

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Monday, 13 June 2011 commencing at 2.30 pm and finishing at 5.25 pm

Present:

Voting Members: Councillor Don Seale – in the Chair

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

Councillor Jenny Hannaby

Councillor Ian Hudspeth

Councillor Peter Jones

Councillor Larry Sanders

Councillor Dr Peter Skolar

Councillor Richard Stevens

Councillor Alan Thompson

Councillor David Wilmshurst

Other Members in Attendance:

By Invitation:

Officers:

Whole of meeting

Part of meeting

Agenda Item Officer Attending

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.

137/11 ELECTION OF THE CHAIRMAN FOR THE 2011/12 COUNCIL YEAR

(Agenda No. 1)

It was resolved to elect Councillor Don Seale as Chairman for the current year.

138/11 ELECTION OF THE DEPUTY CHAIRMAN FOR THE 2011/12 COUNCIL YEAR

(Agenda No. 2)

Councillor Anda Fitzgerald was elected to Deputy Chairman for the current year.

139/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

none

140/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 4)

Councillor Skolar declared an interest by virtue of having a relative living in a care home outside of Oxfordshire.

Councillor Hannaby declared an interest as a trustee of Wantage Nursing Home.

141/11 MINUTES

(Agenda No. 5)

Minutes of the meeting held on 9 May 2011 were agreed and signed. Minutes of the meeting held on 26 April 2011 were agreed with amendments recorded and signed off.

142/11 DIRECTOR'S UPDATE

(Agenda No. 6)

The Director of Social and Community Services gave an update on current key issues for Adult Services.

Local issues:

The Director gave the following update on local issues:

Winterbourne View Hospital

There is a police investigation so there are limits on what we can say.

Winterbourne View is a specialist hospital for people with learning disabilities and mental health issues, run by a large national provider, Castlebeck. OCC has responsibility for specialist hospital placements for LD, on behalf of the PCT, through the pooled budget and lead commissioning arrangements. Hospitals are regulated and monitored by the Care Quality Commission.

The hospital supports people experiencing a period of serious mental illness. This often manifests itself in challenging behaviour that poses serious risk to the person and others. People are either detained under the mental health act following assessment by 2 approved doctors and an Approved Mental Health Professional, or they may agree to voluntary admission. The hospitals provide assessment and treatment and employ therapists including psychiatrists and psychologists. No

placement should be permanent, though the length of time taken for people to recover enough for a safe discharge varies considerably

Oxfordshire commissions 9 inpatient beds in Oxford from Ridgeway Partnership. These are procured and closely monitored by the Council.

OCC's policy is to minimise the use of out of area hospital placements, and they are only used for temporary placements when no local bed is available that can meet the needs. In the last 18 months Oxfordshire has made 3 placements at Winterbourne View. No patients are there now. Oxfordshire currently has 3 placements at other Castlebeck hospitals,

The Learning Disability Teams are part commissioned/part provided by the Council. Admissions to specialist hospitals are often urgent, may be out of hours. The psychiatrist in the Learning Disability Team normally seeks an available bed to meet the clinical needs identified, close to Oxfordshire if possible. A limited number of large national providers are used, of whom we have previous experience. Poor reports from the Care Quality Commission would exclude a provider. There was no evidence provided to us before 13th May that there were concerns about Castlebeck as a company or about Winterbourne View as a hospital.

Patients and families are involved in decisions. The Council funds the placement through the pooled budget. Once placed, the care manager, (often with a nurse and psychiatrist in the LD Team) monitors the placement, progress towards recovery, and plans for discharge or a move back to an inpatient bed in Oxfordshire. Regular contact is made and reviews held to ensure the person's needs are met and they are happy.

Questions we are looking at:

- We cannot replicate the role of the regulator, but what are the key indicators that we could check in out of area placements?
- Should we work with other PCTs to establish an approved provider list?
- Can we do more to enable service users and families to identify concerns and raise them with us?

Southern Cross

My summary of the situation is based on an answer that Councillor Fatemian will give to a question from Councillor Larry Sanders at Council tomorrow.

Southern Cross is one of the largest care home providers in the country. They are responsible for 31,000 beds across the country. Their financial problems appear to come from a business decision taken several years ago where they disposed of their property assets.

