

DURHAM COUNTY COUNCIL

Minutes of the Meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held at County Hall, Durham on **Monday 26 April 2010** at **10.00am**

Councillor R Todd in the Chair

Members of the Committee

Councillors J Bailey, A Barker, D Burn, J Chaplow, A Cox, R Crute, M Potts, A Shield, P Stradling, T Taylor, O Temple and A Wright.

Co-opted Members

Mr V Crosby, Mrs K J M Currie, Mrs H Gibbon, Mr D Haw and Mr D J Taylor-Gooby

Other Members

E Huntington, M Nicholls and A Naylor

Also Present

P Keane, Director of Strategy and Involvement, NHS County Durham and Darlington

J Inglis Jones, County Durham and Darlington Community Health Service

Apologies for absence were received from Councillors J Armstrong, R Bell, A Savory and Mrs R Hassoon.

A1 MINUTES

The Minutes of the meeting held on 25 February 2010 were agreed as a correct record and signed by the Chair.

Matters Arising

Minute A4 – Mental Health Services in North Easington

The Committee were advised that a further report in relation to the extended consultation would be received following the General Election and considered by Members at the next meeting of this Committee to be held on 23 June 2010.

A2 DECLARATIONS OF INTEREST

Mrs H Gibbon in respect of items numbered 5 and 8, in her capacity as Chief Executive of Age Concern.

Mr D J Taylor-Gooby in respect of item number 5, in his capacity as a Director of East Durham Homes.

A3 ITEMS FROM CO-OPTED MEMBERS OR INTERESTED PARTIES

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

With the approval of the Chair Members considered item number 7 on the agenda first.

A4 NHS COUNTY DURHAM AND DARLINGTON – REFRESHED FIVE YEAR STRATEGIC PLAN 2009/10 – 2013/14

Consideration was given to the report of the Assistant Chief Executive which gave details of NHS County Durham and Darlington's Refreshed Five Year Strategic Plan 2009/10 – 2013/14 which was agreed by NHS County Durham and Darlington's Integrated Business Board in February 2010 (for copy see file of Minutes).

J Brock, Health Scrutiny Liaison Manager advised that copies of the Refreshed Five Year Strategic Plan were posted on the Councils website and copies were available in the Members Library.

The Committee received a presentation from P Keane, Director of Strategy and Involvement which focused on the challenges and opportunities for the NHS in delivering the Plan.

The Director of Strategy and Involvement advised that in setting the strategic direction the following external influences were taken into consideration;

- National Policies
- Regional Strategies – i.e. Better Health Fairer Health, Safer Care North East and Our Vision Our Future
- Partners Strategies
- Demographic Changes
- Epidemiology Data
- Finance
- Performance
- Market Analysis

In addition internal influences such as organisational development gaps and management reduction implications were considered.

Members were advised that the vision was “To deliver excellence today for a healthier tomorrow”.

The Strategic Plan was underpinned by four strategic objectives:

- To give children a better start in life
- To help keep our public healthy
- To ensure high quality care at the most appropriate time and place
- To help people get the most from later life

Each strategic objective was also underpinned by strategic goals.

The Director of Strategy and Involvement reported that in order to deliver the strategy the Plan would use contracting levers to drive quality and productivity improvements, Re-commission services at higher quality specification and invest in improvement and innovation. In addition the strategic direction of the Plan was aligned to enablers such as the estates, workforce and information strategies.

Councillor Temple pointed out the many people didn't understand the difference between urgent care services and accident and emergency services. The Plan could only be effective if people understood what services were available and where they could be accessed. A campaign was needed to raise awareness of this issue.

The Director of Strategy and Involvement acknowledged that it could be confusing and gave details of a national pilot three digit number, 111, to be used to access non emergency healthcare. The purpose of the new number was to make it clearer for people to know where to go for advice and guidance. There was a need to clarify the difference between out of hours advice and urgent care. The new three digit number would provide a range of advice and would need to be publicised. The Health Scrutiny Liaison Manager explained that it was intended that further information on the single number, 111, would be provided for Members at the next meeting.

Mrs Currie made reference to the 50 to 75 screening programme and explained that she had been informed by a GP that full access to the programme was not in place. The Director of Strategy and Involvement advised that there should be coverage across the county and he would look into this.

Mrs Currie pointed out that patient choice was misleading as the choice was limited to those facilities where there was already a contract in place. The Director of Strategy and Involvement explained that there was a choice mandate related to the choice of hospital and an individual could chose to go out of the area for treatment if they so wished.

