

**ADULT HEALTH AND SOCIAL CARE SCRUTINY
SUB-COMMITTEE****18 APRIL 2007**

Chairman: Councillor Myra Michael

Councillors:	* Mrs Margaret Davine	* Salim Miah (4)
	* David Gawn	* Mrs Rekha Shah (Vice-Chairman)
	* Ashok Kulkarni (2)	(in the Chair)
	* Julia Merison	* Dinesh Solanki (3)

Advisers (non-voting):	Jean Bradlow
	* Owen Cock

* Denotes Member present
(2), (3) and (4) Denote category of Reserve Member

[Note: Councillors Miss Christine Bednell, Janet Mote and Eric Silver also attended this meeting to speak on the item indicated at Minute 84 below].

PART I - RECOMMENDATIONS - NIL**PART II - MINUTES**75. **Attendance by Reserve Members:**

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:

Ordinary Member

Councillor Myra Michael
Councillor Vina Mithani
Councillor Joyce Nickolay

Reserve Member

Councillor Dinesh Solanki
Councillor Ashok Kulkarni
Councillor Salim Miah

76. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

Member

Councillor Margaret Davine

Nature of Interest

Declared a personal interest in that a relative was receiving Meals on Wheels. She would remain in the room whilst this matter was considered and voted upon.

Councillor Julia Merison

Declared a personal interest in that her husband was receiving treatment at Northwick Park Hospital, and that a family member was in receipt of mental health services. She would remain in the room whilst this matter was considered and voted upon.

77. **Arrangement of Agenda:**

RESOLVED: That all items be considered with the press and public present.

78. **Minutes:**

RESOLVED: That the minutes of the meeting held on 20 March 2007 be deferred until printed in the Council Bound Minute Volume.

79. **Public Questions:**

RESOLVED: That the following questions be received under the provisions of Overview and Scrutiny Procedure Rule 8:

1.

Questioner: Joan Penrose

Asked of: Councillor Myra Michael (Chairman of the Adult Health and Social Care Scrutiny Sub-Committee)

Question: Harrow Council states that Wiseworks is continuing to operate as before. Why then are trading opportunities being turned down by Wiseworks, and under whose instructions is this happening?

2.

Questioner: Ann Freeman

Asked of: Councillor Myra Michael (Chairman of the Adult Health and Social Care Scrutiny Sub-Committee)

Question: Can a statement be made confirming changes to Wiseworks Enterprises over the last year, as reported at the meeting with service user and carer representatives and the Acting Chief Executive and Director of Adult Social Care on 11th April, so that Councillors, Officers, Service Users, Carers, Harrow Mental Health Services, the statutory sector including Harrow Primary Care Trust and the public in Harrow can interpret the statement "Wiseworks is continuing to trade" and "The Cabinet decision (of 18 January 2007) has been enacted" in the same way ?

It is confusing that Wiseworks Enterprises' working practices are continuing to be changed, with work being turned away, including a contract, valued at £25,000, from Central and North West London Mental Health Trust in March 2007, despite CNWL describing Wiseworks as "one of the Trust's training for work projects" and stating that it valued "supporting service user training and vocational development".

[Notes: (i) The Chairman noted that Joan Penrose was unable to attend, and so permitted Patrick Stoup to submit the question on her behalf;

(ii) in accordance with Overview and Scrutiny Procedure Rule 8.3 the Chairman nominated the Portfolio Holder for Adult Community Care Services and Issues Facing People with Special Needs to provide an oral response to the above questions;

(iii) both questioners asked supplemental questions, which were answered].

80. **Petitions:**

RESOLVED: To note that no petitions were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 9.

81. **Deputations:**

RESOLVED: To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.

82. **Northwick Park Hospital - Maternity Services Update:**

The Sub-Committee received an update from the Chief Executive, North West London Hospitals, and the Director of Nursing, Northwick Park Hospital, concerning the Maternity Services Unit at Northwick Park Hospital.

The Sub-Committee was informed that the Trust had completed the specific actions set out for it in the Action Plan, and that Special Measures had been lifted in September 2006. The Trust was recruiting two additional Obstetricians to meet the remaining standard. In addition, a Maternity Action Plan Board met on a monthly basis to monitor key performance indicators.

The Chief Executive stated that the Trust had recently appointed a Consultant Obstetrician, and that a recent recruitment campaign for midwives had reduced vacancies to 20 across the Trust, a vacancy rate which was lower than the London average. Funding for appointments to these posts was being considered.

The Director of Nursing added that the Nursing and Midwifery Council had recommended that students be allowed to return to the Unit, and that there had been a reduction of 32% in the number of complaints received in 2006/07 when compared to 2005/06.

