

## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Tuesday, 13 November 2012 commencing at 10.00 am and finishing at 12.05 pm

**Present:**

**Voting Members:** Councillor Jim Couchman – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)

Councillor Jenny Hannaby

Councillor Alyas Ahmed

Councillor Charles Mathew

Councillor John Sanders

Councillor Dr Peter Skolar

Councillor Richard Stevens

Councillor David Wilmshurst

**Other Members in Attendance:** Councillor Arash Fatemian

**By Invitation:**

**Officers:**

Whole of meeting John Jackson  
Sara Livadeas  
Lucy Butler  
Simon Grove-White

Part of meeting Andrew Colling  
Virginia Moffatt  
Mary Judge  
Sheila Browne  
Adrian Chant

**Agenda Item                      Officer Attending**

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

**239/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Councillor Alan Thompson sent apologies.

**240/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE**

(Agenda No. 2)

None

**241/12 MINUTES**

(Agenda No. 3)

The minutes of November 13<sup>th</sup> were signed and approved, subject to the clarification in Item 10 that the terms of reference of the workgroup will be reconsidered following the election in May.

**242/12 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 4)

None

**243/12 DIRECTOR'S UPDATE**

(Agenda No. 5)

The Director for Social and Community Services discussed his attendance at the recent national Conference for Directors of Social Services. It was highlighted that despite recent ministerial changes, the political agenda for social care remains broadly similar, with an emphasis on prevention, early intervention, and care in the community. On the question of the likely implementation of Dilnot recommendations, the Director highlighted that there appeared to be differences of opinion within the government. The officer view remains that whilst the Dilnot recommendations would address an important source of inequality within the system, they will not resolve the issue of a future shortfall in funding as a result of demographic pressures.

The Director also discussed his recent attendance at a meeting of the Health Select Committee, which looked at the implications of the spending review on the health and social care system. It was AGREED that the Committee Officer would distribute the transcript of the meeting to members of this committee.

The Director made the following statement regarding the recent Panorama documentary on Winterbourne View aired on October 29<sup>th</sup>:

*“On 29<sup>th</sup> October, Panorama ran a follow up to its previous piece on Winterbourne View, a hospital for people with learning disabilities and mental health needs.*

*The programme was put together to coincide with the sentencing of employees working at Winterbourne View, a facility run by a private*

company called Castlebeck, for offences committed and filmed by Panorama in 2011.

*An inpatient facility in Wiltshire run by the Ridgeway Partnership (the Oxfordshire Learning Disability NHS Trust), Postern House was featured in the follow-up as two of the service users featured in the programme had spent time there.*

*Neither of the individuals featured in the Panorama programme are from Oxfordshire. However, as the county council commissions significant services from Ridgeway, it is important that we brief you on the content of the programme and on ongoing work that the county council undertakes to ensure these services meet high standards.*

*The programme did not suggest that there has been systematic unchallenged abuse at Postern House as in the case of Winterbourne View. However, the programme did make reference to incidents involving the two individuals which required investigation and action by Ridgeway.*

*The safety of service users is of the utmost importance. If concerns are raised about services purchased by us we investigate to ensure people are safe and being looked after properly. Oxfordshire County Council works with the NHS Buckinghamshire & Oxfordshire PCT and our providers to ensure services for people with learning disabilities are of high quality and appropriate for the needs of the service users. Following the original exposure of abuse by Panorama, Oxfordshire reviewed its commissioning arrangements and has strengthened processes for pre-placement quality checks, tools for reviewing placements, and guidance for staff.*

*In Oxfordshire we have processes in place that regularly review adults with learning disabilities in inpatient hospital services. This includes monthly reviews of all patients, their care needs and their progress and an annual review of services which includes interviews with patients, staff, carers and families, unannounced visits of services and review of care and progress. We also look at any reviews undertaken by the Care Quality Commission who have recently reviewed inpatient services and found services in Oxfordshire fully compliant.*

*In view of the fact that the Ridgeway facility was featured in the Panorama programme, we have been working with the NHS Buckinghamshire & Oxfordshire PCT to:*

- Assure ourselves that Oxfordshire patients are safe and well supported*
- Ensure Oxfordshire service users and families who are supported by Ridgeway (especially the 10 people in inpatient services) are assured of their own safety, and have access to information and support”*

It was AGREED that Southern Health should be invited to a future meeting of the committee.

The committee were informed that the chairmen of Adult Services and Health Overview Scrutiny Committees have scheduled a meeting with the Care Quality Commission. It was AGREED that Sara Livadeas would attend the meeting and that the committee would be informed of the outcome of the discussions.

The Director gave the committee a preliminary update on the response to the day opportunities consultation. A full report will be brought to the December 17<sup>th</sup> meeting of the scrutiny committee.

The response to the consultation was felt to be broadly positive. It was emphasised that primary importance would be given to the responses of the services users affected by the consultation (i.e. users not eligible for financial support under the fairer changing scheme).

The Cabinet Member for Adult Services stated that he appreciates the challenge given by the committee on the matter and that a full report will be presented to Adult Scrutiny Committee on 17<sup>th</sup> December 2012 prior to going to cabinet in January 2013.

Sara Livadeas AGREED to distribute an updated summary on the structure of County Council funded Day Opportunities.

## **244/12 LINK REPORT ON CARE HOMES VISITS AND UPDATE**

(Agenda No. 6)

Mary Judge and Sheila Browne gave an overview of the work done by the LINK in visiting care homes in Oxfordshire. 30 volunteers visited 50 care homes across the county. All volunteers were CRB checked and given a clear set of guidelines on what to look for and how to conduct themselves during visits. Where concerns were raised a follow up visit took place.

