

DURHAM COUNTY COUNCIL

Minutes of the Meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held at County Hall, Durham on **Monday 20 December 2010** at **10.00am**

Councillor R Todd in the Chair

Members of the Committee

Councillors J Armstrong, J Bailey, A Barker, R Bell, D Burn, J Chaplow, R Crute, K Davidson, P Stradling, T Taylor, O Temple and A Wright.

Co-opted Members

Mr V Crosby, Mrs K J M Currie, Mrs R Hassoon, Mr D Haw and Mr D J Taylor Gooby

Other Members

Councillor J Robinson

Apologies for absence were received from Councillor A Shield, E Huntington and Mrs H Gibbon

A1 MINUTES

The Minutes of the meeting held on 21 October 2010 were agreed as a correct record and signed by the Chair.

Matters Arising

Minute A3 – Items from Co-opted Members

K J M Currie asked if any progress had been made with regard to the queries raised at the last meeting in relation to the University Hospital of North Durham.

S Gwilym, Principal Overview and Scrutiny Officer advised that, to date, there had been no response to the queries raised and he would continue to pursue the issues raised.

A2 DECLARATIONS OF INTEREST

There were no declarations of interest.

A3 ITEMS FROM CO-OPTED MEMBERS

There were no items from Co-opted members.

A4 CARE QUALITY COMMISSION PERFORMANCE – ASSESSMENT FOR ADULT SOCIAL CARE

Consideration was given to the report of the Corporate Director, Adults, Wellbeing and Health which gave details of the Care Quality Commissions (CQC) Assessment of Performance Report for Durham County Council's Adult Social Care Service in 2009/10 (for copy see file of Minutes).

Members were advised that the CQC was the regulator of health and social care in England. On 25 November 2010, CQC provided their Assessment of Performance Report for Durham County Council's Adult Social Care Services for 2009/10. CQC had awarded Durham County Council an overall judgement of 'Excellent' in relation to delivering outcomes.

P Appleton, Head of Policy, Planning and Performance reported that the assessment process had been thorough and had required the Council to submit evidence to CQC to demonstrate that high quality outcomes were being delivered to service users and carers. In formulating their report CQC had considered a broad range of evidence, details of which were outlined in the report.

The report was presented to Cabinet on 15 December 2010 and a copy was also available on the Council's website.

Councillor Crute referred to the table of Delivering Outcomes and noted that the "Well" grades in 2008/09 were the same in 2009/10 and queried how the Council could progress to being awarded an "Excellent" grade. The Head of Policy, Planning and Performance stated that the Council was doing its best in the circumstances, particularly in relation to economic wellbeing. Within the report there were no specific areas for improvement identified by CQC, although CQC had indicated that for the Council to progress to "Excellent" for the economic wellbeing element of the Assessment, evidence of effective brokerage services for people on direct payments and individual payments would be needed.

D J Taylor Gooby asked if the supervision of private care homes was covered in the assessment as he was aware of a private care home that was in financial trouble and was concerned that this could affect the quality of care being provided. The Head of Policy, Planning and Performance advised that the assessment covered the regulation and assessment of private care homes by the CQC.

K J M Currie asked if the report would be shared with the GP Consortia. The Head of Policy, Planning and Performance advised that the report was in the public domain and discussions were currently on-going with GP Consortia in relation to NHS reforms.

Councillor Temple congratulated officers on a very positive report.

The Head of Policy, Planning and Performance advised Members that this would be the last judgement that the CQC would make under its current arrangements. A new framework was to be developed and it was suggested that the Committee might want to receive information about these changes.

RESOLVED that:-

- (i) the information given, be noted and the Adults Wellbeing and Health service staff be congratulated on a very positive report,
- (ii) further information regarding the new CQC performance Management arrangements be brought to a future meeting of the Committee.

A5 NHS COUNTY DURHAM – TRANSITIONAL ARRANGEMENTS FOLLOWING HEALTH WHITE PAPER

The Committee received a presentation from D Gallagher, Director of Adult Unplanned Care Lead/Locality Director which outlined NHS County Durham and Darlington PCT's transitional arrangements following the Health White Paper (for copy see file of Minutes).

