

# Scrutiny Committee

## ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

15<sup>th</sup> September 2011



### Action

#### 21. DECLARATIONS OF INTEREST

Members declared the following personal interests under paragraph 8 of the Code of Conduct:

- Councillors Heathcock, Kenney, V McGuire, Read and West as members of Cambridgeshire Older People's Enterprise (COPE);
- Councillor V McGuire by reason of working for caring agencies as a carer;
- Councillor S Brown as a Member of the Mental Health Trust and as an active participant in Cambridgeshire Local Involvement Network (LINK)

#### 22. MINUTES OF LAST MEETING – 7<sup>th</sup> JULY 2011

The minutes of the meeting held on 7<sup>th</sup> July 2011, were confirmed as a correct record and signed by the Chairman.

#### 23. PROPOSALS FOR ACUTE STROKE SERVICES FOR HUNTINGDONSHIRE RESIDENTS

The Committee considered a report on proposals for acute stroke services for Huntingdonshire residents.

Attending from NHS Cambridgeshire to present the report and answer members' questions were:

- Dr Gina Radford, Public Health Consultant
- Dr Christine Macleod, Head of the Public Health Network

Introducing the report, Dr Radford advised that stroke was one of the top three causes of death in the UK, and the biggest cause of adult disability. In the last few years, treatment has improved dramatically, and if treated quickly, patients may have a more positive outcome.

In 2007, the Department of Health issued the National Stroke Strategy. The Stroke Strategy identifies the key phase as the first 72 hours, and the importance of transferring suspected stroke patients to specialist units as soon as possible, so they can be given Thrombolysis, treatment with a clot busting drug, if appropriate: it was estimated that this could prevent 500 deaths a year. Since 2009, any patient eligible for Thrombolysis have gone to Peterborough or Addenbrookes Hospitals. Change was proposed to current arrangements to reflect both this change in treatment and the need for care to take place in increasingly specialised stroke units – due to its size, treatment at Hinchingbrooke was not viable. The three options for future provision were

outlined. The preferred option was to repatriate patients to Hinchingsbrooke as soon as possible, once their hyperacute treatment had been completed at Addenbrookes or Peterborough.

In the course of discussion, members:

- asked what happened when someone had a stroke in the community and was transported to hospital by ambulance. Dr Radford advised that currently ambulance staff do a 'FAST' test if stroke was suspected, and a more detailed test was then undertaken in the A&E unit;
- asked why Option 1, the preferred option, was so much more expensive, as this was likely to be a key question from the public. Dr Radford advised that it was due to the way the tariff was split, so that enough was being paid for both the hyperacute and acute phases. It was noted that the detailed financial information was available publicly, and would be circulated to the Committee;
- asked what the impact would be of ambulances having to travel further in fairly rural areas of the county, and therefore reducing the ability of the ambulance service to provide services to other residents. The problem of frequent congestion on the A14, and the possibility of delays in getting to Addenbrookes and receiving treatment, was also raised. Dr Radford advised that the East of England Ambulance Service had been involved in the consultation from the start, and would ensure that this did not impact on services. It was pointed out that this was already being done for some patients, so it was not an entirely new pathway;
- noted that the repatriation to Hinchingsbrooke after the hyperacute phase only applied if Hinchingsbrooke was the patient's nearest hospital;
- queried the progress of Hinchingsbrooke in developing its rehabilitation, and how this was being assessed. Dr Radford advised that Stroke Metrics were moving from the acute to the rehabilitation phase of assessing stroke care, and work was underway so that services could be monitored and performance compared;
- queried the ability of Peterborough Hospital to cope with additional patients, observing that Peterborough was already experiencing difficulties in terms of capacity. Additionally, there were strong rumours that the City Care Centre in Peterborough was going to close, and this was where the Physiotherapy and Occupational Therapy services for residents in north Huntingdonshire were accessed. Dr Radford advised that Peterborough colleagues had been actively involved from the start of the process, and they had given reassurances that they had the resources. She stressed that a relatively small number of patients were involved overall, and that less than 40% of those would be going to Peterborough. Rehabilitation services for the majority of Huntingdonshire patients would be provided by CCS within Huntingdonshire;
- noted how the consultation was being promoted and members of the public were being engaged in the process;
- noted that funding had been identified for Option 1, as this work had been identified as a priority; however, in response to concerns expressed, it was confirmed that Option 1 was not a 'done deal', and that this was a genuine consultation;

