ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 6 September 2011 commencing at 10.00 am and finishing at 1.15 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:	Councillor (for Agenda Item)
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.

149/11 DELAYED TRANSFERS OF CARE (DTOC)

(Agenda No. 1)

The Chairman welcomed the officers and presented the reasons for holding this joint meeting of the committees:

- To inform the committees of the reasons for delayed transfers
- To allow the committees to assess the seriousness of delayed transfers and gain an awareness of the priority being applied to resolving the problem
- To inform the committees of proposed actions to tackle the problem

Dr Steven Richards, Chairman of the Oxfordshire Clinical Commissioning Consortium, addressed the committee on behalf of the four organisations (Oxfordshire County Council, Oxfordshire PCT, the Oxford Radcliffe Hospitals Trust, and Oxford Health). He began by highlighting that more than 97% of patients in acute hospitals experience a smooth and high quality package of care. However the complexities of the system result in poor outcomes for a small minority. DTOC is now being given the highest possible priority.

Addressing system-wide complexities has been identified as the top priority for all four organisations in order to move patients more quickly through the system. Where previously the problem of delayed transfers had been approached independently by the four organisations, the establishment of the Acceptable Care for Everyone (ACE) programme from July has ensured senior commitment to a joined up approach.

A key step in the program is to map the flow of patients and finance through the system to ensure that people are receiving the right care for their level of need. The input of senior clinical staff will be crucial in understanding where changes in the process can and should be made.

John Dixon added that the problem of delays wasn't primarily about the amount of money in the system but the way that money was used. He mentioned that a key development in improving outcomes and reducing delays will be the establishment of an out of hours emergency home care service. This will ensure that patients without acute needs avoid the need for hospital admissions. All decisions, he stressed, are being made in conjunction with health colleagues.

Sir Jonathan Michael, Chief Executive of the Oxford Radcliffe Hospitals Trust (ORH), assured the committee that the ORH is equally committed to working with others to solve the problem of delays. Addressing the question of clinical outcomes for delayed patients, he stated that long term hospital care can result in increased dependencies for patients and may lead to more severe social care needs in the future. Delayed transfers are also likely to reduce the capacity of the hospital service to respond to elective patients, resulting in outsourcing of operations and other procedures and increased cost to the ORH.

To alleviate short term pressures the ORH are diverting resources to run an enhanced discharge service; setting it up first in Oxford and then in Banbury. It is hoped that this will reduce delays and improve outcomes during the period of transition to the joined-up approach being developed through ACE.

David Bradley, Chief Operating Officer Oxford Health, outlined the role played by Oxford Health in ensuring that patients receive care at home and in the community, and highlighted the success of a pilot 'hospital at home' programme carried out in Southern Oxfordshire. Funding is in place to extend the pilot across Oxfordshire and effective integration will depend on the holistic assessment of appropriate care pathways being carried out under the ACE programme.

Reference was also made to the development of an emergency reablement service that will provide initial concentrated support to patients when they come out of hospital.

Committee members were then invited to comment and ask questions on the presentations. Further key points arising are addressed below:

- Why are the figures for delayed transfers of care in Oxfordshire so poor relative to other authorities?

A number of factors contribute to Oxfordshire's comparatively poor ranking. Counties tend to rank lower than urban authorities and Oxfordshire has a high number of community hospitals compared to other counties, meaning there are a higher number of NHS beds in which delays could take place. Furthermore it is believed that the practice of recording delays varies among authorities making comparisons somewhat unreliable.

- Is the pooled budget working as effectively as it should?

The complexities of running a pooled budget were outlined. A key workstream of the programme related to understanding the flow of money and the incentives/disincentives created at key junctures. Work is underway to improve the functioning of the pooled budget.

Lessons will be learned from what has happened in the past and better ways of doing things will be developed. For example, it was recognised that they had not been good at getting people into the right care stream in the past and that is an issue that is being addressed.

Communications had not been good and pathways have been too complex. Work is being done to improve matters and change is taking place now.

- Does the need for joined up working call for an extension of powers for the Health and Wellbeing Board?

Steven Richards stated that improvements were achievable through the ACE programme and that this was the current priority. However, it is likely that the proposed Health and Wellbeing Board will play a prominent role in the future.

The committees NOTED the positive developments underway in tackling the problem and AGREED to revisit the issue at a joint meeting of the committees in six months' time to assess progress being made against the program's aims.