Councillor Shield referred to the strategic objectives and the effect they had on front line services, particularly the rate of absenteeism in the NHS, and asked how service provision could be maintained with high rates of absenteeism and was this looked at in detail as part of the strategic analysis. The Director of Strategy and Involvement advised that a whole range of employee issues, including sickness, was monitored and sickness levels were reducing. However, sickness monitoring was primarily the responsibility of the employing organisation. The key focus was on efficiency and quality through contracts.

Mr Crosby pointed out that there was inadequate education and publicity related to what services were available and where they could be accessed. The Director of Strategy and Involvement advised that the challenge was to educate and provide sufficient signposting to allow people to access services.

Councillor Burn agreed with Councillor Temple and felt that information was needed on what services were available when doctor's surgeries were closed.

Councillor Stradling pointed out that this issue had been raised previously and needed to be discussed further.

Councillor Barker asked if there was an overall strategy in place for individual communities to access exercise programmes. He felt that there should be more facilities available in order to tackle this problem and cultures and lifestyles needed to change. The Chair made reference to progress that had been made to date and pointed out that there had been an increase in local facilities to help people access exercise.

The Chair explained that the telephone triage system could be daunting for the elderly who still preferred to personally see a doctor and felt more education was needed.

The Director of Strategy and Involvement agreed that the urgent care environment could be complicated and more education and publicity was needed. Urgent care services needed to be fit for purpose and it would always be an individuals right to see a doctor.

RESOLVED that;

- (i) the content of the Refreshed 5 Year Strategic Plan 2009/10 to 2013/14 be noted,
- (ii) a presentation on the “National Pilot” be given to the next meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

A5 JOINT COMMISSIONING STRATEGY FOR OLDER PEOPLE 2010 – 2013

Consideration was given to the report of the Strategic Commissioning Manager which gave details of the current consultation process and contents of the proposed Joint Commissioning Strategy for Older People 2010 – 2013 and sought Members’ views on the consultation which would influence the final strategy (for copy see file of Minutes).

The Committee also received a presentation from A Porter, Commissioning Policy and Planning Officer which gave details of the strategy background, purpose, development and consultation process as well as the future strategic direction.

Mr Taylor-Gooby pointed out that in order for the existing stock to be brought up to Decent Homes Standard there would need to be considerable capital investment. The Commissioning Policy and Planning Officer agreed and explained that they were aware of the Decent Homes Programme and were working closely with housing colleagues on the development of the Housing Strategy to build links for the future and adapt the current stock to meet current and future needs.

Mrs Currie expressed concern that there was no mention in the strategy of provision for carers, particularly those who were elderly. D Elliot, Strategic Commissioning Manager advised that the strategy was one of a suite of community strategies and there was a strategy in place for carers both young and old.

Councillor Shield made reference to elderly people who elected to stay in their own home and relied heavily on service providers who they inevitably become good friends with. Councillor Shield was concerned at the high turnover in staff which could have an adverse impact and effect on the frail, infirm and elderly who relied on them. The Commissioning Policy and Planning Officer was aware of this issue which was a concern and felt that the personalisation agenda would help improve the situation. Personal assistants would overcome many of the problems but staff turnover was inevitable. However, where possible, every effort was made to stabilise the turnover of staff. The Strategic Commissioning Manager pointed out that through training, development and specialisation, it was hoped that future turnover of staff would be low. Through training and development, it was hoped that staff would take a pride in their work and be committed to the job.

The Chair advised that the comments made by the Committee would be taken on board.

RESOLVED that;

- (i) the information given, be noted and the issues raised by Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee be submitted as a formal response to the consultation exercise
- (ii) further reports on the progress made on delivering the action plan for implementation of the Strategy be brought back to future meetings of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

A6 PROGRESS BY IN-HOUSE PROVIDER OF DAY SERVICES (MENTAL HEALTH) – COUNTY DURHAM CARE AND SUPPORT

Consideration was given to the joint report of the Day Services Manager and the Strategic Commissioning Manager Lead, Adults Wellbeing and Health which gave details of progress made by the In-House Provider Service, County Durham Care and Support in respect of the consultation process that took place in the summer of 2009 and the report by the Overview and Scrutiny Working Group (for copy see file of Minutes).

Members were advised that a 12 week consultation process, led by Durham County Council's Commissioning Team had been undertaken to ascertain what service users and carers aspirations were for the service as it moved from a traditional service to an improved one which was more responsive to the needs of the individual. Alongside this consultation process a Light Touch Review Working Group from the Overview and Scrutiny Committee had also taken place.