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- whilst acknowledging that Hinchingsbrooke was in a difficult position, queried the rationale behind making Huntingdonshire patients travel further, when the first hour was the most important. Dr Radford advised that the first 72 hours were the most crucial in the treatment of stroke patients. She added that only around three patients would be diverted from Hinchingsbrooke each week. It was very difficult to recruit individuals with the necessary expertise, and ensure that they have exposure to a sufficient number of cases to maintain their skills at a small unit such as Hinchingsbrooke;
- noted that the eligibility for clot-busting drugs depended on other medications a patient may be taking, and being able to administer the drugs with the first three hours following the onset of stroke symptoms;
- commented that the best outcome for the patient was the priority;
- noted that the Huntingdonshire GPs supported the consultation;
- asked why Hinchingsbrooke could not develop the specialised facilities, given that they were available at the James Paget Hospital. Dr Radford advised that James Paget Hospital was considerably larger (47%) than Hinchingsbrooke, and the catchment population of that hospital was much older.

The Chairman thanked Dr Radford and Dr Macleod for their attendance and participation.

The Committee agreed to delegate to the Scrutiny and Improvement Officer to examine and respond to the proposals in the consultation, with the Chairman of the Committee and the members of the Hinchingsbrooke Working Group, taking account of the Committee's comments. It was further agreed that copies of the presentation be circulated to County Councillors with Huntingdonshire Divisions.

#### **24. CONSULTATION ON PROPOSED REDESIGN OF MENTAL HEALTH SERVICES ACROSS CAMBRIDGESHIRE AND PETERBOROUGH: PROPOSAL TO SET UP A JOINT OVERVIEW AND SCRUTINY COMMITTEE**

The Committee received a report on the need to set up a joint Overview & Scrutiny Committee (OSC) with Peterborough City Council to consider proposals for the redesign of mental health services in Cambridgeshire and Peterborough.

It was noted that whilst the County Council's Adults Wellbeing and Health Overview & Scrutiny Committee had delegated powers enabling it to appoint to the joint Committee, those appointments had to be done on the grounds of political proportionality. Any appointments which deviated from political proportionality would need to be agreed at a full Council meeting. As the Committee was keen to appoint Councillor Sales, due to his experience in this area, the appointments would therefore need to go to the full Council meeting in October. It was confirmed that prior to the full Council meeting there would be discussions between the Group Leaders, taking into account the views of this Committee. The Committee proposed that the five County Councillors appointed to the joint Committee should be Councillors Kenney, V McGuire, Sales and two Liberal Democrat appointees.

Members:

- asked why five Peterborough City Council Members should be appointed to the joint Committee, when on a population basis, Peterborough was the much smaller partner. It was clarified that the proposal was to offer Peterborough City Council *up to* five places on the joint Committee;
- agreed unanimously that it was extremely regrettable that the joint Committee could not be appointed until October, given that both the Committee and Group Leaders agreed to waive the political proportionality criterion and appoint Councillor Sales to the joint Committee. Officers agreed that it was regrettable but this was unavoidable constitutionally. It was further clarified that substitutes would have to be of the same political party as the full Member;
- noted that arrangements would be made to have the first meeting of the joint committee as soon as possible after the full Council meeting in October;
- clarified the Cambridgeshire representative had to be County Councillors, as the Committee's District Members were co-optees.

The Committee agreed to the establishment of the joint committee, and to the appointment of members by Council, as detailed in the report.

## **25. REVIEW OF HOME CARE SERVICES: UPDATE**

The Committee considered a report on the work undertaken by the adult social care working group to review home care services.

The Committee noted that members of the working group were:

- meeting with care agencies, groups of care workers and Age UK to identify issues and areas for improvement;
- accompanying monitoring officers on visits;
- interviewing individuals with experience as care workers or service users;
- reviewing complaints and comments data.

Members had grouped issues under the headings of travel, training, culture, support and safety, and suggested that these areas should be the focus of future scrutiny.

The Chairman invited Councillor F Brown to speak. Councillor Brown outlined his strong concerns relating to the current arrangements for home care services, particularly in relation to the terms and conditions of agency care workers, including travel and communication. He also expressed concern on contract arrangements with agencies, e.g. 'no shows' of care workers, but fees still being payable to agencies. He further suggested that the good carers who deliver home care should be rewarded appropriately.