There are six Southern Cross homes in Oxfordshire with a total of nearly 230 beds. This council supports 136 residents in these homes with there being a further 38 private residents: a total of 174. We have been following the situation in a number of ways: firstly at a national level through the Association of Directors for Adult Social

Services, and secondly at a local level through contact with Southern Cross' Area Manager for Oxfordshire.

There has also been the usual media speculation that naturally follows a situation such as this. The President of ADASS (Peter Hay) has appealed for calm in the media coverage of this issue. It is important to stress that there are thousands of residents and their families who will be worrying about what might happen to them.

John Dixon, Deputy Director for Adult Social Care last met Southern Cross' Area Manager for Oxfordshire on 20th May and will again meet him on 28th June. Councillor Fatemian also spoke to their Area Manager at the Directorate's Annual Commissioning Conference on 20th May. Both NHS Oxfordshire and AgeUK are aware of the situation and the County Council's Media & Communications Team has liaised on press enquiries. Our understanding is that all parties are working on the basis of continuity of care for the residents.

At this moment there is no indication that homes may close and Southern Cross continue to work on their business restructuring. We will continue to monitor the situation during the coming months and will update you should there be any changes. Despite the above we are looking at Contingency Plans for the 'what if' scenario. Those plans include:

- Looking at vacancies within other care homes in Oxfordshire. There does appear to be a number of available beds in the system to help meet demand.
- We are aware of a number of new beds that will come onto the market in the coming months.
- We are looking at the dependency of those people in Southern Cross homes to see how they might match up to the vacant beds.
- We will continue to put the needs of residents and their families as our first priority and if changes are needed going forward, we will use the information we have to plan in the best possible way.
- Should any home close, and I would like to reiterate that on the information currently available to us that we do not expect this to happen, then we have a duty to assist ALL clients who needed support in obtaining alternative sources of care that best meets their needs.

People in placements are regularly monitored in terms of their health and social care needs but it is not for the local authority to replicate the regulator's (the Care Quality Commission) role to monitor the quality of service provision.

In a response to a question from the Chairman it was confirmed that the decision to send a person to the treatment hospital is made by a psychiatrist and an approved mental health social worker and would have involved the families and carers of the person concerned as appropriate.

Councillor Hannaby commented that good monitoring is especially important if we are relying on large companies to deliver services and also the importance of supporting families to voice concerns if need be. The Director confirmed that we have very good monitoring procedures for local services and that although we have good contact with

out of area placements it is inevitably much harder to monitor services that are further away or spot purchased.

The programme raised a lot of issues and it was suggested that two areas of focus might be whether we should be working with the PCT to agree an approved provider list and what further support we put in place for service user, their families and carers to raise concerns.

There were concerns voiced about the reliability of the CQC following their failure in this case and it was questioned how much we should rely on their assessments of quality both in current service provision and commissioning plans going forward.

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Councillor Skolar supported the view that it was not justifiable for the Council to duplicate work that is already the responsibility of the CQC. John Jackson agreed to provide a more detailed response to Councillor Skolar in reply to his question about patients needing a longer period of stay at the hospital.

It was agreed that Sarah Carter would circulate to the Committee a statement made by Paul Burstow, Minister of State for Health, on the matter which describes the CQC's response, including an acknowledgement that they should have acted sooner and the actions that are being taken to look at processes, and inspections on other Castlebeck services.

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143/11 CONTINUING HEALTH CARE

(Agenda No. 7)

This item was part of an agreed follow up to questions on this subject posed at earlier meetings. Members were provided with some legal guidance and this session was intended to enable further questions and clarification on how it is applied locally.

Councillor Sanders initially commented that he thinks the law has been clarified by a number of legal cases such as Coughlin as was described in the legal guidance paper provided by Nick Graham. However Cllr Sanders questioned whether staff are sufficiently aware of the law. He also expressed the view that the NHS guidance on the matter is "misleading" and he was concerned that OCC staff allow themselves to be misguided by this. In his view this meant there was a risk that there are people entitled to continuing care who are not getting it.

Cllr Skolar said he was not confident that calculations of those receiving continuing care had always been accurate making it difficult to establish a true picture. But also that the NHS is targeting continuing care to achieve savings and questioned what we are doing to ensure people are getting continuing care when they should be.

