Item Number 1

DURHAM COUNTY COUNCIL

Minutes of the **Meeting** of the **Adults, Wellbeing and Health Overview and Scrutiny Committee** held at County Hall, Durham on **Thursday 9 September 2010** at **10.00am**

Councillor R Todd in the Chair

Members of the Committee
Councillors A Barker, B Brunskill, D Burn, A Cox, K Davidson, P Gittens, A Savory, A Shield and O Temple.

Co-opted Members
Mr V Crosby, Mrs K J M Currie, Mrs H Gibbon and Mrs R Hassoon

Other Members
Councillors M Nicholls and J E Lee

Also Present
A Lynch – Director of Public Health, County Durham
D Gallagher – Director of Partnerships and Services, NHS County Durham and Darlington
A Aljeffri – LINk Project Manager

Apologies for absence were received from Councillors J Armstrong, J Bailey, R Bell, J Chaplow, R Crute, P Stradling, T Taylor, A Wright and D Haw and D J Taylor Gooby

A1 MINUTES

The Minutes of the meeting held on 23 June 2010 were agreed as a correct record and signed by the Chair.

Matters Arising

Minute A1 – Mental Health Services in North Easington

The Committee were advised that NHS County Durham and Darlington were not in a position to report on the outcome from the extended consultation in relation to Mental Health Services in North Easington, and the future provision of services. It was now expected that a report would be available for consideration at the next meeting of this Committee.

Minute A11 – Momentum: Pathways to Health Care Programme

The Committee were advised that since the last meeting the Chair had been briefed on the proposed hospital development at Wynyard Park. It was hoped that through funding provided by PFI, to be agreed by the Government, the proposals would now go ahead, albeit not as originally planned.

This did however, raise further issues in relation to the current provision at North Tees and Hartlepool Hospital. If the new hospital was to proceed it would be later than originally proposed. Hartlepool Borough Council's Scrutiny was currently looking at the implications of this and Durham County Council expected to be asked to express its views on the proposals.

Members would be kept up to date with progress on this issue.

Minute A7 – Proposal for a Review into Action to Tackle Health Inequalities in County Durham

The Committee were advised that the launch of the scrutiny review into Action to Tackle Health Inequalities in County Durham would be held on 11 October 2010 at an overview event.

A Task and Finish Group had been established and held its first meeting on 30 July 2010. Councillor Barker requested that he be included on the membership of this Group.

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 PROGRESS BY IN-HOUSE PROVIDER OF DAY SERVICES (MENTAL HEALTH)

Consideration was given to the report of the Corporate Director, Adults, Wellbeing and Health which gave an update on the issues raised by the County Durham and Darlington Mental Health Forum (for copy see file of Minutes).

Members were advised that a progress report regarding the Durham County Council In-House Day Services (Mental Health) was given to the Adults, Wellbeing and Health Overview and Scrutiny Committee meeting held on 26 April 2010. A letter of response was received from the Forum on the day of that meeting and it was agreed that the matters would be deferred to allow time for the Forum's issues to be raised.

A response to the points raised in their letter was drafted for the Overview and Scrutiny Committee on 23 June 2010, however it was agreed that in order to allow the County Durham and Darlington Mental Health Forum more time to consider its response the report was withdrawn. A copy of this report and answers to the questions was attached at Appendix 2 to the report.

Members were advised that D Shipman, Strategic Commissioning Manager Lead and K Vasey, Support and Recovery Manager had attended a Forum meeting on 2 August 2010 to discuss a range of issues from the original report, the Forum letter and implementation issues as the Mental Health Day Service had developed into the new 'Support and Recovery' service.

Two feedback sessions had been organised in September, to give the wider public who were involved in the original consultation, information about the new service.

The Strategic Commissioning Manager had agreed with the Forum that a framework for regular consultation and engagement, including feedback and accountability mechanisms would be put in place for the future. Forum matters would be reported on a quarterly basis to Management Team and then onto Directorate level. Tees, Esk and Wear Valley (TEWV) matters would be jointly addressed. It was hoped that by improving dialogue through regular meetings anxieties would be alleviated.

