

DURHAM COUNTY COUNCIL

Minutes of the Meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held at County Hall, Durham on **Thursday 25 February 2010 at 10.00a.m.**

Councillor R Todd in the Chair.

Members of the Committee

Councillors J Armstrong, D Burn, J Chaplow, R Crute, S Iveson, A Laing, A Savory, A Shield, W Stelling, P Stradling, T Taylor, O Temple and A Wright

Other Members

Councillor M Nicholls

Also in Attendance

Mr Burton – Local Involvement Network

Mrs Carr – Local Involvement Network

R Hassoon – County Durham and Darlington Mental Health Forum

Apologies for absence were received from Councillors J Bailey and P Gittens and Co-optees Councillor A J Cook, Mrs H Gibbon and D Haw

The Protocol for Working Together

Prior to the start of the meeting representatives from Durham County Council, NHS County Durham and County Durham Local Involvement Network signed The Protocol for working together in relation to plans to make changes in health and social care services. The Protocol was approved at the last meeting and aimed to improve decision making in relation to changes in services, to ensure the involvement of service users and local communities, in order to contribute to improvements in health and wellbeing for the people of County Durham.

A1 Minutes

The Minutes of the meeting held on 21 December 2009 were agreed as a correct record and signed by the Chair.

A2 Declarations of Interest

There were no declarations of interest.

A3 Items from Co-opted Members or interested parties

There were no items from Co-opted Members or interested parties.

A4 Mental Health Services in North Easington – Overview and Scrutiny Working Group

Consideration was given to the report of the Assistant Chief Executive which sought approval of the report of the North Easington Mental Health Services Working Group (for copy see file of Minutes).

Members were advised that the Working Group was established in October 2009 to respond to consultations on the future provision of mental health services in North Easington.

The report responded to two consultations, one undertaken by NHS County Durham and the other by NHS South of Tyne – PRIDE consultation. The executive summary of the report was attached at Appendix 1 and the key issues and recommendations were outlined in Appendix 2. A copy of the full response to the consultation was available in the Members Library and the report would be presented to Cabinet for information in April 2010.

The Health Scrutiny Liaison Manager highlighted some of the Working Group's key findings and recommendations which included:

- The initial consultation on PRIDE had not included residents in the North Easington area and this had been recognised as an oversight.
- A key rationale for the proposals was the need to reduce risks to patient safety, however evidence received on this issue was inconclusive.
- Pathways of care should enable residents to access services from both mental health trusts currently providing services in the area, including from Cherry Knowle Hospital or the proposed future replacement hospital at Ryhope.
- A recognition that the provision of services from some locations would present particular transport and access issues that needed to be addressed.
- The recognition that information was required that demonstrated the level of investment in community based service provision and assurances of its quality.

It was explained that the Regional Commissioning Team for Mental Health had advised that further consultation would now take place in North Easington to ascertain whether users and carers would prefer to use Monkwearmouth, Ryhope or Lanchester Road in future for inpatient facilities.

The Working Group had also requested that it be advised of proposals for the future provision of services in North Easington once the outcome of both consultations, including the extension, had been considered by the NHS. It was expected that these proposals would be presented to this Committee at its meeting in April.

B Key, North East Director of Commissioning for Mental Health and Learning Disabilities circulated a schedule for the extended North Easington consultation. The extended consultation was in response to concerns from the Adults, Wellbeing and Health Overview and Scrutiny Committee and residents. The

consultation would target specific groups and would focus on key stakeholders, service users and carers.

The consultation would be extended for a further 6 weeks to 25 March 2010. The purpose of circulating the information was to gauge if Members felt the proposals were adequate and comprehensive.

Councillor stradling welcomed the recommendations outlined in the report and pointed out that Members should be advised of the scope of any consultation prior to it starting.

In relation to the extended consultation R Hassoon suggested that service users and carers be advised of the distances they would need to travel to access the various services, this was especially relevant for the elderly.

Councillor Crute agreed with the proposed extension to the consultation. He also gave details of a potential consultation related to University Hospital, Hartlepool. As this consultation could potentially affect residents living in the county then Overview and Scrutiny at Durham County Council should also be consulted on the proposals.

