

Scrutiny Committee

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

24th May 2011



Cambridgeshire
County Council

Action

1. CONFIRMATION OF CHAIRMAN FOR THE MUNICIPAL YEAR 2011 – 12

The Committee noted that Councillor Kevin Reynolds had been appointed Chairman of the Committee for the municipal year 2011 – 12. The Chairman paid tribute to the dedication and hard work of his predecessor, Councillor Geoffrey Heathcock.

2. CONFIRMATION OF VICE-CHAIRMAN FOR THE MUNICIPAL YEAR 2011 – 12

The Committee noted that Councillor Gail Kenney had been appointed Vice-Chairman of the Committee for the municipal year 2011 – 12.

3. CO-OPTION OF DISTRICT AND CITY COUNCIL MEMBERS

The Committee noted that, because of the timing of the present meeting in relation to the district councils' annual meetings, only Huntingdonshire District Council had been able to nominate a member and substitute to the Committee.

The Committee co-opted Councillor Richard West as Huntingdonshire District Council's representative, and Councillor Deborah Reynolds as his substitute.

4. DECLARATIONS OF INTEREST

Councillor V McGuire declared a personal interest under paragraph 8 of the Code of Conduct by reason of working for a caring agency. Councillors Austen, Kenney, V McGuire and West declared a personal interest as members of Cambridgeshire Older People's Enterprise (COPE).

5. MINUTES OF LAST MEETING – 22nd MARCH 2011

The minutes of the final meeting of the Adults, Wellbeing and Health Scrutiny Committee, held on 22nd March 2011, were confirmed as a correct record and signed by the Chairman.

6. MEMBER-LED REVIEW OF ACCESS TO CARE, SUPPORT AND ADVICE FOR PEOPLE WITH DEMENTIA AND THEIR CARERS FOLLOWING DIAGNOSIS: FINAL REPORT

The Committee considered a report setting out the findings and recommendations of the Committee's member-led review of access to care, support and advice for people with dementia and their carers following diagnosis. The review had been undertaken in 2010; once agreed, its recommendations would be submitted to Cabinet and health partners.

Attending to respond to the report and members' questions and comments were

- Councillor Catherine Hutton, Cabinet Member for Adult Services
- Claire Bruin, Service Director: Strategy and Commissioning (Adult Social Care (ASC))
- Rod Craig, Executive Director: Community and Adult Services
- John Ellis, Head of Mental Health, Learning Disability and Substance Misuse Commissioning, NHS Cambridgeshire (Primary Care Trust, PCT)
- Jackie Galwey, Assistant Director of Operations, Care at Home Division, Cambridgeshire Community Services NHS Trust (CCS)
- John Hawkins, General Manager, Older People's Mental Health (OPMH) Services, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

The Cabinet Member for Adult Services thanked the members who had taken part in the review, which had involved extensive research and meeting many people. She particularly thanked the Scrutiny and Improvement Officer, Jane Belman, for all her hard work in organising the review and drafting the report.

The Scrutiny and Improvement Officer said that the review had focussed on Objective 4 of the National Dementia Strategy (NDS), 'Easy access to care, support and advice after diagnosis'; its key finding had been that the quality of services and support available in Cambridgeshire was extremely variable. She thanked the members of the review group, including the two members co-opted from the Local Involvement Network (LINK). The Chairman added his thanks.

The Chairman of the review group, Councillor Shepherd, introduced the review group's findings, pointing out that

- dementia posed a major challenge for health and social care provision
- the review had found that much high quality work was being carried out, but had also found a marked lack of consistency
- none of the report's recommendations required financial investment; on the contrary, by providing prompt diagnosis and appropriate services from the outset, substantial sums of money could be saved
- it may well be that the review's recommendations needed to be narrowed down, but it was important that a named person took responsibility for implementing the final recommendations.

The Cabinet Member for Adult Services welcomed the report and supported the concept of improving consistency. She wished to see the examples of good practice replicated, and improved communication and learning from each other. The Cabinet Member said, however, that a number of the recommendations appeared to be on a common theme, and suggested that it might be helpful to combine some of these to reduce the number of recommendations.

The PCT's Head of Mental Health, Learning Disability and Substance Misuse Commissioning welcomed the report, saying that its recommendations had not come as a surprise. The PCT had been working on implementation of the National Dementia Strategy for the past two years; each GP cluster had a mental health lead. The PCT had conducted an extensive consultation on improving OPMH services in Huntingdonshire and Fenland in autumn 2010, and had developed a draft strategy document for the whole of OPMH provision, which was a priority area for the PCT. The strategy document would draw

together work done round the NDS, the autumn 2010 consultation, and the member-led review's recommendations.

