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.

125/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received on behalf of Councillor Anthony Gearing.

126/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE
(Agenda No. 2)

None
127/11 MINUTES
(Agenda No. 3)

The minutes for the meeting held on 8 March 2011 were agreed and signed.

116/11 Councillor Larry Sanders referred to the briefing on ‘continuing health care’ circulated to the committee by the Director for Social & Community Services. It was AGREED that the briefing would be added to agenda for next meeting. Nick Graham (check) to be invited for this item.

Sean Gibson reported that the record of attendance at meeting had been updated.

128/11 DIRECTOR'S UPDATE
(Agenda No. 4)

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

Interim Deputy Director, Adult Social Care

The Head of Adult Social Care, Paul Purnell, left his role in March 2011. Given the current uncertainly surrounding the future of health and social care, it was considered sensible not to recruit a permanent replacement until direction of travel had firmed up.

With this in mind, John Dixon has been appointed as Interim Head of Adult Social Care. John Jackson said that John Dixon is a person of great experience and knowledge in this area having been Director of Adult and Children’s Services at West Sussex for several years, and past President of the Association of Directors of Social Services. He is expected to be in post for several months.

The Chairman noted that there is a high proportion of older people in West Sussex. John Dixon agreed, and hoped that his experience in West Sussex would inform policy development in Oxfordshire.

Day Opportunities for Older People

On 16 November 2010 the Cabinet approved the implementation of the strategic commissioning framework to move to day opportunities for older people and carers within Oxfordshire. The model is based on three tiers reflecting the range of universal services, specific support, and specialist social and health care provided to individuals and their carers:

1. Community Engagement
2. Community and low level support
3. Specialist Health & Wellbeing Resource Centres
Community Engagement:

The fund which allocated small scale grants for community-based options has been transferred to the Big Society Fund.

Community and low level support

Tier 2 is supported by voluntary sector, and includes important initiatives such as, for example, lunch clubs. Existing contracts have been extended to September 2011. As Tier 2 services will be decided at a local level, there will be a clear accountable process on allocating resources. The way forward is to locality boards, an approved provider list, and a simplified procurement system.

Best practice is to work with providers in order that they are in the best position to complete. As part of this support, a commissioning conference will be held in May 2011. It was noted that Age Concern were a major provider in this area.

Regular monitoring of the performance of providers will be ensured with monthly reports being put in place.

Councillor Arash Fatemian (Cabinet Member for Adult Services) stressed the importance of simplifying the procurement process to reduce the burden placed on providers. He added that the locality boards will include local Members, and that the committee will see detail proposals when ready.

Specialist Health & Wellbeing Resource Centres

Initially seven centres were proposed, but eight have now been included. This is due to the Wallingford centre successfully arguing to provide an overflow service which will only work if people are willing to use what is on offer.

Specialist Health & Wellbeing centres are likely to be run by larger organisations who have an understanding of complex procurement procedures. Interest in running the centres has been shown by internal providers, Leonard Cheshire (who currently run the centre in Witney), Age UK, and the British Red Cross. Partnerships may be formed between organisations.

Simon Kearey (Head of Strategy & Transformation, Social & Community Services) will lead on the internal provider preparation.

A decision to be made in September 2011 for a June 2012 start.

Transport
The Director reported that plans for transports were at an early stage, and focused on identifying those with complex transport needs (particularly electric chairs). Once the issue is clearer then options will be developed.

The framework should include using voluntary drivers, for example, a neighbour giving someone a lift.

Councillor Arash Fatemian added that he would circulate guidance on car insurance for those offering lifts. It was an ‘urban myth’ that this was an insurmountable problem.

Members welcomed the update but raised concerns around the reach of Age Concern in providing social care, and suggested aligning work of Dial-A-Ride with that of Octopus in order to support transport for day care services.

Changes to NHS locally

Sonia Mills had been appointed Chief Executive of the NHS Oxfordshire and NHS Buckinghamshire Cluster, and she is in the process of appointing Executive board members.

GPs in Oxfordshire have elected Dr Stephen Richards, a GP from Goring, as the Lead of the developing Oxfordshire GP Consortium (OGPC). Dr Richards will work with the six GP locality representatives.

Councillor Peter Skolar added that OGPC is still scheduled to replace the PCT in 2013, and that changes listed for 2012 (eg, abolishment of the Strategic Health Board and the establishment of HealthWatch England) will still take place.

129/11 UPDATE ON DELAYED TRANSFERS OF CARE
(Agenda No. 5)

The Chairman began this item by referring to the recent news reports which argue that the issue of ‘bed blocking’ was getting worse due to the social care element.