The Adult Services Committee will revisit the issue at the next meeting.

150/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 2)

None

151/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE
(Agenda No. 3)

None

152/11 MINUTES
(Agenda No. 4)

The minutes of the meeting held on June 13th were agreed and signed.

153/11 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 5)

None

154/11 LINK UPDATE
(Agenda No. 6)

Adrian Chant delivered an update on the Local Involvement Network. A copy of the report is attached (**AS6**).

The committee noted the positive developments in improving performance reporting, and stated that the feedback from care home visits was particularly welcome.

155/11 DIRECTOR'S UPDATE
(Agenda No. 7)

The director gave a verbal update on developments at national and local levels. The content is summarised below.

National

Commission on the Funding of Care and Support

On 4th July, the Commission published its proposals for the funding of adult social care. They would involve a very radical change in the funding of adult social care. The key recommendations are as follows:

- Individuals' lifetime contributions towards their social care costs – which are currently potentially unlimited – should be capped. After the cap is reached, individuals would be eligible for full state support. This cap should be between £25,000 and £50,000. The Commission considered that £35,000 is the most appropriate and fair figure;
- The means-tested threshold, above which people are liable for their full care costs, should be increased from £23,250 to £100,000;

- National eligibility criteria and portable assessments should be introduced to ensure greater consistency; and
- All those who enter adulthood with a care and support need should be eligible for free state support immediately rather than being subjected to a means test.

The Commission estimate that the cost of its proposals - based on a cap of £35,000 - would cost about £1.7 billion.

There was widespread support for the proposals. It is understood that the Department of Health is planning to carry out widespread consultation on the proposals during the autumn. The response will be reflected in a White Paper on Adult Social Care which will be published next spring.

Andrew Dilnot will be invited to address the committee on the proposals and their potential impact on Oxfordshire. A presentation on the proposals is attached (**AS7**)

NHS Changes

- The NHS has announced that SHAs would be clustered with one SHA covering the whole of southern England (from Cornwall to Kent). Sir Ian Carruthers (current Chief Executive of the South West SHA) has been appointed as Chief Executive. Geoff Harris, currently Chairman of South Central, has been appointed as Chairman.
- Locally, Sonia Mills has announced that she is to step down from her role as Chief Executive of the Oxfordshire and Buckinghamshire Cluster PCT. This will take place on 7th November. The PCT are in the process of finding a successor.

Local Developments

Southern Cross

- The announcement was made on July 11th 2011 that landlords were withdrawing from the Southern Cross group. Therefore the operation of Southern Cross homes will transfer to other care providers.
- The County Council has been monitoring the situation through ADASS information, contact with other local authorities and regular meetings and telephone contact with Southern Cross managers.
- The County Council is currently purchasing 105 beds out of the 225 beds in the 6 Southern Cross homes in Oxfordshire. We understand that the landlord for two of the homes is NHP, that 3 are owned by PHF(Four Seasons) and the sixth by London & Oxford Estates.
- The latest information from Southern Cross is that transfer of its 752 care homes is underway and is expected to be complete by the end of October.
- Staff consultation under TUPE regulations is underway and the management, staffing and operation of the homes is intended to remain unchanged during the transfer.
- Contracts already in place between Local Authorities and Southern Cross will be transferred on existing terms and conditions
- CQC registration is being sought by the new operators.

- Four Seasons will operate the 3 Oxfordshire homes they own. Methodist homes will operate another. Four Seasons and Methodist Homes are both established care home operators and already run one home each in Oxfordshire.
- It has been uncertain for some time who would run the two NHP homes given that they are a property investment group . We are now hearing that their two homes in Oxfordshire will be run by Four Seasons (as well as the three homes that they are taking over from Southern Cross and the one home that they run currently).
- This means that we anticipate the operation of 5 of the Southern Cross care homes to transfer to Four Seasons and the other to transfer to Methodist Homes.
- Whilst in the short term it appears that the homes will transfer smoothly, in the medium term the County Council will monitor these companies with appropriate levels of contingency planning both locally and through ADASS.
- We continue to have concerns about standards at the Albany – a home which we stopped making new placements to at the end of last year. We shall not change this position until we are satisfied that all of our concerns have been addressed.
- Oxfordshire are funding 11 people in Southern Cross homes outside of Oxfordshire. The Contracts Unit has made contact with these local authorities and is monitoring progress with these homes

Committee members expressed concerns regarding the long term financial health of care providers given efforts to reduce county council reliance on care homes, and the consequent reduction in revenue for providers.

