

SCRUTINY COMMISSION 3
HEALTH AND CARE

Minutes of a meeting of Scrutiny Commission 3 held on Wednesday,
16 April 2008 at 6.00 p.m. at the Civic Offices, Telford

PRESENT - Councillors D.R.W. White (Chairman), V.A. Fletcher, G.P. Hossell, A. McClements and H. Williams

Ms D. Davis and Mrs V. Lindley (Co-optees).

Also Present – Councillors J.M. Seymour (Cabinet Member: Adult & Consumer Care), I.T.W. Fletcher and C.N. Mason.

Officers - P. Donohue (Head of Service Development: Adult & Consumer Care), A. Smith (Scrutiny Manager) and P. Smith (Senior Democratic Services Officer)

SC3-43 MINUTES

RESOLVED – that the minutes of the meeting of the Commission held on 5 March 2008 be confirmed and signed by the Chairman.

SC3-44 APOLOGIES FOR ABSENCE

Councillor D. Wright and Mr D. Saunders (Co-optee)

SC3-45 DECLARATIONS OF INTEREST/PARTY WHIP

None.

SC3-46 TELFORD & WREKIN PRIMARY CARE TRUST – UPDATE ON PERFORMANCE

The Chairman welcomed Peter Price (Performance & Finance Director, Telford & Wrekin Primary Care Trust), who made a presentation to Members on the Trust's performance against targets in 2007/08 and on the targets for 2008/09. A summary report was attached to the agenda.

The assessment framework for the PCT was divided into two sub-sets – Quality of Services and Use of Resources. In relation to the latter, the accounts for 2007/08 were still being finalised, but that over the last five years the Trust had delivered on all its financial targets. Over the same period, there had been a number of significant investments and funding of joint initiatives – all against the background of the Trust receiving below its “fair share” of resources from central Government. Among the investments planned for 2008/09 were the proposed Urgent Care Centre and Health & Wellbeing Centre (as reported at the last meeting).

In respect of service performance, the predicted overall assessment was for a “good” rating, although the Healthcare Commission would not publish its findings until

October. Areas of notable achievement included cancer waiting times, ambulance waiting times, smoking cessation, drug misusers in treatment and commissioning of Psychosis Services, and further details on these areas was provided. Targets that would not be achieved included 98% of patients attending A&E to be seen within 4 hours (current performance 96.9%), the number of people screened for Chlamydia, and 90% of patients having appointments booked electronically (“choose and book”). Although this latter target was not being met, there were ICT difficulties nationwide and the Trust was actually one of the highest performing PCTs in the country for this indicator.

For 2008/09, the Department of Health had a new tiered based approach to performance management. This incorporated nationally prescribed targets (eg: maximum 18 week wait from referral to treatment), local targets (eg: mortality rates, primary dental services) and joint Local Area Agreement targets (eg. obesity among school age children, adult participation in sport). The main challenge for the PCT for the coming year was to achieve 100% compliance by November 2008 in patients waiting no longer than 18 weeks from referral to treatment.

Following the presentation, Members asked a variety of questions, including:

- what was the reason for the variations in the targets and local figures provided for the number of drug misusers in treatment, and how local performance compared against the national average?

Response: Mr Price stated that the quarterly variations related to national targets and the different levels of recording. Further information could be provided to Members on this, along with figures on how performance in Telford & Wrekin compared to the national average. The Head of Service Development added that recording was getting more consistent, and that for this indicator Telford & Wrekin appeared to be the best performing area in the region.

- Members sought further clarification about a projected £7million underspend in 2007/08, and whether this would weaken the case for a “fair share” of national resources.

Response: Mr Price advised that the underspend was partly due to the way that the PCT was directed to use its resources – for example, a contingency of £2.5m had to be provided for, but had not ultimately been needed. The Trust would be looking to re-allocate these resources on revenue projects, such as care in the community, over the longer term.

- In relation to smoking cessation, was monitoring continued after the 4 week target period to see whether people did or didn’t start smoking again, and was there any correlation between the numbers of people giving up smoking and increases in levels of obesity?

Response: Mr Price advised that the 4 week target for smoking cessation was recognised as a national standard. Some further monitoring was carried out via GPs, and further figures could be provided to Members about smoking cessation and obesity levels in the Borough.

SC3-47 OVERVIEW OF PERFORMANCE 2007/08 AND PRIORITY PLANS FOR 2008/09

Councillor J.M. Seymour (Cabinet Member: Adult & Consumer Care) and P. Donohue (Head of Service Development: ACC) provided a presentation based on key targets set out in the new Council Priority Plan for 'Promoting Healthy Communities and Improving the Quality of Life of Vulnerable and Older People', the joint Council/Primary Care Trust Adult Health & Wellbeing Strategy, and the joint Local Area Agreement 2.

