

AGENDA

Meeting: Review of AWP Services Task Group
Place: ICT Training Room - Council Offices, Monkton Park, Chippenham
Date: Friday 18 October 2013
Time: 10.00 am

Please direct any enquiries on this Agenda to Maggie McDonald, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713679 or email Maggie.mcdonald@wiltshire.gov.uk.

Members are reminded that, as a Task Group, this meeting is closed to the press and public.

Membership:

Cllr John Noeken
Cllr Nina Phillips

Steve Wheeler

1 **Apologies**

2 **Election of chairman**

3 **Task Group Protocol**

To note the revised Task Group Protocol.

4 **Background to Task Group** (*Pages 7 - 8*)

In January 2013 Wiltshire Council was informed that the Avon and Wiltshire Mental Health Partnership (AWP) had taken the decision to stop admitting patients to Charter House on a temporary basis due to a number of issues including low occupancy, environmental problems and the stand alone nature of the site.

The Health Select Committee considered this matter at its meeting in March 2013. A briefing note was provided to the Committee by Iain Tulley, the then Chief Executive of AWP, and it is included here for information.

Denise Clayton, of AWP, attended the meeting in March and explained that the temporary closure of Charter House was part of a wider review into the service across the region which was looking at local requirements for older people. It also coincided with a series of meetings which AWP were holding with stakeholders and the public, to seek views on AWP's proposals to refresh their strategic objectives, vision and values.

The Committee is keen to engage with partners at an early stage, particularly when changes to services are likely. Therefore at its meeting in March the Committee agreed to set up a Task Group to consider the review being undertaken by AWP on care provision for people with dementia in Wiltshire, so that it could have input at an early stage. This was supported by AWP.

Following the Council elections in May, the new Health Select Committee agreed to the inclusion of the Task Group in its work programme as a legacy item.

5 **Scoping the Task Group Review**

The Task Group has received no specific direction from the Committee and therefore is asked to scope the Review of AWP Services review, ensuring that it is well defined. It will want to consider its objectives, required evidence gathering, witnesses and indicators of success.

The Task Group may wish to know that the Cabinet member for public health, protection services, adult care and housing intends to develop a new Mental Health Strategy which will cover a period of 7 years. It is anticipated that scoping for the Strategy will begin in November.

6 Date of next meeting

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Overview & Scrutiny

Task Group Protocol

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Introduction

What is the Task Group Protocol?

1. The Task Group Protocol offers guidance on the function and operation of scrutiny task groups at Wiltshire Council. The Protocol is not intended as an exhaustive list of instructions, but offers general principles on how task groups can be most effective.
2. The Council's Constitution formally sets out the powers of the overview and scrutiny function and should therefore be referred to in conjunction with this document where necessary.

What are scrutiny task groups?

3. Scrutiny task groups are small working groups of non-executive members. They are established by overview and scrutiny committees to review specific issues and service areas and submit recommendations to the executive on how they could be improved. The committee agrees the task group's terms of reference, membership and arrangements for reporting back to the committee. Task groups can undertake a monitoring role by ensuring that an existing service or project is performing to expectations, but they can also play a key role in developing local policy.

First principles

4. Task groups should follow the principles set out in the Constitution, which fosters and encourages an approach to overview and scrutiny that is:
 - Inclusive
 - Structured
 - Non-adversarial
 - Reliant on evidence rather than anecdote
 - Cross-party
5. Task group members should aim to take a positive and constructive approach, engage in developing policy where possible, be mindful of agreed priorities in the Council's Business Plan and ensure that the needs of the customer is the focus of any review.

How do scrutiny task groups work?

6. Task group meetings tend to be less formal than those of committees and enable a more extended dialogue with officers and cabinet members. They also

allow close engagement with external agencies and witnesses, which can provide a balanced and informed perspective by placing the issue or service in a wider context. Task Group meetings are an effective arena for looking at evidence in detail and therefore arriving at informed findings and recommendations. Task groups can operate flexibly, taking any approach they consider necessary to inform their deliberations, including:

- Meeting with members and officers
- Meeting with external agencies, interest groups and service users
- Considering existing evidence e.g. performance reports
- Gathering new evidence e.g. through surveys, site visits or research
- Undertaking or commissioning analysis
- Visiting relevant sites or organisations
- Learning from other local authorities and areas

The role of members

7. Task groups are member-led. Members set the meeting agendas and the work programme and own any findings and recommendations presented in the final report. Crucial to a task group's effectiveness is the relationship between the scrutiny function and the executive, including the nature of the personal contact between leading individuals of the two. Those assisting or giving evidence should be treated with respect and courtesy.
8. Task group chairmen have a key role to play in ensuring that the exercise leads to a valuable outcome. As well as chairing the meetings and ensuring that all members are clear about their purpose, the chairman acts as the overall lead for the review, reporting back to the committee on the task group's work and taking a leading role in shaping its final report.

The role of officers

9. The scrutiny officer's role is to provide project support for the task group. This includes advising on the process, undertaking research and analysis and helping to produce the task group's final report.
10. Other officers will be invited to attend task group meetings as witnesses on the basis of their experience of, and involvement in, the issues being considered. These will usually be first and second tier officers, but on occasion there may also be benefits in talking to 'front-line' staff to gain a detailed insight into an area of service delivery. This should be done in agreement with the relevant director.

External advisors and co-optees

11. External advisers can provide task groups with expert knowledge and an independent perspective on the area under review. Their role can include:

- Helping the panel to identify appropriate officers and witnesses
- Assisting the panel in developing lines of enquiry
- Commenting on the evidence presented
- Contributing to member training
- Providing advice regarding the final report

Scrutiny officers will be able to advise on the sourcing of external advisors.

