

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 19 April 2007.

PRESENT: Councillor Dryden (Chair); Councillors Biswas and Lancaster.

OFFICIALS: J Bennington, P Duffy, P Dyson, T Fewster, H McNeill, J Ord, D Simon and L Spaven.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Harris and Mawston.

** DECLARATIONS OF INTEREST

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Dryden	Personal/Non Prejudicial	Strategic Plan in so far as it related to Children's Trusts – Chair of Levick Trust

** MINUTES

The minutes of the meeting of the Health Scrutiny Panel held on 16 March 2007 were submitted and approved.

STRATEGIC PLAN 2007/2008 – PROMOTING HEALTHIER COMMUNITIES AND EFFECTIVE SOCIAL CARE FOR ADULTS THEME – SUPPORTING CHILDREN AND LEARNING THEME

Further to the meeting of the Panel held on 16 March 2007 the Scrutiny Support Officer submitted an introductory report relating to the revised and updated 'Promoting Healthier Communities and Effective Social Care for Adults ' sub-section of the Strategic Plan 2007/08.

In addition, the views of the Panel were also sought on the Children and Young People's theme of the Strategic Plan.

It was intended that the Overview and Scrutiny Board would consider the full Strategic Plan at its meeting scheduled for 1 May 2007.

The Head of Older People and Physical Disabilities referred to supplementary information circulated at the meeting which provided further clarification and details on planned actions for 2007/2008 on areas previously highlighted by Members at the meeting of the Panel held on 16 March 2007 in respect of the following: -

- a) Information on the number of actions in terms of increasing service user input into Planning and Commissioning activities:

It was reported that this involved building on work already in progress to consider how best to involve service users in the process. Such work included visiting Care Homes and talking to all service users about the quality of their care.

It was confirmed that when commissioning for individual services, family members were involved in identifying proposals and were part of the selection process for providers.

b) Local Strategy to reduce suicide levels:

The report stated that whilst the Department undertook initiatives that may help reduce suicide levels it was not possible to illustrate a direct link.

Given the major contribution by the Council as part of a multi-disciplinary team in undertaking preventative work such as the Suicide Strategy the Panel thought that an appropriate target would have been included.

c) Local Service Level Agreements and quantifying the increased number of carers to be achieved in accessing services.

Reference was made to two elements involving the Local Public Service Agreement where it was aimed to increase the percentage of carers receiving a carer's specific service and the second element relating to the increase in the number of carers accessing services by implementation of a Carers Card by 1 May 2007.

d) Realignment of the Plan and action to be taken following last year's Plan under heading 'Ensure that when people fall ill they get good quality care and are made better faster'.

Reference was made to a number of proposed actions which had been included which related to reducing the number of unscheduled hospital bed days for over 75s by 8%; increase the number of people using Telecare Services by at least 280; and increasing the number of people using Intermediate Care Services from the current level of 1320 to 1385 by March 2008.

e) Identifying the number of additional premises to the Smoke Less Middlesbrough initiative:

It was noted that as this was now mandatory with effect from July 2007 the target had been removed.

f) Links with other national health targets:

Following discussion with Middlesbrough PCT information on proposed actions that linked to Health Care Commission Annual Health Check Indicators had been identified within the Strategic Plan.

In response to Members' clarification, details were provided of a number of factors involved as to why the Healthcare Commission Annual Health Check Indicator had a higher target of 95% against the Council's target of 84% in relation to increasing the percentage of people who received delivery of equipment and minor adaptations within 7 working days.

The Panel noted, however, the ongoing work by the Council to secure improvements and achieve a higher percentage.

g) Inclusion of a reference to major adaptations in the planned actions:

A target of March 2008 had been included with regard to the participation in a review of the process for major adaptations with the aim of reducing waiting times.

In order to improve on waiting times an indication was given of ongoing work including liaison with Strategic Housing.

The Panel considered that given the significant increase in the Disabilities Facilities Grant a target should be included which demonstrated the Council's efforts to secure improvements and develop a responsive service.

h) Target date for creating a single point of access for Mental Health Services:

A target date of October 2007 had been included.

i) Jointly commission health and social care services with voluntary and independent sector providers – stimulating the local market:

Reference was made to a number of proposed actions, which had been included.

Within the legal requirements of Contract Standing Orders a number of measures were to be pursued in order to stimulate the local market.

Such measures included a skeleton contract, which had been developed setting out terms and conditions, which would assist the voluntary sector in determining whether or not to apply for a contract.

j) In response to Members' concerns regarding transport arrangements following discharge from hospitals it was reported that this was the responsibility of the South Tees NHS Trust and the service was commissioned by the PCT.

It was noted, however, that recent concerns had been expressed to the PCT regarding such arrangements and negotiations were currently taking place in order to secure improvements.

The Panel suggested that the arrangements for co-ordinating such a service could be a topic for inclusion within the scrutiny work programme of the Health Scrutiny Panel.