The Director outlined the systems in place to monitor the financial status of providers and emphasised the importance of spreading risk across different providers. Four Seasons has been identified as a medium term financial risk and is being monitored closely. The Cabinet Member pointed out that the Department for Health is in the process of seeking financial guarantees from providers.

Castlebeck

- Winterbourne View closed on 24th June
- CQC has carried out inspection of all Castlebeck services. Following this they have closed Arden Vale hospital where Oxfordshire had one patient. He has moved to a community placement which is being closely monitored.
- Oxfordshire has 2 patients at another Castlebeck hospital and one person in a registered care home run by Castlebeck. The learning disability team is closely involved with all 3 placements. CQC has not raised any serious concerns in relation to these 2 services. Plans for discharge to community placements are being made for the 2 patients in the hospital service, as soon as they are able to be discharged from section. The person in the residential care home is happily settled and does not want to move. A care manager and a quality monitoring officer carried out a joint 4 hour visit in August and are satisfied with the quality of his care.
- A national review of learning disability models of care and pathways is underway and will be informed by the CQC inspections, an NHS serious incident and commissioning review, South Gloucestershire's safeguarding review, and Castlebeck's internal review. Oxfordshire has contributed to the NHS review and the safeguarding review.

- CQC are shortly embarking on a targeted programme of inspections of other health funded provision for people with learning disabilities who have challenging behaviour and mental health needs. Following this the programme will sample a broader range of learning disability provision.
- In Oxfordshire we have carried out a review and root cause analysis of the arrangements for placement and monitoring of the 3 patients at Winterbourne View. An action plan has been drafted which will increase the robustness of commissioning arrangements and management of individual cases.
- The action plan includes two key actions: to introduce a formal system of pre-placement quality checks on specialist health providers, and to formalise and document the decision making process when a specialist health placement is made. Other actions include strengthening monitoring arrangements, training service users and carers to play a greater role in monitoring, ensuring independent advocacy is in place, and reinforcing recording practices.

Members asked whether the action plan to increase pre-placement quality checks suggested that we no longer need or value CQC assessment.

The Director stressed that whilst this issue is likely to be debated in Parliament in the near future, the need to place people out of county requires some level of oversight and common standards. At the local level efforts are being made to resolve concerns before they escalate to complaints through reducing bureaucratic and perceptual barriers. This will require an increased role for the Safeguarding Board. Improvements were evidenced by the increased number of concerns now being received.

Continuing Health Care

A note was circulated to members setting out what is happening in Oxfordshire with what is happening elsewhere in England and the rest of South Central SHA region. Oxfordshire has recently seen a fall in the number of people receiving payments and is now the 6th lowest in the county out of 151 PCTs.

Members felt that further discussion of this issue was required at the next meeting of the committee.

156/11 TRANSFORMING ADULT SOCIAL CARE REVIEW

(Agenda No. 8)

John Dixon gave a progress update on the transition to personalisation. The presentation is attached (**AS8**). The presentation covered the progress made on the number of people receiving personal budgets and the necessary next steps to embedding culture change as an organisation. Risk aversion in the assessment process was highlighted as a key barrier to improving outcomes for clients. Evidence was given showing a significant increase in customer satisfaction for clients in receipt of direct payments.

Members expressed concern regarding the quality of assessments if adherence to the quality assessment framework is reduced.

The Deputy Director assured the committee that the aim was to make the depth of the assessment process proportional to the level of need, as opposed to a reduction in quality across the board. There is currently an overemphasis on the assessment system due to its central importance to the rationing of resources. This will not be the case under the new model of care, leading to less bureaucracy and increased client satisfaction.

The committee noted the changes and proposed that the member-led TASC workgroup resume its function in assessing the transition to personalisation.

157/11 FORWARD PLAN
(Agenda No. 9)

The following items were put forward for the meeting of October 25th:

- Briefing on the experience of Sheltered Housing clients
- Briefing on Continuing Healthcare
- Presentation from Andrew Dilnot on the proposals outlined in the Commission on the Funding of Care and Support
- Update on Delayed Transfers of Care

158/11 CLOSE OF MEETING
(Agenda No. 10)

The meeting closed at 13:15

..... in the Chair

Date of signing .....