Scrutiny Committee

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Cambridgeshire County Council

22nd April 2010

Action

60. ASSESSMENT OF LAST MEETING

The Committee noted that the assessment of the meeting held on 4th February had been agreed at the previous meeting. The assessment for the meeting held on 13th April 2010 would be brought to the July meeting.

61. DECLARATIONS OF INTEREST

Councillors Dutton, Heathcock, Kenney, Read and J West declared a personal interest under paragraph 8 of the Code of Conduct as members of Cambridgeshire Older People's Enterprise (COPE). Councillor R West declared a personal interest as a member of the Buckden Surgery Patients' Association.

62. NHS FUNDED CONTINUING CARE AND REHABILITATION SERVICES IN CAMBRIDGE CITY AND SOUTH CAMBRIDGESHIRE – UPDATE ON IMPLEMENTATION OF REVIEW

The Committee considered an update report from NHS Cambridgeshire (the Primary Care Trust, PCT) on the development of continuing care and rehabilitation services in Cambridge and South Cambridgeshire. Mandy Renton, the PCT's Director of Nursing (Clinical Redesign and Service Improvements), introduced the report and answered members' questions, together with Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust (CCS). Members noted that the PCT was currently evaluating the services on the Brookfields Hospital site, at Arthur Rank House and Davison House; the evaluation findings would be reported to the Committee in July 2010.

Members further noted, in response to their questions, that

- waiting times for Occupational Therapy (OT) were comparable to those reported to the Committee in February 2010, and Huntingdonshire remained the area of greatest concern. The aim of the Brookfields development was to ensure that community rehabilitation facilities were in place; the Chief Executive of CCS expected these facilities to continue and be successful
- it was too soon for a detailed evaluation of whether the OT and Physical Disability team at Davison House was improving turnaround times and throughput, but now the service's build-up phase had been completed, the review would be able to evaluate it working at full capacity

- despite the prevailing difficulties in public finance, the PCT and CCS were focussing on community rehabilitation as a high priority
- the original Brookfields proposal had been for a reduced number of NHS-led rehabilitation beds at Davison House, supplemented by other beds in care homes. Currently, there were usually two or three people waiting in Addenbrooke's for a Davison House bed, which was unacceptable; the July report to Committee was expected to include a county-wide look at patient flow for rehabilitation beds, including length of stay
- the identity of the third party which would be providing the 40-bedded neuro-rehabilitation facility at Davison House was not yet confirmed. The PCT would fund ten of these beds, which would be used for patients currently being cared for out of County.

63. THE FUTURE OF HEALTH SERVICES FOR SOUTH FENLAND RESIDENTS – PROGRESS WITH IMPLEMENTATION OF REVIEW

The Committee considered reports updating it on the development of health services in South Fenland, including interagency work to improve access and transport to Doddington Hospital. In attendance to present the reports and answer members' questions were

- Tracey Cooper, Assistant Director – Community Clinic based Services, CCS
- Glenn Edge, Head of Passenger Transport, Cambridgeshire County Council (CCC)
- Susan Last, Head of Public Engagement, PCT
- Vinny Logan, Interim Project Manager, PCT
- Mandy Renton, Director of Nursing (Clinical Redesign and Service Improvements), PCT
- Wendy Otter, Transport Development Manager, Fenland District Council (FDC).

Members noted that the PCT Board had endorsed the revised Option 3 at its meeting in September 2009, including the opening of intermediate care beds within an "extra care" housing facility constructed on the Doddington site. Since then, the development of the extra care facility had been proceeding well, with building work due to start by the end of June 2010. It was hoped that the minor injuries service, provided by CCS, would start working extended hours from early July 2010, with accompanying extended hours for the radiology unit. The radiology unit would provide a diagnostic service for the minor injuries service.

Members noted that FDC was represented on the Doddington Implementation Team (DIT), which provided a good example of partnership working across various authorities. The Fenland Strategic Partnership Transport and Access Group (TAG) was also involved in work on transport issues arising out of the review, but its work had been somewhat hampered by a lack of continuity in the PCT involvement in the TAG.