The Steering Group for Mental Health had asked County Durham Care and Support to ensure that the concerns and issues put forward by service users and the Overview and Scrutiny Working Group were considered as they sought to improve the service. Details of the main themes from the consultation were outlined in Appendix 2 to the report.

A summary of the aims and improvements to the service were outlined in the report together with examples of improvements that had been made.

Councillor Stradling acknowledged that considerable progress had been made and reported the receipt of correspondence from the County Durham and Darlington Mental Health Forum, a user group that could be affected by the report. S Gwilym, Principal Scrutiny Officer advised that the County Durham and Darlington Mental Health Forum had contributed to the original review but had not had sight of the current report. In the circumstances, it was suggested that a further report be considered at the next meeting.

Councillor Potts welcomed the report and asked if day attendees were still eligible to attend day centres. The Strategic Commissioning Manager advised that day attendees were able to attend day centres and each person would have an individual plan. The Day Services Manager advised that if new referrals went straight to day care services, they could be there for many years and become institutionalised. It was felt that a move away from a day centre environment improved mental health. However, it was acknowledged that many weren't ready for the transition and individual plans would need to be referred to.

Councillor Nicholls felt it should be left to the individual to decide when they were ready to make the transition into the community. The Day Services Manager advised that service user led groups could assist in this type of situation.

Mr Haw suggested that it would be useful for the Committee to see an example of an Individual Recovery Plan. The Strategic Commissioning Manager advised that examples could be provided on how people had benefited from individual plans and how they moved forward with their rehabilitation.

RESOLVED that the report be received, the information given be noted, and in light of the additional correspondence received from the County Durham and Darlington Mental Health Forum further consideration be given to this issue at the next meeting of this Committee.

A7 REVISED HEALTH IMPROVEMENT PLAN

Consideration was given to the report of the Corporate Director, Adults Wellbeing and Health which gave details of the revised Durham County Council Health Improvement Plan (for copy see file of Minutes).

G Tompkins, Head of Social Inclusion advised that the Council's first Health Improvement Plan was approved in 2008.

The revised Health Improvement Plan, outlined in Appendix 2 to the report was a corporate high level plan which set out the broad thematic direction of travel for the County Council in working with partners to improve health and wellbeing. The Plan reflected feedback from the CAA, the Regional Health Strategy, Better Health, Fairer Health, LAA targets and local priorities directed by the Health and Wellbeing Partnership as well as NHS County Durham's Public Health Delivery Plan for 2010-2012.

It was explained that whilst this Plan was a document for the County Council, the authority would discuss with NHS County Durham the scope for and added value in developing a joint strategy for health improvement, building on both this document and the NHS's 5 year Strategic Plan.

The Health Improvement Plan comprised of ten thematic areas for improving health and wellbeing. Within the context of recognising the importance of the wider determinants of health for which the Council had responsibility, the Plan identified the following five priorities for addressing health inequalities;

- Tobacco control
- Reducing the harm caused by alcohol
- Mental health and wellbeing
- Healthy activity, food and nutrition
- Tackling poverty

These priorities had been selected using local evidence and detail from the Joint Strategic Needs Assessment, feedback from the National Support Teams for Health Inequalities as well as national good practice and NICE guidance. They had been agreed simultaneously with colleagues in NHS County Durham and the revision of the performance framework for the Health and Wellbeing Partnership. They also reflected the key messages arising from the recently published Marmot Review of health inequalities "Fair Society, Healthy Lives"

The Plan was intended to reflect the range of activity services across the Council that were engaged and impacted upon the health of the local population and addressed inequalities. As such, it would provide evidence for the next stage in the CAA process.

Consultation on the Plans priorities had taken place with partners, including the AAPs, but officers were designing an on-going, iterative programme of engagement related to health improvement, so that communication regarding the updated Health Improvement Plan was the beginning of an on-going and dynamic process regarding public concerns and priorities about health.

Each theme within the Health Improvement Plan had a detailed action plan and all relevant service areas across the Council had contributed to these. The plans incorporated Service Improvement Plan priorities and would be monitored via corporate monitoring arrangements. Health improvement activity would be targeted towards specific geographic communities or population groups to ensure that inequalities in health were addressed at all times. Additionally it was proposed that there would be an annual report to Scrutiny and Cabinet on the implementation of the Plan.

Co-ordination of the Health Improvement Plan and its associated thematic plans would be overseen by the internal Health Improvement Group which had representation from each of the relevant service areas, including corporate performance and the County Durham Partnership Manager.

