

## **HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEES**

### **Minutes of the joint meeting of the Health and Adult Social Care Scrutiny Committees held on Thursday, 25th August, 2011 at 6.00 p.m. in the Civic Offices, Telford, Shropshire**

#### **PRESENT:**

Councillors C.R. Turley (Chairman of the Adult Social Care Scrutiny Committee), D. R. White (Chairman of the Health Scrutiny Committee), V.A. Fletcher (Health), J. Loveridge (Health and ASC), J.M. Seymour (Health and ASC), Scrutiny Co-optees, D. Davies, J. Gulliver, R. Shaw, M. Viney.

Also Present: Cllr. R. Overton, Deputy Leader with responsibility for Public Health and wider Health Services; Paul Taylor, Social Care Specialist; Stephanie Jones, Interim Scrutiny Group Specialist; Tracy Clarke, Scrutiny Officer.

#### **HSC-1      APOLOGIES FOR ABSENCE**

Councillors E.J Greenaway, F.M. Bould, J C Minor.

#### **HSC-2      DECLARATIONS OF INTEREST**

None

#### **HSC-3      NHS REFORMS PLUS OTHER SOCIAL CARE ISSUES**

The Social Care Specialist presented a report on the proposed NHS reforms and social care issues and the possible implications for Local Authorities. The following points were highlighted:

##### **1. Introduction**

The proposals will have a significant impact on the Council and the people of Telford & Wrekin.

- The distinction between health and social care has blurred as more care is provided at home by non-clinical staff and it is more difficult for the public to distinguish between them. Most people requiring social care do so because of ill health or disability and the level of the condition impacts on care and reablement needs.
- There is a good relationship with the PCT and some services are already jointly commissioned.
- Local authorities will take on responsibility for public health and already work closely with the PCT on services which impact on the health of local residents, such as environmental health and leisure.

##### **2. The abolition of Strategic Health Authorities (SHA) and Primary Care Trust (PCTs).**

A key element of the reforms is the abolition of the SHAs and PCTs. T&W has a good strong relationship with T&W PCT but there is a risk of a lack of focus on Telford and Wrekin specific health and social care needs as the PCT commissioning structures for Telford & Wrekin and Shropshire merge as a result of reduced capacity and as commissioning is overseen by the wider Cluster arrangements.

3. Commissioning of NHS services

From April 2013 PCTs will no longer exist and NHS commissioning will be done by 2 organisations – the National Commissioning Board (NCB) which will commission services not commissioned locally (e.g. secure psychiatric services) and which may have a regional presence – and Clinical Commissioning Consortia (CCC) which will commission local services. There had been positive discussions with the CCC in Telford and Wrekin which was in shadow form with an elected Board. It is essential that the CCC is supported so that is ready to take on the commissioning role from 1<sup>st</sup> April 2013. If it is not ready, the NCB, through its regional presence, would take over commissioning which could lead to a lack of focus on Telford and Wrekin. It is important that the Council develops a strong relationship with the CCC so that health and social care services are integrated and joint commissioning developed.

4. Health and Wellbeing Board

The reforms place democratic accountability for health outcomes on local authorities. Authorities will have a statutory duty to set up a Health and Wellbeing Board to oversee local NHS and social services for adults and children. The Board will oversee the development of an agreed strategy for health based on the Joint Strategic Needs Assessment, and monitor performance of the CCC against the strategy. Membership and progress on the development of the Board is described in the report.

5. Creation of Public Health England

A new health body - Public Health England (PHE) - will be created to oversee public health arrangements nationally and responsible for public health functions which cannot be sensibly organised locally. Local authorities will have a statutory duty for improving the health of the population and there will be a ring-fenced grant from PHE to commission local health improvement services. The local authority will be accountable to PHE for public health improvement outcomes and use of the grant.

Areas of concern are the functions that the PHE will be responsible for, and the proportion of the budget it may consume. The general view is that the level of funding for PHE should be kept to a minimum with the greater proportion allocated to local authorities.