In the course of discussion, members

- expressed dissatisfaction at the lack of initial progress to resolve transport issues and pointed out that partnership working was dependent on partners communicating with each other regularly

- bearing in mind the Ambulance Service's first responder scheme, suggested that the possibility of involving the local community more be investigated, for example by inviting people to act as volunteer drivers
- sought clarification of the relationship between the minor injuries service, the out of hours service, and the local GP service. Members were advised that the minor injuries service would be run by nurse practitioners and would be based in the same building as the out of hours service. The extended service would be open during the day seven days a week for the treatment of minor, non-urgent injuries; it would not be able to offer GP-led procedures or dentistry. The nurse practitioners would undertake simple diagnostics, some prescribing, and some treatments, including suturing, and would liaise with the out of hours service and local GPs
- asked what would happen if a minor injury turned out to be more serious. Members noted that if treatment at an acute hospital were required, either the patient would be given directions how to reach the hospital, or an ambulance would be called if the patient could not otherwise get there
- asked the Head of Passenger Transport what the County Council had done, as passenger transport authority, to promote work to solve the transport issues. The Head of Passenger Transport drew attention to the report's appendix on FDC's response on access and transport issues, which included reference to the County Council's involvement in this area; CCC was in constant dialogue with FDC officers and members.

  He said that efforts to consult the PCT about joining forces for non-emergency transport had been hampered by a three-month delay in the PCT officer replying to his email.

  More voluntary car schemes and drivers were required; many people still thought of community transport as for only the old and infirm, but this was not the case. He was still trying to find ways of developing a demand-responsive transport pilot, and Doddington might prove a suitable area in which to introduce such a pilot. He assured members that the slow rate of progress was not because of lack of effort, but because there were no easy answers. Members suggested that more use be made of parish councils as a channel for communication with residents

  FDC's Transport Development Manager said that a new community car scheme had been launched in the last year and was available across the district, though there were issues about publicity for the scheme. Results of the transport questionnaire from the consultation had yet to be analysed, but map-based evidence had been used to show bus services, community transport and where bus-pass holders lived. Dial-a-Ride was now available across Fenland six days a week.

The Committee expressed disappointment and frustration at the slow rate of progress in resolving transport issues, and asked that a further report be made to its next meeting.

64. REDUCING DELAYS IN DISCHARGE FROM HOSPITAL – PROGRESS REPORT

The Committee received a report updating it on work to reduce delays in discharge from hospital, following its earlier consideration of delayed

transfers of care from Addenbrooke's at its meeting in December 2009, and of the impact winter pressures on Addenbrooke's and Hinchingbrooke hospitals at its meeting in February 2010. Present to report progress and respond to members' questions were

- Claire Bruin, Service Director: Adult Support Services, CCC
- Brenda Hennessey, Director of Patient Experience and Public Engagement, Cambridge University Hospitals Foundation Trust (Addenbrooke's)
- Mandy Renton, Director of Nursing (Clinical Redesign and Service Improvements), PCT
- Matthew Winn, Chief Executive, CCS
- Councillor Fred Yeulett, Cabinet Member for Adult Social Care, Health and Wellbeing, CCC.

Members noted that the hospitals had not been formally invited to attend. Apologies had been received from Dr Gimson, Divisional Clinical Director of Medicine at Addenbrooke's.

The Director of Nursing introduced the Service Director's written report on the current performance against the National Indicator 131: Delayed Transfers of Care, and on the response within the health and social care system. She emphasised that it was essential that the position be improved before the autumn, to avoid struggling through another winter with the same problems of delayed transfer.

The Director of Nursing also reported on the feedback from GO-East, advising the Committee that

- the East of England's Social Care and Partnership Team at the Department of Health had been commissioned by Sir Neil McKay of NHS East of England (the Strategic Health Authority, SHA) to review Cambridgeshire's delayed transfers of care, in support of a whole-systems approach; the review had been carried out in close co-operation with NHS Primary Care, Acute trust, SHA and Local authority colleagues
- the review had made four key observations
    1. There was no overarching picture of the system so there was no simple way of tracking together impacts of change
    2. Fewer A&E attendances than in the benchmark areas, but more people becoming a lodged patient
    3. Figures suggested a problem with patient flow across the system
    4. There was a lot of support in the community but was it reabling effectively?
- in response to Observation 1, the PCT was developing a system to analyse what patients were coming through and what gaps in the system needed to be filled to help reduce admissions or stay length
- Observation 2 suggested that once people arrived on the hospital site, there was a shortage of alternative routes for their care other than hospital admission
- Observation 3 had found that there was a problem in moving patients, particularly the elderly and frail, from acute care into NHS non-acute care

- the finding of Observation 4, that the Cambridgeshire level of reablement was low, had not come as a surprise. Neuro-rehabilitation seemed to stand out as an area of blockage; those waiting for it tended to be recovering from a head-injury rather than a stroke. Recovery times for head injury were in general longer than stroke recovery times, and it was necessary to ensure that provision for the patient was appropriate.