Members were advised that under the operating framework for 2011/12 there were three key themes:-

- (i) Transition and Reform – details were provided of what needed to happen to realise the challenges set out in the White Paper which included:-
 - Increased devolved commissioning responsibilities to GPs.
 - Existing accountability arrangements would remain in place at national level during 2011/12.
 - The NHS Commissioning Board (NHSCB) would be established in shadow form in 2011/12 and would be fully operational from 1 April 2012.
 - SHAs would remain accountable at regional level during 2011/12 for operational delivery and the transition to new commissioning arrangements.
 - Development of PCT clusters with a single executive team would be established by June 2011 - clusters would support the development of GP consortiums.
 - PCTs would receive specific allocations for social care - to be transferred to local authorities.
 - Consortia would be developed through engagement with local communities.
 - All NHS trusts would be Foundation Trusts by the end of 2013/14.
- (ii) Transparency and Local Accountability – outlined what NHS County Durham and Darlington would involve the public and patients in to give them a better understanding of how and where their money was being spent to improve services and strengthen local accountability, this would include:-
 - A new outcomes framework for the NHS
 - Increased focus on patient experience and feedback
 - Better information – Consultation Information Strategy 2011
 - Quality accounts
 - Choice – expanded to all providers

(iii) Service Quality – detailed how NHS County Durham and Darlington would deliver on the quality and productivity challenge outlined in QIPP which included:-

- Data quality
- QIPP
- Key new commitments
- Maintain quality improvements
- Areas for improvement
- Maintaining quality in public health

Members were advised that consultation on the White Paper ended in March 2011 when a shadow Public Health England would be in place. By April 2012 Public Health England would pick up full responsibilities and there would be shadow ring-fenced allocations to local authorities. By April 2013 there would be grant ring-fenced allocations to local authorities.

It was explained that the GP Lead Commissioning in County Durham and Darlington would be made up of seven consortia, six geographically based and 1 non-geographical. It would be based on the Federated model and there would be a small number of pathfinders across the country, of which the County Durham model was one.

Members were also provided with details of the interim PCT structure.

The Chair pointed out that there was a lot of uncertainty but the presentation had provided a flavour of the current position and the proposals.

Councillor Armstrong asked how economies of scale would be achieved and was concerned that everything that had been achieved over the last couple of years was being reversed. The Director of Adult Unplanned Care Lead/Locality Director advised that the PCT were trying to find a localised input and it was anticipated that the Federated Model would bring economies of scale.

Councillor Bell asked if the shadow bodies would run alongside the statutory bodies during the transitional period. The Director of Adult Unplanned Care Lead/Locality Director explained that there would be reduced numbers of staff as the workforce had been cut by almost a quarter, however, there may be some similar groupings.

R Hassoon asked how the public would be engaged in the delivery of the Consortia/patient experience. The Director of Adult Unplanned Care Lead/Locality Director advised that the main focus would be on patient care and there would be further improvements in this area.

D J Taylor Gooby stated that it was important that the public got the best deal. The Director of Adult Unplanned Care Lead/Locality Director pointed out that the pathfinders would be implemented first as a trial and monitored.

K J M Currie asked what role HealthWatch would play. The Director of Adult Unplanned Care Lead/Locality Director advised that the information would be fed into the larger consultation and HealthWatch had an important role.

RESOLVED that the information given be noted and further reports be brought back to the Committee upon further developments.

A6 PUTTING PEOPLE FIRST/TRANSFORMING SOCIAL CARE

Consideration was given to the report of the Head of Commissioning, Adults, Wellbeing and Health which provided an update on the personalisation of services for people who used adult social care services (for copy see file of Minutes).

Members were advised that the publication of the Putting People First concordat document in December 2007, jointly committed all signatories to a radical transformation of adult care aimed at improving choice and control for service users.

This policy had continued with the extension of choice and control as part of the government's key social care proposals. In November 2010, "A Vision for Adult Social Care" was issued which re-enforced the following:-

- An increasing role for personal budgets in social care, with personalisation at the heart of service delivery and Direct Payments as the preferred option for personal budgets.
- A greater emphasis on the need for high quality advice and information to be available to promote choice.
- An enhanced leadership role for Councils in health improvement and the prevention agenda.
- Additional work was to be carried out on delivering quality and outcomes in adult social care.
- A renewed emphasis on support for and the development of the voluntary sector and small providers.
- A review of the law surrounding adult care in 2011.

