

## **ADULTS, HEALTH AND HOUSING COMMISSION 25 JULY 2011**

Present: Councillor Hussain (in the Chair)  
Councillors Atwal, Ashburner, Dhindsa, Radford and Webb

### **14/11 Apologies for Absence**

There were no apologies for absence.

### **15/11 Late items introduced by the Chair**

In accordance with Section 100 (B)(4) of the Local Government Act 1972, the Chair agreed to admit the following item on the grounds that a consultation on it was due to start before the next scheduled meeting of the Commission:

Reconfiguration of NHS Psychotherapy Services

### **16/11 Declarations of Interest**

Councillor Webb declared a personal and prejudicial interest in item 22/11 as the Cabinet Member who took the report to Council Cabinet and left the room during the consideration of this item.

Councillor Webb declared a personal interest in item 23/11 as Vice-Chair of the Liversage Trust Care Homes Committee, which is inspected by LINK.

### **17/11 Minutes of the Previous Meeting**

The minutes of the previous meeting held on 20 July 2011 were agreed as a correct record and signed by the chair.

### **18/11 Reconfiguration of NHS Psychotherapy Services**

Councillor Hussain reported that the Commission had been notified that NHS Derby City intended to reconfigure Psychological Therapies. He explained that the Commission would normally expect to be consulted before a decision is taken and asked NHS Derby City whether the decision had already been made. David Gardner, of Derbyshire County PCT, explained that they had come to a view based on clinical evidence and intended to consult on it for 2 months. NHS Derby City accepted that a final decision had not yet been taken and that their proposal was a draft decision.

David Gardner reported that the proposal would retain the elements of the Tier 4 Psychological Therapies service that have been recommended by NICE (the National Institute for Clinical Excellence), including Cognitive Borderline Therapy for severe and complex anxiety and depression, Borderline Personality Disorder

and Dialectical Behaviour Therapy for Borderline and Anti-Social Personality Disorder. A reduction in Psychodynamic Psychotherapy would also take place to reflect the lack of clinical evidence. He stressed that the service would not be stopping for existing patients. It was explained that NHS Derby City was anxious to ensure engagement on what to do next and had spoken to Derbyshire Voice and altered PALS about the draft decision.

Councillor Webb asked whether there would be a deterioration of the service in the city of Derby and it was reported that the service would continue to be city-based. He also asked if there was clear clinical evidence of not requiring the service. It was reported that the proposal followed best available advice, including NICE and the Cochrane Library, pointed towards behavioural therapies providing the best outcomes.

The Commission also received a statement from Unite, on behalf of members who work within the Psychodynamic Psychotherapy service. Concerns were raised regarding the process and pace of change contained in the proposals, the research evidence base the proposals are based on, the impact on patient choice and the Commission's support was sought in slowing the pace of change.

**Resolved:**

- 1. to recommend that all stakeholders are properly consulted and their views are taken in to account;**
- 2. to recommend that the process of decommissioning is halted and decommissioning should not proceed until the full consultation responses have been received and evaluated;**
- 3. to recommend that the consultation period should last 3 months as this is a substantial reconfiguration of a service and the consultation is scheduled to take place when many people are likely to be away on summer holiday;**
- 4. to reiterate the recommendations of the Derby City and Derbyshire County Councils joint scrutiny committee report on the provision of Specialist Psychological Therapies, namely:**
  - a. The Members appreciate the efforts being made by the PCT and the Mental Health Trust to involve the Scrutiny Committees of both Derby City Council and Derbyshire County Council in the changes being made to local health services and look forward to relationship continuing in the future.**
  - b. The Members consider that the PCT should give consideration to carrying out further consultation work on the Provision of Psychological Therapies in Derbyshire. This consultation process should be able to demonstrate the involvement of employees, clinicians and service users in the development of the options proposed. The Members also consider that the resulting consultation document should be clear and easy to read and take account of the requirements of individual consultees.**
  - c. The Members suggest that further work needs to be undertaken on benchmarking the proposals against service provision in**

other areas and that this information should be included as part of the consultation document.

- d. The Members consider that further information needs to be made available on the impact of any proposal to the service in Derby City and the south of Derbyshire and how this is to be resourced.
- e. The Members would wish to seek reassurances that any proposed reconfiguration of the Psychological Therapies Services would not adversely impact on, or dilute any services currently available in Derby City or the south of Derbyshire.

## 19/11 Call-in

There were no items referred to the Commission in relation to the Call-in of a Key Decision.

## 20/11 Councillor Calls for Action

There were no Councillor Calls for Action.

## 21/11 Health Scrutiny Items

### **Patient Transport Eligibility**

The Commission received a report on patient transport eligibility. It explained that the service provides non-emergency transport for patients who have medical needs or mobility issues which mean they are unable to access public transport. It was reported that the service had sometimes been provided to patients that do not meet the eligibility criteria and the PCT, GPs and hospitals would be applying eligibility criteria more effectively in the future, resulting in some patients being refused transport.

Members asked if the eligibility criteria were being changed. John Hutchison, from Derby City PCT reported that it was not but that it would be enforced more effectively.