The Department of Health (DH) intends to publish shadow funding allocations by the end of the year. Each PCT must provide a return identifying current spend to DH by 16<sup>th</sup> September and there is an expectation these will be done in partnership with the local authority, and that the LA will sign-off the return. Funding for 2012/13 will go to the PCT and from 2013/14 onward to the local authority. The shadow allocations will help PCTs to prioritise spending for

2012/13 and local authorities to plan for their new responsibilities. It is expected that there will be a period of consultation around the funding options.

6. The Local Authorities will commission a local HealthWatch to represent the views of the patients, carers and Public

The proposals extend democratic responsibility for oversight of the NHS by creating HealthWatch England as a committee of the Care Quality Commission, independent of government, which will support the establishment of local HealthWatch. T&WC is working with the local LINK (funded by the authority) to support its transition into HealthWatch. HealthWatch will also take responsibility for services currently provided by PALS and ICAS (funded by the PCT) and will be represented on the Health & Wellbeing Board.

The Department of Health is currently consulting on the timeframe for the transition of LINKs to HealthWatch and the funding options for HealthWatch. The consultation is due to close on 18<sup>th</sup> October.

The proposal is that the funding that currently goes to PCTs to fund ICAS and PALS will go to the local authority along with the LINK funding. The options range for PALS is £67k-79k and ICAS is £41k-46k depending on the funding formula.

Cllr. Seymour requested information about how this compared to current funding.

7. Healthcare providers to become independent trusts by 2012 and Foundation Trusts by 2014

Mental Health Services were already delivered locally by the South Staff and Shropshire Healthcare NHS Foundation Trust. The provider arms of Telford and Wrekin and Shropshire PCT have been brought together as a separate Community Trust which delivers community health services on a county-wide basis. The key issue is to ensure that the CCC commissions the right services for Telford and Wrekin and that the services commissioned locally are delivered locally.

8. NHS budgets

Some changes are being driven by the savings agenda. The NHS QIPP plan is looking to take £132m out of the Telford & Wrekin and Shropshire health economy by 2015. Financial pressures on health services are likely to result in even greater pressure on local authority social care budgets. For example, a reduction in the number of acute hospital beds and shorter hospital stays could mean that the Council funds the care of patients at home who would otherwise be in hospital. A real concern highlighted was the continued tightening of the way the PCT are implementing the criteria for eligibility for Continuing Health Care funding which had already displaced significant costs to the local authority's social care budget. A saving for one organisation did not necessarily result in a net saving in the overall health and social care economy.

The new proposals above are all reliant on the passage of the Health and Social Care Bill by government.

The following information was provided in response to members' questions:

- The position on HealthWatch advocacy services was not clear in terms of funding, management and staffing requirements. There is a regional meeting on 19<sup>th</sup> September with Department of Health officials to discuss what needs to be established in order for local authorities to ensure that what is put in place is fit for purpose. The authority currently commissions specialist advocacy services and there are strict regulations and monitoring of services. It is possible that some roles could be undertaken by volunteers with specialist training, and there could be an opportunity to join up advocacy services. There have been a series of meetings with the LINK about the transition.
- With regard to the lack of clarity around responsibilities for adult care, the Law Commission reviewed adult social care law recently and has published proposals for the modernisation and rationalisation of legislation for older people, disabled people, people with mental health problems and carers. The proposals would give clarity around NHS and local authority responsibilities for care, and what would be free and what would be means tested. The Dilnot Commission has made recommendations on the future funding of adult care. The government is due to publish a White Paper late in 2011 to take the recommendations forward.
- Grant reductions mean that new ways of delivering services are being looked at. There are some very good services delivered locally and the aim is to enhance rehabilitation and enablement programmes so that people are encouraged to do more for themselves and do not develop dependencies by receiving too much support too early. The Council was allocated £2.1m of new funding this year by the Department of Health routed via the PCT to support people to live in the community, particularly through reablement and enablement support. The PCT also received a further £488k to directly develop rehabilitation services. A report is due to go to Cabinet in September about the proposals for rehabilitation provision. Preventative measures also need to be considered.
- The Joint Strategic Needs Assessment (JSNA) is in the process of being refreshed and will include social factors affecting health. This is important because it is the document that the Health and Wellbeing Board will use to develop the health and wellbeing strategy against which the CCC will commission and be monitored.
- The actions arising from the Care Quality Commission inspection of safeguarding and Choice and Control Inspection for older people is monitored through the Adult Safeguarding Board.