The Chairman thanked Councillor F Brown for his comments, and advised that the working group would be more than happy to meet with him to discuss these issues further. He added that the problem was that there were often numerous anecdotal cases, but hard evidence – e.g. from carers or service users – was required to take issues forward.

Members raised the following issues:

- the need for better organisation within and between agencies was required to make the workload more logistical and sensible;
- the real risk of many smaller care agencies going out of business;

- concerns over what was being missed in terms of abuse, to both service users and carers;
- many carers travel long distances between calls but were not recompensed for their time travelling these distances;
- the most disadvantaged were often unable to give their view on their care;
- home care visits often only last 15 minutes, which was not enough time to either do much practically, or listen to service users;
- home care services had deteriorated since they had been outsourced, and there were huge problems with the current model, especially in rural areas;
- many service users only had praise for the services they received, reflecting that there were many good carers;
- that self-directed care packages should be addressing some of these issues. Officers advised that this had not happened as quickly as expected, due to a number of problems that had not been anticipated e.g. relatives who provided care taken over thresholds for benefits or taxation.

The Committee noted the report.

## **26. FORWARD WORK PROGRAMME 2011/12**

The Committee considered and agreed its updated work programme, noting the following issues:

- the implications of the health and social care bill, and commissioning in particular, in the Committee's work;
- that the Children & Young People's Services Overview and Scrutiny may undertake work on Children's Mental Health;
- the new Section 75 agreement for older peoples and adult mental health services was on the Cabinet agenda plan, and would be considered at the December Committee meeting;
- that some aspects of the Cambridgeshire Future Transport Programme were working well, but others were not. It was noted that the Enterprise, Growth & Community Infrastructure Overview & Scrutiny Committee were scrutinising the Cambridgeshire Future Transport Programme;
- It was agreed that the Adult Social Care Group would look at issues emerging from the Integrated Plan, and have discussions with senior officers. It was agreed that Councillor Sedgwick-Jell would join that group.

The Committee agreed the priorities and work programme.

***The Committee adjourned for lunch and a presentation on the Health & Wellbeing Board.***

## **27. ADULT SOCIAL CARE – REVIEWING PROGRESS AGAINST THE INTEGRATED PLAN: BUDGETARY POSITION AND MAINTAINING AND MONITORING QUALITY OF SERVICE**

The Committee considered an assessment of progress against the Integrated Plan objectives for 2011-12.

The following officers and Members were present to answer questions on this item:

- Councillor C Hutton, Cabinet Member for Adult Services;
- Claire Bruin, Service Director: Strategy & Commissioning (Adult Social Care);

- Simon Willson, Head of Regulation, Performance and Business Support.

Members noted the report, particularly information on savings made, projects to transform and modernise the service, and actual and predicted performance and risks. A particular feature in the report was the enhanced information on user experiences.

Arising from the report, Members:

- noted how the ASC Performance Review Star diagram attempted to represent visually the complex range of information and interrelationships involved in performance – this model was being further enhanced to show weightings, etc;
- commented that the Committee had previously been reassured that the various projects such as reablement would reduce the overspend, but this did not appear to be happening: was it not the case that not enough was budgeted in the first instance? Councillor Hutton responded that fewer people were going into residential care and there were more having domiciliary care. Reablement was designed to reduce the pressure, although it had not been as fast as originally anticipated, although there was a lot of work going on to remedy that, and she was still confident that reablement would have a significant effect on the budget;
- raised the issue of the gap between the amount the Council pays for domiciliary care (around £16 per hour) and the amount carers receive (around £6 per hour). Officers advised that payments to staff in care agencies varied, due to issues such as anti-social hours, and was not as straightforward as suggested. Detailed information could not be provided, as there were around 40 agencies involved;
- asked how the £7.7M overspend was being reduced. Councillor Hutton advised that there had been a huge amount of work over the summer and the budget was under closer control. She stressed that the £7.7M was the predicted overspend as at year end (31/03/12);
- asked how standards of service delivery were being maintained – what was happening “at the sharp end”? Councillor Hutton advised that there had been a tendency to provide a basket of services regardless of individual need. The approach now was to tailor these services more appropriately to meet individual need, and also keep people out of the system. The problems in earlier months were starting to be addressed. Substantial and critical needs are being met;
- queried how if 116 fewer people were being looked after, the cost and the number of complaints had increased. Councillor Hutton advised that whilst there were indeed fewer people in residential and nursing homes, those that remained there tended to be the more complex cases, which was why the costs had increased. The increase in complaints was mainly attributable to a change in the way complaints were recorded: complaints for older people’s care was formerly monitored and recorded by Cambridgeshire Community Services, but this function had transferred to the Council: there was no evidence to suggest there had been a real increase in the number of complaints received. However complaints remained an issue of concern, particularly those relating to communication;
- commented that reablement was essentially a one-off measure: whilst it would delay service users coming into the system, ultimately there would be diminishing returns, as those individuals came back into the system later with more severe needs, or lived longer. It may even lead to a surge of service

users further down the line;