The only issue of significance, which the Forum had asked to be formally noted by Scrutiny, was that they could not agree with the statistical analysis carried out during the consultation. Service users felt there was much stronger evidence of opposition to the proposed changes. Because of this Officers went back to the consultation and reviewed the statistics. It was felt that as the feedback was ambiguous a view was taken that the positives had out weighed the negatives. It was now felt that there was a more robust process for consultation.

R Hassoon advised that the Mental Health Service User and Carer Team had recently shared with Forum members a report on all mental health consultation, informal and formal that had been carried out in County Durham over the last two years. In that report it stated that there had been more complaints/comments from service users, carers and the public on the poor quality of the consultation on changes to Mental Health Day Services than any other consultation on mental health services in County Durham over the last ten years.

The Strategic Commissioning Manager advised that following the issues raised by the Forum an independent audit was initiated and now all patients had an up to date recovery plan and care plan.

A Barker welcomed the work that had been undertaken and expressed concern regarding staffing issues in particular staff turnover. The Strategic Commissioning Manager advised that there was recruitment and retention problems but these were being addressed.

RESOLVED that;-

(i) the information given, be noted and the establishment of a regular forum between the County Durham and Darlington Mental Health Forum and Durham County Council be supported,

(ii) the views of the County Durham and Darlington Mental Health Forum regarding the original consultation and decision making process, be noted,

(iii) the Adults, Wellbeing and Health Overview and Scrutiny Committee receive a further progress report in 6 to 12 months time.

A5 "EQUITY AND EXCELLENCE: LIBERATING THE NHS" DEPARTMENT OF HEALTH WHITE PAPER

The Committee received a presentation from P Appleton, Head of Policy Planning and Performance and D Gallagher, Director of Partnerships and Services, NHS County Durham and Darlington (for copy see file of Minutes).

The White Paper "Equity and Excellence: Liberating the NHS" set out a vision, strategy and proposals for the NHS. It described a system where patients were at the heart of everything the NHS did, healthcare outcomes in England were among the best in the world and clinicians were empowered to deliver results.

The Department of Health was seeking views on how the strategy and proposals outlined in the White Paper should be implemented. A Health Bill would be introduced into Parliament later this year and responses to this consultation would help inform the content of the Bill. A number of supporting consultation documents had also been published.

The White Paper set out the vision of an NHS that would give power to front line clinicians and patients; a service that was simplified, de-layered and less bureaucratic and free from political control.

The key proposals set out in the Paper included:-

- Patient choice over where, and in some cases, how they would be treated and access to comprehensive information on many aspects of health.

- Patients would benefit from better health outcomes through a focus on continuously improving clinical outcomes.

- Current Local Involvement Networks (LINks) would become a new independent consumer champion, HealthWatch. HealthWatch would represent the views of patients and carers and be able to suggest which poor performing services should be investigated.

- Performance regimes for health and social care would be replaced with separate frameworks for outcomes and standards that set direction for the NHS, public health and social care.

- Commissioning for many health services would be transferred from PCTs to local Consortia of GPs and strategic Health Authorities and PCTs would be abolished.

- An independent NHS Commissioning Board would be established from 2011 and every NHS Trust would become a Foundation Trust by 2013.

- Health and Wellbeing Boards would be set up within local authorities to take on the function of joining up the commissioning of local NHS services, social care and health improvement.

- Responsibility for health improvement functions would pass to Local Authorities. Local Directors of Public Health would be jointly appointed by Local Authorities and the Public Health Service and would be employed by Local Authorities.

- The role of the Care Quality Commission (CQC) would be strengthened to become an effective quality inspectorate across health and social care.

- Local Authorities would be responsible for promoting integration and partnership working between the NHS, social care, public health and other local services.

Patients would be involved in making decisions about their care. There would be shared decision making to improve patient experience and extend choice.

The paper set out the intended arrangements for GP Commissioning and the NHS Commissioning Board's role in supporting GP Consortia and holding them to account. The consultation sought views on the following areas:-

- how GP Consortia and the NHS Commissioning Board could best involve patients in health services,

- how GP Consortia could work closely with secondary care, community partners and other health and care professionals,

- how the NHS Commissioning Board and GP Consortia could best work together to make commissioning decisions,

- how the NHS Commissioning Board could best support GP Consortia.

