

Health Select Committee

A meeting of Health Select Committee was held on Monday, 14th September, 2009.

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

Officers: Peter Mennear, Fiona Shayler (LD); Michelle Graham, Ruth Hill, Glyn Roberts (CESC); Dawn Welsh (PP).

Also in attendance: Cllr Ken Dixon (Ingleby Barwick Ward Councillor) James Newton (LINK); Sukhdev Dosanjh (North Yorkshire County Council); Neil Revely (Sunderland City Council); Louise Johnson (NHS Stockton).

Apologies: were submitted on behalf of Cllr Sherris.

H Declarations of Interest

25/09

Cllr Mrs Cains declared a personal/non prejudicial interest in relation to Agenda Item No. 7 - Review of Dentistry Progress Update further to being a Member of OHAG.

Cllr Walmsley declared a personal/non prejudicial interest in relation to Agenda Item No. 5 - Phlebotomy Services in Ingleby Barwick further to being a patient of the Woodbridge Practice at Thornaby.

Cllr Dixon declared a personal/non prejudicial interest in relation to Agenda Item No. 5 - Phlebotomy Services in Ingleby Barwick further to being a patient of the Woodbridge Practice at Ingleby Barwick.

James Newton (LINK) declared a personal/non prejudicial interest in relation to Agenda Item No. 5 - Phlebotomy Services in Ingleby Barwick further to being a patient of the Woodbridge Practice at Ingleby Barwick.

H Minutes for Signing - 18th May and 22nd June 2009.

26/09

The minutes of the meeting held on 18th May and 22nd June 2009 were signed by the Chairman as a correct record.

H Draft Minutes - 3rd August 2009

27/09

The draft Minutes of the 3rd August 2009 were agreed as a correct record.

H Phlebotomy Services in Ingleby Barwick

28/09

The Committee was requested to consider the proposal to move two phlebotomy sessions from Thornaby Health Centre to the Woodbridge site in Ingleby Barwick. The aim of the proposal was to improve patient access to phlebotomy services at Ingleby Barwick.

Louise Johnson of NHS Stockton (PCT) was present at the meeting to provide the committee with further information and to answer any questions.

It was stated that the service would be closely monitored at both Ingleby Barwick and Thornaby by the service providers and users.

A report back to Members would be made in three months and it was requested that the Ingleby Barwick Ward Councillors provide a report back to the Committee at this time.

CONCLUDED that an update be provided in three months.

**H
29/09**

Efficiency, Improvement and Transformation Review of Fair Access to Care Services (FACS)

- to receive evidence from Sunderland City Council and North Yorkshire County Council

-to be updated on the Care and Support Green Paper

- to consider the response to the consultation on the revised FACS criteria

The Committee were requested to consider the evidence provided by representatives of Sunderland City and North Yorkshire County Councils.

Sunderland City Council

Neil Revely, Executive Director of Health, Housing and Social Care, Sunderland City Council stated that they had been rated as a 3 star -Excellent Authority.

Sunderland maintained the provision of care to those eligible across all 4 FACS bands, and had not used FACS bandings as a method of controlling costs. Sunderland as a council had committed itself to maintaining a strong emphasis on the prevention agenda at the same time as reviewing the way care services were provided.

A decision was taken to move away from the previous, paternalistic model of care in which need was closely linked to the provision of specific types of traditional services. There was a movement towards an approach based on using FACS as an assessment of risk and the client's ability to cope. It was now the case that services provided for clients within a particular FACS band could vary depending on their specific circumstances.

In terms of service changes, Sunderland no longer had any residential care homes, and had a smaller in-house home care service. In terms of the amount of savings generated, the numbers of people entering care in Sunderland was too high originally, and therefore the scope for, and effect of, the initial work was greater than it may be in other authorities.

As part of the prevention agenda, there had been investment in appropriate services. In effect there was a need for a 'double investment' at the beginning of the process. This required the council to commit to staying on course during periods of budget pressure, as it took time for the changes to have an impact. Some sources of funding for initial investment were available to all councils, although the amounts may vary. Services were provided within the context of the Council having a 4 star rating for use of resources, and a relatively low council tax.

Examples of investment in prevention included Telecare which had seen significant investment. Sunderland currently had 23,000 Telecare users. The service was offered free of charge to all those eligible for care across the FACS

bands, and was offered to all other residents at a cost of £3.50 per week. This was backed up by the provision of a 'responder service', with staff jointly trained by the PCT. A befriending service was in place in order to provide the social contact that Telecare could not provide. This was provided through a voluntary provider but paid for by the council.

There had been investment in advice services, including provision of one stop shop centres that brought together health, housing and social care services.

It could be demonstrated that as spending on preventative services increased, the spending on residential care decreased.

