

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

Councillor Bob Stevens declared a personal interest as a Governor of the NHS South Warwickshire Foundation Trust.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 5 September 2012

The public minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 5 September 2012 were agreed as a true record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

The Chair made the following announcements:

- (i) He congratulated Chris Lewington on her appointment as Head of Service for Strategic Commissioning in the People Group.
- (ii) He reported that he had held introductory meetings with all the CCG leads and that a further round of meetings had been arranged.
- (iii) He reported that another successful meeting of the Warwickshire health scrutiny partnership had taken place with the District and Borough partners and LINK. The group has now agreed a protocol, which will be shared with the Committee. He added that Ann Mawdsley had attended a meeting in London with the CfPS (Centre for Public Scrutiny) and a number of other local authorities looking at working with District and Borough Councils. Warwickshire was being held as an exemplar in this area.

Councillor Kate Rolfe noted that the October meeting of the health partnership scrutiny group took place a day after the press announcement of the closure of wards at Warwick Hospital due to a norovirus outbreak. Local Councillors had not been informed and Ann Mawdsley had undertaken to get information for Members. The

Chair noted that discussions were taking place to ensure this happened across the sector and thanked Ann Mawdsley for keeping everyone informed.

- (iv) He had attended the national Children and Adult Services Conference, as had Councillor June Tandy and Councillor Derek Pickard, and he would circulate a document setting out the major points that came out of the Conference.

Councillor Jose Compton announced that she had been privileged to be invited to open 'The Hub' in Leamington Spa, supporting adults with learning disabilities, and replacing day care centres around Warwick district. Councillor Compton reported that the Hub had been received enthusiastically and she hoped it would progress well.

Councillor Kate Rolfe stated that she had attended the opening of the Stratford Hub, which had also been well attended, but which she felt would take time to build its client base.

Wendy Fabbro agreed to let Members have the details of the Hubs in each area. The Chair asked for a report back to the Committee on the progress of the Hubs in six to nine months.

Councillor Jose Compton reminded members that the Dementia Portal was now live following a successful launch. This project had been undertaken with Coventry City Council and could take users and carers from start to finish, including pre-diagnosis and care pathways. Councillor Compton encouraged members to have a look at the website and see the vast number of connections available.

2. Public Question Time

None.

3. Review of South Warwickshire Community Emergency Response Team (CERT) and other developments in community services

Jane Ives and Christine Howell introduced the report setting out a review of the work done by the CERT team and other developments in community services.

During the discussion that followed these points were raised:

1. Social Care referrals were either included in GP referrals or dealt with directly by the Reablement Team. Jane Ives added that there were times when services offered were a blend of CERT and reablement services, and undertook to provide further information on this.

2. Jane Ives reported that there were currently six patients across Warwick and Stratford who had been referred for care and were waiting for care packages to be sorted, some had been waiting for up to six days already. CERT and Social Care teams worked closely to ensure the flow of care continued across all services. There had been no delays with reablement, but it was noted that care providers were having difficulty recruiting, particularly in Stratford.
3. It was acknowledged that this work had not yet been tested through a winter season and discussions were being held with the commissioners around winter funding for this year.
4. Once patients were discharged, their GPs retained medical responsibility for them, but their care was provided by highly qualified nursing staff and therapists.
5. CERT was operational in North and South Warwickshire. Following from the successes in both areas, a business case was being prepared to establish a CERT team in Rugby.
6. There were a high number of patients accessing services from the Alcester team when discharged from the Alex Hospital, Redditch. John Linnane noted that he had prepared a briefing note looking at the catchment area and admission numbers for the Alex, which he undertook to share with the committee.
7. There were very few patients discharged from the Horton Hospital in Banbury into Warwickshire.
8. "Making every contact count" was applied to all community services, but it was unclear how data on this was recorded. It was noted that there were issues around the lack of training materials for this and Christine Howell undertook to look into this.

