ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 7th October, 2010

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Burton, Goulty, Middleton, Steele, Turner and Wootton.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up) and Mr. P. Scholey.

Councillor Doyle was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillor Hodgkiss, Jonathan Evans and Russell Wells.

34. COMMUNICATIONS

(1) Russell Wells had sent his apologies for the meeting but wished to inform the meeting that it was World Mental Health Day on Sunday, 10th October, 2010.

(2) Councillor Barron gave a verbal report on a recent Alcohol Strategy meeting he had attended on 25th September, 2010. The focus of the meeting was street drinking in Rotherham and young people. There were a number of places young people, or their parents, could go for help e.g. Milton House, Youth Start, Safe as Houses. There were also street pastors, a group of Christians, who went around the town centre offering help and advice.

35. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

36. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present.

37. PHARMACEUTICAL NEED ASSESSMENT CONSULTATION

Joanne Hallatt, Community Pharmacy Development Pharmacist, NHS Rotherham gave a powerpoint presentation in respect of the consultation on NHS Rotherham's Draft Pharmaceutical Needs Assessment.

The Government had introduced Legislation requiring all Primary Care Trusts to publish a Pharmaceutical Needs Assessment by 1st February, 2011. The document would help to inform the PCT's decision making process in relation to pharmaceutical services for

the next 3 years.

The presentation drew specific attention to:-

- What is the PNA?
- Objectives of the PNA.
- Assessment of Need.
- Provision of Pharmaceutical Services.

    - Essential Services which must be offered by all community pharmacies.
    - Advanced Services.
    - Enhanced Services.
- Patient and Public Involvement.
- Gaps in Services Provided.
- Consultation.
- What we need to know.

Discussion ensued on the presentation with the following issues highlighted/raised:-

– The Minor Ailments Scheme had not been evaluated in its entirety as yet due to it not being fully available in a number of pharmacies. There were issues with regard to its availability and was something addressed in the Needs Assessment.

– The Assessment had not specifically looked at health screening or the early non-invasive testing for Diabetes. What had been considered in the past was screening for cardio vascular and general NHS health checks and had been included in the Assessment that there was a desire to work with providers to provide this new service.

– Currently pharmacists were not incentivised to discourage patients from collecting repeat prescriptions that they were unlikely to use, but waste management and waste was part of their contract. It was extremely expensive to dispose of waste as was the original cost of the medication so there was a section in the Assessment that was to be expanded upon.

– There was an out of hours pharmacy service in localities which were different pharmacies that opened extended hours, not through the night, but after working hours, and some that opened earlier. There were 3 100 hour pharmacies that opened extended hours throughout the week and weekends. There was 1 pharmacy, St. Ann's, that was a 365 pharmacy, open every day. The Trust also paid pharmacies and pharmacists to be

available through the night should an emergency prescription be required.

- It had been identified that the services provided by the pharmacies were not widely known by the general public so were not being accessed to their full potential. Work with community pharmacists would take place to advertise the services they provided. It was a key priority in the long term plan.

- It had not been made clear at the present time how pharmaceutical services could be affected by the proposals for GP consortia to commission services or where they fitted into the Commissioning Strategy.

- Due to the uncertainty around budgets and finance at present, the focus was the things it was known pharmacists had to be paid for and what pharmacists were currently paid for which were not value for money. These would have to be looked at dependent upon the funding streams available.

- Packaging was not being looked at specifically, however, as part of the Essential Service that pharmacists were required to provide, they should be making adjustments and arrangements for people of any age or disability with regard to accessing their medication. In the Plan the Trust would like to engage with the older people of Rotherham to ascertain what specific needs they had and how a pharmacist could address them in their element of the contract.

Resolved:- That Joanne Hallatt be thanked for her interesting and informative presentation.

38. 'EQUITY AND EXCELLENCE: LIBERATING THE NHS' - CONSULTATION ON THE HEALTH WHITE PAPER

Julie Slatter, Head of Policy and Performance, presented the submitted report in respect of “Equity and Excellence: Liberating the NHS” – Responding to the Consultation.

The paper provide information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper. It stated that the proposals would provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and elected members. It suggested local authorities were uniquely placed to promote integration of local services across boundaries between the NHS,

social care and public health and local authorities would be given an enhanced role in public health promotion in their local areas.

A key proposal in the White Paper was for local authorities to establish a statutory partnership, the 'Health and Wellbeing Board' which would have four main functions:

- To assess local need and lead on Joint Strategic Needs Assessments.
- To promote integration and partnership across the NHS, social care and public health.
- To support joint commissioning and pooled budget arrangements.
- To undertake a scrutiny role in relation to major service re-design.

