

CUMBRIA HEALTH AND WELL-BEING SCRUTINY COMMITTEE		Paper No. 9
Meeting date:	15 January 2010	
From:	Health Scrutiny Manager	

Committee Briefing Report

1.0 Purpose of Report

- 1.1 This report updates the Committee on new issues brought to its attention, on its Work Programme, on the monitoring of actions following previous scrutiny recommendations, and on developments in health scrutiny.

2.0 Issues for Scrutiny

- 2.1 To approve the plan for a seminar on NHS Finance and Commissioning in March 2010 (see pars. 3.2, 3.5 and 4.5 below).
- 2.2 To note the response to the three recommendations of the Flu Pandemic Task Group (see par. 3.3 and Appendix 1).
- 2.3 To note the Work Programme at Appendix 2 and agree any changes to what is planned.
- 2.4 To agree Committee membership of the Task and Finish Group on Obesity (par. 4.4).
- 2.5 To receive the notes of the Task Group on Closer to Home South held 26 November 2009 (par. 4.5 and Appendix 3).
- 2.6 To receive a verbal report on the West Cumberland Hospital Development Task Group meeting held 14 January 2010 (par. 4.6 refers) and to agree to add monitoring of pathology services to the Group's remit.
- 2.7 To receive the notes of the Task Group on Child and Family Health held 13 and 27 November 2009 (see Appendices 4 and 5) and to note the interim response of the Task Group at par. 4.9.
- 2.8 To receive the notes of the Task Group on Transforming Community Services held 29 October 2009 (see Appendix 6).
- 2.9 To receive a verbal report on the Acute Medical Services Morecambe Bay Task Group held 6 January 2009 (par. 5.1 refers).
- 2.10 To note the plans for a meeting of the Closer to Home North task group in February 2010 (par. 5.2 refers – see also NHS Update report).

- 2.11 To note the plan to make Smoking and Tobacco Control a main item on the agenda for 20 April 2010 (par. 5.3 refers).
- 2.12 To receive the notes of the CfPS Networking Event in Leeds on 24 November 2009 and to agree that an item on the implications of Joint Strategic Needs Assessment for this work programme be included in the next agenda (par. 6.1 and Appendix 7 refer).

Background – Overview Items

- 3.1 Matters brought to the Committee's attention and requiring a decision or noting are described below.

Competition in health services

- 3.2 At the last meeting of the Committee on 14 October 2009, members wishing to take part in a discussion with NHS Cumbria Commissioning staff on competition within the NHS were invited to contact the Scrutiny Unit. Although there were no immediate expressions of interest, when the Task Group on Transforming Community Services met on 29 October 2009 it was agreed that information about the new NHS Constitution, which outlines commissioning responsibilities for NHS Cumbria, should be included in a briefing at the Lead Members meeting in December when a decision would be taken over wider dissemination of this information. In the event, Ros Fallon, Programme Director for Transforming Community Services at NHS Cumbria was unable to attend. However, it was suggested at that meeting that commissioning issues should be added to the content of the proposed seminar on NHS Finance, to be arranged in March 2010 (see also par. 4.5 below). This will be open to all members and named substitutes on the Committee. Members are invited to approve these plans.

Flu pandemic

- 3.3 As agreed at the last meeting of the Committee, a letter was sent to the Chief Executive on 14 October 2009 highlighting the concerns of the Task Group on Flu Pandemic and their recommendations which were confirmed at that meeting (see item 25 of Minutes on today's agenda). A response on behalf of the Chief Executive has been received from Mike Smyth, the County Council's Head of Resilience (Emergency Planning) and is reproduced as Appendix 1. The Committee is invited to note this response. Ongoing monitoring of the Council's response on the flu pandemic now rests with the Safer and Stronger Communities Advisory Board.

Impact of the recession upon health and adult social care

- 3.4 At its meeting on 14 October 2009, Members requested information at today's meeting about local contingency plans in health and adult social care in the light of the recession.