The Director of Nursing said that in the light of the GO-East review, the existing action plan to maximise patient flow might have to be streamlined and prioritised. It would be necessary to think at a high level how to deal with

1. admission avoidance
2. maximising recovery through use of reablement
3. the whole area of maintenance and keeping things safe
4. increasing the public's understanding of what was appropriate use of acute hospitals; they were for acute care only, with follow-up care continuing in the community.

Members noted that working with the community now formed part of the work stream.

Invited to comment by the Chairman, Robert Boorman of COPE said that the PCT was right to identify re-education of the public about acute hospitals as a need. People were often not aware of what else was available other than hospital, or there were not enough non-hospital facilities, or people were afraid of the cost of using alternative services. Kim Armitt of the Cambridgeshire Local Involvement Network (LINk) said that people often preferred to be treated in the community rather than as an acute hospital in-patient, but the facilities were not always available, and provision of support for the patient often depended upon family carers. She said that it was important to start considering discharge options early in a patient's stay in hospital, and reported that LINk had been involved in work being done by Addenbrooke's about post-hospital care.

The Addenbrooke's Director of Patient Experience said that some new patients required a long stay in hospital, and it was often necessary to send acute neurological patients to Bristol or Leeds. She confirmed that the Director of Corporate Development at Addenbrooke's had been working on this problem; she would report his findings to the Health Scrutiny Co-ordinator before the Committee's next meeting. BH

In the course of discussion, members

- expressed concern that the problem of delayed transfers of care was getting worse rather than better and asked why it was proving so difficult to resolve. The Director of Nursing advised that there was no one cause; both Addenbrooke's and Hinchingbrooke had systems in place to address discharge planning, but the two hospitals were very different from each other and required different solutions.

  The Director of Nursing said that two years ago Cambridgeshire had had a low level of delay. Probable reasons for the change over the years included changes in the health pathway, which meant people had different needs on arrival in hospital, and an increase in the number of older people with complex needs

- were advised by the Service Director that Adult Support Services staff were involved in negotiations and ongoing discussion with home care agencies, with a view to ensuring that there was adequate home care capacity for the number of people being discharged from hospital. The agencies had recruitment programmes to increase staff capacity; the more frail clientele required more carer time to meet their needs.

  She said that in 2004, Cambridgeshire had been the worst authority both in the region and amongst its comparator authorities in terms of home care capacity; capacity was still not entirely adequate and needed to be increased further. However, reablement would reduce people's need for home care in the longer term, which would release more capacity to meet the needs of those newly-discharged from hospital

- asked whether inadequate funding contributed to the problem. The Director of Nursing advised that GO-East had examined the funding against benchmarking and had found that it was not a problem.

  The Chief Executive of CCS said that what did cause difficulties was the constant, unremitting demand for post-discharge care, all year round, not just in winter. In Cambridge City and South Cambridgeshire, home care agencies experienced some recruitment difficulties, contributing to the difficulties of establishing the complex care packages needed by some people. It was important to realign resources to care for people better, for example in Brookfields and the neuro-rehabilitation unit. If these issues could be dealt with, then he would be less worried about the few people who preferred not to leave hospital because they lacked family support

- noted that key projects to improve the figures were
  - reablement – with work starting actively in August 2010
  - carers' respite
  - a look a the work of the falls service
  - a project on putting intensive support into residential and nursing homes

- asked what scope there was for increasing capacity in settings other than acute hospitals in time for autumn. Members noted that capacity could be increased by spot purchase of beds, but that was not necessarily the best solution. GO-East had found Cambridgeshire to be well-provided with beds; what was more significant was the length of stay in hospital

- asked whether there was any financial incentive for hospitals to admit patients presenting at Accident and Emergency. The Director of Nursing said that there was certainly no incentive in the current year, as the tariff had been reduced by 30%. She thought it likely that the reason for the high proportion of patients attending A&E going on to be admitted to hospital was that people were more seriously ill when they arrived