- noted that paragraph 3.6 of the report should read “The action plan includes better use of extra care sheltered housing...” A Member commented many sheltered housing schemes across the county had been losing their wardens, so this type of care was not always an option for many service users;
- noted that the reference to a ‘deep dive’ review of the service’s budget meant a very detailed review which considered every aspect;
- asked if any of the Service’s senior managers went out to canvass the views of service users on an independent basis. The Service Director replied that she did this whenever her time permitted, as did other managers within the service;
- discussed the user experience figures, suggesting that it would be helpful to have a wider spread and comparator figures in future reports, so that direction of travel could be assessed;
- expressed concerns about the viability of care agencies over the coming years, and issues around communication and scheduling of appointments for domiciliary care. It was also suggested that the annual hunt for even more efficiencies would lead to degradation of service for service users;
- noted the difficulties experienced by some groups of service users to complain, the plight of which highlighted by groups such as “Speaking Up” – it may be better to ask questions such as “what are the best and worst things about your care” to get a more representative view – Councillor Hutton commented that this may be a constructive approach.

The Chairman summarised the Committee’s comments and recommendations, arising from the report and presentation:

- issues on user experience to be considered;
- the Committee would receive a further progress report at their next meeting;
- the report was not easy to understand, and many Members found the report ambiguous;
- the report should be despatched at the same time as the agenda;
- it was difficult to get a feel for the standards of service delivery from the report;
- there were established errors in last year’s Integrated Planning assumptions;
- future reports should provide a clearer presentation of finances, and also highlight service failings.

## **28. SCRUTINY REVIEW OF DEMENTIA SERVICES: RESPONSES TO RECOMMENDATIONS**

The Committee considered the responses to the 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 following were present for this item:

- Councillor C Hutton, Cabinet Member for Adult Services;
- Pat Harding, Acting Executive Director: Community & Adult Services
- Claire Bruin, Service Director; Strategy and Commissioning (Adult Social Care)
- Dr Emma Tiffin, GP Older Peoples Mental Health Lead;
- Cathy Mitchell, Director of Integrated Commissioning, NHS Cambridgeshire

- Annette Newton, Director of Operations; John Hawkins, General Manager, Older People's Mental Health, Cambridgeshire and Peterborough NHS Foundation Trust
- Jackie Galwey, Assistant Director of Operations Care at Home Division, Cambridgeshire Community Services NHS Trust
- Clare Warner, Commissioning Service Improvement Manager for Mental health NHS Cambridgeshire & Peterborough;
- Richard O'Driscoll, Head of Older People's Commissioning, NHS Cambridgeshire and Peterborough

Councillor Shepherd had presented the member-led review of dementia services to Cabinet, who had accepted most of the recommendations in full, and partially accepted those recommendations where the County Council did not have unilateral responsibility for specific services. Following the Cabinet meeting on 6<sup>th</sup> September 2011, there had been a number of meetings with partners to take these issues forward.

The Committee:

- noted that value would be added in terms of user experience, partnership working and audit;
- noted that the greatest improvement would be in supporting those older people who were currently unsupported – previously the focus had been on those with advanced dementia, but partners were now looking to support those with early stage dementia (including early onset) and other mental health problems;
- noted that there was a greater focus by the PCT on carers, and this was being addressed in the strategy;
- asked if there was some mechanism whereby the Committee could have feedback and experiences from service users. It was suggested that this would be best achieved through the service user engagement worker, and from information that had already been gathered on service user experiences: this would be circulated to the Committee via the Scrutiny & Improvement officer;
- discussed access to information by users and carers, and how this was monitored. It was noted that (i) service users and their carers would have a named support worker who acted as their contact point, (ii) there were also a range of feedback loops and (iii) signposting would be provided to appropriate agencies;
- noted that a broader range of services would be offered through day therapy services, including music and art therapies, in more central, accessible locations, and funded through core budgets;
- in response to a question on whether there was direct contact or signposting from agencies such as The Samaritans, it was noted that such organisations did not usually work in that way;
- in response to a question on memory clinics, noted that work was ongoing to identify other ways of providing the service that memory clinics provided, as there were no plans to expand these;
- noted that GPs welcomed the higher profile being given to Older People, especially Mental Health, and the focus on increasing capacity and upskilling GPs;
- observed that local support groups usually relied on word of mouth, and signposting to these services were critical. Details of support groups were



- also included on [www.cambridgeshire.net](http://www.cambridgeshire.net) ;
- asked about the roll out of the primary care project, and what it looks like on the ground, in terms of resources and staffing. The Committee was advised that there were twenty posts in Huntingdonshire and Fenland, and some had been recruited to already. There would also be link workers for GP practices;
- asked how many dementia advisers there were in total, and how secure the funding was for those posts. It was noted there were four posts across the county;
- noted it was difficult to ensure that GP training was taken up, but GPs were generally very receptive.

The Chairman invited a member of the public to speak. The speaker suggested that the focus needed to be broadened, and the whole of the national strategy reviewed. Also, the pressure on carers should not be underestimated, as the stress of care was constant.

The Chairman thanked all of those who had participated in the discussion. The Committee agreed to consider the forthcoming older people's mental health strategy and action plan at a future meeting, and to reconvene the original dementia Member Led Review panel.

## **29. OVERVIEW AND SCRUTINY AND THE HEALTH AND WELLBEING BOARD**

The Committee received a report on the arrangements for developing an effective relationship between Overview & Scrutiny, the shadow Health & Wellbeing Board, and GP commissioning. Councillor M Curtis, the Cabinet Member for Health & Wellbeing, and Pat Harding, Acting Executive Director: Community and Adult Services, answered questions.

The Scrutiny and Improvement Officer reminded Members of the requirement to set up a Health and Wellbeing Board to 'join up' healthcare, social care and public health commissioning. Committee Members were asked their views on how they saw scrutiny fitting in with the process and emerging structure of relationships between the various bodies. Councillor Curtis welcomed a strong scrutiny function to the Board from the outset, and suggested that there may be a role for the Overview function in determining the priorities of the Board.

Members:

- noted Councillor Curtis's comments that he would be talking to GPs on the county's borders, where patients may be served by hospitals outside Cambridgeshire e.g. Peterborough;
- stressed the importance of addressing the democratic deficit, i.e. making healthcare more accountable. Councillor Curtis stressed the importance of a small but efficient Health & Wellbeing Board, and the opportunities for others to feed in to the Board;
- stressed the need for the Board's Constitution and Terms of Reference to be flexible enough to adapt and develop;
- received reassurance from Councillor Curtis that the Board would not procrastinate;
- discussed possible priorities and areas for investigation by the Board;
- suggested that information on the Board be disseminated through appropriate channels to all Members, including District, Town and Parish Councils.

The Committee:

1. agreed that the existing member group (Councillors Kenney, K Reynolds, West, King, Sales, Shepherd, O'Reilly and M Cornwell) plus Cllr Sedgwick-Jell would continue to liaise with the Shadow Board and with the emerging clinical commissioning arrangements, and report and make recommendations to the Committee, as appropriate;
2. agreed that the report from the Centre for Public Scrutiny health reforms scrutiny project would be circulated when it was available.

### **30. CALLED IN DECISIONS**

There were no called in decisions.

### **31. DATE OF NEXT MEETING**

It was noted that the next meeting of the Committee would be held on Friday 9<sup>th</sup> December 2011 at 2.30pm.

Members of the Committee in attendance: County Councillors K Reynolds (Chairman), N Guyatt, G Kenney, S King, V McGuire, P Read (substituting for Cllr Yeulett) P Sales, M Smith, G Heathcock (substituting for Cllr Whelan); District Councillors S Brown (Cambridge City), R West (Huntingdonshire) and S Willows (East Cambridgeshire, substituting for T Cornell)

Apologies: County Councillors Austen, Shepherd, Whelan and Yeulett; District Councillors T Cornell (East Cambridgeshire), M Archer and M Cornwell (Fenland)

Time: 10.30am – 4.05pm  
Place: Shire Hall, Cambridge