The Chair explained that health provision in the former Easington area was complex and most residents had to travel to access services. D Gallagher, Director of Partnerships and Services at NHS County Durham acknowledged that the report highlighted some important issues that the NHS needed to take account of, and these reflected the complexities of provision in some areas of the county, and he stressed the necessity of working closely with all service providers to minimise the risks to patients.

Councillor Stradling commented that in line with the Joint Protocol that had been agreed, Overview and Scrutiny should be advised of consultations in advance so that the approach could be agreed avoiding problems before they arise.

The Chair stressed that the Committee needed to satisfy itself that the proposed extended consultation was satisfactory before it started. In addition he thanked everyone involved in the process for their hard work and hoped a successful outcome would be achieved.

RESOLVED that;

- (i) the report of the North Easington Mental Health Services Working Group be approved,
- (ii) the current position in relation to proposals for future consultation and potentially the future provision of mental health services in North Easington be noted,
- (iii) the proposals for the extended consultation be approved,
- (iv) a further report be considered at a future meeting.

A5 National Dementia Strategy

Consideration was given to the report of the Head of Adult Commissioning Services, which gave details of Living Well with Dementia: a National Dementia Strategy and the progress made in County Durham towards its delivery (for copy see file of Minutes).

Members were advised that the strategy was published in February 2009, following a number of key reports and extensive consultation. It was the first national strategy for dementia which recognised the importance of this issue.

The aim of the strategy was to provide significant improvements in quality of services and greater understanding of causes and consequences of dementia as well as being a catalyst for change in the way people were viewed and cared for. The 3 key areas were; improved public and professional awareness, early diagnosis and intervention and high quality care and support.

An economic impact assessment accompanied the strategy and was modelled over a 5 year period, there was also a detailed implementation plan. The expectation was that all health and social care communities would make considerable improvements over the next 5 years, although where they started would depend on local priorities.

Details of the Governance arrangements were outlined in the report.

Although the strategy identified 17 Objectives the Department of Health had identified 7 Priority Objectives and in turn the regional groups had then identified 6 slightly different priorities. Subsequently the Regional ADASS had considered these and identified two which they wanted the regional Local Authorities to lead on. These were:

- Objective 6: Improved Community Personal Services
- Objective 11: Living well with dementia in care homes

Details of how these objectives could be delivered and what the impact was for Adult and Community Services were outlined in the report together with the remaining regional priority objectives.

The Chair stated that this issue was high on the public and national agenda and research into treatments would help in the future.

R Hassoon referred to objective 11 – living with dementia in care homes and advised that she had previously undertaken work in this area. R Hassoon asked if the ratio of staff to residents had been investigated and gave a number of examples where patient care and standards had suffered due to staff shortages.

D Elliot, Strategic Commissioning Manager advised that with regard to staff numbers care homes should meet the national guidance.

Councillor Crute stated that 95% of care homes in the county were in the private sector and queried to what extent were standards monitored and how could the authority ensure their compliance with the dementia strategy. The Strategic Commissioning Manager advised that there were strategy objectives around care homes to comply with these, however all dementia clients were monitored

in the private sector. This was an issue which the commissioners needed to look at in greater detail.

Mr Burton advised that LINK, were working on a project looking at dementia and would welcome co-operation between LINK and Durham County Council.

The Chair asked how the strategy linked into the aim of allowing people to remain in their homes and what the staffing implications would be. The Strategic Commissioning Manager advised that an early accurate diagnosis, communicated to the patient and their carer, meant that treatment, care and support could be provided quickly. This would assist patients and carers to cope for longer in their own homes and possibly delay the need for residential care. This would however impact on carers and the support required at home.

R Hassoon pointed out that it was the role of the GP to refer clients to psychologists to allow for an early diagnosis.

Councillor Chaplow asked who monitored care homes and how often this was undertaken. The Strategic Commissioning Manager advised that Durham County Council monitored the homes and contracts were reviewed frequently. The Care Quality Commission (CQC) inspected homes and those that were awarded a 3 star rating were reviewed every 3 years by CQC.

The Chair asked who monitored standards in the private sector. The Strategic Commissioning Manager advised that CQC had the responsibility for inspection of registered services. Durham County Council had a role in monitoring quality as part of their post contractual reviewing process.

Councillor Stelling asked what powers the CQC had. The Strategic Commissioning Manager advised that ultimately they had the power to close a home.

Councillor Crute stated that the issues raised at this meeting needed to be addressed in a future report.

Councillor Temple welcomed the report but expressed concern at the lack of precision and felt further information was needed. Within the report there was reference to a number of statistics but more detail was needed in order for them to have real meaning.

Councillor Wright made reference to the number of fire related deaths amongst people living in their own homes and suffering mental health problems or dementia and asked what work was undertaken with the fire authority. The Strategic Commissioning Manager explained that work had been undertaken with Care Connect which linked into the fire authority. Whilst there was no direct reference to work undertaken with the fire authority in the action plan the links were there to ensure patient safety.

RESOLVED that;

- (i) the information given, be noted,

- (ii) an update on the strategy be provided to the Adults, Wellbeing and Health Overview and Scrutiny Committee in 6 months.

A6 Performance Management – Quarter 2 – 2009/2010

Consideration was given to the report of the Assistant Chief Executive which gave details of progress against key performance indicators and explored areas of underperformance in respect of the “Altogether Healthier” priority theme (for copy see file of Minutes).

S Gwilym, Principal Overview and Scrutiny Officer explained that the report covered performance by exception for those Performance Indicators within the Council’s “Altogether Healthier” priority theme which fell within the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

Members were advised that the tier 4 Performance and Planning Group would be examining improvements over the coming months which included:-

- the development of proxy measures for those indicators subject to data lag or lacking quarterly updates,
- refinement of measures in the corporate basket.

These were being compiled into a detailed improvement plan.

Section 1 of the report covered performance across all Key Performance Indicators which showed 70% of Key Indicators were either improving or static whilst 60% were performing to target.

Section 2 covered performance against the “Altogether Healthier” theme which showed 67% of these were improving and 62% were performing on target.

Key messages arising from the report were:-

- NI 132 – speed of carrying out social care assessments was performing within 0.5% of target. Work had been identified within the Occupational Therapy service to deliver further improvements.
- In order to further improve performance in respect of NI 125 (Achieving Independence for Older People through Rehabilitation/Intermediate Care) a number of developments had been introduced which included the deployment of community matrons into intermediate care teams and in reach social workers within hospitals.
- More carers were able to access services and be supported in their care role.

Section 3 detailed key Performance Issues with commentary provided by the service grouping at Appendix C.

RESOLVED that;

- (i) the performance and remedial actions for Key Performance Indicators outlined in the report, be noted,
- (ii) the data quality issues outlined in the report be noted.

A7 Forecast of Outturn 2009/2010 – Quarter 3

Consideration was given to the report of the Head of Finance, Adults, Wellbeing and Health which provided details of the Adults, Wellbeing and Health revenue and capital outturn forecast for 2009/2010 based on information at the end of the third quarter of the financial year (for copy see file of Minutes).

Councillor Temple referred to slippage on the capital budget identified for in-house residential care homes and sought assurance that this would still be used for this purpose. The Head of Finance, Adults, Wellbeing and Health confirmed that this allocation would remain in the budget.

Councillor Shield made reference to the forecasted underspend on transport and stated that it had previously been reported that there would be an overspend. The Head of Finance, Adults, Wellbeing and Health explained that the original figures had been overstated and an underspend was now anticipated. Councillor Shield asked if LINK2 would have a bearing on this. The Head of Finance, Adults, Wellbeing and Health advised that it would but it had to be considered along with all other transport arrangements.

The Chair stated that where there were significant variances in budgets then Members should be kept advised.

The Head of Finance, Adults, Wellbeing and Health explained that the various comments made in relation to the format of the report would be considered for future reports.

RESOLVED that the information given, be noted.

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