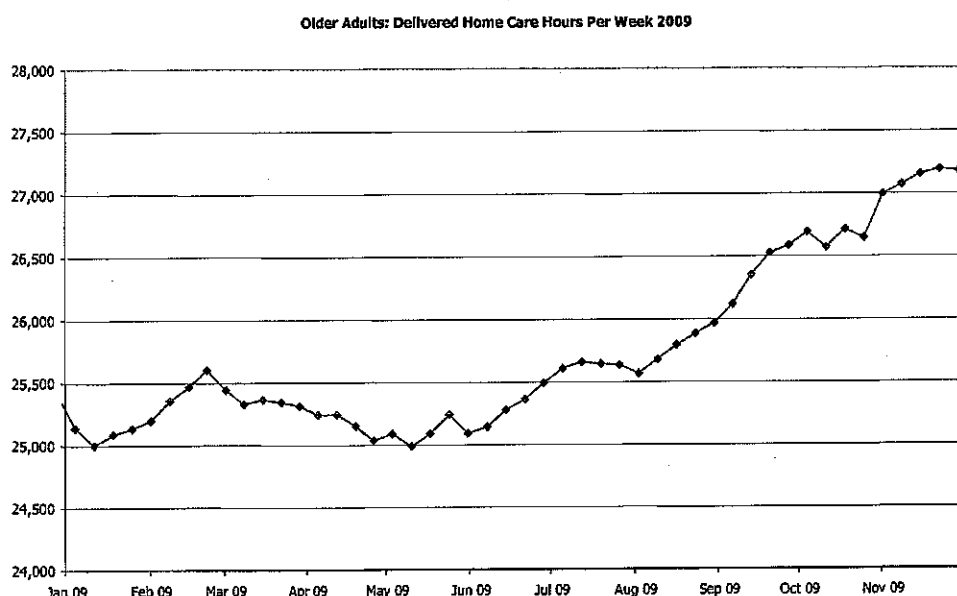
Health Service

- 3.4.1 The possible effects of the national economic downturn upon health services is the subject of considerable current speculation. In May 2009, the NHS Chief Executive, David Nicholson, revealed that the service would need to save £15-20bn between 2011 and 2014. The NHS operating framework has recently been published and Peter Clarke has agreed to incorporate some of its implications into today's NHS Update. NHS Cumbria have agreed that the proposed seminar in March on NHS Finance and Commissioning would be a useful point at which to outline the way in which priorities are currently set, the changes that are needed and how these might be carried out.

Adult Social Care

- 3.4.2 The Council has recently consulted on its strategy and budget options for 2010/11 under the title 'Essentials or extras – council services under pressure'. This document accepts that all the signs are that the money available for local council services will be squeezed even harder in the years to come and that the challenge will be 'to do more for less'. On the basis that the government will honour its agreement as part of the 2007 Comprehensive Spending review, the Council can be relatively confident about its budget position for 2010/11 but the general consensus is that funding available will be significantly reduced from 2011/12 onwards. The Council estimates that it will need to save in the region of £30m over all departments in the next three years, over and above the savings that it is already committed to delivering.
- 3.4.3 Under the strategic theme of 'healthier – improving the health and well-being of adults' the consultation document highlights key projects around self-directed support, promoting independence, tackling health inequalities and transforming the market for social care that are priority outcomes for the council. The document also sets out plans to review high cost services and to make sure that the council's services are high performing and low cost. This includes Cumbria Care, the council's in-house service provision with plans to reduce the cost of existing residential provision in Barrow in order to build a new fit for purpose 60 bed residential home and to provide 28 extra care housing places. This move will save £103K in 2010/11 rising to savings of £458K in 2012/13. Plans for the Home Care service to support service users with more complex or rehabilitative needs will be developed at the expense of less intensive arrangements which will be commissioned by the independent savings and which will realise incremental savings of £86K, £258K and £343K over the next three years. There are also plans to make savings by moving away from block to spot contracts for nursing and residential care without top-ups which would save £250K in 2010/11 and £500K thereafter.
- 3.4.4 One key area of interest for this committee is investment in joint commissioning and service provision. There is a current commitment to retain pooled budget arrangements, including Section 75 agreements in

Cumbria. It is not, however, anticipated that any significant growth will occur in the foreseeable future. Demographic change is already creating pressure in the care market. Additional investments made by NHS Cumbria and Adult Social Care during 2008 / 2009 and 2009 / 2010 have helped to stabilise the market for support at home, however demand is very high both in terms of additional people requiring support and in relation to the amount of support that people need. This type of practical care is essential in helping people to manage at home or to return home from hospital. The County Council currently purchases a little under £35M of Home Care, the graph below shows the number of Home Care hours that are being delivered across the sector;