The most persistent issue arising from conversations with service users and families was that it is often difficult or confusing when sourcing information about the options for care.

It was also found that there was sometimes a lack of awareness among users of the role of the Local Involvement Network. It was felt that this emphasised the importance of Healthwatch establishing a strong profile early in their existence. It was emphasised that transition work was ongoing to this effect.

The committee were complementary of the quality of the project and the conclusions of the report.

The Deputy Director for Joint Commissioning distributed a note outlining the directorate's response to the report's findings. See below for full text:

*"I welcome the report from the Local Involvement Network (LINK).*

*I feel very strongly that we have a collective responsibility to ensure that older and vulnerable people are safe and experience good quality care in their old age. The responsibility for the quality of care that older people receive sits first and foremost with the service provider. The primary relationship is between the care home provider and the older person and we, along with CQC, health professionals, elected members, the community and the LINK have an important role in supporting that relationship, and in alerting should things go wrong. It is our aspiration to improve the quality of services that people are receiving in Oxfordshire and we have a great deal of work going with that aim in mind. The work of the LINK contributes to this overall plan. Later on in this agenda I will be reporting on the work that my contracts team carry out to assure the quality of services that we buy from care homes through our contract monitoring.*

*There are about 150 registered care homes in Oxfordshire; about 108 of these are care homes that provide services for older people. This translates into over 4,200 beds for older people - the Council buys about 1/3 of these.*

*The general approach that we are promoting is one that*

- *to promote care homes as being a key part of the community;*
- *to encourage providers to develop quality standards that are developed in line with the quality principles set out in the Social Care White Paper (eg start with the person, co-production, transparency, workforce etc);*
- *encourage providers to seek feedback on their services.*

*We believe that by encouraging and fostering this relationship we can help to champion the needs of older people living in the area and promote good quality care and support. It is for this reason I welcome the work that the LINK does and for this same reason that I am promoting initiatives such as Adopt a Care Home. It is extremely helpful to have these independent views of people's experiences in a care home setting.*

*I would now like to comment on the report.*

*What the LINK is reporting generally concurs with our findings when OCC staff visit care homes. That is that residents are generally well looked after, they are comfortable and live in a safe and secure environment.*

*The LINK has also found that residents are under occupied and perhaps not participating in activities. They are not participating in exercise. The quality of provision tends to vary between homes, often linked to the quality of local management and leadership of the service provider. In common with the LINK we would like to see more participation in activities. There are clear benefits to maintaining mobility and activity for people of all ages.*

*However we also recognise that this involvement in activities may be a matter of personal choice. In this respect I think that one of the key issues we need to consider is the quality of the interaction between residents and staff member. In accepting that this may at times be of a short duration I believe that the*

*challenge for us all must be to ensure that interaction is personal to the resident and of a consistent high quality throughout.*

*I'm very pleased to hear the comments in this report about the commitment of staff. We know that staff work hard at a local level to deliver a good service.*

*I would also like to reflect on satisfaction levels that we have found from our annual survey across Oxfordshire. The view appears to be that people are generally happy with services they receive. A survey of 546 social care clients was undertaken in February 2012 and the questionnaire's returned in respect of care home services indicated that overall 91% were satisfied with services (71% of them being extremely or very satisfied), and only 2% were dissatisfied. But this is not a reason for complacency - the LINK's report provides a useful reference document that we can use to help drive forward our quality agenda.*

- *One initiative we have started is the establishment of a Quality Network. Membership is mainly made up of providers supported by officers from the Council. The group is considering how best we can promote quality across a range of services in Oxfordshire. Care home providers are part of this group and I will make sure that the LINK's report is shared with them.*
- *NHS Oxfordshire operates a Care Homes Support service (CHSS). Review of the Care Home Support Service provided by Oxford Health and commissioned by the PCT. I will make sure that through our liaison with that team that the LINK's comments about End-of-Life services and Dementia inform that review.*
- *Members will also be aware that Oxfordshire Clinical Commissioning Group (OCCG has been successful in receiving money to support four dementia projects. One of the projects involves creating a "personalised" service for people with dementia who are in care homes or hospitals but who also have other physical and mental needs. I am sure the LINK's report will provide a useful reference for this work."*

## **245/12 VIDEO: OLDER PEOPLE COMMISSIONING STRATEGY**

(Agenda No. 7)

The committee viewed the video on the Joint Commissioning Strategy for Older People, produced in partnership with NHS officers.

Draft copies of the accompanying Joint Commissioning Strategy were distributed to the committee.

## **246/12 ENSURING QUALITY IN COMMISSIONED SERVICES**

(Agenda No. 8)

Andrew Colling, Quality and Contracts Manager, and Virginia Moffatt, Unit Manager for LD Commissioning, introduced the report on Contract Monitoring.

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The committee were informed that the development of a risk-based approach to contract monitoring is a work in progress and forms part of a wider approach to ensuring quality. Whilst all contracts will receive an annual contract review, greatest attention will be given to areas of most concern.

The committee sought clarity on how the monitoring processes worked for out of county placements. Officers responded that in these cases, the county council relies on assurances from the relevant local authority. It was emphasised that out of county placements are only used in exceptional circumstances.

**247/12 CLOSE OF MEETING**

(Agenda No. 9)

The meeting closed at 12:05.

..... in the Chair

Date of signing