4. Questions to the Portfolio Holders

- a. Councillor Michael Kinson OBE acknowledged that the Chief Executive of the South Warwickshire Foundation Trust Hospital would be attending the meeting on 5 December, but put the following question to Councillor Bob Stevens:

In view of the large numbers of new houses planned for Stratford and Warwick, would South Warwickshire Foundation Trust be able to cope in the future, both in terms of capacity and car parking, which was already over-loaded? What was being done to expand to cope with the new properties that would be built in the area? Councillor Kinson added that Glen Burley had done an excellent job in engaging local residents about parking issues, but it had to be accepted that South Warwickshire was a rural area and people used their cars to get to the hospital.

Councillor Bob Stevens made the following points:

- A new car park had been opened at the hospital in the last month.

- This was an issue being faced by all hospitals in Warwickshire, but South Warwickshire Foundation Trust did have ambitious plans and were aware of the planned increase in properties.
- The review of acute services in Worcester could also result in an increase in the number of patients accessing South Warwickshire Foundation Trust. He added that this was on hold at the moment.

John Linnane agreed this was a big challenge for all hospitals.

Jane Ives, Director of Operations at South Warwickshire Foundation Trust stated that the Hospital Trust Board had considered a capacity plan at their meeting in September. This had been prepared in liaison with the CCG and Public Health. Plans were being put in place to manage capacity, but at the same time there was a shift to change the shape of delivery to more services being delivered off-site and less pressure on acute services.

The Chair added that he was the lead for Warwick District Council on the Local Plan and in that role he had had, and would continue to have discussions with Warwick Hospital.

Councillor Kate Rolfe noted that she was a member of the Quality Accounts Task and Finish Group working with South Warwickshire Foundation Trust and this was included in the issues they would be looking at, as part of the patient experience.

Councillor Sid Tooth stated that the parking situation was echoed at University Hospital Coventry and Warwickshire, with seemingly no solution. He added that the focus on parking reflected badly on hospitals and detracted from the excellent work being done by the hospitals.

- b. Councillor Chris Williams explained the background to the GP surgery being closed at Lighthorne Heath and the fact that despite a pilot being set up, this had never happened, and the PCT had made a statement that this was due to there being other areas of greater priority, even though the PCT had admitted that this was an area of medical deprivation. He asked:
- Could the Committee ask Alison Walls to attend a meeting to explain about Lighthorne Heath?*

Councillor Bob Stevens stated that he had discussed this issue with Councillor Chris Williams, and that this decision rested with the CCG.

John Linnane noted that there had been a proposal to pilot services in the Lighthorne Heath catchment area, which for various reasons had not happened. He reminded Members there had been a huge amount of change in health arrangements, and under the new regulations the responsibility for primary care commissioning would rest with the National

Commissioning Board. The Local Commissioning Board was not yet fully formed.

The Chair thanked Councillor Williams for his question and suggested that he discuss the matter with Councillor Williams and Councillor Stevens outside the meeting.

- c. Councillor Martyn Ashford raised the question of obesity with the Portfolio Holder, adding that he had also raised this issue with Councillor Heather Timms, Portfolio Holder for Children and Schools. He stated that he had been trying to get school meals put on the curriculum, because although this was an issue for Public Health, if tackling obesity was going to be successful it needed to start with children.

John Linnane noted that one third of all 11 year old children in Warwickshire were overweight or obese. Public Health did have a programme working with schools in the north and in Rugby and "Food for Life" were launching a project with eight schools in Nuneaton in mid-November. He added that there was a wider issue of food culture and presented a constant challenge as it was dependant on individual schools taking the message on board and he welcomed more involvement from overview and scrutiny in looking at school health.

Councillor Bob Stevens responded that it was unfortunate that healthy eating had been removed from school budgets, and he believed the country was in danger of losing the Olympic message. He undertook to would meet with Fran Poole, the Health Development Manager in Public Health.

5. Carers Strategy Refresh

Rob Wilkes and Katie Herbert introduced the report which outlined the Carers Strategy Refresh, taking into account national initiatives and in anticipation of the Carer Support White Paper.