CPFT's General Manager, OPMH Services also welcomed the report. CPFT had already made significant progress in improving services for people with dementia, including rolling out primary mental health care training, but he recognised that gaps in provision remained. He was content with the report in its present form. The Assistant Director of Operations, Care at Home Division, CCS welcomed the report and looked forward to working with partner agencies.

The Executive Director: Community and Adult Services also welcomed the report, and pointed out the need to dovetail the response to it with work already in place on the NDS. Commenting on specific aspects of the report, he said that

- he was not convinced that there were no resource implications, and it would be necessary to find the resources required to implement e.g. the recommendations on training. The report to Cabinet should state which recommendations had resource implications
- in relation to provision of a named person as point of contact for patients and carers, he agreed that it was crucial to ensure that a named person co-ordinated services at diagnosis, but once services were in place, ASC was not in a position to provide an ongoing named contact
- it was necessary to bring together the work of partner agencies in responding to the recommendations where responsibilities overlapped
- although the report referred to the work of one specific third sector organisation, which played a substantial part in supporting people with dementia, the report should be adjusted to reflect the fact that that organisation would not necessarily be a partner in future.

The Service Director: Strategy and Commissioning added that if a contract was coming to an end, it was necessary to go out for a wider tender even if the current provider was performing well.

The Cabinet Member was asked what format would be helpful for Cabinet. She suggested two pages of key recommendations, with supporting documents attached. The Head of Mental Health Commissioning said that he was involved in drafting a strategy document for the NDS; in this document, actions were being grouped by care settings and matched to the recommendations of the NDS and of the Overview and Scrutiny Committee (OSC). The Executive Director supported this approach, saying that it would then be clear to whom each recommendation applied, though some were overarching, e.g. training.

In the course of considering the draft review report, individual members

- sought clarification of the work undertaken by the Alzheimer's Society in Cambridgeshire. Gill Lintott, the Society's County Manager, advised that the Society received funding to enable it to provide the same services across the county, with the exception of some pilot projects, e.g. a singing group based in Sawston (but open to any resident of the county), and work with primary care in St Ives. She welcomed the report, saying that the Society aimed to provide the outcomes required of it, to work closely with partner organisations, and to deliver services equitably across the county
- suggested that the estimated doubling of the number of older people with dementia from around 7,000 to 14,000 over the next 20 years would be an underestimate if it had not been adjusted to allow for inward migration

- citing the examples of Kingswood Park, March and the difficulties faced by Southern Cross, commented that the loss of care beds and day services made “easy access to care” more difficult, and that the providers of services faced difficulties arising from a rise in capital expenditure to enable higher standards to be met, at a time of falling funding and bed occupancy. Although the financial viability of local care homes had not been within the review’s remit, it did affect ease of access to care, and if a local home were to fail, then the County Council would be obliged to make provision for its residents.

The Cabinet Member pointed out that it was for the manager and owners of Kingswood Park to make a decision about the home based on the expenditure required on the building. There were just over 100 residents of Southern Cross homes in Cambridgeshire; if necessary, they and/or Kingswood Park residents would be found alternative accommodation, taking care to maintain friendships and family relationships, and suitable alternatives for Kingswood Park day centre users would be sought.

The Executive Director added that the six Cambridgeshire Southern Cross homes were not providing places under a block contract, and that the Council’s rate of admission to care homes had not increased in line with the increase in population; it was part of the NDS to provide care as close to home as possible

- noted that the review’s discussions with carers had included casual carers, though in most cases, the discussions had been with the spouse of a person with dementia, and had covered the support needs both of the person with dementia and of the spouse.

Janet Feary of Cambridgeshire LINK thanked the review group for including LINK in its work and visits. She expressed the hope that at least some of the report’s recommendations would be implemented and that LINK could continue to work with the County Council. The Chairman of the review group said that in the course of the survey, the group had heard some appalling stories from some desperate people. She stressed the importance of taking this report to Cabinet and of resolving the problems identified by the review group, for the sake of people with dementia and their carers.