Membership of the Board would include: the Leader of the Council, social care, NHS commissioners, local government and patient champions, GP consortia, representative of NHS Commissioning Board and a representative of the local Health Watch. Other public body officials, the voluntary sector and providers may also be invited as the local authority wishes.

Views were being sought on whether these Boards should be a statutory function, or whether local authorities should have the power to decide how best to take forward joint arrangements within their own area. Consideration also needed to be given in relation to the membership and functions of the Board.

The statutory overview and scrutiny functions would be transferred to the new Health and Wellbeing Board, if it was established and functions would include:

- Calling NHS managers to give information and answer questions about services and decisions.
- Requiring consultation by the NHS where major changes to health services were proposed.
- Referring contested service changes to the Secretary of State for Health.

Members of the Board would be able to identify shared goals and priorities and identify early on in the commissioning process how to address any potential disputes. Government would work with local authorities and the NHS to develop guidance on how best to resolve issues locally.

Views were being sought on whether these functions should be

transferred to the Board and how best to ensure local resolution of issues and concerns through scrutiny and referral. The document also sought ideas on what arrangements local authorities could put in place to ensure effective scrutiny of the Board's functions.

The paper proposed to increase choice and control and control for patients, by creating a local infrastructure in the form of local Health Watch. It was the intention that the current Local Involvement Networks (LINks) would become the local Health Watch branch, which would have the power to refer concerns to Health Watch England, which will form part of the Care Quality Commission.

The new Health Watch structure would be broadly similar to the current arrangements but would have additional functions, so they become more like a 'citizens advice bureau'. These functions would include:-

- NHS complaints advocacy service.
- Supporting patients to exercise choice, i.e. choosing their GP practice.

Views were sought as to whether local Health Watch should take on this wider role and how local authorities were best able to commission the service.

The Government was clear that joint, integrated working was vital to developing a personalised health and care system.

Current arrangements included:-

- PCTs or local authorities leading commissioning services for a client group on behalf of both organisations.
- Integrated provision (e.g. care trusts).
- Pooled budgets.

The paper suggested that take up of current flexibilities to enable joint commissioning and pooled budgets had been relatively limited. Joint commissioning around the needs of older people or children for example remained untapped, but the new commissioning arrangements would support this. GP consortia would have a duty to work with colleagues in the wider NHS and social care.

One suggested option was to leave it up to NHS commissioners and local authorities as to whether and how they work together, and devise their own local arrangements.

The preferred option however was to specify the establishment of a

statutory role to support joint working on health and well-being. This would provide duties to cooperate and a framework of functions.

The consultation asked for consideration to be given to how local authorities could be best supported to increase integrated and partnership working.

It was noted that the closing date for responses was 11th October. The report had been considered at the recent meeting of the Performance and Scrutiny Overview Committee whose comments, together with any comments from today, would be reported to the Cabinet Member for Adult Independence Health and Wellbeing on 11th October.

Discussion ensued on the report with the following issues raised:-

- Extreme concern that it was a method to privatise the National Health Service.

- The consultation document raised more questions than answers.

- How would a GP Consortium work at a local level? Current discussions as to how it might look in Rotherham were leaning towards a single GP Consortium with a body in place to carry out the commissioning element.

- Suggestion of a better partnership arrangement between NHS and the Council for things such as Public Health was to be welcomed but joint commissioning and pooled budgets had caused problems in the past.

- The Local Government and Council welcomed greater integration, voice and influence, however, there had not been much take up on pooled budgets and integration as envisaged when the ability to do so became available. In terms of making sure they were effective at local level, there were a number of things that could potentially strengthen it i.e. a local authority's leading role of responsibility around the Joint Strategic Needs Assessment as well other initiatives outside of the White Paper. The Public Health White Paper, when it became Law in the Autumn, would help. Local Authorities would have greater responsibility for ensuring that integration did happen and there was some suggestion that there may be rewards/incentives.

- There was a need to ensure that there was a robust commissioning practice. The Health and Wellbeing Board would have a key role to play to ensure that citizens were receiving the

service they deserved. There would need to be clear criteria around the quality and provision of what was commissioned, that the contractors were managed effectively with performance measures in place and implications for failure so that the contract could be removed, renegotiated and re-commissioned.

Resolved:- That the following comments to be included in the consultation response:-

7.1 Health and Wellbeing Boards
That backbench (Scrutiny) Members form part of the membership

7.2 Overview and Scrutiny
Even if the statutory powers around major service changes were scrutinised by the Health and Wellbeing Board, powers should remain within Council Scrutiny arrangements in order to avoid conflicts of interest

7.3 Local Healthwatch
Adequate funding would need to be provided if it was to take on the wider role suggested

7.4 Improving Integrated Working
Would welcome support for this but have reservations about making joint working mandatory as it may not suit all circumstances.

39. BREASTFEEDING REVIEW - CABINET RESPONSE AND ACTION PLAN

Delia Watts, Scrutiny Adviser, presented the submitted report in respect of the Breastfeeding Friendly Action Plan.

Following the breastfeeding review, the recommendations made by Elected Members had been consulted with colleagues in RMBC and NHS Rotherham.

Since the scrutiny review took place, there had been considerable progress made with the breastfeeding agenda in Rotherham and a number of recommendations had already been implemented and/or completed. The commentary provided to Cabinet, therefore, made suggestions for re-wording some of the actions to reflect this progress to ensure the recommendations remained relevant.

To ensure the breastfeeding agenda continued to progress effectively, there needed to be adequate joint working between the Council and NHS Rotherham and the action plan reflected this with actions for both organisations being included.

Discussion ensued on the report with a number of questions referred to the Policy Team:-

A. Action 1: Currently the website made no reference to breastfeeding friendly Council buildings (except Children's Centres). When would this be rectified?

B. Action 3 : When would the discussions take place?

C. Action 4 : When would the first tranche of training be rolled out?

D. Action 7 : When would the current directory be linked to the websites?

E. There should be dates stated in the timescale column instead of "on-going".

Resolved: (1) That the Breastfeeding Friendly Action Plan be noted.

(2) That the questions above be referred to the Policy Team.

(3) That the monitoring of the Action Plan on a 6 monthly basis be agreed.

40. ASSISTIVE TECHNOLOGY REVIEW

Delia Watts gave a powerpoint presentation on the findings, conclusions and recommendations of the Assistive Technology Review as follows:-

Terms of Reference:-

- To examine how technology can assist older and vulnerable people in our society to be in greater control of the way in which they live their lives and manage their own risks.

The Review looked at:-

- How assistive technology (AT) can help people remain independent and prevent early and unnecessary admission to hospital/ residential care.
- How AT is used in Rotherham.
- How Rotherham has benefited from receiving the Preventative Technology Grant.

Assistive Technology:-

- Recently introduced equipment which assists people who have difficulties due to age or disability to carry out everyday tasks.

Key Findings:-

- Nationally take of AT is slow.
- Technology not a substitute for human contact.
- Privacy concerns.
- Dependency.
- Potential for reducing social care costs.
- Historically no strategy for AT.
- Various AT projects.
  £500,000 from NHS Rotherham.
  £442,000 Preventative Technology Grant.
  £225,000 Neighbourhoods and Adult Services.

  Recommendations:-

- Produce guidelines for usage/repair of AT systems.
- Produce joint long term AT strategy.
- Expand and promote AT on offer.
- Create robust monitoring system

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Next Steps:-

- Discuss/amend/endorse the recommendations.
- Circulate draft report to review team.
- Send draft report to witnesses to check for technical accuracy.
- Circulate final report to ASH Panel Members.
- Refer report to Cabinet and NHS Rotherham.

Discussion ensued on the presentation with the following issues raised:-

- Importance of a Strategy and clarification that it gave.
- Balance of AT and human contact imperative.
- Potential for reducing social care costs but the aim was to give the user a better feeling of wellbeing.
- AT would deliver some of the independent choice and wellbeing in the future.
- New Social Care Assessment being undertaken as part of the Personalisation process included a question as to the suitability of AT for that individual, had it been discussed and utilised and had the Social Worker considered AD as part of the package. The service user would be asked to complete a simple monitoring form so their request could be evaluated for equipment.
- Training sessions/presentations were taking place by 1 of the

major AT suppliers about what equipment was available.

- NAS had spent 20% of the budget so far.

Resolved:- (1) That the draft report be circulated to the Review Team for comments and witnesses to check for factual accuracy.

(2) That the final report be circulated to Panel Members prior to submission to the Performance and Scrutiny Overview Committee and Cabinet.

41. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 9TH SEPTEMBER, 2010

Resolved:- That the minutes of the meeting of the Panel held on 9th September, 2010 be approved as a correct record for signature by the Chair.

42. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING HELD ON 13TH SEPTEMBER 2010

Resolved:- That the minutes of the meeting of the Cabinet Member for Adult Independence Health and Wellbeing held on 13th September 2010 be noted and received.