

HEALTH SCRUTINY COMMITTEE

Meeting: 3 April 2007
At: 6.00 pm

PRESENT

Councillor Bryan Leck (Chair) in the chair; Councillor Roy Driver (Vice-Chair); Councillors Walter Brett, Sue Ingham, Joan Kidd, John Smith, June Somekh and Craig Wright.

Mike Lappin (Adviser – Stockport Foundation Trust Patient’s Forum)

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 20 February 2007 were approved as a correct record and signed by the Chair.

2. DECLARATIONS OF INTEREST

Councillors and officers were invited to declare any interests which they had in any of the items on the agenda for the meeting.

The following interest was declared:-

<u>Councillor</u>	<u>Interest</u>
Brain Leck	Agenda Item No. 8 as a Governor of Balley School

3. CALL-IN

There were no items to consider.

4. UPDATE ON LEARNING DISABILITY TENANCY REVIEW

A representative of the Corporate Director, Adults and Communities gave a presentation which updated of the Learning Disability Tenancy Review, with particular regard to the following:-

- Market testing and the current services on offer;
- The preferred list of 12 providers identified;
- The consultation process with family carers and service users;
- Consultations undertaken with staff unions; and future staff consultation proposed and likely consultation period;
- Market testing of PCT staff; and
- Consideration of Council provision in early 2008.

In response to Councillors’ questions in respect of previous overspends and the need to ensure that measures were in place to make the most efficient use of funding, the Committee was assured that the budget was under control, but that savings were not the foremost driver, as it was the provision of quality services which was the most

important issue.

In response to further questions it was reported that contingency plans were in place if any of the 12 providers should fail and that 24 hour flexible support would be included within two pilot schemes that were to be introduced.

Further questions were asked in respect of the tendering arrangements and potential contractors and suppliers together with details on the number and type of care homes to be provided.

RESOLVED – That the report be noted and that further reports be submitted to the joint Health and Adults and Communities Committee as the Learning Disability Tenancy Review Develops.

5. ANNUAL HEALTHCHECK

The Committee considered copies of reports of the Stockport Primary Care Trust and the Stockport NHS Foundation Trust (copies of which had been circulated) giving details of the annual health check, which was introduced requiring NHS Trusts to produce yearly self assessments. The reports provided support information for both Stockport PCT and Stockport NHS Foundation Trust allowing the Committee the opportunity to comment on any aspect of their performance against any of the 24 NHS core standards.

With regard to the Stockport Primary Care Trust, the Committee was informed that the report detailed the current position rather than the final declaration.

RESOLVED – That the Assistant Chief Executive (Strategy, Performance and Governance) in consultation with the Chair and Vice-Chair be given delegated authority to make the appropriate response from the Committee in respect of the declarations once all the necessary information has been received.

6. PCT CONSULTATION ON DEVELOPING AND IMPROVING NON-ACUTE SERVICES FOR OLDER PEOPLE : HEALTH SCRUTINY RESPONSE

At the meeting of the Committee held on 20 February, 2007, (Minute 4 refers) the Committee considered the consultation in respect of Developing and Improving Non-Acute Services for Older people in Stockport. It was resolved that the Committee's response be deferred in order to consider the full consultation results from Stockport PCT. The Stockport PCT Board subsequently agreed to put back the consultation deadline to 5 April 2007.

A representative of the Assistant Chief Executive (Strategy, Performance and Governance) submitted a further report (copies of which had been circulated), which summarised the Committee's discussions and requested it to respond to a series of questions designed to assist in the formulation of a response to the consultation.

Gaynor Mullins (Director of Primary Partnerships (Stockport PCT), Stephen Watkins (Director of Public Health), Darren Hurrell (Director of Modernisation, Stockport Foundation Trust) and Jill Byrne (Director of Nursing, Stockport Foundation Trust)

Health Scrutiny Committee – 3 April 2007

attended the meeting, gave brief presentations and answered the Committee's questions in respect of a wide range of related issues.

Following careful consideration of all of the issues involved, the Committee expressed its agreement with the case for change and the principles supporting the consultation document. It was clear to the Committee that the majority of those parties who gave submissions to the Committee had taken this view. It was accepted that Stockport had high investment levels in a bed based system, which may not be as cost-effective as community based services, and could restrict choice and flexibility within the system. The lack of independent sector nursing home places and residential home places could cause delayed discharges.

The Committee agreed that the broad principles of the model were in line with national policy, local joint commissioning principles and priorities, and good practice guidance. The Corporate Director, Adults & Communities had recognised the need to review current models of service delivery, and fully supported a whole-systems approach to change.