During the ensuing discussion the following points were raised:

1. The Committee raised concern that the Refresh was partly based on a study with young carers carried out in 1998 and that this 20 year old evidence may no longer be valid. Rob Wilkes undertook to review this and to give the Cabinet an indication of when these numbers would be updated.
2. Members asked when 2011 census data would be available to enable comparisons to be made against the 2001 census data used in the Refresh. Rob Wilkes responded that a lot of the Refresh was aspirational and would depend on the direction that legislation would take. He emphasised the importance of refreshing the Carers Strategy now and

- then monitoring and reviewing the Strategy, including the 2011 census refresh, the clear direction of travel set by the Bill and funding.
3. Concern was raised about statements offering support in the form of laptops and gym memberships to carers, particularly in the current financial climate. It was noted that this was accepted as best practice to meet the needs of carers and improve outcomes, and was a duty under the Adult Social Care Bill. Rob Wilkes noted that it was not clear whether the legislation would bring extra money and an assessment of the impact on outcomes would have to be carried out. He agreed however that there needed to be more context added to this undertaking in the Strategy.
 4. In response to a question asking how many unpaid carers in Warwickshire had had an assessment to date, and whether this would be financially viable, it was not clear what the situation was other than the knowledge that only a small proportion of these carers were assessed. These carer assessments were linked to registers held by some GPs and could be done at the same time as the person being cared for, where this was appropriate.
 5. Members agreed that “spouse” needs to be included under 1.2 *Who are carers?* on page 4 of the Strategy.
 6. Concern was raised about the identification of carers, which it was hoped would be updated in the 2011 census data.
 7. The Chair agreed that he and the Party Spokespersons would consider when a progress report should be brought back to the Committee.

The Committee agreed that the priorities and principles set out by the Carer Strategy Refresh were sound and the direction of travel was appropriate, but that the Cabinet need to be made aware of concerns raised by the ASC&H O&S and to be clear about how implementation of the Strategy would be monitored.

6. Charging Review Update

Chris Norton presented the report giving an update on the impact of the charging review.

During the ensuing discussion, the following points were raised:

1. Members raised historical concerns that the increase in cost would result in some people changing their package of care, which had in fact happened. In response to a query about how these people would be supported, Chris Norton responded that it was not possible to follow this through and measure.
2. Concern was raised on behalf of users who may be getting less care time than they were paying for. Chris Norton responded that this was in relation to the fee rate paid to carers, and could be addressed through contract management and quality control. The Service were also looking at electronic recording of care visits.

3. Warwickshire was not alone in increasing its charging rates and Chris Norton undertook to provide members of the committee with comparative rates charged by neighbouring authorities.
4. The Department of Health had determined that reablement for the first six weeks following hospital discharge should not be chargeable. Care packages implemented after that time were chargeable.
5. Chris Norton undertook to provide members with a copy of the threshold scales.
6. Members were reminded that social care services were only provided to those people assessed with critical or substantial needs.

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

Having made their comments, the Committee noted the report and asked for a further update in 12 months.

7. Quality Accounts

Martyn Harris gave a verbal update on progress made by the Quality Accounts Task and Finish Groups set up to work with the Trusts. The key message from the Groups so far was the need to take due note of feedback from patients and staff to improve services through the Quality Accounts. Deb Saunders of Warwickshire LINK agreed with the concern where Quality Accounts had a focus on CQUINs (where the Commissioning for Quality and Innovation (CQUIN) payment framework enabled commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals) rather than quality.

There was a discussion around the timescales for these groups and the opportunities members of the Task and Finish Groups had to develop informal relationships with the Trusts and to hold them to account over their Quality Accounts, gaining an understanding of how the Trusts were working and an ability to respond to the next round of Quality Accounts on an informed basis.

In response to concern raised that District/Borough members did not have the same level of knowledge about the new health arrangements, John Linnane noted that on Thursday 22nd November, he would be facilitating a member development session on health transition in Warwickshire, which would be opened to District and Borough Councillors.

The Chair thanked Martyn Harris for his update.

8. Work Programme

The Work Programme was agreed.

9. Any Urgent Items

None.

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Chair of Committee

The Committee rose at 1.30 p.m.