It was explained that from 6 April 2010 in Durham, people whose condition was sufficiently stable for them to manage, had 3 choices as to the route by which their care needs were met. Each route offered different degrees of choice and control and included:-

- Direct Payments – The service user chooses to control the money and manages contracts for services, which provides maximum control and greater responsibility to choose carefully.
- Virtual Budgets – The service user participates in choosing and arranging services. In this case they exercise influence over the service

- Current Service Model – The service user chooses to have their services arranged for them by social work staff.

This offer was also being made to current service users when they had their care packages reviewed annually.

R Hassoon sought an assurance that those using the service were fully engaged and aware of the services on offer. The Head of Commissioning advised that direct feedback from service users indicated that they felt the service was more user led than in the past. Consultation had taken place with user led organisations and public events had been held to ensure that users had their say.

K J M Currie asked if service users were advised of the cost of all the services that were available. The Head of Commissioning confirmed that service users had access to the cost of all services. There was a published menu of services that were available and everything was fully explained to ensure service users were aware of the costs involved.

K J M Currie referred to the financial contribution to services payable by users. The Head of Commissioning explained that the maximum contribution any individual service user would have to make, regardless of the level of service received, was £316.32.

K J M Currie expressed concern at the forms that service users were required to complete and felt they were over complicated. The Head of Commissioning acknowledged that the forms were complicated and stated that they were reviewed on a regular basis.

Councillor Temple pointed out that many elderly people did not have a bank account and dealt mainly in cash. Whilst aware of Virtual Budgets Councillor Temple asked if there were strategies in place to deal with elderly users who did not have a bank account. The Head of Commissioning confirmed that Virtual Budgets did not require service users to have a bank account which would only be needed where direct payments were being made. He was not aware of any problems in this regard but would investigate and contact Councillor Temple following the meeting.

D Haw queried the percentage of service users receiving services by Direct Payments or Virtual Budgets. The Head of Commissioning advised that the figures for the previous 12 months could be provided to Mr Haw following the meeting.

RESOLVED that the information given, be noted.

A7 SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Consideration was given to the report of the Corporate Management Team which gave details of the County Durham Safeguarding Adults Board Annual Report for 2009/10 (for copy see file of Minutes).

Members were advised that the Safeguarding Adults Board was well established and had increased its membership to include independent and voluntary sector representation. There was an increased awareness of adult safeguarding which had resulted in a rise in referrals of 49% in 2009/10, much of which could be attributed to the substantial increase in the amount of training being delivered, especially to the voluntary and independent sector. The safeguarding adult's web site went live in January 2010 and had been updated with the latest policies and procedures, training events and information for service users and carers.

The report gave details of national developments and key data on safeguarding activity in County Durham.

Details of achievements during 2009/10 in relation to Performance & Quality, Policy and Practice, Training and Communications and Engagement were outlined in the report together with key actions for 2010/11.

The Chair congratulated the department on the work undertaken to date.

Councillor Barker made reference to referral rates which had increased from 246 in 2006/07 to 1079 during 2009/10, a 49% increase which appeared to be very high.

L Alexander, Safeguarding and Practice Development Manager stated that this was a complex area. There were clear strategic objectives and zero tolerance for incidents of abuse, which covered a range of situations. The figures did not represent more victims of abuse but reflected an increased recognition and subsequent action to address a range of issues. Some of which would not previously have been considered as Safeguarding Adults issues.

D J Taylor Gooby asked if procedures were in place to ensure that referrals took place i.e. patients in care homes with no family or relatives could be abused and be too scared to say anything. The Safeguarding and Practice Development Manager advised that a number of professionals visited the care homes including a dedicated team managed by this service. If no referrals were received over a sustained period of time it would be looked into to ensure that the correct procedures were being followed. Care home providers were also required to have whistle-blowing and safeguarding procedures which they must follow. Their use of these procedures was also reviewed.

K J M Currie suggested that HealthWatch should be involved.

RESOLVED that the information given, be noted.