- 3.4.5** Closer to Home provides the core philosophy and strategic driver for developing integrated Health and Social Care Services in Cumbria. The strategy is predicated upon freeing up resources from acute services through more efficient treatment, intervention and discharge arrangements. The combination of Health and Social Care into integrated service models provides a basis for more efficient and effective support for people, enabling Health and Social Care to respond to the demographic challenge through joint local service planning and delivery.
- 3.4.6** There is currently £4M invested in joint Health and Social Care (STINT) teams across Cumbria working together to support people in staying out of hospital or in accessing rehabilitation and support to get back home from hospital. The investment is made on a 50:50 basis between social care and NHS Cumbria.
- 3.4.7** Generic Domiciliary Care (GDC) services offer greater flexibility across health and social care, and are essential to developing the infrastructure of support that health and social care teams need to call upon. GDC Home

Carers are trained to deliver basic health interventions. The current investment in this type of support is £2.5M, made up of £1.5M health and £1M Social Care. More intensive support packages are being provided and a broader range of professionals are accessing Social Care services on behalf of individuals. This has led to high levels of demand for services in 2008/2009 and expected continued growth in demand for Community Services including Generic services into 2009 / 2010.

- 3.4.8 From 2010 decisions with regard to investment and planning for the above joint services will be made on a locality basis between GP Locality Commissioners and Social Care. It is understood that the PCT commitment to community based services will be maintained at current levels, however it is envisaged that resources freed up from service de-commissioning can be used by localities to invest in more effective ways of working.

Flooding and stress-related illness

- 3.5 At the Scrutiny Management Board (SMB) Tripartite Meeting (between the Leader/Deputy Leader of the Council, Scrutiny Management Board Chairmen and Vice-Chairmen and senior managers) held on 30 November 2009, the Deputy Leader, Cllr Stewart Young, asked if the Health and Well-being Committee could consider examining the health impacts of the recent flooding e.g. stress related/respiratory diseases, mental illness etc. This was discussed at the Lead Member's Meeting on 10 December 2009 where it was agreed that Peter Clarke would include information in his NHS Update report on actions that are being taken, particularly in Cockermouth, to help provide longer-term emotional support for people seriously affected by the floods. The Committee will be invited, during consideration of Mr Clarke's report, to determine what action, if any, it wishes to take to examine this issue further.

4 Background – Work Programme

- 4.1 The Committee's Work Programme is set out in Appendix 2. This incorporates the decisions taken at the last meeting of this Committee to make obesity the priority review item in 2010 and dementia the second priority. Further information on obesity is included below and dementia has been added to the work programme for further consideration at the April Committee meeting.

Obesity

- 4.2 It was agreed at the last Committee meeting that obesity be given priority for review in 2010 and that this be placed on today's agenda in order to identify members to serve on a Task and Finish Group.

- 4.3 This Committee receive a report on the draft Cumbria Healthy Weight Strategy at its meeting on 2 March 2009. Further information was fed into the stakeholder event in September 2009. The Healthy Weight Strategy identifies sets out 4 priorities for Cumbria :
1. Children – healthy growth and weight.
 2. Personalised advice – weight management.
 3. Healthy settings – workplace.
 4. Healthy Communities – obesogenic environment (one which promotes obesity).
- 4.4 The Committee is invited to agree members to serve on this Task and Finish Group today. An initial meeting will be arranged shortly in order for further information to be provided and for a scoping to be drafted for consideration at the April meeting.

Closer to Home, South Cumbria

- 4.5 The Task Group on Closer to Home in South Cumbria met again on 26 November 2009 and notes of that meeting are included as Appendix 3. This meeting helped reinforce the understanding that the strategy under Closer to Home in the south of the county is markedly different from that in the north because of background circumstances. Accordingly is not envisaged that major service changes will be made in the short to medium term. As reported above, Members are particularly asked to consider and agree to the proposal in par. 17 of the notes that a seminar is held in March 2010 regarding NHS Finance which would include how the NHS locally is preparing for the impact of the recession. The Task Group plan to also meet again in March 2010.