Many of Durham County Council's health improvement activities were undertaken in specific partnerships, and the value of the Health Improvement Group was that it would be working to ensure that duplication was avoided and opportunities for cross-council working were optimised.

Mr Crosby welcomed the report and made reference to physical activity, particularly in relation to obesity levels and asked what was provided to encourage people to join weight management courses and undertake exercise on a routine basis. The Head of Social Inclusion advised that there was differential provision around the County and in some areas exercise referral schemes were operating successfully. It was explained that one of the action points was to target leisure workers who had a degree of knowledge to be able to refer people to courses such as weight management. The PCT were keen to work with Durham County Council on this issue.

Mr Taylor-Gooby expressed concern at the problems associated with alcohol abuse and was concerned that during the World Cup, supermarkets would be tempted to discount alcohol even lower. Mr Taylor-Gooby asked what powers Durham County Council had to discourage this. The Head of Social Inclusion advised that the County Council had no authority over what supermarkets charged for alcohol, however, the Council did support a minimum pricing policy. The only action the Council could take was to ensure that licensing conditions were in place and no sales were made to under age drinkers.

The Overview and Scrutiny Manager advised that Local Government had a significant role to play in addressing health issues and the Council had outlined its commitment to this by establishing a portfolio which looked at healthy communities.

Councillor Barker stated that Members regularly received large volumes of statistical information and queried what information could be provided on a local basis to allow Members to do their job more effectively, i.e. to keep Members advised of what was going on in their local Ward. The Head of Social Inclusion advised that there was a lot of information available to Members and statistics could be provided on many issues. Information could also be provided on a Ward level. It was essential to keep people advised of services that were available locally and a discussion on what information Members wanted would be welcome. It was explained that the Health and Wellbeing Partnership was in the process of establishing Health Networks and it was hoped to develop relationships with the AAPs.

Mrs Currie made reference to allotments and co-operatives and suggested that the Council should encourage schools to establish community gardens. This could also apply to new social housing projects and Community Associations. The Head of Social Inclusion advised that Members comments would be taken on board and fed into the Action Plan.

Councillor Stradling felt that the Strategic Plan was light on detail regarding implementation. The Head of Social Inclusion advised that the Strategic Plan was backed up by Action Plans and in doing this, it was hoped they would reflect the existing Service Improvement Plans which were already in place across the County. It was felt that the linkages were strong and Scrutiny would be updated on an annual basis.

RESOLVED that the report be received, the revised Health Improvement Plan be agreed, in principle, and the Corporate Director, Adults, Wellbeing and Health provide an annual update report to this Committee on the Plans implementation.

A8 QUARTER 3 PERFORMANCE MANAGEMENT REPORT 2009/2010

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

Mrs Gibbon referred to LP105 – number of older people aged over 50 involved in consultation on older people's issues and queried if Age Concern figures were included in this indicator. K Foster, Strategic Manager – Performance and Systems advised that the statistics included were from planned consultations and apologised that Age Concern figures were not included, and would be in future. Mrs Gibbon advised that Age Concern reported their statistics to the Council on a quarterly basis.

RESOLVED that the performance and remedial actions for key performance indicators, outlined in the report, be noted.

The Chair agreed that due to the urgent nature of the next three items they could be considered.

A9 QUALITY ACCOUNTS BRIEFING – 14 MAY 2010

J Brock, Health Scrutiny Liaison Manager advised that a Quality Accounts Briefing would be held for Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee on 14 May 2010 at 10.00am. Members were asked to confirm their attendance at the briefing in order that NHS County Durham could be advised.

RESOLVED that the information given, be noted.

A10 VISIT TO NORTH EAST AMBULANCE CENTRE PATHWAYS CONTROL ROOM - 8 JUNE 2010

J Brock, Health Scrutiny Liaison Manager advised that a visit to the North East Ambulance Service in Newcastle was scheduled to be held on 8 June 2010 to see how the care pathways, including 111 and 999 were managed.

The Health Scrutiny Liaison Manager advised that places were limited and Members were asked to confirm if they wished to attend.

RESOLVED that the information given, be noted.

A11 MOMENTUM : PATHWAYS TO HEALTH CARE PROGRAMME

Mr Haw asked if there were any further planned presentations on the hospital development site at Wynyard Park.

J Brock, Health Scrutiny Liaison Manager advised that, at the request of the Chair, a letter had been sent indicating that this Committee would wish to be included in any future joint scrutiny consideration of service changes, as had been done previously with the Momentum consultation. This would be followed up.

RESOLVED that the Health Scrutiny Liaison Manager investigate and provide feedback to the next meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee.