgrades to A&E at Rugby St Cross, there were still red A&E hospital signs in the town? It was agreed that this was misleading for the public and could in some cases be dangerous. The Chair noted that this had been an area highlighted by the Task and Finish Group responding to the Rugby A&E consultation in 2010 and undertook to follow this up.

4. Commissioners report on Child and Adolescent Mental Health Service (CAMHS) Improvements

Kate Harker introduced Dr Eloise Jessop, a GP from the Warwickshire North Consortia, who was the lead on mental health and was attending to give a GP perspective on the CAMHS service. She presented the report, noting the following:

i. Clear targets had been put in place for waiting times. Q2 results would have to demonstrate that 95% of children and young people referred were waiting less than 18 weeks between assessment and treatment. If these targets were not met, financial penalties could be imposed.

ii. There had been a huge amount of work done and a lot of investment made by CWPT, and this level of sustained change had not been seen before. It was however important to hold the Trust to account across a range of areas such as waiting times, quality of services, choice, engagement with customers, robust and accurate information and clear communication channels.

iii. Benchmarking between different CAMHS services was difficult, due to the nature of services delivered locally. Commissioner did still need to be confident that the service being received locally was on a par with others.
iv. The commissioning team felt that a further report in December would allow time to ensure that the targets that had been put in place had been met. In the meantime they were recommending that soft market testing was done so that all options were clear.

Dr Eloise Jessop noted that she had seen an improvement with the stakeholder workshop that had been held by CWPT, which was backed by the systems changes that had been introduced. It would now be down to looking at the data and working towards Quarter 2.

Wendy Fabbro noted that reassurance would only come with hard data, which was not yet available to be assessed, but that there had been a positive approach which had resulted in improvement. She added that this committee had asked commissioners to consider soft market testing and to look at comparative data to evidence whether Warwickshire was receiving a good service comparatively. She made the point that while soft market testing could be taken as an indication that services could potentially be put out to tender, but it could also demonstrate the value of the services that were in place. Soft marketing testing was not an indication of lack of faith.

During the discussion that ensued the following points were noted:
1. A query was raised about staff recruitment and the difference between the original estimate that 15 staff were needed to drive waiting times down and the 6.6 that had been recruited. Josie Spencer stated that CAMHS were confident that they would be able to address waiting times and make the necessary improvement with the measures put in place.
2. It was acknowledged that summer could be a difficult time for the service with school holidays, but the end of Q2 would be 'D-Day' to meet the clear target for a reduction on waiting lists.
3. Concern was raised about the inconsistent service across the county, which was an issue that the Committee had highlighted during consideration of previous reports.
4. The Committee acknowledged the negative impacts that financial penalties (2% of the budget) or going out to tender could have on the delivery of services.

The Committee, having considered and commented on the effort and resource that CWPT have applied to driving down CAMHS waiting times and to transforming services to better manage future demand, agreed to:
1. CWPT attending the meeting on 5 December (Quarter 3) and again on 6 March (Quarter 4) to report on their progress in remodelling services and the resulting performance in bringing down waiting times to within the contractually agreed maximum waiting times.

2. Support the recommendation that commissioners explore soft market testing, the possibility of a franchise arrangement and interest in a tendering process should CWPT fail to meet their contractual waiting times targets and report back to the December meeting.

5. Child and Adolescent Mental Health Services (CAMHS) – Waiting Times – September 2012 Update

Jed Francique, Ann Aylard and Dr Helen Rostill presented the report, giving a further update on the information provided to the June meeting. The headline information was:

i. The two major themes that ran alongside the work being done were in relation to the quality of the service being provided and the capacity for improvement.
ii. Figures in September showed a 44% improvement in the reduction of the number of children and length of waiting times from April.
iii. Patient experience was measured on entry to the service and six months in. These outcome measures give an indication of how good the service is and on average children had seen an improvement in their lives through accessing CAMHS services indicating strength in the service.
iv. The CAMHS team were not complacent and recognised there was still a long way to go.
v. A lot of work had been done on data quality resulting in CAMHS having more confidence that they were in a robust position and presenting an accurate picture.
vi. The reduction in waiting times and the work done in pathway development meant the service had become more appropriate for children and young people.
vii. The introduction of a centralised booking system would result in a more efficient and effective way of booking.
viii. The targets referred to in the previous item had only come into play for Q2 onwards and had not been in place for Q1.
ix. The target for referral to treatment was 18 weeks in Q2, 16 weeks in Q3 and 14 weeks in Q4. The national norm was 18 weeks.
x. The penalty for not achieving the target was £136,000 which correlated to the amount of money invested in the system to reduce waiting times. This figure had not been planned or budgeted for and if applied would have to come out of services. As CAMHS spent a large percentage of their budget on staff, any financial penalties would reduce the number of staff available to deal face-to-face with children.

Ann Aylard reported that two new consultant psychiatrists had been recruited for North Warwickshire, and these appointments were expected to make a big difference to the service in the north. There had been difficulties recruiting the appropriate people with the right skills and reliability. Dr Helen Roskill added that

capacity was a national problem, and Government had introduced a four-year plan for talking therapies to try to address this. She made the following points:

I. Every time a report was produced for O&S, attention was drawn to the consistent positive outcomes being achieved for children and young people accessing the service, which produced significant differences for families. Positive feedback was received from over 90% of users of all sites.
II. Revision of clinical pathways was ongoing to ensure that every service was evidence-based, met NICE guidelines and delivered high quality services.
III. There was a willingness being shown by partners on the CAMHS Steering Group (including CWPT and WCC) for integrated working, including workforce planning. This reinforced the knowledge that a holistic approach across the health and social care sector was needed to find sustainable solutions.

During the ensuing discussion, the following points were raised:

1. Members expressed concern at the possible implications to services of financial penalties being imposed.
2. There was currently a high level of demand in Rugby and the Trust would need to discuss this with commissioners to ensure resources were correctly allocated.
3. In response to the earlier comments about the reliability of data over the summer period, Josie Spencer agreed to circulate updated information to the Committee.
4. A query was raised regarding the amount of support offered to families waiting for treatment, particularly where there was a high level of emotional distress or challenging behaviour. Ann Aylard responded that more robust processes had been introduced over the summer which would lead to written information, advice for managing situations and signposting elsewhere during the waiting time. She added that risk assessment were always carried out and where necessary people where seen quickly. Concerned families were also able to speak to a clinician at any time to get support and the CWPT website offered a vast amount of guidance, information and links.
5. 89% of children and young people were seen within nine weeks of their initial assessment.
6. In cases where deterioration occurred while on a waiting list, the expectation was that families would contact CAMHS and where necessary, treatment could be brought forward. It was felt that this put the responsibility back onto children and families and that the Trust should be supporting people more. Jed Francique responded that the next step was to develop a holistic service which CAMHS would be one of many partners, organised around the needs of children and young people, with good communication between agencies. This would include up skilling the wider workforce and the ability to identify issues earlier.

7. Members asked for Nuneaton and Bedworth and North Warwickshire data to be presented separately.
8. In terms of recruitment and training, there was a national drive to raise the baseline of the level of skill in the workforce for mental health. Locally CWPT invested in staff through both external and internal CPD courses, capitalising on the skills within the organisation to develop other members of staff.
9. While it was not known exactly why the average Strength and Difficulty Questionnaire figures for Warwickshire were higher than average, contributing factors could be the threshold for services resulting in a higher level of complexity or the fact that other areas in the country had much higher levels of investment in primary mental health care work. Kate Harker noted that Warwickshire now had five primary mental health workers and a clear role for that team was about up skilling and building capacity across different agencies.
10. Members agreed that there needed to be more communication about the new booking system, which would deliver appropriate waiting list management, redefining some roles and using new technology.
11. While targets for achievement would involve meaningful dialogue between commissioners and providers, it was clear that a clear improvement in the outcomes for young people had to be evidence based, and that a critical aspect of future working was about partnerships.
12. The re-referral rate was a key measure for CAMHS and Members requested that this information be included in future reports.

The Chair thanked the CWPT representatives for their report, stating that he was encouraged by the work being done in moving forward.

The Committee agreed to:
- receive a briefing note with the latest September data;
- receive a further update report, including outcome data and re-referral data, at their meeting on 5 December 2012.

6. Ofsted/CQC Inspection

Wendy Fabbro gave an update on a recent joint Ofsted/CQC Inspection looking at child protection in Warwickshire where parents had mental health, drug or alcohol problems.

An action plan had been compiled from the lessons learned, with three key actions:
1. Recording and data sharing – particularly files for each organisation identifying the impact for children.
2. Commitment to joint training for adult services and children services staff, specifically in safeguarding, so that all staff had an understanding of the

impact on families. The possibility of joint supervision from adult services and children services staff was also being considered.

3. Production of a 'Think Family Strategy' setting out exactly what the Group was intending to deliver for families. This was scheduled into the work programme for early 2013.