The Chairman reminded members of the need to fine-tune the review report in the light of the comments made, in order to give it maximum impact for Cabinet and partner organisations. The Committee agreed that the original review group (Councillors Austen, V McGuire, Shepherd and West), plus Councillors Kenney and K Reynolds, should undertake this revision, then circulate the revised draft to all members of the Committee for their further comment before submitting the report to Cabinet.

Review
group;
all

7. MENTAL HEALTH SERVICES 2011 – 14

John Ellis, Head of Mental Health, Learning Disability and Substance Misuse Commissioning, NHS Cambridgeshire, updated the Committee on developments in the PCT’s commissioning intentions for local mental health services. He reported that

- the PCT was working with Cambridgeshire and Peterborough NHS Foundation Trust to find ways of delivering the savings required under the NHS’s efficiency framework while minimising the impact of these efficiencies on service users

- representatives of the GP clusters were meeting with the PCT to explore how to raise the profile and input of GP services in the treatment of patients presenting with mental health needs
- treatment of patients with long-term mental health needs could be largely GP-based if their condition was stable, with easy access back to secondary care if necessary, though referral criteria and arrangements were yet to be finalised
- the PCT expected to present its proposals for public consultation probably in July 2011, and would continue holding informal meetings with interested parties, including the Overview and Scrutiny Committee.

In response to their questions and comments, the Committee was further advised that

- the GP representatives were committed to improving mental health services and were participating in service planning meetings; primary and secondary care were working together, and innovative approaches were being developed
- there were difficult decisions to be made, as it was necessary to ensure that sufficient capacity was available for those people who needed mental health services
- it was possible to increase GPs' awareness and experience of mental health problems, as demonstrated by the good progress made by the Older People's Primary Care Mental Health Pilot Project in St Ives, where the training provided by the Primary Mental Health Service to GPs had raised awareness of dementia and of other mental health problems in older people, such as anxiety and depression. The Primary Mental Health Service would provide GPs with an alternative to their present practice of referring a person with mental health problems to secondary care services
- work was being undertaken, in accordance with national policy, to explore possible ways of allowing people to refer themselves to mental health services without going via their GP, though the problem could then arise of people referring themselves inappropriately; some gateway function could well be established, perhaps including the voluntary sector, for people with mild to moderate difficulties
- GP-led commissioning was key to the improvement of local mental health services, and would be going ahead regardless of the current delay in implementing the Health and Social Care Bill; the partnership working between GP mental health leads in each cluster and mental health staff in the PCT was functioning well
- the report on CPFT's Business Plan 2011 – 2014 was still being taken to the CPFT Board on 25th May, as described at the last meeting of the Adults, Wellbeing and Health Scrutiny Committee, but this was a high-level plan for submission to Monitor, not a detailed plan.

David Jordan, Chair of Peterborough and Fenland Carer Support Service, reported that the number of calls received by the Service's 24/7 care line had increased significantly in the past two weeks, with most calling because of difficulty in accessing services. He had noted a significant increase in the number of people not receiving help such as cognitive behaviour therapy (CBT) or counselling, and cited a specific case of lack of cohesion between secondary and primary care when a man with a depressive disorder was discharged from

secondary care. He expressed satisfaction with developments in GP commissioning, and expressed concern that there might be some impetus to discharge people from secondary care too quickly. The Head of Mental Health Commissioning said that GPs had identified that there was a problem with reaccess to secondary care, and were committed to finding a mechanism by which people could return to secondary care if necessary. They were also looking at ways of increasing the availability of CBT.

Members agreed that the PCT and CPFT should continue to report on the plans for mental health services to the Committee's Mental Health sub-group (up to May 2011, County Councillors King, V McGuire and K Reynolds, and District Councillor S Brown and L Walker) with the addition of Councillors Kenney and Sales. The Committee agreed to co-opt Councillor Heathcock to the sub-group. The sub-group would then report to the Committee's next meeting.

PCT,
CPFT,
MH sub-
group

8. ADULT SUPPORT SERVICES

a) Updated Assessment of Performance Report Action Plan (2009–10) and exception report

The Committee considered a report on the progress being made to respond to the Care Quality Commission's (CQC's) Assessment of Performance Report 2009/10 for Adult Social Care (ASC) Services. The Cabinet Member for Adult Services reminded members that five areas had originally been judged to be performing well and two excellent; only two areas now remained even amber. The Service Director: Strategy and Commissioning explained that both these areas related to activities being taken forward with GPs, and were at amber because of the need to wait for the GP senate to be established.