There were three key areas identified in the Priority Plan:

- i) improving health and tackling health inequalities, which included
 - ensuring that all people eligible for NHS continuing health care were identified and offered this care;
 - increasing adult participation in moderate physical activity on 3 days a week from 20.6% to 23% over 3 years;
 - reducing suicides by 20%;
 - reducing the number of people admitted to hospital as a result of harm caused by alcohol.
- ii) personal choice and independence, which included
 - improving by 5% the numbers of adults with mental health needs and disabilities in employment;
 - increasing the availability of personal budgets;
 - increasing by 5% across all care groups, the support to vulnerable people to live independently in their own homes;
 - promoting independence and well-being to enable community living and reduce hospital admissions;
 - increasing choice in where and when a service, procedure or consultation takes place.
- iii) quality and effectiveness, which included
 - improving assessments of carer's needs and responding through the provision of support;
 - ensuring the quality of domiciliary and residential home care services, and a focus on treating each person with dignity and respect;
 - reducing the number of admissions to hospital for people with a long-term health condition or complex care need;
 - prompt and easy access to all health and care services, especially urgent and emergency;
 - care closer to home when possible through community based services.

The new Local Area Agreement being negotiated with the Government Office West Midlands would include a number of performance indicators and targets relating to health and social care services.

In terms of performance against key targets in 2007/08, Members had received a summary paper in advance of the meeting, and further information was provided by Councillor Seymour and Mr Donohue. The Council continued to maintain high performance in supporting older and other adults to live in the community. The assessment and reviews of personalised care arrangements were performing well, the number of clients using direct payments had increased from 103 to 135 during

the last year, and the response times to applications for disabled facilities grants were among the best nationally. In relation to care services, 93% of applications were dealt with within the 4 week target and 95% of requests for equipment were provided within the 7 day target. All Council-provided care services had been rated as good or excellent by the Commission for Social Care Inspection. Indicators around homelessness continued to be a cause for concern, with a continued shortfall of affordable housing in the Borough and rising demand for social housing.

Following the presentation, Members asked a variety of questions and raised a number of concerns, including:

- things that could be done to reduce homelessness and the lack of affordable housing, including bringing empty properties back into use.

Response: The basic problem was the supply and demand in the housing market. There were a number of existing schemes to help people get into housing market or find accommodation, and the Council sought to purchase empty properties where it could. An example of this was in Sutton Hill, but there was often a problem in tracing the owners of empty dwellings. The Chairman added that the issue of empty or disused dwellings was being looked at as part of the Commission's in-depth review of Housing and Homelessness.

- how would the priority plan help tackle health inequalities – particularly in relation to care provision and take-up in deprived areas in the Borough?

Response: The joint Adult Health and Wellbeing Strategy included the undertaking of a health needs assessment led by the Director of Public Health, which would help to identify any gaps in provision.

- examples were cited where equipment for help in living at home that had been recommended by occupational therapists was not always being provided by the Council, and people were being referred to charities for help.

Response: If a person had been assessed in significant need, the Council were responsible for providing identified equipment. Details of cases where that had not occurred would be welcome, and they could then be looked at.

- concern at the increasing use of personalised care budgets and direct payments, and whether they provided enough money for clients to purchase all their care needs.

Response: Clients should be receiving an amount of money to purchase the same service(s) that they had been assessed for and had received previously. It was recognised that direct payments were not the best option for some people, and they were not offered to clients who could not manage them.

The Chairman thanked Councillor Seymour for her attendance, and her detailed presentation and response to questions.

SC3-48 FORWARD PLAN

The Commission received a report that identified the key decisions to be made by Cabinet relating to the work areas of the Commission, as detailed in the current Forward Plan for the period from April to July 2008.

RESOLVED – that the report be noted.

SC3-49 CHAIRMAN'S UPDATE

a) The Chairman reported that the Value for Money Scrutiny Group had raised a concern about the availability of resources in Environmental Health for meeting statutory performance indicator targets, and had referred the matter to this Commission.

RESOLVED – that Environmental Health be included in the items for consideration in the Work Programme for 2008/09.

b) The Chairman sought Members' views on possible agenda items for the next meeting on 4 June 2008.

RESOLVED – that the two main agenda items should be the attendance of a representative from the National Institute for Clinical Excellence and a general overview of issues around Obesity, with Adaptations for the Disabled as a reserve item.

SC3-50 DATES OF FUTURE MEETINGS

The next meeting of the Commission was scheduled for 6.00pm on Wednesday, 4th June 2008.

The meeting closed at 7.40pm

Chairman.....

Date.....