- commented that it was difficult to judge the report in isolation; it would be helpful to have regional and national comparators, and specific details for each of the two acute hospitals

- noted that hospital discharge was classified as priority 1 for Occupational Therapy purposes, and equipment could be obtained in one to three days

- expressed concern at the possibility that readmission rates might increase if people were hurried out of hospital, and asked to see readmission figures for the past 12 months

- noted that the number of delayed patients for whom the County Council reimbursed the PCT had reduced recently, reflecting the proportion of cases in which health problems were the cause of delay.

The Committee noted the progress made in establishing a co-ordinated whole system approach across Cambridgeshire in order to reduce the serious problem of delayed transfers of care.

65. MEMBER LED REVIEW OF ACCESS TO HEALTH SERVICES FOR PEOPLE WITH LEARNING DIFFICULTIES – IMPLEMENTATION OF RECOMMENDATIONS

The Committee considered a report on progress in implementing the recommendations from the member-led review of access to health services for people with learning difficulties which had been conducted in 2008/09. Attending to present the report and answer members' questions were

- Sean Anderson, a Peer Champion on the Cambridgeshire (Learning Disability) Parliament and Co-Chair of the Learning Disability Partnership Board
- Jean Clark, Service Development and Commissioning Manager, Adult Support Services
- John Ellis, Head of Mental Health, Learning Disability and Substance Misuse Commissioning, PCT
- Tracy Gurney, Acting Area Manager, Huntingdon Learning Disability Partnership, Cambridgeshire Learning Disability Partnership (LDP).

Apologies were received from two members of the LDP Carers' Network, family carers Elaine Davies and Vicky Raphael.

Members noted that an action plan was in place to address both the recommendations of the member-led review and the findings of the self-assessment process conducted by the SHA. Progress made in implementing the review recommendations included an increase to 78% in the number of known people with learning disabilities having a health check in the last year, and the roll-out of Patient Passports in hospital trusts, along with a considerable improvement in hospital trusts' general awareness of the needs of people with learning disabilities. Initial indications from the SHA self-assessment were that significant progress had been made in seven key areas.

In response to their questions and comments, members further noted that

- Addenbrooke's Hospital now required every patient with a learning disability to have a passport; the same passport was used for all health purposes
- the details a person might choose to have included in their passport (e.g. "If I do… it shows I am in pain", "I like my food to be…") could form the start of their care plan. It was important to have the passport up to date for a planned admission to hospital, though the paper passport might not be readily available for an emergency admission
- officers would check the current position with regard to clear, intelligible signage within hospitals

- in relation to transport to hospital, work had been undertaken with the Ambulance Trust, and GP practices were being made aware that the needs of service users who required extra assistance must be flagged up when arranging hospital treatment
- as part of improved communication with hospitals, Learning Disability staff were becoming better known within the hospitals
- in addition to the improvements already seen in primary care and hospitals, it was necessary to ensure that progress was also made in community settings, so that the needs of a person with learning disabilities were taken into account as a matter of course.

The Chairman thanked all participants for their contributions. Members were invited to attend the next meeting of the Cambridgeshire Parliament, on 14th May 2010. The Service Development and Commissioning Manager undertook to supply members with further details. JC

The Committee noted the progress made by the LDP and health bodies, and noted the current process and action plan in place to further improve the equity of access to healthcare for people with learning disabilities.

66. REVIEW OF THE DEVELOPMENT OF SELF-DIRECTED SUPPORT IN ADULT SOCIAL CARE: UPDATE ON PROGRESS

The Committee considered a report on the progress made against the recommendations of the Health and Adult Social Care Scrutiny Report on the Member Led Review into the development of Self-Directed Support (SDS) in Adult Social Care. The review had taken place between October 2008 and March 2009. Mike Hay, Head of Transformation, Adult Support Services attended to present the report and respond to members' questions, along with the Cabinet Member for Adult Social Care, Health and Wellbeing and the Service Director: Adult Support Services. The Committee noted that work to implement SDS was progressing well. The local target of moving 35% of adult service users onto SDS had already been achieved, a year ahead of the lower national target of 30%.