Approximately £1m was provided to the voluntary sector to provide services. Such funding was on a grant basis, but was subject to formal monitoring with appropriate feedback mechanisms in place. The voluntary sector had also been supported by the Council in order to help it gain funding that the Council itself was not able to access.

Equipment was provided on the basis of a pooled budget with the PCT, with the Council running the service.

North Yorkshire County Council

Sukhdev Dosanjh, Assistant Director Performance and Change Management, Adult and Community Services, provided background on how North Yorkshire County Council provided FACS, this was in the context of having a 3 star – Excellent - rating for adult services.

Following a projection that costs associated with adult social care would rise to £43m by 2020, the Council embarked on a 15 year commissioning plan that aimed to ensure that services would remain sustainable and affordable. A similar approach was taken to that of Sunderland in that low level prevention services were the key.

The approach to controlling costs did not include restricting FACS bandings. In 2007 the bands were relaxed to include Substantial from critical, and in 2008 they were relaxed further to include the Moderate band.

Should the FACS criteria be restricted, councils should also be aware of the potential for social workers in practice to assess clients as having substantial needs despite the fact that their needs would have been classed as moderate under the previous policy.

Services were provided in the context of North Yorkshire having the lowest spend of all county council's in the country for its adult social care services. North Yorks faces the particular challenge with the need to provide services across the geographical area it serves.

In an attempt to avoid intensive social care intervention and prevent hospital admissions, a range of low level preventative services had been put in place in partnership with Age Concern.

It was estimated that around £1m had been saved through investment in

prevention services such as telecare. There were now 12,000 telecare users in the County, but the need to have a 'responder service' was key.

Significant funding had been channelled into the voluntary sector, and the council was moving towards a more contract based approach where the focus was that of delivering outcomes for service users. Within the current financial climate, voluntary sector providers had been asked to identify solutions to the budgetary constraints and future reductions in public sector funding.

Age Concern was the umbrella organisation for a range of schemes in the county, including low level services. During consultation on the Joint Strategic Needs Assessment, it was clear that support for everyday tasks was important to many people.

As the area was two-tier, there was a need to ensure that residents did not fall between the various authorities when seeking a service. To prevent this, there was a 'no wrong door' policy in place that aims to ensure that queries could be made at any council access point and still be directed to the relevant service, whether district or county.

Library services had hosted advice and information services, such as roadshows for residents who were over 50 years old and services to combat hardship they may face, especially in response to the recession and the 'credit crunch' climate. These included providing advice on care issues particularly for those people who fund their own care.

A database had been set up in libraries of appropriate services was in place, with the responsibility of updating the information being with the organisation concerned. The challenge for North Yorkshire CC was to ensure that information is provided in a consistent manner across the county.

It was noted that major adaptations were provided by the district councils within the two tier structure within North Yorkshire.

Following the evidence gathering from both Sunderland and north Yorkshire, Ruth Hill stated that she was preparing a response to the Government's consultation on the revised FACS guidance and requested any comments by Members by the end of September.

CONCLUDED that the information provided be noted.

H
30/09 **Monitoring of Previously Agreed Recommendations**
 - Review of Dentistry Progress Update

Members were asked to consider the assessments of progress contained within the Progress Updates on the implementation of previously agreed recommendations following Members review of Dentistry. There were outstanding recommendations from the review of Dentistry and Members requested that a further review be provided in six months.

CONCLUDED that the assessments of progress contained in the report be agreed and that a further report be provided as appropriate.

H **Work Programme**
31/09 **- to review the work programme in respect of the current review**

The next meeting would be held on 26th October, 2009.

CONCLUDED that the Work Programme be noted.

H **Chair's Update**
32/09

The Chair provided an update on the meeting of the Tees Valley Joint Health Committee that had been held on 27th July.

A leaflet from the Care Quality Commission had been received stating their interest in the work of health scrutiny committees. The Scrutiny Officer would post a copy out to Members.

The Chair had received a letter stating that the Clarence Street Practice had opened on 3rd August and they were requesting suggestions for a practice name.

Members were informed that the Billingham Headway development had received approval by the Planning Committee, and that a report on the consultation that took place, including the Committee's response, had been provided to the Scrutiny Office.

There was to be a Members' Policy Update on the Care Green Paper 'Big Debate' at the end of October. Members were informed that the PCT would need to make substantial savings over the next two years.

A meeting had been held in Middlesbrough to look at the financial challenges facing the NHS and one of the proposals had been that they work towards a single PCT. The Scrutiny Officer would provide Members with a copy of the presentation.

The Chair had been provided with NHS Stockton's Annual Report, 'A picture of our Health'. Copies would be sent out to Members.

The Chair had been consulted on a new version of 'a guide to local NHS services'; it was stated that last year this had been printed within the Yellow Pages and members felt that this would probably mean that many residents may not have noticed it.

The Chair had also received a copy of the Public Health Annual Report 2007/08.

CONCLUDED that the Chair's update be noted.