A8 QUARTER 2 2010/2011 PERFORMANCE MANAGEMENT REPORT

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

Members were advised that of the 17 performance indicators reported at quarter 2, two indicators had deteriorated.

- number of adults with learning disabilities in employment

Members were advised that the target for this indicator was revised at Quarter 1 to 3.8% to reflect uncertainties in the employment market. In quarter 2, the number of people with learning disabilities in employment at the time of their last assessment had fallen from 58 (3.8%) at Quarter 1 to 55 (3.5%) at Quarter 2, and was not meeting the revised target. An additional 4 people would have needed to be in employment to have achieved the target of 3.8%. The England average in 2009/10 was 6.8%, with comparable authorities achieving 4.8%.

The Council's employment support service 'WorkAble Solutions' had supported 120 people with learning disabilities in employment since April. However, not all of these service users could be included in the calculation of this indicator as they did not currently receive a social care service. WorkAble Solutions had gained funding to deliver 15 week employability courses to help prepare and assist people with learning disabilities in finding employment.

Given the current uncertainties in the employment market, achieving employment for all service user groups would continue to be a challenging task.

- four week smoking quitters

NHS County Durham achieved 1082 smoking quitters in Quarter 1 against a target of 1149. This equated to 257 per 100,000 against a Quarter 1 target of 273 per 100,000. Improvements were noted in the achievement of a higher proportion of those setting a quit date going on to successfully quit. The Stop Smoking Service was currently reviewing activity and delivery. Changes would include implementation of the new web based patient data management system and a health equity audit in October to target routine and manual workers in order to align services accordingly.

In comparison to 2009/10 data, County Durham's level was significantly above the England average and also above the nearest statistical neighbours average.

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

A9 FORECAST OF OUTTURN 2010/2011 – QUARTER 2

Consideration was given to the report of the Head of Finance, Adults, Wellbeing and Health which gave details of the revenue and capital outturn forecast for 2010/11 based on information at the end of the second quarter of the financial year (for copy see file of Minutes).

RESOLVED that the information given, be noted.

A10 WORKING GROUP REVIEWS – UPDATE REPORTS

(i) **Short Breaks Reprovision, Heathway, Seaham**

Consideration was given to the report of the Assistant Chief Executive which gave details of proposals to relocate and reprovide short break provision from Heathway, Seaham to the Holly Unit, West Park, Darlington (for copy see file of Minutes)

Members were advised that NHS County Durham and Darlington (NHSCD&D) commissioned and resourced short breaks provision at Heathway, Seaham, from Tees Esk and Wear Valley NHS Foundation Trust (TEWV), for children and young people with complex needs and challenging behaviours. Heathway operated as a 4 bed unit serving approximately 20 young people for 4 days/nights per week.

The current facilities were owned by the Secretary of State (Department of Health) who had asked for it to be vacated as soon as possible. NHSCD&D and TEWV had therefore been working together to develop an appropriate interim solution which was to reprovide and relocate the short breaks provision to the Holly Unit, West Park, Darlington. This relocation would provide the same excellent service in terms of lengths of stay, in a new environment.

The Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee attended an open evening at the Holly Unit on 28 October 2010 and visited Heathway, Seaham on 3 November 2010.

NHS County Durham & Darlington had asked this Committee to agree to the consultation period set out in the Communications and Engagement Action Plan and support the move to relocate provision to the Holly Unit, West Park, Darlington as an interim solution.

At a meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held on 21 October, 2010 it was agreed to carry out a Light Touch Review of the proposals.

The Committee concluded that there was no comparison between the two facilities. Heathway was an old building, with poor facilities, a lack of space and had Health and Safety issues. The Holly Unit was a modern facility that was fit for purpose and had more space for users and carers. However, feedback from parents/carers was that education transport was an issue and wherever possible existing staff should be transferred to the Holly Unit.

RESOLVED that the following recommendations be agreed;-

- (i) the consultation period set out in the Communications and Engagement Action Plan (Appendix 1)
- (ii) support the move to relocate and reprovide short break provision from Heathway, Seaham to the Holly Unit, West Park, Darlington

- (iii) suggest that although this was an interim solution, with a view to a longer-term planned solution, this should be for an adequate period, so as not to disrupt service users by further relocation
 - (iv) the comments of parents/carers regarding education transport and staff relocation be considered
 - (v) a letter be sent to NHS County Durham & Darlington and Partners, and this be shared with the Overview and Scrutiny Management Board and Cabinet Portfolio Holder for information.
- (ii) **Health Inequalities/Regional Scrutiny - Veterans Mental Health Workstream**

Consideration was given to the report of the Assistant Chief Executive which provided an update on a scrutiny review on health inequalities with a focus on physical activity and a regional scrutiny review with a focus on ex service communities (for copy see file of Minutes).

(a) **Health Inequalities - Physical Activity**

The Overview and Scrutiny Manager advised that on 11 October 2010 a health inequalities event was held to provide the context for a scrutiny review into action to tackle health inequalities in County Durham. A key aspect of the review was to consider where the most significant positive impact could be made through interventions to address health inequalities.

On 18 November 2010 Members of the task and finish group met to consider the scope for such a review and agreed that there was a compelling case to focus on physical activity.

Officers were asked to draft Terms of Reference with key lines of enquiry and a Project Plan which would be discussed at the next meeting to be held on 13 January 2011.

The White Paper on public health would be an important document in assisting the group and an Executive summary had been circulated for information.

NHS County Durham & Darlington and the County Council had identified officers from their respective organisations to support the review group in an expert advisor capacity.

The project aimed to report back to the Adults, Wellbeing and Health Overview and Scrutiny Committee and then Cabinet in May 2011.

RESOLVED that the information given, be noted.

(b) **Regional Health Scrutiny Project on Ex Service Communities**

The Overview and Scrutiny Manager advised that this was the first time the twelve local authorities in the North East of England had undertaken a joint scrutiny review about a matter of common concern, and especially about an aspect of health inequalities in the region.

In 2009, the network members agreed to establish a standing Joint Health Overview and Scrutiny Committee. An invitation by the Centre for Public Scrutiny (CfPS) and Improvement and Development Agency (IDeA) for joint bids by groups of local authorities to become Scrutiny Development Areas in the field of health inequalities acted as a catalyst. The network's bid was successful and the CfPS/IDeA provided support in the form of £5,000 and 6.5 free days support from an advisor. In return, the review would contribute to the CfPS/IDeA health inequality scrutiny toolkit.

The Joint Health Overview and Scrutiny Committee had adopted a protocol and Terms of Reference to formalise its governance arrangements, which would be of value in any future joint scrutiny.

The subject of the joint review was agreed, with support across all twelve local authorities in the region. Reviewing ways to improve the health and social care of the ex-service community would bring a local and regional perspective to the initiatives being taken nationally by the Ministry of Defence and the Department of Health and their partners, as set out in the Command Paper The Nation's Commitment.

At the end of June, 22 scrutiny Councillors from the 12 different local authorities and 34 guests across a range of national, regional and local organisations met to discuss the health needs of the ex-service community at an evidence-gathering overview day.

Following the overview day, Councillors split into three work stream groups, looking at physical health, mental health, and socio-economic wellbeing. A chair and lead authority were identified for each of the work streams. Each work stream undertook its own work programme and a project support group of officers was set up to help co-ordinate the project and avoid duplication.

The work stream reports, together with the overall project report, would be considered by the Joint Committee in its role as project board, and shared with as many contributors as possible before publication.

A date for the next meeting of the Joint Committee was being arranged and would consider the final report and recommendations. This report would be shared with the Adults, Wellbeing and Health Overview and Scrutiny Committee.

RESOLVED that the information given, be noted.

(iii) **Review of Older Peoples Mental Health Services in South Durham and Darlington**

The Principal Overview and Scrutiny Officer reported that at the last meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee, a Task and Finish Group was established to examine the proposals to reconfigure mental health services for older people provided in South Durham and Darlington.

The first meeting was held on 17 December 2010 where the Terms of Reference and Project Plan were agreed.

The next meeting would be held on 6 January 2011 and a site visit to Sedgefield Community Hospital, West Park Hospital, Darlington and Auckland Park Hospital, Bishop Auckland was scheduled to take place on 11 January 2011. As the consultation deadline had been extended to 27 February 2011 the Group also intended to hold a further meeting to receive the views of service users and the third sector.

RESOLVED that the information given, be noted.