John Dixon responded by stating that Oxfordshire’s approach to this issue is similar to that of other areas, and that improvement can only be achieved by NHS, voluntary sector, families and the council working together. He stressed that Oxfordshire has all the ingredients in place to make a positive impact, and that the media reports are wrong.

Commenting on the medium term strategy to address Delayed Transfers of Care (Adult Services Scrutiny Committee meeting, 8 March 2011, item 7, para 13), John Dixon emphasised the importance of keeping the process simple so
everyone knows how it works, and the need to further develop pooled budgets (especially for older people services).

He added that it is vital to have reliable and timely data, and acknowledged that there are some delays in reporting data, but that the recent trend is downwards though remains well above a satisfactory level. Analysis shows that there are a number of pinch points in the process, and understanding the whole pathway is crucial in dealing with these pinch points, that is; the lead up to a hospital referral, the hospital experience and leaving hospital.

Discussion by members highlighted the importance of reablement working effectively, and the recognition that DTOC is more a managerial issue than financial. The financial aspect of delays on a person’s quality of care should not be underestimated, but for the process to work smoothly requires good management.

Cllr Peter Skolar said that HOSC should be asked to consider the aspect of how consultants decide on when a patient is to leave hospital.

A vote was taken on the Chairman’s proposal to inform Cabinet that: ‘The financial basis for delayed transfers of care is adequate, any improvement will depend on the efficiency and effectiveness of the different organisations working together’.

8 voted in favour, 1 against.

130/11 REPORT ON TURNOAROUND PROJECT
(Agenda No. 6)

John Dixon (Acting Head of Adult Social Care) reported on the progress of the Turnaround Project. He stressed that it is key to the improvement of Delayed Transfers of Care (DTOC), but highlighted the difficulty in identifying those who are at risk of being overly dependent on Adult Social Care services.

The aim would be to provide support to people at the beginning rather when they have fallen into difficulties. Like DTOC this would require an understanding of the whole system in order to target intervention effectively.

The Chairman was concerned that the project may be considered a ‘nice to have’ rather than an essential service which could be vulnerable if budget is under threat.

131/11 UPDATE ON PROGRESS IN RELATION TO THE NATIONAL DEMENTIA STRATEGY
(Agenda No. 7)
Varsha Raja (Assistant Head of Adult Services) and Suzanne Jones (Senior Commissioning Manager Older people, Directorates of Service Redesign – Oxfordshire PCT) reported on progress in

- Quality care in the community
- Improved dementia care in general hospital
- Early diagnosis for dementia and intervention in the community
- Community support

The Chairman asked about GPs handling of dementia patients, and noted the reluctance of individuals and families to admit to issues of dementia. During discussion of these points, Cllr Larry Sanders asked about the quality of memory assessment.

Varsha Raja explained that the introduction of Dementia Advisers in surgeries is helping with these matters, as well as raising awareness of dementia in general. Suzanne Jones added that early diagnosis and intervention was key to improving the care package for patients.

Councillor Anda Fitzgerald-O’Conner referred to reduction in the use of anti-psychotic medication noted in the report and asked how this is being managed. The Chairman suggested that training for carers to help with this, and Varsha Raja thought that this could be achieved via GP surgeries.

132/11 UPDATE FROM OXFORDSHIRE LINK
(Agenda No. 8)

Adrian Chant (Locality Manager, Oxfordshire LINk) and Anita Higham (member of Stewardship Group, Oxfordshire LINk) reported.

Dermot Roaf (Chair, Stewardship Group) would not be attending as noted in agenda.

Adrian Chant reported that Oxfordshire LINK will be located under the aegis of the Oxfordshire Rural Communities Council (ORCC) at its offices in Cassington with all current staff transferring to ORCC. There is an on-going review of finances and there may be some redundancies due to the transfer, but service continuity will not be affected.

Anita Higham (Board member ) spoke about recent projects Oxfordshire LINk has been running:

‘Have a Say’ which she said is quite constructive in assessing the quality and access to food and drink in hospitals. It is intended to undertake some work on the patients experiences of the quality of leaving hospital.

A report is expected in June of the work into reaching out to Black and Ethnic Minority groups in order to collect views of using health services.
Anita reported that Oxfordshire LINk intends to apply to be a HealthWatch England pathfinder in order to be in at the start of the new initiative. This would put the local LINk in a strong position. It was noted that Aniata Higham is the South East LINks representative on the department Of health’s Advisory Board in regard to the establishment of HealthWatch England.

Councillor Larry Sanders referred to the point on the quality of food, and reminded the committee that a major project was undertaken in 1999/99 in community hospitals.

133/11 FORWARD PLAN
(Agenda No. 9)

134/11 CLOSE OF MEETING
(Agenda No. 10)

.............................................................. in the Chair

Date of signing ........................................