

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 8 March 2011 commencing at 10.00 am and finishing at Time Not Specified

Present:

Voting Members: Councillor Don Seale – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)
Councillor Jenny Hannaby
Councillor Anthony Gearing
Councillor Tim Hallchurch MBE
Councillor Larry Sanders
Councillor Richard Stevens
Councillor Alan Thompson
Councillor David Wilmshurst

Other Members in Attendance: Councillor Arash Fatemian (Cabinet Member for Adult Services)

By Invitation:

Officers: Sarah Carter (Performance and Review Officer)
John Jackson (Director for Social & Community Services)
Ann Nursey (Assistant Head of Adult Social Care (Learning Disabilities))
Alan Sinclair (Assistant Head of Service)
Jon Ray (Senior Project Manager)
Steve Thomas (Performance Information Manager)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

113/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received on behalf of Councillor Dr Peter Skolar

Councillor Richards Stevens has now formally replaced Councillor Sarah Hutchinson on the Committee.

114/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 2)

None

115/11 MINUTES

(Agenda No. 3)

The minutes of the meetings held on 7 December 2010 and on 20 December 2010 were agreed and signed.

116/11 DIRECTOR'S UPDATE

(Agenda No. 5)

The Director for Social & Community Services gave *an update on*:

National developments:

The Dilnott Commission on Long Term Care, originally due to report in July this year is now likely to be reporting earlier in May and so likely be available for discussion for at the June Adult Services Scrutiny Committee meeting.

The Health & Social Care Bill – Oxfordshire is an early implementer for GPs Consortia and for the Health & Wellbeing Board. It was pointed out that there is an existing health and wellbeing body chaired by Cllr Arash Fatemian but that this will need to be modified to meet with the requirements of the new legislation. The new Board will be across all partners although is formally the responsibility of Oxfordshire County Council to set up. The focus of the board will to be develop a local health and wellbeing strategy for Oxfordshire.

It has been confirmed that Health Overview and Scrutiny Committees are to be retained.

Clustering arrangements are now being implemented to manage the transition phase for the removal of Primary Care Trusts – for Oxfordshire this means Oxfordshire and Buckinghamshire PCTs will be combined including a single Chief Executive and management team.

And on the following:

Local issues

Proposals on Day Opportunities for Older People were positively received by Cabinet when it met in November and the strategy is currently being implemented. It should be noted that there has been a change to tier 3 which had originally proposed that the health and wellbeing resource centres would be reduced from 8 to 7. However, in response to feedback during consultation, this proposal has now been reversed and the Centre in Wallingford will be retained.

Transport - service and resource planning assumes that Adult Social Care will cease to fund elements of the community transport service. This is as a result of the move towards personal budgets causing uncertainty over how people will want to spend their budgets. Further consultation is now being undertaken, and plans could involve investing in voluntary arrangements. Cabinet will be asked to make a final decision in September with proposals coming to Adult Services Scrutiny before that in June and it was agreed that the full consultation document would be available and alongside this an overview report that would be produced to give the main principles.

Carers – the new contract has been awarded to Age UK. The County Council will be working closely with provider organisations to ensure a smooth transition for both organisations and carers.

Oxfordshire Care Partnerships – the strategy is focused on ways to circumvent people from residential care by increased reliance on domiciliary care. The strategy also includes the development of extra care housing. There is a Cabinet decision tabled for April and so may be brought to either the June or September meeting of Adult Services Scrutiny Committee.

Formal proposals on Internal Home Support will also be brought to the Cabinet Committee in April.

Continuing health care – a briefing on the responsibilities of the NHS and the Local Authority for the assessment and provision of care has been sent to Cllr Larry Sanders in response to questions he raised at the October meeting. It was AGREED that this will be circulated to all Members on the Committee.

117/11 ANNUAL REPORT BY THE CARE QUALITY COMMISSION ON ADULT SOCIAL SERVICES

(Agenda No. 6)

The Report was welcomed by the committee and in particular the improvement to the target of maintaining dignity was noted. It was also noted that this will be the last such annual report from the CQC. John Jackson referred to the Government view that accountability in future will be more focused around local and sector-led improvements, and in Oxfordshire local services, users and carers should be in a position to drive improvements for example through the Hearsay events, the next being due to take place later this week on 11 March.

118/11 DELAYED TRANSFERS OF CARE

(Agenda No. 7)

The report was presented and attention was drawn to two graphs contained in the report which showed that delayed transfers of care had been reduced. It was also pointed out that delayed transfers of care fall into three key groups, those due to people waiting for:

- Health care or a community hospital placement
- Social care, care home or carer package
- Both health and social care support

John Jackson explained that less than half of delays are due to social care delays and that these have been brought down from 100 to the current figure of just under 40 and the plan is to reduce these to under 20. But also pointed out, due to the complexity of the issue, this will never be completely eradicated.

The following questions were posed by the Chairman and answers were provided by Steve Thomas [*Answers in italics*]:

a. Can it be confirmed and made clear that only those who "pass" the eligibility criteria are counted. Do people become eligible during or immediately after, their hospital treatment while still in the acute hospital.

Answer: No, the delayed transfers of care figures include those who may not have a need for onward care as it is not known at this point and also includes people who are self-funding.

b. From when, after the doctors pronounce a person as ready for discharge, does the clock start ticking to be included as a DTOC .