John Jackson replied that there is a panel that sits including staff from OCC to decide who is entitled and the decision is based on what is law and policy in this area. He agreed that NHS were looking to find savings in this area but this was focused on where people were receiving continuing care but were not entitled to it.

Nick Graham made the point, not specific to Oxfordshire, that generally PCTs have tightened up on this and as a result Local Authorities have lost out. And he commented that the case law has not helped LAs as it has confirmed that PCTs have responsibility for assessing continuing care in the first instance and LAs only have

limited ability to challenge and in fact even in this sense the courts are reluctant to decide if the process used to reach the decision is reasonable. However the assessment must be based on the law and although uncommon if other methods of dispute resolution do not work there is legally no reason why LA could not challenge NHS in court.

John Jackson said that staff are able to get advice from Nick if required and also that Age UK offer a dispute resolution service that could be used in these circumstances.

The Committee were informed that Sarah Walters has taken over from Sandra Stapley as the officer within the Council responsible for making decisions regarding continuing care cases.

On the request of Cllr Sanders it was AGREED that the committee would be provided with statistics and a trajectory of continuing care cases over a period to give insight into the volume of continuing care cases and any changes in numbers over time.

144/11 NHS HEALTH REFORMS

(Agenda No. 8)

Jonathan McWilliam gave a general update on the developments for the new NHS clustering arrangements which, from 1 June, replaced PCTs with a single cluster board for Oxfordshire and Buckinghamshire. The cluster board will meet quarterly. Sonia Mills has been appointed to manage this cluster. All of Oxfordshire PCTs formal business will be handled by the cluster. Risk and governance issues are being managed by the cluster.

Under the new arrangement there is likely to be one GP consortia covering Oxfordshire with the exception of Thame and Shrivenham. The Consortia will run with 6 localities and these will align with district boundaries with Cherwell and South Oxfordshire split into two.

Responsibility for public health will transition to County Council in 2013. Currently the shape of what this will look like is in place but there is very little detail and more information will need to be provided nationally before taking this forward at a local level.

Jonathan McWilliam gave a brief update on the government's listening exercise: the future forum which reported during the course of the meeting.

In response to a question from Cllr Hannaby, Johnathan McWilliam confirmed that Members will have rights of audience at PCT cluster meetings and commented that Health and Wellbeing Boards will be constituted as a sub committee of the County Council and would therefore be subject to OCC Constitution. Area consortia arrangements for Thame were given as aligning with Buckinghamshire and for Shrivenham, Swindon.

Cllr Skolar commented that although there are other counties that are further along this process than us there is definitely a widely held view that Oxfordshire

demonstrates best practice in terms of joint management arrangements and the use of pooled budgets.

John Jackson commented that we would like to see GP commissioning going forward as a way of challenging things in the acute sector. He also reminded everyone that we do already have a Health and Wellbeing Partnership board here even if this is a different format to what will supercede it under the new proposals.

145/11 OXFORDSHIRE CARE PARTNERSHIP

(Agenda No. 9)

John Jackson gave a presentation to the Committee highlighting the Oxfordshire Care Partnership proposed contract variations. After the presentation John Jackson gave answers to questions from Members of the Committee as follows:

There was a discussion around the implications of transferring ownership of the freehold from the County Council. John Jackson confirmed that there will be a formal report giving the details of these proposals presented to the Committee later in the year once it has been before the Cabinet.

146/11 LINK UPDATE

(Agenda No. 10)

Adrian Chant gave a brief update from the Oxfordshire LINK.

The transfer to ORCC took place on 1 May and although there were some reductions in numbers of staff the LINK is now established at ORCC and is set to carry on with the core work.

The Committee's attention was drawn to the recently published social care hearsay report which was circulated at the meeting. Quarterly updates will continue to be produced on this piece of work.

There was a suggestion that the resources of LINK to visit and monitor care homes could be supplemented with the involvement of Committee Members. The Chairman noted that it was important to maintain the LINK's independence if this suggestion were to be taken forward.

147/11 REPORT ON VISITS TO CARE HOMES

(Agenda No. 11)

The committee received a report from the Oxfordshire LINK giving feedback on the visits that have taken place to assess the standards of care homes funded by Oxfordshire County Council.

The report was presented by the LINK Liaison members who conducted the visits.

148/11 CLOSE OF MEETING
(Agenda No. 12)

..... in the Chair

Date of signing