The Paper proposed that services would be provided by autonomous providers who were regulated by Monitor and the CQC. Monitor would become an independent economic regulator for health and adult social care, regulating prices and promoting choice and competition. The CQC's role would continue to regulate quality. The CQC and Monitor would be jointly responsible for administering an integrated and streamlined registration and licensing regime.

The Secretary of State for Health would hold the NHS to account for improving healthcare outcomes through a new NHS Outcomes Framework. There would be a significant shift in focus away from monitoring the processes of care to monitoring the results of the care and treatment provided to patients. There would be a commitment to working with clinicians, patients, carers and representative groups to create the framework and identify outcome indicators that were based on the best available evidence.

It was proposed to use five national outcome goals or domains covering all treatment activity for which the NHS was responsible, across effectiveness, patient experience and safety.

NICE Quality Standards would be used to support commissioners to understand how better care could be delivered.

The review of the Department of Health's 18 Arms Length Bodies in the health and social care sector assessed whether their work remained essential nationally. It looked at whether work was being duplicated or could be better carried out by a different body. Subject to Parliamentary approval, organisations which were no longer needed would be removed from the sector, with essential work moved to other bodies.

The Democratic Legitimacy in Health proposed to strengthen the role of patients and the public through arrangements led by Local Authorities and at a national level, through HealthWatch.

Current statutory functions of health overview and scrutiny committees would transfer to the Health and Wellbeing Board.

It was intended to adopt a phased project approach to implement the proposals and a Project Board had been established, led by the Corporate Director, Adults, Wellbeing and Health. A number of project risks had been identified and these would be assessed in relation to the level of risk and mitigation action planned in accordingly.

Comments on the White Paper and consultation papers made by the LGIU, the Kings Fund and ADASS were outlined to Members.

K Currie stated that she was pleased to see health and social care being brought together in this way. She asked how the GP Consortiums would be developed. She also asked if lay people would sit on the new Consortiums. A Lynch, Director of Public Health advised that lay members were appointed to the Practice Based Commissioning Groups. It was explained that there were 5 PCT's before 2006 when they merged to become one for County Durham and five practice based commissioning groups were established to work closely with the PCT. In County Durham over £1 billion would be the responsibility of GP Consortiums anticipated to be in 5 geographical areas as with the previous PCT's.

K Currie referred to the political control of the Health and Wellbeing Boards and asked if Local Authorities would be represented on the Boards. The Head of Policy Planning and Performance pointed out that proposals for the Health and Wellbeing Boards would bring together many different parties and the Local Authority would be responsible for appointing the Chair of the Board. He advised that there would be a limit on the number of government officers eligible to sit on the Boards but stressed that democratic accountability was central to the proposals.

Members felt that there should not be undue political influence on the work of the Boards. K Davidson felt that the political element would only be a problem if the number of Councillors outweighed the rest of the Board.

O Temple asked how the non-commissioning functions of the PCT would be dealt with under the new arrangements. The Director of Partnerships and Services explained that in addition to GP's role to commission services there

were many statutory requirements undertaken by the PCT that would need to be done by someone else. These functions needed to be clarified and at this stage it was not clear who these functions would be transferred to. He commented that there was also a lack of clarity in relation to the commissioning of specialised services.

V Crosby referred to the current Local Involvement Networks (LINks) which would become the local HealthWatch and commented that there appeared to be a degree of overlap with PALS, it was acknowledged that there was a need for clarification of the roles and responsibilities of these functions.

A Barker asked how performance management would fit into the new proposals. The Director of Public Health explained that performance management would be the role of Monitor, and the National Commissioning Board would manage GP's. GP's would be able to commission services as well as provide them. GP contracts and the CQC would monitor GP's as providers as GP's would be able to commission services as well as provide them.

A Barker made reference to the fairness in the allocation of funding and asked if the allocation of resources would reflect community needs. The Director of Partnerships and Services explained that there was a formula to determine need, particularly in areas of deprivation and special need in terms of health care.