Members noted that the PCT's Head of Mental Health Commissioning was leading discussions with GPs on the possible form a locally-enhanced service agreement might take, including defining GPs' contribution to ensuring care homes are equipped to provide end of life support.

The Committee welcomed the report and agreed that exception reporting would remain as a standard item on the agenda. The Service Director undertook to inform the Scrutiny and Improvement Officer if there were no amber or red ratings to be reported on.

CB

b) Reviewing progress against the Integrated Plan 2011–12

The Head of Regulation, Performance and Business Support, Simon Willson, introduced a further report on how ASC's progress against meeting its Integrated Plan (IP) objectives for 2011-12 would be reviewed. The Service Director: Strategy and Commissioning was also in attendance. The Committee noted that the "star model", intended as a tool by which members could explore ASC's progress, now included more detail, and that the *Proposed Framework for Assessing User and Carer Feedback* (report Figure 1) set out various means by which information on service users' and carers' experience was captured.

In response to members' questions and comments, officers advised that

- the findings from quantitative surveys made it possible to compare Cambridgeshire's results with those of other authorities annually. By making use of findings from LINK's quarterly survey on ASC matters, and of operational intelligence from providers about people's experience, it was possible to assemble information on a much more frequent basis

- qualitative information was gathered by talking to people, including at the annual Carers' Conference, which was held at a different venue throughout the county each year, and was usually oversubscribed. Carers were offered support for the person cared for to enable them to attend the conference, and transport if required; although some attended from care agencies working under contract with the authority, the focus of the conference was on informal carers (family and friends). The Head of Regulation, Performance and Business Support undertook to notify members of the Committee of the date and venue of the next conference
- consideration was also being given to ways of engaging with service users and carers between conferences, and the possibility of holding a conference for service users themselves was being explored
- in relation to a member's observation that it tended to be only the more mobile and articulate who attended the Carers' Conference, officers advised that efforts would be made to involve people who could not easily get to or participate in any service users' conference, and feedback from service users with limited ability to communicate would be sought by talking to carers and close family members
- officers were seeking to develop a robust process for gathering information on how the IP adjustments were affecting service users, including the use of regular meetings of participation groups; these groups could be asked to reflect on their experience, and their observations could then be collected and analysed.

The Cabinet Member for Adult Services welcomed the report; the measures it described would ensure that not only was data collected from a cross-section of carers, but also that the findings would inform future action. The Chairman thanked officers and Cabinet Members for their attendance and participation.

9. COMMITTEE PRIORITIES AND WORK PROGRAMME 2011/12

The Committee considered its work programme for the municipal year 2011/12, looking at its priorities, outline timetable, and member working groups and liaison arrangements.

The Committee

- agreed the priorities, proposed approach and outline timetable
- decided to establish a member working group on Adult Social Care, focusing on reviewing progress against the Integrated Plan, with particular reference to monitoring the effect of service changes on users and carers. The working group would conduct a member led review on a specific aspect of ASC
- agreed that the members of the ASC working group be County Councillors Austen, King, Kenney, K Reynolds, Shepherd and West, with the possible future addition of District Councillors
- agreed that member information seminars be held on GP commissioning on 7th July, and on public health on 15th September 2011.

Members raised the question of efficiency in Adult Social Care, giving the example of home care assistants not necessarily being deployed from the centre closest to a service user's home. It was agreed that the ASC member-led review should focus on effective use of resources, and suggested that members in the first instance pass on information about apparent inefficiencies

in ASC to the ASC working group. In the longer term, it might become appropriate to conduct a member-led review on a housing-related topic, perhaps in collaboration with district councils.

In relation to future developments at Hinchingsbrooke Hospital, members noted that franchise arrangements were delayed as part of the pause and listening exercise being carried out into the proposals contained in the Health and Social Care Bill.

10. CALLED IN DECISIONS

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

11. DATE OF NEXT MEETING

It was noted that the next meeting of the Committee would be held on Thursday 7th July 2011 at 2.30pm.

Members of the Committee in attendance: County Councillors K Reynolds (Chairman), S Austen, G Kenney, S King, V McGuire, P Sales, C Shepherd, M Smith and F Yeulett; District Councillor R West (Huntingdonshire)

Also in attendance: Councillors M Curtis and C Hutton

Apologies: County Councillors N Guyatt and K Wilkins

Time: 2.30pm – 4.30pm

Place: Shire Hall, Cambridge

Chairman