**Resolved to note the report**

### **Derbyshire Community Health Services consultation for Foundation Trust bid**

Commission considered a consultation document on the Derbyshire Community Health Services bid to become a Foundation Trust in 2012. Simon Griffiths, Director of Corporate Strategy, reported that the document sets out why Derbyshire Community Health Services is bidding to become a Foundation Trust and included draft governance arrangements.

Members questioned whether 12 was considered a proper age to become a governor. It was explained that the Trust would be keen to involve young people however it was more likely that people could become governors from age 16. It

was reported that cost of transferring to a Foundation Trust would be minimal as the majority of the required structures are already in place.

**Resolved to note the report**

## 22/11 Day Care Services for Older People

The Commission considered a Council Cabinet report of the Strategic Director of Adults, Health and Housing on Council Day Centres for Older People. It explained that there has been a declining demand for the two day care centres and that the new vision for day support for older people employs the use of mainstream universal access and community facilities supported with personal budgets. However there will still be an immediate need to retain a building to balance the impact of changes with the needs of current day centre users and their carers. A consultation on the proposal to transfer services from Whitaker Road Day Centre to Morleston Street Day Centre and close Whitaker Road by 31 March 2012 would take place, with the Strategic Director of Adults, Health and Housing bringing a report to Cabinet in November 2011 on the consultation results.

Councillor Dhindsa asked whether an increased charge was the reason for a decline in demand for day centres. Sally Curtis, Director of Older Adults and Enablement, reported that the decline could be attributed to a combination of people choosing to do different things, the cost, and people being assessed out of the service due to the change in the eligibility criteria.

**Resolved:**

1. **to note the report;**
2. **to request a report on the preliminary findings of the consultation at the next Commission meeting**

## 23/11 Derby LINKs Annual Report 2011

The Committee received the Derby LINKs Annual Report 2011. The Strategic Director of Adults, Health and Housing, Cath Roff, reported that whilst some LINKs have a mixed profile, the Derby LINKs is well thought of.

**Resolved to note the report**

## 24/11 AHH Commission's Work Programme 2011-12

The Commission considered items for its work programme which included:

- To review the Re-ablement Service
- To look at services offered and work load of Derby Advice & Housing Options
- to consider the uptake of personalisation amongst different social needs groups

**Resolved:**

1. **To include consideration of Psychotherapy Services, level of spend by the PCT on NHS Carers Services and Safeguarding Adults in the**

**Commission's work programme**  
**2. To prioritise consideration of Psychotherapy Services**

**25/11 Identify items for Retrospective Scrutiny**

There was none.

**26/11 Forward Plan**

The Commission considered items in the Forward Plan that fall within its terms of reference.

**Resolved to consider the policy to support the Personalisation programme in adult social care at a future meeting**

**27/11 Matters referred to the Commission by the Full Council under CP20 - Closure of Normanton Medical Centre**

The Committee considered the proposed closure of Normanton Medical Centre. Councillor Dhindsa explained that since the Commission scrutinised this issue at its previous meeting, he had become aware of concerns raised by users of the medical centre and noted that a petition had been signed by 2,100 people calling for the rejection of the proposal. He raised concerns that there had been no consultation that he was aware of and that the centre was one of the few surgeries that opened from 8am – 8pm.

Raj Bali, on behalf of the Normanton Medical Centre Patient Participation Group, stated that the group had consulted patients on whether they were happy with the services and had received high levels of support for keeping the centre open. He further stated that closing the centre without consultation with patients would have material adverse consequences to primary care access in the Normanton and Arboretum wards.

Councillor Hussain asked what in particular would be adversely affected. Council Dhindsa explained that the written feedback suggested that the level, range and choice of services were valued.

Trish Thompson, Cluster Director of External Relations, NHS Derby City, explained that NHS Derby City entered into a time limited contract with United Health Primary Care for the provision of GP and primary care services from September 2006 to 31st March 2012 when there was pressure on capacity for GP services in the city. Capacity has since been evaluated and NHS Derby City is satisfied that there is enough capacity to allow the 3,200 patients registered at Normanton Medical Centre to register at any other practice in the City of their choosing. There are 9 surgeries within a mile of Normanton Medical Centre all with open lists. Val Winn, Assistant Director Primary Care Commissioning explained that Derby Open Access centre has capacity for more than 2000 patients and Lister House more than 4000, overall there is capacity for more than 10,000 patients across the city.

Members questioned how the quality of services measured against other

surgeries in Derby. It was reported that the balanced scorecard showed that the Centre was broadly in line with other surgeries in the Normanton and Peartree area. It was added that the decision not to renew the contract was being taken on the basis of excess capacity and not the quality of services.

**Resolved:**

- 1. to recommend that the closure of Normanton Medical Centre should not proceed until or unless alternative local provision of an equal standard for this particular community is in place;**
- 2. to request an update at their 31 October meeting which demonstrates that patients' concerns have been addressed.**

Chair of the next ensuing meeting  
at which these minutes were signed