However, the Committee retained strong reservations about the implementation of the model. It agreed that the new model, if successfully developed and administered, would result in more choice and greater flexibility, providing care closer to home, reducing inappropriate hospital admissions and delayed discharges, and would better meet patients and carers' needs.

Whilst the Committee was satisfied that care at home could be increased, it also had reservations regarding the new model's ability to successfully increase capacity in nursing and residential care homes. The Committee believed that the eventual closure of services at Cherry Tree would inevitably result in the loss of an existing facility acting as a "buffer zone" across the whole-system. The Committee expressed concern about whether independent sector residential and care homes would work with the PCT to ensure that people could continue to be cared for in their normal place of residency when they had additional health needs. The Committee accepted that the PCT had gone some way towards addressing these concerns.

The PCT gave assurances that initial discussions with residential and nursing care homes suggested that there was an ambition within the sector to increase services. The PCT had committed, within its Local Delivery Plan, to non-recurrent investment into new community-based services, ensuring that new services were in place before the closure of the Cherry Tree wards. The Committee was satisfied to hear that in effect, it should be possible to run the two models alongside one another, demonstrating the safety, quality and cost-effectiveness of the new model, before de-commissioning the old.

Additionally, the Committee accepted that despite the current existence of services at Cherry Tree, all services were all already working to capacity and there were existing delayed discharges and inappropriate admissions within the system, as stated within the consultation document.

The Committee also accepted the Director of Public Health's independent public health advice, that demographic changes resulted in greater numbers of older

people, living longer, but without parallel increases in greater length of healthy older age. This had severe implications for older people's health and social care. Hospital settings could often lead to dependency, particularly for people with mental health needs, and in this context it was right to consider more flexible options.

The Committee expressed concern that that there had been a lack of detailed information provided within this consultation and that it would have benefited from the provision of greater detailed financial information at an early stage. However, it was also recognised that throughout the consultation period, the PCT had made efforts to provide assurances about the service model. In conclusion, the Committee thanked the PCT for its engagement with the scrutiny process

RESOLVED – That having received assurances from Stockport PCT and in accepting the Director of Public Health's advice, the Committee agreed that the Assistant Chief Executive (Strategy, Performance and Governance) in consultation with the Chair and Vice-Chair be given delegated authority to submit the Committee's response which comprised of the following recommendations:-

(i) That the proposals be supported in principle, but only on the condition that in the short-term, the Cherry Tree service is maintained in tandem with the new service in order to ensure that there is no shortfall should the new service prove to be inadequate.

(ii) That during the Phase One period set out in the consultation document, the Committee is kept constantly updated on the investment into the Independent Care Rapid Assessment Service, additional intermediate care service and the expansion in rehabilitation at home service.

(iii) That prior to the closure of the Cherry Tree service, a comprehensive report be submitted, setting out how the PCT has satisfied itself that the commissioned new service effectively manages risk, increases capacity in the residential and nursing care homes, and provides demonstrable improvement in the service. If the PCT cannot demonstrate satisfaction, then it should reconsider the proposals.

7. STOCKPORT LOCAL DELIVERY PLAN

A copy of the Stockport Primary Care Trust Strategic plan 2007-08 to 2009-10, which incorporated the Annual Local delivery plan was submitted (copies of which had been circulated) which set out the PCT's priorities and how they planned to achieve key targets.

RESOLVED – That the report be noted.

8. SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH AUTISTIC SPECTRUM DISORDER

A representative of the Corporate Director, Children and Young People submitted a report (copies of which had been circulated) which had been deferred at the last meeting, detailing an overview of local services provided by the Stockport Children and Young People's Directorate, Pennine Care Trust, Stockport NHS Foundation

Health Scrutiny Committee – 3 April 2007

Trust and Stockport PCT, for Children and Young People with autism up to the age of 18.

Councillors asked a number of questions with particular regard to:-

- leisure and voluntary sector provision;
- Mainstream Schools with resourced provision with particular regard to Secondary Schools; and
- waiting lists for speech and language therapists.

RESOLVED – That the report be noted.

9. AGENDA PLANNING

A representative of the Assistant Chief Executive (Strategy, Performance and Governance) submitted a report (copies of which had been circulated) setting out planned agenda items for the Committee's next three meetings, forward plan items which fell within the remit of the Committee and progress with the resolutions made by the Committee at previous meetings during the current municipal year.

RESOLVED – That the report be noted.

The meeting closed at 8.32 pm.