B Brunskill raised a number of queries including; how would GP Consortiums be formed and brought together; how would they work; would they pull in other funding streams such as SureStart; would they be based on population or geographical areas; would the GP Consortia be able to commission services from other areas; would they work closely with other bodies and voluntary groups and was there a statutory responsibility for GP's to work with the Consortia. The Head of Policy Planning and Performance advised that many of these issues had been identified as potential risks and areas for further clarification. The Head of Partnerships and Services advised that he anticipated that there would be an overall framework for the operation of GP Consortia and within this there would be flexibilities in how they operated.

A Aljeffri asked if the PCT would be facilitating the transition period leading up to the establishment of HealthWatch as funding for LINks concluded at the end of April 2011 and HealthWatch was not to be formally established until April 2012.

With regard to the proposal to transfer scrutiny functions to the Health and Wellbeing Boards it was unanimously considered to be inappropriate. R Todd advised of the views expressed at the County Council Network the previous day, reflecting the views of all political persuasions, that there needed to be a separation of scrutiny from Executive functions represented by the Health and Wellbeing Boards, and that there was an acknowledgement that health scrutiny had worked well. The Head of Policy Planning and Performance commented that there was an evident lack of understanding of the role of scrutiny and that Health and Wellbeing Boards could not properly be scrutinised if they were undertaking this role themselves.

R Hassoon asked how the GP Consortiums would be monitored as there could be wide variations in health care quality in different areas, so the care received could be determined by the area you lived in. The Chair stated that the rights of patients needed to be championed.

B Brunskill asked if GP Consortia's would be able to work together to commission services. She expressed concern that patients should not be disadvantaged because of where they lived and there should be cross boundary working to enable GP's to collaborate and work together. The Director of Partnerships and Services advised that these were important issues to raise, but at present it was not clear how these would be addressed

A Barker suggested that the CQC could be improved and strengthened by the involvement of Elected Members and members of the community. The Director of Public Health stated that there was not that level of detail in the proposals and the Principal Overview and Scrutiny Officer pointed out that relationships with regulators would need to be developed.

O Temple asked who the 18 Arms Length Bodies were. The Director of Public Health explained that they were referred to as quangos and included the Health Protection Agency and the National Institute for Innovation, many of which would disappear under the proposals.

With reference to improving democracy the Principal Overview and Scrutiny Officer pointed out the need to develop linkages between the Adults, Wellbeing and Health Overview and Scrutiny Committee and the Health and Wellbeing Boards. As it was proposed that scrutiny functions would be transferred to the Boards and these scrutiny arrangements would need to be fit for purpose.

O Temple referred to the risks associated with Members of this Committee not being fully trained in the issues that the Local Authority was going to assume responsibility for. It was acknowledged that Members would require additional training to enable them to properly scrutinise these new areas.

A Barker pointed out that the Communication Strategy was key to the information Members received and how they received it. The Head of Policy Planning and Performance stated that there was going to be a significant transfer of both Executive and non Executive functions to the Local Authority and Members would require training to do this effectively.

It was suggested that the PCT should help local authorities to set up and take on their new roles. The Director of Public Health reported that PCT's would be abolished by 2013 and they had already been instructed to reduce their management costs by 50%. They would continue to support the GP Consortia in the interim with significantly less staff therefore it was unclear who would support the Local Authority in the development of its new roles.

A Barker asked if the proposals would be project managed. The Director of Partnerships and Services advised that once the consultation was complete there would be a detailed NHS plan to take the proposals forward.

The Principal Overview and Scrutiny Officer advised that the next steps in relation to responding to the White Paper would be a report to be considered by Cabinet and the Committee would contribute to the formal response to the consultation by the deadline of 5 October 2010.

RESOLVED that;-

(i) the information given, be noted,

(ii) feedback in relation to the consultation be provided by 16 September 2010,

(iii) further updates be received in accordance with the key milestones outlined in the report.

A6 REDUCTION AND REMODELLING OF HOME INDEPENDENCE SERVICE – CONSULTATION

The Committee received a presentation from D Elliott, Strategic Commissioning Manager on the current consultation process and proposals for the Home Independence Service (HIS) (for copy see file of Minutes).

