

# Health Select Committee

A meeting of Health Select Committee was held on Monday, 26th October, 2009.

**Present:** Cllr Mrs Ann Cains (Chairman), Cllr Jim Beall, Cllr Aidan Cockerill, Cllr Kevin Faulks, Cllr Mrs Sylvia Walmsley

**Officers:** R. Hill (NHS Stockton on Tees), M. Graham, D. Welsh(R); P. Mennear and M. Henderson (LD)

**Also in attendance:** Ali Wilson (NHS Stockton on Tees), James Newton (Chair of Stockton Link) and 2 other members of Stockton Link.

**Apologies:** Cllr Mrs Julia Cherrett and Cllr Andrew Sherris

## **H**      **Declarations of Interest**

**33/09**

Councillor Beall declared a personal non prejudicial interest in the item entitled Transforming Community Services as he was the Chair of a voluntary support group for diabetics and diabetic services were referred to in the item.

## **H**      **Draft Minutes - 14th September 2009**

**34/09**

The Committee agreed the minutes subject to the deletions of a sentence within the FACS minute relating to telecare.

The Committee had previously discussed the move of two phlebotomy sessions from Thornaby Health Centre to Ingleby Barwick. Members were reminded that issues relating to this matter could be raised with Louise Johnson of NHS Stockton on Tees (PCT). The vice chairman referred to general issues, he had been made aware of, relating to the Ingleby Barwick Surgery. Ruth Hill asked that he provide her with details outside the meeting.

CONCLUDED that the minutes of the meeting held on 14th September 2009 be agreed subject to the minor amendment.

## **H**      **Transforming Community Services** **35/09**      **- presentation from Director of Health Systems Development (NHS Stockton-on-Tees)**

Ali Wilson (Director of Health Systems Development, NHS Stockton on Tees was present and provided an update on the work to transform community services in the Borough)

It was noted that since November 2008 the PCT had concentrated on commissioning services rather than providing them. This was in line with the Department of Health's World Class Commissioning Initiative. From that time delivery of services had been provided by the North Tees and Hartlepool NHS Trust. Service reviews had been undertaken to scope out what would be needed prior to a forthcoming tendering process to run community health services.

It was explained that potential providers would be asked to come up with proposals on how those services would be delivered. Potential providers would

not be excluded if they were unable to undertake all services and they may decide to work collaboratively with others. The tender process was an invitation to enter into dialogue and potential providers would be told what outcomes the PCT expected.

It was noted that, once contracts were let, there would be the opportunity to work with the providers over a long period and there would be robust contract monitoring.

The proposed date for contract signing was July 2010, although this might change should a significant variation in the provision of services trigger a formal consultation.

At the conclusion of the presentation the Chair thanked Ali Wilson for her presentation and informed the Committee that Chris Willis had recently been appointed Chief Executive of the NHS Tees, which covered all 4 Teesside PCTs.

CONCLUDED that the information be noted and further updates be received as appropriate.

**H**  
**36/09**      **Efficiency, Improvement and Transformation Review of Fair Access to Care Services (FACS)**

- **summary of evidence received from other authorities**
- **FACS data and finance update (to follow)**

Members were provided with a report that presented evidence provided by other authorities during the review as well as data/finance information in relation to FACS bandings in Stockton on Tees.

With regard to the banding information it was noted that there were data gaps. It was explained that a breakdown of clients by FACS banding and client groups was produced but for 27% of clients there was no FACS banding recorded within the Carefirst database system. 55% of the unknown bandings were due to assessments made by the Occupational Therapy Team which had not been required to record the FACS banding as part of the assessment or review activity. The remaining 45% of assessments, without FACS banding, had been examined and, within capacity available, one third had been resolved. It was explained that changes in the protocol for gathering the banding information would ensure that any new data would be recorded in its entirety.

Members were provided with a summary of FACS bandings by Client Group for the six month period October 2008 to March 2009. It was suggested that the percentage figures provided was a reasonable indication of FACS banding as a whole.

The Committee considered analysis of gross expenditure over the six month period for the main services, other than residential and nursing care and adaptations/appliances. Expenditure for a 12 month period could be reasonably estimated by doubling the six months' expenditure. Officers circulated a schedule detailing the potential gross cost savings associated with the removal of the moderate band. Potential savings excluded any non recorded FACS banded costs. Removal of the low band for equipment, as well, would

increase this saving further. However, these figures would need to be reduced initially to take account of the effect of loss of income from client contributions. The amount would be moderated further to take account of the likelihood of an increase in the numbers of clients being assessed within the substantial category. In addition, investment in preventative services and providing support to individuals who fell out of a banding would reduce any savings further. It would be important that those affected by any proposals were actively signposted to other services and encouraged to use them. It was explained that authorities, which had withdrawn bandings, in the past had not made substantial initial savings.

It was noted that further work around the expenditure on the Adaptations/Appliances service would be required as this may realise additional savings. Members noted that it may be possible to better target or support, and signpost those with lower level needs to other providers of equipment.

The Committee discussed support and noted that the Independent Living Centre (ILC) could fulfil some of this support and should be promoted. It was accepted that the Centre's current location was not ideal. Members noted that Shopmobility, based in Stockton Town Centre, offered some services but did not have the Occupational Therapy support that the ILC had.

In relation to equipment Members requested an update on the performance of Tees Community Equipment Services.

Members raised the issue of telecare and invest to save options. It was noted that officers were undertaking an evaluation of this.

Reference was made to Direct Payments/Personalisation and the effect this would have on provision of services.

It was explained that the Committee was scheduled to meet on the 14th December to consider recommendations.

Concluded that the information be noted and that the Committee meet on 14 December 2009 to consider recommendations.

## **H 37/09** **Tees Valley Health Joint Scrutiny Committee Update**

Members considered a report providing an update of the Tees Valley Joint Health Committee and presenting the minutes of the Joint Committee held on 27th July 2009. The Committee was also provided with brief details of items discussed at the Joint Committee's meetings held on 14th September and 12th October.

CONCLUDED that the information be noted.

## **H 38/09** **Consultation and Service Configurations Update**

The Committee considered a report that provided an update on the various consultations that were ongoing. These included

- Quality Accounts

- End of Life care
- Northern Burn Care Service Reconfiguration
- National Specialised Commissioning Groups

CONCLUDED that the updates be noted.

**H**  
**39/09**      **Work Programme**  
**- to review the work programme in respect of the current review**

The Committee was provided with the Fair Access to Care Scope and Project Plan.

CONCLUDED that the Scope and Project Plan be noted.

**H**  
**40/09**      **Chair's Update**

The Chair updated the Committee on the following:-

Joint Strategic Needs Assessment meeting 9th November. Chair unable to attend and asked that if anyone was able to attend to contact her.

Members were informed that the joint regional committee's response to the North East Ambulance Service's Foundation Trust application had been submitted.

Policy Update - Big Care debate 2nd November 2009

NHS Stockton Annual Report

Momentum News - to be e mailed to members of the Committee

Alcohol Awareness week - Launch of Alcohol Strategy 25 November 2009

CONCLUDED that the updates be noted.