In response to questions and comments raised by members, the Committee further noted that

- the initial implementation focus had been on mechanisms and systems. The purpose of this approach was to enable a culture and way of working; more of the cultural issues would be picked up in the coming year. Some glitches had been experienced as people became accustomed to different paper-based and electronic systems
- no "mystery shopper" exercises had yet been undertaken, but a longitudinal study of SDS was being conducted at national level, and locally, officers were already working with the service-user reference group to see what role that group could play. It was already proposed to keep cultural change messages running for three years
- the user group was examining all communications; rather than using a national DVD, the production of a Cambridgeshire DVD was planned

- ongoing work with the learning disability day services continued, looking at their future role. Usage of the day services had tended to decrease, because the more able service users were participating in e.g. opportunities for learning and training provided by the Social Training Enterprise Group. An options appraisal was expected in late May
- a few years ago, a review had been conducted with a view to independent sector providers playing a larger part in relation to people with more severe needs, and some thought had been given to the establishment of a trust, but this had not occurred
- in response to a member comment that he and his local day centre had not been aware either that the trust idea had been abandoned, or that a further review was under way, members noted that the project group was still trying to articulate future options, and to engage family carers in working with the review. The Service Director acknowledged that communication with local members could have been better, and undertook to supply the terms of reference for the project group to the Health Scrutiny Co-ordinator after the project workshop planned for May CB
- liaison between County and Districts on housing support was carried out by a member of the Adult Support Services staff with a background in housing, who liaised with Cambridge City and with South Cambridgeshire when a service user needed housing support. Similar work was being done elsewhere in other districts, and consideration was being given to whether any of the available social housing was suitable for people with a learning difficulty.

Members welcomed the report and noted the progress made in implementing self directed support across the County and the three case studies provided to demonstrate the positive outcomes that are being achieved

67. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE: MODEL TERMS OF REFERENCE

The Committee considered a report on the model terms of reference which the East of England Health Scrutiny Chairs Forum had agreed would be used as a basis for future regional and sub-regional joint health overview and scrutiny committees (OSCs). Members noted that waiving the political proportionality requirements for such committees would enable other authorities in the region to waive proportionality for their representatives to them. It would not affect the County Council's observance of political proportionality when appointing its own representatives to the joint OSCs.

The Committee agreed to endorse the model terms of reference, as appended to the report before Committee, and agreed to waive political proportionality requirements for joint health overview and scrutiny committees set up under these terms.

68. WORK PROGRAMME

a) Hinchingbrooke Hospital – Membership of Working Group

The Committee considered a report inviting it to nominate an additional member to its working group on Hinchingbrooke Hospital. The working group

had originally been set up to liaise with the NHS and stakeholder panel on issues relating to the franchising of the management of Hinchingbrooke Hospital, and later also tasked with following up issues relating to the quality of services at the hospital.

The Committee agreed to enhance the existing working group by the addition of two further members, Councillors Dutton and King, to the existing four members, Councillors Farrer, Melton, K Reynolds and R West.

b) Committee work programme update

Members discussed how best to manage the Committee's very considerable work programme. It was suggested that it might be helpful to focus on exceptions when considering update reports, and acknowledged that new issues would continue to need a broader approach.

In order to avoid the calling of additional meetings, which had been necessary twice in the current municipal year, the Committee agreed to ask that the annual number of its scheduled meetings be increased from six to eight. Because the calendar for 2010-11 had already been drawn up, this increase would take effect for the municipal year 2011-12.

69. CALLED IN DECISIONS

Members noted that no decisions had been called in since the despatch of the agenda.

70. DATE OF NEXT MEETING

It was noted that the next meeting of the Committee would be held on Wednesday 21st July 2010 at 2.30pm.

Members of the Committee in attendance: *County Councillors G Heathcock (Chairman), J Dutton, G Kenney, S King, L Nethsingha, P Read (substituting for Councillor V McGuire), K Reynolds and J West; District Councillors R Hall (South Cambridgeshire), B Keane (Fenland), J Petts (East Cambridgeshire) and R West (Huntingdonshire)*

Apologies: *County Councillors S Austen, B Farrer, V McGuire and C Shepherd; District Councillors R Boyce and L Walker*

Also present: *County Councillor F Yeulett*

Time: *10.35am – 1.15pm*
Place: *Shire Hall, Cambridge*

Chairman