West Cumberland Hospital Development.

- 4.6 This Task Group is meeting again on 14 January 2010 and a verbal report will be given on this at today's meeting. At that meeting, it is planned to receive an update on developments associated with this project, how these impacts on capacity and how the public are being communicated with and engaged in this work. Following discussion, including at the Lead Member's meeting on 10 December 2009, it has been recommended that the issue of the monitoring of Pathology Services be added to the remit of this Task and Finish Group. Members will recall that, at the last meeting of the Committee on 14 October 2009, it was agreed that the issue of independent advice around the pathology changes should also be sought. An update on progress on this will be included in feed-back at today's meeting. Members are asked to note that a new website dedicated to this development has recently opened and can be accessed at www.buildingyourhospital.ncuh.nhs.uk

Child and Family Health

- 4.7 This Task Group held further meetings on 13 and 27 November 2009 and notes of those meetings are included as Appendices 4 and 5 The meeting

with Dr Andy Mitchell, Medical Director, NHS London on 13 November helped confirm the remit and focus of the Task Group on the six topics previously identified (see section 1 of the notes at Appendix 4). Dr Mitchell set out a stark scenario in which the NHS would face persistent nil financial growth in a year's time coupled with an expectation of increased productivity. He therefore urged that as much work as possible be achieved within the next year to deliver on his recommendations before financial pressures struck hard. Dr Mitchell also identified questions that the Group should be putting to local commissioners

- 4.8 At the session on 27 November with Vernon Watson and Greg Everatt of NHS Cumbria, more detail was given over the agreed submission by the existing providers to form a consortium to deliver child and family health services. The magnitude of this change should not be underestimated. During the first year, work will be undertaken around revised specifications, agreed pathways and frameworks but this is also about tackling and achieving greater consistency across the providers on gradings of staff and data management. This could take much longer and will require strong medical and organisational leadership. It is hoped that within two years there will be well-defined joint commissioning arrangements in place.
- 4.9 The Task Group feel that, at this stage, it should provide an interim response to the Committee that they recognise the need for change, the way this is planned and the way that NHS Cumbria is feeding back to the Group. The Group also wish to proceed with a piece of qualitative work engaging with various groups that fit with the six topic areas to gauge current views about child and family health services. A template for this will be drawn up. The LINK organisation has also agreed to survey its 900 strong membership to get feed-back on their experiences. This would serve as a benchmark for evaluating the impact of major service changes to be delivered at a later date. It is also hoped that briefings for Task Group members with NHS Cumbria will be offered shortly. The Group plan to meet again in March 2010.

Transforming Community Services

- 4.10 This Task Group met on 29 October 2009 and notes of the meeting appear as Appendix 6 to this report. This programme sets out NHS Cumbria's strategic thinking for the next three years and reflects the principles and intentions of the Closer to Home programme. The meeting considered the NHS Cumbria Strategic Plan 6 month update against the five year plan for the period 2008-13. There are three fundamental aims:
- Better Health (improving health and reducing health inequalities).
 - Better Life (getting poor areas up to the best).
 - Better Care (improving independent living and self management of care).
- 4.11 The goals for NHS Cumbria over the next five years include:
- Reducing premature mortality.

- Increasing healthy life years.
- Promoting healthy lifestyles (addressing smoking, obesity and alcohol).
- Improving mental health and well-being.
- Increasing self-management of care and choice in end of life care.
- Improving unscheduled care and improved/more equitable access to tertiary care.

4.12 The plan is to deliver these strategic goals through integrated professional teams working more flexibly. Ongoing work is working towards improved delivery in a number of key areas but there is still a long way to go. Hospital changes such as reduced numbers of acute beds and transferring skills into community settings are key to these plans. There are already good practice models such as the integrated care pilot in South Lakeland and integrated practices in Cockermouth and Maryport. In rolling out the model, more equitable resource allocation according to recognised health inequalities will be important. It was suggested that how this is done by locality or sub-locality is something that scrutiny could look at and, although not without challenge, there are key questions that could be considered:

- How will resources be moved from one area to another?
- How can this be justified to the general public?
- What is the NHS logic?
- What is the mechanism for delivery?