Answer: To be counted as a delay a person must be:

- (i) medically fit to leave*
- (ii) clinically stable with an agreed place to go*
- (iii) safe to discharge*

c. If a patient is moved to a "holding " ward in the acute hospital, does this show as a DTOC.

Answer: There are no holding wards in acute hospitals in Oxfordshire.

d. Do we have a record showing how long the patients recorded as DTOC actually remain in the acute hospital.

Answer: We do not record this information at present although could collect it in the future.

e. Are we sure that the reporting and recording system in Oxfordshire conforms to the practices in other UK Counties.

Answer: It is difficult to say whether the reporting and recording system are the same in Oxfordshire as elsewhere because the guidance is both convoluted and lacks detail. There are anomalies between areas, for example delays for community hospitals are only counted for areas that have them so the figure describes the configuration of services in your area. It is perhaps more useful to look at trends in your area over time.

f. Do other Authorities accept a patient's refusal to move out of the acute hospital

Answer: There are very few options in this situation save for going down a legal path which is not the policy in Oxfordshire.

There followed a discussion about the appropriate approach and focus for efforts to reduce delays. It was AGREED that progress on the medium term strategy set out at paragraph 13 of the report should be reported back at a future Scrutiny committee meeting.

119/11 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A
(Agenda No. 8)

The report was presented by Jon Ray and summarised as looking at: where the programme is currently; what's next, and; what is being delivered. The Programme has delivered well against the milestones and with the Programme formally closing on 31 March it was acknowledged that there is a need to continue to work on embedding the work delivered under the Transforming Adult Social Care Programme. Two key areas of focus were highlighted:

- (i) IT systems need further work to ensure all processes are automated, and;
- (ii) The workforce need further support to be able to enable clients and help create choice

Although work will be done as part of business as usual there will be specific funding which is carried forward to enable the continued embedding of developments within the day to day business.

The TASC Taskforce group will continue and Martin Bradshaw will lead on this from April 2011.

Alan Sinclair confirmed that the 30% target for those people being given an opportunity to receive a personal budget by the end of March 2011 has been reached.

Adult Scrutiny Committee may decide to undertake a Review of the Transforming Adult Social Care Programme in the future.

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120/11 'REPORT ON PLANS TO MEET THE NEEDS OF PEOPLE WHO HAVE ASPERGER'S SYNDROME OR HIGH FUNCTIONING AUTISM, AND UPDATE ON IMPLEMENTATION OF THE AUTISM ACT IN OXFORDSHIRE.'
(Agenda No. 9)

The item was introduced by Kathy Erangey. Nationally, the Guidance on the National Strategy for Autism was published in December 2010. Locally, a needs assessment was completed and published in autumn 2010 and that there was good engagement with the consultation process that informed this. Key issues around low awareness within the community and the public sector were highlighted. In particular there is a need for improved understanding on the part of GPs and the police service.

An example of poor awareness within the police service was given by Paul Isaacs. Recounting an experience of another service user, Paul explained how a person he was aware of who has aspergers syndrome had been picked up by the police. The reason he was picked up was because it was thought he was out late at night acting suspiciously. Paul told the committee that the person in question was more comfortable going out at night when there were less people about and that his behaviour was harmless and stemmed from his condition.

Plans to take things forward include autism awareness training, an Autism Partnership Board being set up that will encompass the full autism spectrum and age range, and establishing a working group to look at the care pathway and diagnosis.

Transition from school to adulthood for a person with autism and especially Aspergers Syndrome was noted as being particularly difficult and there is evidence to suggest that there is often very little support in place once a person leaves the education system.

The Committee expressed concerns about the serious nature of the issues presented particularly the lack of awareness and lack of services for people with autism and acknowledged that there is a very significant amount of work required to make the changes needed with relatively very little money. Therefore, it was AGREED by the Adult Services Scrutiny Committee to RECOMMEND to Cabinet that they consider whether further resources and support are required to enable the successful delivery of this work.

121/11 UPDATE FROM OXFORDSHIRE LINK

(Agenda No. 10)

Representatives from the Oxfordshire LINK, Adrian Chant and Dermot Roaf presented the report giving an update on recent work and news.

It was suggested that it would be good for the LINK to collaborate with the TASC Taskforce to improve opportunities to hear service user views and take account of these in and feedback to scrutiny committee.

It was noted that plans to reduce funding for this service have been altered so that the reduction is from £200k to £150k (rather than the £100k reduction previously planned). It was noted that the new contract for this service will have a different specification although will address mainly the same issues.

122/11 FORWARD PLAN

(Agenda No. 11)

The Committee noted the information listed on the face of the agenda.

The Committee AGREED to add a review of the Transforming Adult Social Care programme to the forward plan.

The Committee will *consider* adding a Review of Carers Services at a later date.

It was AGREED that the implications of service and resource planning in respect of learning disability services should be brought to either the April or June meeting.

123/11 TRACKING SCRUTINY ITEMS

(Agenda No. 12)

The Committee noted the information listed on the face of the agenda.

124/11 CLOSE OF MEETING

(Agenda No. 13)

..... in the Chair

Date of signing