The Chair thanked Wendy Fabbro for her update.

7. Public Health Transition – Shadow Year Developments

John Linnane introduced his report, providing an overview of how the new public health system will look and function post April 2013 and the work being done locally to ensure transformational change while still delivering the full range of public health responsibilities effectively and efficiently.

John Linnane reported that baseline funding for public health had been identified in indicative form by the Department of Health, based on historical logic and setting out a minimum settlement that would be ring-fenced for public health. The final allocation was expected by the end of the year.

Members requested a list of abbreviations and acronyms to be included in future reports.

The Chair thanked John Linnane for his report.

8. Hospital Discharge and Reablement Services

Wendy Fabbro passed on the apologies of Jane Ives (South Warwickshire Foundation Trust), who had had to leave the meeting early. She passed on Jane Ives' apologies for her late report and that Jane was satisfied that the report tabled with the agenda incorporated her views.

Zoe Bogg and Di King presented the progress report on hospital discharges and reablement services, including an update on the recommendations made by the Hospital Discharges and Reablement Services Task and Finish Group agreed by Cabinet on 14 July 2011.

During the ensuing discussion the following points were noted:

1. In response to a query regarding the safety of the system for patients who could have a number of transfers in rapid succession, it was noted that a 'Discharge to Assess' model was being considered which would identify a case management structure and manager to ensure a safe pathway for patients. It was agreed that this system should include a user feedback element to ensure open communication.
2. Members agreed the importance of reablement, which was not always easy when dealing with people who may suffer from dementia.

3. The problem of patients being discharged and then having long waits for medicine prescriptions to be filled, was highlighted.
4. It was noted that it was possible that a piece of work would be commissioned to consider how 'moving on beds' would be managed in the future.

The Chair thanked officers for an excellent report.

The committee voted to continue the meeting beyond three hours in accordance with Standing Order 30.7.

9. Q1 Performance Report

Chris Lewington presented the report setting out Quarter 1 performance.

The report was agreed.

10. Crisis House Provision

Sue Smith, General Manager Age Independent Mental Health, CWPT, presented the report setting out the background to crisis house provision and giving an update on the current occupancy levels of the two crisis houses in Warwickshire. She added that the situation was under constant review and that the contract for this service would end at the end of 2012. CWPT were working with Commissioners to ensure that services were meeting the needs of the residents of Warwickshire, including the crisis house provision.

A discussion followed and the following points were raised:

1. People had to be in psychiatric crisis and referred through appropriate people including Home Treatment Teams, to take up residency in the crisis homes.
2. Each of the homes had different criteria, but the aim of the house and the team was to get people back into their own homes as quickly as possible, before dependencies were built.
3. Feedback on the houses from users, carers and the teams was reviewed on an ongoing basis.

The Chair thanked Sue Smith for her report and requested an update before the Crisis House contracts were renewed.

11. George Eliot Hospital

Wendy Fabbro gave a verbal update from the member stakeholder group at George Eliot Hospital, which had presented an Outline Business Plan to the Department of Health, seeking approval for its plans to secure a new strategic partner through open competition. She noted that the member stakeholder group

enabled good involvement from a range of patient and professional groups, and had a good consensus on the way forward. Heather Norgrove confirmed that the Government response was expected shortly, after which the procurement process could begin.

Heather Norgrove confirmed that the decision-making process would include a health impact assessment, and that this would be confirmed formally to the Health and Wellbeing Board.

Wendy Fabbro stated that the process would then move to a confidential commercial stage, but these would be brought to scrutiny as soon as they were available.

The Chair thanked Wendy Fabbro for her update. He also thanked Heather Norgrove for her regular attendance at ASC&HOSC meetings, and asked that an update be brought to Committee at an appropriate time.

12. Department of Health Consultation on Health Scrutiny

The Chair referred to the draft response that had been circulated, highlighting the importance of the consultation. He asked Members to forward any comments to Ann Mawdsley and undertook to forward a copy of the final response to members of the committee.

13. Quality Accounts

Martyn Harris outlined the progress in setting up the Task and Finish Groups for each of the five Trusts and asked that any questions in relation to this work be forwarded to him.

The Chair thanked Martyn for the work that he had done in progressing the Quality Accounts Task and Finish Groups, which were a new venture in partnership working.

14. Work Programme

The Work Programme was agreed.

15. Any Urgent Items

None.

16. 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".

17. Exempt Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012

The Exempt minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012 were agreed as a true record and signed by the Chair.

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Chair of Committee

The Committee rose at 1.30 p.m.