4.13 It was proposed that consideration of two or three care pathways would help better understand these changes and this is to be arranged on a date to be fixed. The issue of criteria and principles in the shaping of a new NHS Constitution would be taken to the Lead members Meeting (see par. 3.2 above).

NHS Dentistry

4.14 An update on NHS Dentistry is listed for today's meeting and Peter Clarke has agreed to cover this in his NHS Update.

5 Background – Monitoring Items

Acute Medical Services – Morecambe Bay

5.1 The Task Group on Acute Medical Services in Morecambe Bay met on 6 January 2010. This incorporated an update visit to the Primary Care Assessment Unit at Westmorland Hospital and a meeting with the external consultants, Dr Gerada and Dr Gaskin. Particular reference is being given to the concerns expressed at the last Committee meeting regarding Ambulance response times and arrangements at Lancaster Hospital as North West Ambulance Service are unable to attend to provide feed-back at today's meeting as requested but are attending the Task Group. A broader

update on NWAS is listed for the Committee's April meeting. Feed-back on the Task Group meeting will be given verbally at today's meeting.

Closer to Home North

- 5.2 The Task Group has not met since April 2009 and attempts to meet before Christmas were unsuccessful because of the lack of availability of key contributors. The Group plans to meet in February 2010 and Peter Clarke has agreed to include information in his NHS Update report to the Committee today. It is planned that, at the February meeting, the Task Group will consider the latest position on reduction in beds at Community Hospitals and the development of off-setting community services in conjunction with adult social care. The meeting also intends to consider staff engagement with the changes, information on integrated care organisation developments and an update on accessing GP appointments.

Smoking and Tobacco Control

- 5.3 An update on the Committee's review report 'The Last Gasp' completed in 2008 had been pencilled into the work programme for today's meeting. Members will be aware that the work undertaken as part of this review was highly commended in the Centre for Public Scrutiny Good Scrutiny Awards 2009. The Health Scrutiny Manager attended a regional Network event in Kendal on 9 December 2009 under the umbrella of 'Tackling Tobacco Together' and it is clear that much valuable work is being undertaken at a local, regional and national level that should be incorporated into the update against the review's 23 recommendations. However, in order to give responding organisations a full opportunity to update on progress, it was proposed at the Lead Member's meeting on 10 December 2009 that this item be deferred until the April meeting of this Committee. At that meeting it is hoped that a full opportunity can be given for the various agencies to update members on developments. Members are also advised that Smoking and Tobacco Control will be a main issue at Cumbria Strategic Partnership event planned for April 2009 (date to be fixed).

6 Background – Health Scrutiny Development

CfPS Health Scrutiny Network Event

- 6.1 Three members of the Committee (Cllrs Wearing, Skillicorn and Wilson) and the Health Scrutiny Manager attended this Networking event at the Thackray Museum in Leeds on 24 November 2009. Notes of this meeting are included at Appendix 7. The main factors for follow-up include the item on today's agenda concerning working arrangements with the Care Quality Commission and to consider the implications of the Joint Strategic Needs Assessment in Cumbria for the work programme of this Committee. A report was taken to the full meeting of County Council on 19 November 2009 and, following discussion at the Lead Member's meeting on 10 December 2009, it is proposed that this should be included in the agenda items for 20 April 2010.

This report should also reflect on the priority this Committee gives to tackling health inequalities. Members will be aware that specific reviews on Fuel Poverty and on Smoking and Tobacco Control have acknowledged the need to target areas of inequality. This is also likely to emerge through the work on tackling obesity in 2010. It is important, however, that issues around health inequalities are kept in mind and incorporated into other Task Group activity as this is often where added value for scrutiny can be greatest,

Paul Glazebrook
Health Scrutiny Manager
16 December 2009

Appendices

1. Response from Mike Smyth to Flu Pandemic recommendations.
2. Work Programme.
3. Notes of Task Group meeting on Closer to Home South held 26 November 2009.
4. Notes of Task Group meeting on Child and Family Health held 13 November 2009.
5. Notes of Task Group meeting on Child and Family Health held 27 November 2009.
6. Notes of Task Group on Transforming Community Services held 29 October 2009.
7. Notes from Network Event on tackling Health Inequalities at Leeds on 24 November 2009.

Previous Relevant Council or Executive Decisions

None

Background Papers

None

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