

COMMUNITY CUSTOMER AND ORGANISATIONAL SCRUTINY COMMITTEE MEETING

Thursday, 6th February, 2014

Present:-

Councillor Innes (Chair)

Councillors	Tom Murphy	Borrell
	Bagley	Slack

Councillor Sean Bambrick – Derbyshire County Council Health Scrutiny Committee Chair +

Councillor Marian Stockdale – Derbyshire County Council Health Scrutiny Committee Vice Chair +

David Rose – Derbyshire County Council Scrutiny Officer

Anita Cunningham – Scrutiny Officer

Mary Stead – Democratic Services Officer

+ Attended for Minute No. 0045

43 DECLARATIONS OF MEMBERS' AND OFFICERS' INTERESTS RELATING TO ITEMS ON THE AGENDA

No declarations were received.

44 APOLOGIES FOR ABSENCE.

No apologies for absence were received.

45 HEALTH AND WELLBEING SCRUTINY - JOINT WORKING

The Chair and Vice Chair of Derbyshire County Council's Health Improvement and Scrutiny Committee, Councillors Sean Bambrick and Marian Stockdale, and Scrutiny Officer David Rose, attended to discuss working together on health scrutiny.

Responsibility for health scrutiny had been separated from other issues when the newly-elected Council had reorganised scrutiny roles in 2013.

Councillors Bambrick and Stockdale raised two issues that mainly affected people in the Chesterfield area. These were the closure of an older ward at Walton Hospital and the transfer of patients to Bolsover Hospital. They had visited both hospitals, viewed the facilities and discussed the situation with staff there.

It was hoped that this move would improve care for the elderly patients, without moving them too far away for their relatives to visit them.

They planned to visit Clay Cross Hospital, which was also involved in moving patients to Bolsover.

They had looked at facilities and space for expansion at Bolsover, and had established that the Bolsover Hospital was easily accessible by bus from other places within the north Derbyshire region, and had sufficient space for further expansion.

An invitation would be extended to Chesterfield Scrutiny Members to accompany them on future visits in the Chesterfield area.

They had been impressed by the improvements in care demonstrated by medical staff and social workers, who were working together to ensure that if a patient were to be discharged, there would be sufficient appropriate care in place to avoid them needing to be readmitted within a short time. This strategy was intended to reduce 'bed blocking'.

Further details were provided of the plans at Walton Hospital, where there were two wards with long-term dementia patients. There were also prefabricated buildings that had been used as wards, but were being demolished, because they were too expensive to modernise.

Derbyshire County Council's Health and Safety Committee had been notified of the changes, as had HealthWatch, and there had not been any complaints about the proposals.

Since the passing of the Health and Social Care Act, Derbyshire County Council was now partly responsible for healthcare, under recent Government legislation, and had a role overseeing changes and assessing the suitability of procedures.

The Council lacked financial resources to make many changes itself, but could oversee, monitor and make recommendations, and could try to secure funding from the Clinical Commissioning Groups and NHS England to implement these recommendations.

The new health responsibility resulted in recommendations being made to Cabinet at Derbyshire County Council, and towards the development of the Derbyshire Health and Wellbeing Strategy.

The details of the Council's remit, and its legal responsibilities and access to finance were still under discussion.

Health Scrutiny at the County Council was also part of its legal responsibility, and unlike the Borough Council, it had the legal right to be consulted about any planned changes to health services.

Another issue discussed was the non-availability of hospital consultants and specialists, including physiotherapists, at weekends and in the evenings. It was believed that a seven day service would better meet the needs of patients, since illness and accidents occurred at times when these staff were not currently available.

In response to a question about efforts to tackle obesity in north Derbyshire, it was said that the responsibility for health promotion had been transferred from the NHS to councils. Derbyshire County Council now had a Public Health Department doing this work. That department would also take measures to try to reduce health inequalities, analysing the underlying reasons for inequality and informing decisions on how best to reduce them.

It was agreed that the County Council and district councils could benefit from sharing information, and the example of district councils' responsibility for Housing was given, as an area of future co-operation. Housing staff were well aware of the issues arising among tenants in their area, and of the factors that might impact on the health of people living in particular areas. Housing provision played a key role in lessening deprivation and associated impact on health.

Derbyshire County Council and Borough Council staff contributed to a Joint Strategic Needs Assessment for the populations of their areas.

A list of statutory health-related duties would be forwarded to the Borough Council.

It was intended that social services and the health services would work more closely together in future. The reduction of readmissions to hospital was a goal that would be achieved by better communication and closer co-operation between Clinical Commissioning Groups, hospitals, social workers and health care workers.

Statistics were produced at meetings between these professionals, showing hospital discharge information, and County Council representatives attended these meetings. The next one of these meetings would be in April, and it would assess the effect of winter weather on the new ways of working.

The County Councillors believed that these meetings were essential to identify gaps in provision, and also any duplication in provision, which might be areas where savings could be made.