Members sought clarification on a number of areas and in commenting on the overall documents specifically referred to the following: -

- i) that the words 'strategic priorities' should be included in the last sentence after 'Local Area Agreement against' on page 1 headed Middlesbrough Local Area Agreement;
- ii) it was suggested that given the work undertaken by the Council such as the Joint Public Health Strategy the entry against 'improve access to primary health care for people with learning disabilities' on page 1 headed Middlesbrough Local Area Agreement should be clarified.

Officers from Children, Families and Learning; and Community Protection Service reported upon the Supporting Children and Learning element of the Strategic Plan 2007/2008 from a health perspective.

The section was based on the legislative framework following the Children's Act 2004 to improve children's services. Specific reference was made to the requirements for Children Trust arrangements to be in place by 2008 and the focus on five key areas under: -

- Be Healthy
- Stay Safe
- Enjoy and Achieve

- Make a Positive Contribution
- Achieve Economic Well-Being.

The Panel focussed on the key achievements against priority contributions to community strategy themes identified in 2006/2007 and to the planned actions in 2007/2008 to address strategic priorities.

Following clarification of a number of areas the main observations of the Panel included the following: -

Key Achievements 2006/2007:

- a) it was clarified that the statement regarding the integration of the Connexions Service into the Children, Families and Learning department's service for young people referred to the development of strategies in place to ensure that this was achieved;

Planned Actions 2007/2008:

- b) a critical friend approach had been adopted in terms of undertaking the internal audit to be completed by March 2008 in respect of health assessments in respect of children looked after;
- c) a range of information including leaflets, DVD's and video's on healthy lifestyles would be provided by March 2008 to families of children under 5 years of age in childcare settings and the effectiveness of such information would be investigated;
- d) an increased spending allocation in terms of school meals was noted;
- e) in terms of the activity programmes to be delivered by March 2008 for indoor and outdoor physical activity through the Youth Service, an indication was given of a number of Council and joint initiatives and referral methods used which in many cases targeted key groups with the aim of encouraging participation which involved subsidy arrangements;
- f) it was confirmed that a sample survey would be undertaken to ensure that the SPARC (Supporting Positive Attention and Reciprocal Communication) materials on a programme to help parents with the emotional and social development of their babies and children had been received following the dissemination of such information by March 2008;
- g) it was acknowledged that of particular concern in terms of the target of achieving a 30% reduction (against the 1998 baseline) in the number of conceptions amongst 15-17 year olds by March 2007 related to those of school age.
- h) whilst the work involved in respect of (g) above was noted including the Middlesbrough Teenage Pregnancy Strategy, Members sought clarification on baseline information on the number of births;
- i) specific reference was made to a wide range of initiatives and targets to be pursued by the Council and as part of joint working arrangements on reducing alcohol and drug misuse with the aim of adopting a more holistic approach;
- j) the work involved in respect of (i) above included the School Drug Referral Scheme which involved training people to detect the early signs of drug use; work with the PCT on further development of a strategy to reduce harm caused by alcohol; a number of ongoing initiatives through the Safer Middlesbrough Partnership;

- k) as part of developing the referral process the Panel supported joint working arrangements which would assist in establishing baseline information such as the number of young persons being admitted to A & E at James Cook University Hospital on a regular basis following drug and/or alcohol related incidences;
- l) reference was also made to work involving national surveys to be conducted in schools to assist in identifying the underlying problems relating to drug and alcohol related issues which would assist in targeting resources;
- m) the Panel suggested that (i) above should be considered for possible inclusion within the scrutiny work programme for the Health Scrutiny Panel;
- n) it was noted that over the last 12 months the Council had exceeded the national target of increasing the proportion of all carers of disabled children living in private households receiving direct payments to 25% of all such families;
- o) the Panel noted the extensive work being undertaken by the Council including the Active Middlesbrough Strategy; continuing to improve sports and leisure facilities and increasing interest and participation; Lifestyle Intervention programmes; Healthy Living Projects and school initiatives.
- p) in response to Members' comments regarding the customer care arrangements at leisure facilities it was noted that Officers would examine current procedures with a view to ensuring that a more proactive approach was adopted for visitors receiving appropriate support.

AGREED as follows: -

1. The Officers be thanked for the presentations and the additional information as requested by the Panel in respect of the 'Promoting Healthier Communities and Effective Social Care for Adults ' sub section of the Strategic Plan 2007-2008.
2. That the information provided in respect of (1) above and that of the relevant sections of the Supporting Children and Learning element of the Strategic Plan 2007-2008 be noted and the specific comments of the Panel as outlined be referred to the Overview and Scrutiny Board at its meeting to be held on 1 May 2007 when consideration would be given to the full draft Strategic Plan.
3. That an update on the implementation of the targets be provided to the Panel after six months.
4. That the following items be considered for inclusion in the scrutiny work programme of the Health Scrutiny Panel 2007/2008: -
 - a) transport arrangements following the discharge of patients from acute service hospitals;
 - b) the Council and joint initiatives in relation to reducing alcohol and drug misuse by young persons aged under 18 years old.