
HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 27 April 2005.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Lancaster and K Walker.

OFFICIALS: J Bennington, P Dyson and J Ord.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors McIntyre and Mrs H Pearson.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 8 April 2005 were submitted and approved.

CORPORATE PLAN 2005/06

In a report of the Executive Director of Social Care the Panel was advised of the proposed content of the 'Promoting healthier communities for all and effective social care for adults' sub-section of the Corporate Performance Plan 2005/06 as shown in Annex A of the report submitted. Such areas were covered in the Government's recent Green Paper, 'Independence, well being and choice: our vision for the future of social care for adults in England'.

The sub-section contained information regarding key achievements during 2004/05 and proposed actions and targets for 2005/06.

The Middlesbrough Health and Social Care Partnership had identified four strategic priorities. The Council's contributions to such priority themes had been drawn from the 'Raising Hope' agenda and national priorities delivered in a local setting.

Six of the Mayor's Reduction priorities relating to alcohol abuse, smoking, and obesity, deaths from heart disease and strokes, stress related illness, consumption of fatty foods, were supported by the priority themes. The Middlesbrough Health and Social Care Partnership had set the following targets against the Mayor's reduction programme, as part of the development of Middlesbrough's Community Strategy:

- by 2010 reduce mortality due to strokes in the under 75's from 163 per 100,000 to 120;
- reduce the number of people who smoke regularly from 27% in 2003 to 23% in 2007;
- reduce the percentage of people who consumed more than 20 units of alcohol per week from 13.6% to 12% in 2007.

In support of all the reduction priorities the Council had identified a number of priority actions and targets that it would carry out over the next twelve months that would contribute towards achieving such reductions including the following areas:

- i) Help to promote health, wellbeing, independence, inclusion and choice (in response to a continuing ageing population action be taken to shape services for the future, by making a fundamental shift from delivering services that create dependency to providing services that enable vulnerable adults and older people to exercise choice and control over their lives);
 - increase the number of people able to remain in their own home;
 - improve and develop services for carers;
 - improve the access to social care services;
 - promote the social inclusion of people with mental health needs;
- ii) Ensure that, when people fall ill, they get good quality care and made better faster

(consideration by the Council with its partners to extend the current range of services for people with long term conditions and for older people with mental health problems);

- in partnership with Middlesbrough PCT, reduce the number of unplanned hospital admissions of people with long term health conditions;
- iii) Ensure that we close the gap between levels of health of Middlesbrough residents and the national average, as well as the gap between priority neighbourhoods and the Middlesbrough average (to ensure that the Council and its partners provide services, relative to need, to make a significant contribution to breaking the generational cycle of poor health);
- to contribute to the Mayor's Reduction Priorities for health;
 - responses to the Panel's report on Public Health;
 - to contribute to the Mayor's Reduction Priorities to reduce smoking and deaths from heart disease and strokes;
 - in response to the Mayor's Reduction Priorities to reduce obesity and deaths from heart disease and strokes;
 - to contribute to the Mayor's Reduction Priority to reduce stress related illness;
 - improve services and links with BME communities;
 - in response to the Mayor's Reduction Priority to reduce alcohol abuse;
- iv) Jointly Commission health and social care services with voluntary and independent sector providers (in recognition of the work undertaken by the Voluntary and Community Sector an action plan had been developed to increase the volume of services commissioned from the VCS and to strengthen their role in procurement processes);
- ensure the voluntary sector were involved in the planning and commissioning of services by developing and implementing a Compact that provided a framework for engagement between the Council, PCT and Voluntary Sector by December 2005;
 - establish a collaborative consortia for the delivery of independent services for older people by October 2006;
 - ensure the sustainability of voluntary organisations in delivering Health and Social Care Services by simplifying and standardising contract documentation by October 2005;
 - further develop communications flow and networks with voluntary sector by January 2006.

The main points arising from the ensuing discussion included the following; -

- a) recruitment initiatives within the health service should be developed further;
- b) in response to concerns about the dissemination of information and advice to service users and carers, reference was made to ongoing work and the planned action to further develop communications flow and networks with the voluntary sector;
- c) Members stressed the importance of appropriate advice and information being made available at the point of diagnosis;
- d) details were provided of a bid (£800,000) to the Department of Health with a view to supporting the development of low level preventative services and increasing the opportunities for engaging with the community;
- e) specific reference was made to the Panel's current scrutiny review in respect of Emergency Admissions and in particular to the evidence being sought in relation to the effectiveness of current discharge policies and the measures taken and to be developed to prevent a 'revolving door syndrome';

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- f) in relation to (e) above an indication was given of a recent meeting with Middlesbrough PCT when the need for regular engagement on overall approaches including such issues as discharge policies had been reaffirmed;
 - g) in commenting on the recommendations contained within the Panel's final report concerning Healthy Living Initiatives clarification was sought as to the current status of the Action Plan and in particular the approach for health assessments and evaluation being applied corporately.

Specific reference was made to the section in the Corporate Plan relating to the planned actions in 2005/2006 and in particular to the commissioning of services with health and social care services with voluntary and independent sector providers: -

- (i) reference was made to the Government target for the Independent Sector increasing their contribution up to a maximum of 15% of primary care services;
- (ii) it was crucial to understand the needs of the community and to determine how best to provide a service;
- (iii) reference was also made to a recent Green Paper with the aim of increasing independence and giving service users greater choice and control over social care and other services and an extension of the direct payments system.

AGREED as follows: -

1. That the information provided be noted and the planned actions for 2005/2006 to address the strategic priorities as outlined be supported.
2. That a Seminar be arranged on the commissioning of services, extent and range of health and social care services available by voluntary and independent sector health providers.
3. That members of other health scrutiny committees in the Tees Valley be invited to attend the above Seminar.

OVERVIEW AND SCRUTINY BOARD UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 4 April 2005 in respect of:

- a) final report of the Social Care and Adult Services Scrutiny Panel in respect of Fair Access to Care Services
- b) implementation of recommendations.

NOTED