Derbyshire County Council would be applying to the Better Care Fund for funding to link health and social care more closely, in 2013/14 and 2014/15. One priority already identified was the provision of a community midwifery centre at Chesterfield's Queen's Park and/or Queen's Park Annex, offering a seven day service that would include evening sessions. The intention was to make the service more accessible to more people.

Borough Councillors reiterated their concern at the contrasts in life expectancy in different parts of the Borough. County Councillors would look at the statistics provided by their own council to see where the health inequalities were greatest. District and County Councils have access to this information. At present it was believed that there was a fourteen year difference in life expectancy within the Borough, and this inequality would be addressed in the next health plan produced by the County Council.

Borough Councillors proposed establishing a group for district councils so that they could meet with County Councillors to discuss health issues. It was agreed that this possibility would be investigated and a report would be made on the outcome.

It was agreed that district and county councils should inform each other of local health issues, and should pass on health-related information. District councils had detailed knowledge of their own areas, which councillors from other parts of Derbyshire would find useful. By co-operating in this way, it was hoped that better use could be made of limited resources.

The Borough Council Scrutiny Project Group on Health Inequalities, led by Councillor Lowe, would keep in contact with their counterparts at the County. The work was being supported by Public Health Officers working at the County already.

A further matter of common interest was the relationship between County policies and NHS responsibilities. The efforts made to provide care at home to reduce hospital admissions was expensive for the County, and saved the NHS having to pay for care for these people. Some financial recognition of this saving was needed.

The Care Bill, to be passed in 2014, dealing with adult social care, had additional financial implications, because the County had more responsibilities which would be costly to implement.

Councillor Allen was in a position to assist both councils in achieving better communication, because he was a Cabinet Member and on the Health and Wellbeing Board, as well as being a Borough Councillor.

Another issue discussed was the recent increase in the cost of care being provided at home, which had been necessitated because of reductions in Government funding to Derbyshire County Council. It was stated that the new charging system was being introduced unwillingly, but that the increases could not be avoided.

Members from both Councils agreed that there should be more joint working and better networking, as far as time allowed. Most of this communication could be done by email, to save time, and through informal meetings.

RESOLVED –

- (1) That Scrutiny Members at Derbyshire County Council and Chesterfield Borough Council, and Scrutiny Officers, would keep in contact through emails and informal meetings, with a view to having more structured 'working together' in the future.
- (2) That a list of the County Council's statutory health-related duties be provided.

FORWARD PLAN

The Committee considered the Forward Plan for the period 1 February to 31 May, 2014.

Some clarification was sought on the relationship between the Internal Communications Strategy and the Scrutiny Project Group's work on the External Communications Strategy. It was intended that the Project Group's report would be ready to be considered by Cabinet at the same time as the Internal Communications Strategy report, if possible.

RESOLVED –

That the Forward Plan be noted and the Scrutiny Officer clarify the Internal Communications Strategy entry.

47 SCRUTINY MONITORING

The Committee considered the Scrutiny Monitoring Report on the implementation of approved Scrutiny recommendations.

It was agreed that an update on the Crime and Disorder Strategy would be requested at the next meeting of the Committee on 10 April 2014.

Statistics on hospital admissions were still needed to review the effectiveness of the Cumulative Impact Policy. These would be requested for the next meeting of the Committee.

RESOLVED –

That the progress on the approved Scrutiny recommendations be noted.

48 WORK PROGRAMME FOR COMMUNITY, CUSTOMER AND ORGANISATIONAL SCRUTINY COMMITTEE

The Committee considered a list of items raised to date for its Work Programme.

Regarding work around health, it was noted that a Clinical Commissioning Group representative for Chesterfield may be available to attend the June meeting.

Scrutiny of the Corporate Health and Safety Improvement Plan would be deferred to the June meeting.

RESOLVED –

- (1) That the Work Programme be agreed.
- (2) That the following items be included on the agenda for the next meeting:
 - Equality, Diversity and Social Inclusion Strategy and Action Plan
 - Crime and Disorder Scrutiny.

49 **OVERVIEW AND SCRUTINY DEVELOPMENTS**

The Scrutiny Officer reported that a training session had been held on chairing skills, before the last meeting of the Overview and Performance Scrutiny Forum.

At that meeting requests for other training had been made, including training in questioning skills, and an overview of the Council's decision-making processes, including the Scrutiny process.

Other suggestions for training and development should be made to the Scrutiny Officer.

50 **SCRUTINY PROJECT GROUP PROGRESS UPDATES**

Councillor Borrell gave an update on the progress being made by the Health Inequalities Scrutiny Project Group.

The meetings and interviews had been completed, and Councillor Lowe was drafting the report.

51 **MINUTES**

The Minutes of the meeting of the Community, Customer and Organisational Scrutiny Committee held on 5 December, 2013 were presented.

RESOLVED –

That the Minutes be approved as a correct record and signed by the Chair.