Various views and concerns were expressed by members:

- That the aim of the White Paper was to bring about better integration of health and social care services and there should not be a divide in the funding.
- The hope that the Health and Wellbeing Board would work closely with the Clinical Commissioning Consortia to bring better health and social care outcomes and that there should be elected member representation on both.

- The need to ensure that services commissioned in Telford & Wrekin are delivered in Telford & Wrekin.
- There were concerns about costs passing from acute services to community hospitals and community services.
- There were concerns about support for patients discharged from hospital back home
- The continuing need to support voluntary organisations that support elderly people, particularly those at risk of social isolation, to prevent health impacts.

**HSC-4      WORK PROGRAMME**

The members considered the suggestions in Appendix 1 of the report on the 2011/12 Work Programme and agreed which items would be scrutinised by the Health Scrutiny Committee, or the Joint Health Scrutiny Committee, which would be scrutinised by the Adult Social Care Committee and which would be jointly scrutinised by both Committees.

**RESOLVED –**

**That the suggestions be allocated to the Scrutiny Committee, or Scrutiny Committees, as shown in Appendix 1 of these minutes or otherwise dealt with as shown.**

The next meeting of the Health Scrutiny Committee will be at 6.00pm on 22<sup>nd</sup> September. The next meeting of the Adult Social Care Scrutiny Committee will be held at 6.00pm on 27<sup>th</sup> September. Other meeting dates would be agreed with the Committee by e-mail.

The meeting ended at 7.40 p.m.

**Chairman:** .....

**Date:** .....

## Appendix 1

### Decisions on work programme items from meeting on 25th August 2011

	<b>Suggestion</b>	<b>Committee</b>	<b>Type of Review</b>
1	Hospital Reconfiguration	Joint Health Overview & Scrutiny Committee (JHOSC)	
2	PCT Clusters and Local Arrangements	Health and Adult Social Care (ASC)	Report to committees at joint meeting
3	Clinical Commissioning Group	Health and ASC	Suggested a meeting with GPs etc to hear their views
4	Health & Well Being Board	Health	Update report and discussion about aligning work programmes.
5	Public Health Funding	ASC	
6	SaTH FT Application	JHOSC	
7	Community Trust	Health	There has already been a report to the JHOSC, but need to pick up on issues specific to Telford & Wrekin
8	Mental Health Services	JHOSC	(Following the meeting, members agreed that issues specific to Telford & Wrekin should come to the Health Scrutiny Committee.
9	WMAS	Health and ASC	Some members felt there had already been scrutiny of the estates review and Make Ready system which should not be duplicated. Some members suggested receiving an update on implementation from Herefordshire and visit to hub in Staffordshire.
10	Cancer Services	JHOSC	
11	Health Outcomes		Not included in work programme
12	Stroke Services	JHOSC	
13	Discharge of Patients	Health and ASC	The Senior Citizen's Forum and Link is doing a survey of the discharge of patients and the report should be used to identify any areas of concern
14	G P Appointment System		Not included in the work programme.
15	Cost to Council from withdrawal of CHC funding	ASC	Identified as a priority.
16	Adult Social Care strategy/services	ASC	
17	Residential Care Homes	ASC	<ul style="list-style-type: none"> <li>• Public information about Southern Cross homes would be published next month</li> <li>• Review Care Quality Commission (CQC) inspection reports</li> </ul>
18	Chiropody Services	Health	Report from PCT or provider

19	Phase 2 Service Reviews	ASC	Phase 2 proposals launched on 13 <sup>th</sup> September for 90 days
20	Adult Safeguarding	ASC	
21	Ophthalmology		Report requested from Community Trust on behalf of JHOSC
22	Musculoskeletal		Report requested from Community Trust on behalf of JHOSC
23	Reablement services	ASC	Report to Cabinet in September on reablement proposals