Members were advised that at it's meeting on 16 June 2010, Cabinet had agreed to consult on the proposed reduction and remodelling of the HIS. The detailed consultation process would run from 21 June to 13 September 2010. A copy of the report considered by Cabinet was attached at Appendix 2 to the report.

Members were advised that the HIS worked from 5 shop premises across the County, alongside space in voluntary sector premises, to deliver physical and sensory support equipment. It was a preventative service, aimed at people who did not meet Fair Access to Care Services (FACS) criteria, but who still had equipment needs. The Medium Term Financial Plan included efficiency savings from the HIS.

The review identified that there was no readily identifiable equivalent to the service being provided by the Council. All of the equipment provided by HIS could be obtained via local or national commercial or voluntary suppliers, either in store, by phone/mail order or internet. It was a costly service as every £1 worth of equipment sold cost the Council £6.44. It was proposed that a phased retraction, bridging 2 financial years would take place. Phase 1 recommended that the service operated from one base at Abbey Day Centre. A further reduction in staffing in phase 2 would release savings totalling £327,326, which would be offset by redundancy payments.

The Strategic Commissioning Manager advised that the consultation had included wide e-mail circulation. Consultation pages were placed on Durham County Council and NHS County Durham and Darlington websites. Copies of the cabinet report and consultation questionnaires were available in all HIS outlets and audio versions were available to visually impaired service users.

A Aljeffri, LINk Project Manager reported that LINk members had expressed concern regarding the consultation process. It was pointed out that there had

been no consultation events held to consult service users and there had been a general lack of information regarding the consultation. The Strategic Commissioning Manager advised that copies of the consultation questionnaires were available in all HIS outlets, all appropriate organisations had been e-mailed details of the consultation and a press release was issued. As this was a universal service it had not been appropriate to hold formal consultation events.

The LINk Project Manager pointed out that it had been stated that the consultation documents were available in a variety of formats including one for the visually impaired. However, there had been complaints from the deaf community that the consultation documents had not been produced in British Sign Language. The Strategic Commissioning Manager confirmed that the comments made would be taken on board.

Councillor Temple thanked the Chair of the Committee for ensuring that this issue had been brought before Members as he had received concerns regarding the proposals. However, having considered the business case put forward for the proposed review, he was now satisfied that the service could not continue to be provided in its current form.

RESOLVED that the information given, be noted.

A7 REVIEW OF THE COMMITTEE'S WORK PROGRAMME

Consideration was given to the report of the Assistant Chief Executive which gave details of an updated work programme for the Adults, Wellbeing and Health Overview and Scrutiny Committee (for copy see file of Minutes).

Members were advised that at a meeting held in July 2009, the Adults, Wellbeing and Health Overview and Scrutiny Committee agreed to develop a work programme from 2009 – 2011 that focused on priority areas within the context of the Council Plan, Cabinet's Forward Plan of decisions, the Sustainable Communities Strategy, the Local Area Agreement and other plans and strategies accordingly.

The Committee's Work Programme commenced in August 2009 and to date had considered and addressed a number of identified topics through review activity, overview presentations and quarterly performance and budget reports. Within this context it was of value to evaluate and ensure that the Committee's work programme was in line with current and forthcoming priorities within the Committee's remit.

Following discussion with Overview and Scrutiny Chairs and Vice Chairs, Cabinet Portfolios and lead officers from service groupings a number of potential topics had been identified to be considered within the Committee's work programme during the forthcoming year.

The work programme attached to the report detailed anticipated items to be considered by the Committee during 2010-2011.

RESOLVED that the revised work programme for Adults, Wellbeing and Health Overview and Scrutiny Committee be approved.

A8 "Alcohol Misuse" – Joint Meeting of the Safer & Stronger Communities and Adults, Wellbeing and Health Overview and Scrutiny Committees

J Brock, Health Scrutiny Liaison Manager reported that a joint meeting of the Safer and Stronger Communities and Adults, Wellbeing and Health Overview and Scrutiny Committees would be held on 21 September 2010.

RESOLVED that the information given, be noted.