12. Co-optees sit alongside other members of the task group and are able to hear evidence, ask questions and contribute to the findings. They are appointed because of their specialist knowledge and/or expertise. Co-optees do not have voting rights.

Scoping

13. The task group's first meeting is an opportunity to 'scope' the review and can be crucial in laying the foundations for an effective scrutiny exercise. It should be used to agree the following:

- Chairman - elected by the task group from its membership
- Terms of reference - changes must be ratified by committee
- Scoping - what are members hoping to achieve?
what evidence is needed?
how will it be obtained?
setting a timescale helps to keep the activity focused

Task group meetings

Meeting protocol

14. Prior to the task group meeting, witnesses should be advised of the issue to be considered and what will be required of them. The scrutiny officer should ensure that witnesses (particularly those from outside of the Council) understand overview and scrutiny's powers and processes and provide them with a copy of the Task Group Protocol.

15. Witnesses should also be advised whether notes of the meeting will be available and whether they will have the opportunity to view or comment on the task group's final report before it is published. The task group may need to

make a judgement on the confidentiality of any evidence provided on advice from the Solicitor to the Council.

16. Witnesses are asked to present their evidence in a clear, concise and jargon-free manner.

Public or closed meetings

17. To ensure a full and frank discussion of the issues and evidence, task group meetings are not generally open to the public. However, the task group's final report, plus the executive response, are considered in a public forum (except where they contain confidential or exempt information). On occasion, a task group may have a specific reason for holding an open meeting, for example, to enable wider consultation with interested members of the public.

Substitutions

18. No member substitutions are permitted for task groups. Overview and scrutiny committees appoint members to task groups on the basis of their experience, interest and availability, rather than their political affiliation. Additionally, members gain an in-depth understanding of the chosen topic over a series of meetings before reaching conclusions and it would therefore be difficult (and potentially disruptive) for a new member to enter the arena partway through the process.

The final report

19. At the conclusion of its work a task group will prepare a final report clearly setting out its findings and recommendations. This may include whether the task group or committee needs to undertake further work and how the implementation of recommendations should be monitored.
20. It is important that the final report presents the task group's findings and recommendations **with evidence** in a clear and understandable form. The evidence cited should be checked with relevant witnesses to ensure that it is accurate.. Any resource implications arising from the recommendations must be properly costed and should show how they would be funded, following consultation with the Director of Finance. It will normally be prudent to discuss provisional conclusions and recommendations with key witnesses before the report is published.
21. Whenever possible, all members of a task group will unanimously agree the content of its final report. However, if there is not unanimity amongst the task group, members are able to submit a minority report stating clearly, with evidence, why they are unable to agree with the majority view.

22. Witnesses should be informed when the task group's final report is published and provided with a link or electronic copy.
23. The final report is submitted to the appropriate overview and scrutiny committee for endorsement, who then refer it to the relevant executive accountable body for a formal response within 2 months.

If you would like further information on Overview and Scrutiny at Wiltshire Council please contact Democratic Services on 01225 718220 / committee@wiltshire.gov.uk

Briefing note in respect of Charter House, Trowbridge

1. There has been increasing concern over the continued use of Charter House as an in-patient unit due to concerns as to our ability to provide adequate quality of care. As a result I visited the building to assess the position and decided that we could not longer provide a viable service of sufficient quality. It would not pass the 'would you admit your relatives to this ward' test.
2. Delivering the quality of care which we would all support requires good observation, therapeutic space, space to wander and space to be quiet, all of which are constrained by the lay-out of the building. The stand alone nature of the site is not helpful, nor is its proximity to a drug problem which could impact on visitors and staff.
3. These difficulties are compounded by problems re flooring, damp, a strong smell of sewage and leaking ceilings and walls. An independent engineer's report suggests that these cannot be easily fixed.
4. Recruitment difficulties mean that we are unable to provide consistent care with a team of staff who know the patients and so can effectively plan the care.
5. While demand for dementia care is increasing, the demand for in-patient dementia beds is falling in Wiltshire and elsewhere due to more care being provided in the community, both at home and in care homes. Beds are occupied for shorter periods as we see, treat and move people to the most appropriate care location more swiftly.
6. As the demand for dementia support in the community increases, it is essential that we ensure the greatest proportion of available funds is invested in community support services. In Wiltshire, the reverse has been the case with a disproportionate amount being spent in providing beds for a few, at the expense of the community services which support many more people in need of help.
7. In the weeks before deciding to suspend admissions, the number of service users fell, reaching the point where the in-patient unit was neither economically viable nor able to provide the desired quality of care. When I visited Charter House, there were, for example, more staff than service users.
8. The majority of patients in Charter House had been assessed and were awaiting an alternative placement, which can take some weeks to arrange resulting in delays in patients being discharged.
9. Notwithstanding this decision to suspend admissions, Charter House continues to be the team base for serving the population of Trowbridge and West Wiltshire as well as providing out-patient clinics. We are looking at how space in Charter House might be used to provide additional memory clinics which will reduce the waiting times for assessment and treatment in line with national targets.
10. Once the decision to suspend admissions was taken, discussions were held with service users and their carers and families and all have now been discharged in accordance with their care plans to alternative accommodation. Anyone needing an assessment bed while admissions are suspended will be accommodated in Salisbury or Bath (and possibly Swindon). There are no other changes in services to Trowbridge residents.
11. As the future usage of Charter House is considered, we will keep all our partners fully briefed and will fully engage with them in any decisions. We are happy to discuss bringing the in-patient unit back into use but only if we can provide consistent high standards of care.
12. No final decision will be made until after the review designed to look at the whole model of care provision for people with dementia in Wiltshire has been completed.

Iain Tulley
Chief Executive
AWP

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