On opening the item to questions, the Sub-Committee heard that of those complaints referred on to the Health Care Commission, no independent reviews had been instigated. In addition, training had been undertaken with staff which included working relationships within the Unit, and relevant training on leadership skills and customer care skills had been provided. The Chief Executive stated that challenges remained, particularly considering the diversity of residents in the Borough and their corresponding cultural expectations.

In response to a question from a Member, the Director of Nursing stated that the Hospital was looking into ways of ensuring that all visitors, patients and staff took appropriate precautions to prevent the spread of infections, such as the use of disinfectant hand-gels.

RESOLVED: That the report be noted.

83. **CSCI Record of Performance Assessment and Star Rating Letters: Published Tables of the Personal Social Services Performance Assessment (PAF) Indicators:**

The Sub-Committee received a report of the Director of Adult Community Care Services, which outlined the outcome of the Annual Performance Rating for Adult Social Services, published by the Commission for Social Care Inspectorate (CSCI) on 30 November 2006.

The Sub-Committee heard that Adult Social Services in the Borough had achieved a rating of 1 star, or Level 2 for CPA purposes, and was serving some residents well, although there were uncertain prospects for improvement.

The Director explained that, in spite of the Council's recent financial difficulties, the latest scorecard as of January 2007 indicated that recent improvements to Adult Social Services had been maintained, with no signs of deterioration. However, the Council's financial position was an obstacle to better prospects for improvement.

On opening the item to questions, the Sub-Committee heard that the main issues for Adult Social Services centred on capacity, and the need to invest to attain improvements. However, the Director for Adult Community Care stated that every team involved with the services had a performance plan and identified lead officers for targets.

RESOLVED: That the report be noted.

84. **Question and Answer Session with Portfolio Holders:**

The Portfolio Holders for Adult Community Care Services and Issues Facing People with Special Needs, Lifelong Learning, Cultural Services and Issues Facing Older People, and People First - Children's Services were in attendance to answer questions from the Sub-Committee.

The following questions were addressed:

Question 1: *How do the portfolio holders view the co-operation between Harrow PCT, North West London Hospitals Trust and the Council? How are working relationships especially given each organisation's financial difficulties?*

The Portfolio Holder for People First – Children's Services confirmed that officers from the Council and Harrow PCT continued to have regular dialogue about matters of shared interest, with joint work in both adult and children's areas. The Portfolio Holder added that work had been jointly commissioned by Adults and Children Council services and the PCT for an independent review of the Joint Commissioning Service.

The Portfolio Holder for Adult Community Care Services and Issues Facing People with Special Needs stated that the Council remained committed to joint working with North West London Hospital Trust (NWLHT) for adults in the provision of intermediate care services and through the Hospital Social work service at Northwick Park Hospital. He added that national pressures to divert increasing number of patients away from Hospitals was creating pressures for all Local Authorities.

The Portfolio Holder for Lifelong Learning, Cultural Services and Issues facing Older People stated that both the Council and Harrow PCT were aware of their respective financial pressures, but that it was important that a joint working relationship was maintained.

Question 2: *With regards to the difference between critical and essential care and the change to payments for continuing care, what percentage of people now find their*

circumstances changed? What is now the percentage of people who will not be included under 'continuing care' criteria? What level of complaints has there been for service users with regard to the recent changes?

The Portfolio Holder for Adult Community Care Services responded that complaints relating to individuals no longer eligible for continuing care would not come to the Council as the Council was not able to challenge the decision. Instead, complaints would be presented to the Primary Care Trust and addressed through the appeals process, which might conclude with a stage 3 Strategic Health Authority (SHA) review panel.

The Portfolio Holder indicated that there had been an escalating trend for people previously eligible for Continuing Care funding no longer qualifying, with an average of approximately 10 people per month between November 2006 and March 2007. Harrow PCT and the Council were in dispute over some of these cases, and some more recent cases were subject to the appeals process.

Question 3: *How many stakeholders/service users have been visited/contacted to ascertain the impact of the changes?*

The Portfolio Holder for Adult Community Care Services and Issues Facing People with Special Needs responded that any service user reviewed under the NHS continuing care criteria and determined as no longer being eligible for free NHS continuing care criteria was reassessed by the Council to determine eligibility for Local Authority support.

The Sub-Committee heard that a number of people who were no longer eligible for care had experienced changes to their care arrangements, as Local Authority care may levy charges. In addition, the Authority could not act outside its remit in delivering health care other than that defined as 'ancillary or incidental' to the provision of social care.

Question 4: *Regarding the single assessment for continuing care, how much co-operation is there between the NHS and the Council? Should there be more joined up work around assessments? How well do PCT nurses and the Council's social workers communicate regarding clients' care?*

The Portfolio Holder for Adult Community Care Services and Issues facing People with Special Needs responded that a single assessment framework existed between the Council and the PCT, whereby common information was collected by the Council's partners and shared, provided that individual service users gave consent.

However, the Sub-Committee heard that eligibility to receive services was a single organisation responsibility, and that in the case of continuing care, this was a clinical decision. The PCT had to write to individual patients to advise them of the outcome of their eligibility, a copy of which was forwarded to the local authority. Where patients had continuing healthcare needs short of 24 hour care, an indication of how these needs would be met was included in this letter. A protocol had also been agreed with time limits for the Local Authority to conduct determination of eligibility for social care, which involved liaison with community nursing services if required.

The Portfolio Holder for Lifelong Learning, Cultural Services and Issues Facing Older People commented that there needed to be a clear allocation of responsibilities in this regard. To this, the Director of Adult Community Care Services stated that organisations were working towards definitions of terms which might help in this regard.

Question 5: *The PCT considered its continuing care policy at its last board meeting. As there has been a push for a standardised process, how much liaison has there been with the Council to develop this?*

The Portfolio Holder for Adult Community Care Services and Issues facing People with Special Needs responded that formally, all North West London PCT's operated the jointly agreed North West London Continuing Care policy which was subject to consultation with relevant Councils.

In addition, the Portfolio Holder commented that there was a new nationally drafted revised policy which would provide a common framework, and which had been the subject of widespread consultation, to which Harrow had also contributed.

The Director of Adult Community Care commented that there was some concern that the PCT may have made changes to the existing joint policy, without consulting the Council. This matter was being pursued through formal correspondence.

Question 6: *How much money is owed from Harrow PCT to the Council from previous years? What is the current financial position with regard to outstanding invoices in particular?*

The Portfolio Holder for Adult Community Care Services and Issues facing People with Special Needs stated that the amount outstanding in relation to the 2005/06 financial year and previous years was £1.975 million, of which £1.713 million was disputed. As part of the closure of the Council's accounts this amount was to be reviewed.

Invoices relating to the financial year 2006/07 totalled £5.4 million, with no invoices in dispute. However, there were concerns about prompt receipt of payment to assist the Council's cashflow.

Question 7: *What action has been taken by the Council to recover the debt? What procedures are being undertaken by the finance department to ensure that this situation is avoided in the future?*

The Portfolio Holder for Adult Community Care Services and Issues facing People with Special Needs responded that finance officers continued to meet regularly with the PCT in an effort to resolve outstanding queries and to chase payment. Joint working groups had been set up to agree funding with the PCT for future years, which were being translated into formal letters or memorandum of agreements, and where possible, to apply such agreements to retrospective claims.

The Director of Adult Community Care Services added that where invoices were disputed, there was an emphasis on resolving the matter outside of legal mechanisms.

Question 8: *Councillors have received a number of complaints about the cleanliness at Northwick Park Hospital and especially the poor cleaning standards in the patients' toilets. Is the Portfolio Holder aware of the figures relating to healthcare acquired infections at the Hospital? Can the Council have any input in how the cleanliness of the wards is monitored?*

The Portfolio Holder for Adult Community Care Services and Issues facing People with Special Needs responded that, through the work of the Scrutiny Committees in particular, the detail of the rate of healthcare acquired infections was now in the public domain for each of the NHS trusts in Harrow.

The Sub-Committee heard that cleanliness in wards was a matter that the NHS and its performance monitoring framework was charged with overseeing. The Portfolio Holder stated that the Council was not in apposition to directly intervene, but that through existing partnership boards and groups the Council could ask that rates of health acquired infections for each of the NHS partners be considered as part of core performance reporting. It was added that the Sub-Committee might have a role in this regard, in asking the local community what precautions they would like to see implemented.

85. **Overview and Scrutiny Committee Annual Report:**

The Sub-Committee received a report of the Director of People, Performance and Policy, which set out the draft of the Sub-Committee's section of the Overview and Scrutiny Committee's annual report to Council.

An officer explained that the draft section detailed the Sub-Committee's work over the Municipal Year, and asked the Sub-Committee for its comments. On discussing the draft, the Sub-Committee agreed that the draft was an accurate reflection of its work.

RESOLVED: That the draft section be approved for inclusion in the Overview and Scrutiny Committee's annual report.

86. **Any Other Business:**

(i) **Vote of Thanks**

The Chairman thanked officers from the NHS Trusts who had attended meetings of the Sub-Committee and contributed to its work in the current Municipal Year. Thanks were also offered to the advisers to the Sub-Committee, the Committee Administrator, and the Scrutiny Officer.

RESOLVED: That the above be noted.

- (ii) Scrutiny Obesity Review Group
The Chairman informed the Committee that the first meeting of the Scrutiny Obesity Review Group would be held on Monday 9 May 2007 in Committee Room 3 at the Civic Centre.

RESOLVED: That the above be noted.

(Note: The meeting having commenced at 7.33 pm, closed at 9.45 pm)

(Signed) COUNCILLOR REKHA SHAH
Vice-Chairman (in the Chair)