

## Adult Services and Health Commission

Adult Services and Health Commission has had yet another busy year with health scrutiny dominating the work of the Commission during this term. It not only responded to consultation by health bodies on major reconfigurations but also scrutinised a number of important areas as well as conducting a review of dental health services.

### **Review of the proposals to Reconfigure Mental Health Services**

Derbyshire Mental Health Services Trust submitted two proposals under the Commission's agreed process on major reconfigurations to assess whether these could be considered significant. The proposals related to the reconfiguration of psychological therapies services and consolidation of wards at the Kingsway hospital. Informal discussion with senior managers of the Trust prompted the chair and vice chair to conclude that both proposals affected large numbers of existing and future service users and would therefore be treated as significant reconfigurations.

The Trust wished to move quickly and therefore the Commission promptly organised a review meeting to consider the proposals. The proposal for psychological therapies services involve disaggregating the two teams based in Derby into Community Teams across the whole of the County. Evidence on this issue was presented by Trust, Derbyshire County PCT, Derbyshire Voice and the Trade union Amicus. A written statement from the Council's Mental Health Services Manager was also submitted to the Commission.

Consolidation of ward 12 at the DRI and Lathkil ward at Kingsway is an interim step for a PFI scheme. Under this proposal the number of beds will reduce from 118 to 82 to enable single sex provision. Additional evidence on this was also received from Derby Homes since some of their tenants are likely to be affected by the changes.

The Review meeting was also attended by the chair of Derbyshire County Council's Health Scrutiny Committee since the proposed changes affected Derbyshire County Council residents.

The Commission considered the evidence and agreed its recommendations at the September meeting. The Final report was subsequently submitted to the Trust Board for its consideration with copies circulated to other interested parties including the 10 MPs representing the Derby and Derbyshire.

The Trust passed the proposals for the reconfiguration of Psychotherapies Services Derbyshire County PCT which is the lead body on this service area. The County PCT began its 90 day public consultation exercise on 17 December 2007. Since these proposals will have major impact on services in both the City and the County, it was agreed to establish a Joint Health Scrutiny Committee consisting of three elected members each from the City and County Council's O&S Committees in addition to the co-opted member from Derby's O&S Committee. The three members from Derby City were

appointed from each political party under the Chief Executives delegated powers.

The Joint Committee held its evidence gathering session on 26 February and based on the evidence it had received, submitted a joint response to the Derbyshire PCT. The response was nearly identical to the submission by the Commission in September.

### **Consultation on the Proposed Closure of Bramblebrook House**

More and more people are being supported in their own home in line with their wishes and the national policy directive causing the demand for residential care to fall. The resulting vacancies in both in-house and private sector homes coupled with an increase in older people's population prompted the Council Cabinet to conduct an options appraisal of its eight residential homes. The Council Cabinet concluded that there were excess vacancies in the Council's care homes which could be met by the independent sector and initiated a consultation process on the possible closure of Bramblebrook House, a residential home for older people located in Mickleover.

The Commission considered the appraisals report at its September meeting and resolved to take a more detailed look at the provision of residential care in the city as well as responding to the possible closure of Bramblebrook House. The Commission asked two key questions

- Is there a case for closure of a Council run residential home?
- and if so, which home should close?

During its investigation the Commission received evidence from a range of individuals including the Cabinet Member for Adult Services, Senior Assistant Director for Adult Social Services, friends and relatives of the residents of Bramblebrook House, Derby Seniors Forum and Age Concern Derby. The chair also visited all Council run residential homes as part of the review process. A small group of members also visited Beacon Park Village, Lichfield to look at the Extra Care village.

In summing up all the evidence the Commission felt that there was a strong case for keeping the home open as was running at full capacity and providing good value for money. The friends and relatives of Bramblebrook House were concerned about the adverse effect the closure would have on elderly residents. Although the Commission supported the Cabinet's aim of providing a range of provision to meeting the growing numbers of older people it was not convinced there were large numbers of vacancies both in-house as most homes visited by the chair were running close to capacity. The Commission also felt there were other homes in worse physical condition than Bramblebrook that could be considered first closure and recommended to the Cabinet to reconsider their decision.

The Cabinet considered the decision at their October meeting and agreed to close the home. However, this decision was challenged and received two separate call-ins.

## **Budget Scrutiny**

Members became aware in October 2007 that the Adult Social Services was experiencing severe budget pressures and projected to overspend by more than £3m by the end of the year. It was felt that if this situation was not tackled immediately, it would not only be demoralising for staff working in Adult Social Services but could also have serious consequences for the whole of the Council. The Commission therefore invited the Cabinet Member for Adult Services and the Corporate Director, Corporate and Adult Social Services to attend the meeting and explain:

- the latest Adult Social Services financial position
- what is causing the budget overspend
- projected overspend by the end of the financial year and over the next three years if we continue with the current policy
- what actions are being taken to control budget and how this impacts on the type and quality of services being delivered to residents in Derby
- what further measure could be taken to bring the budget in line

The financial report presented at the 29 October meeting of the Commission highlighted a number of pressures in the service including home care, residential care and staffing budgets and the action taken to address the overspend. The report also identified a number of gaps / weaknesses in services such as extra care, dementia support, carer services, intermediate care, and assistive technology which need to be tackled.

This review had the desired effect and prompted the Council Cabinet to take immediate action to address the budgetary pressures whilst setting aside provision for future development of the services.

## **Review of Patient Access to Dental Health Services**

Patient access to dental health services is a major concern across the country and is not an exception to Derby. Recent articles in the national press state that millions of people are unable to access dental care. A new dental health system was introduced in April 2006 that aimed to provide better access to dental services for patient and provide a stability of agreed income for the dentists. It gave the responsibility for commissioning NHS dental services to PCTs who were supported by having controllable budgets. This enabled them to negotiate contracts with existing practices based on national criteria. The new system also simplified the charging structure for the patients by setting three bands of charges linked to courses of treatment. Patients would only pay one charge for each course of treatment regardless of how many times they visited the dentist.

In October 2007 Adult Services and Health Commission received a request from Derby City Patient and Public Involvement Forum (PPI) asking the

Commission to review patient access to dental health services. According to the PPI Forum approximately 60% of the Patient Advice and Liaison Service (PALS) enquiries relate to patient's access of NHS dentists.

The Commission held two evidence gathering meetings, one just before Christmas and one after and received evidence from the Derby City PCT PPI Forum, Derby City PCT and the Local Dental Committee.

The Commission found that

- not everyone visits the dentist and only 50 % of the population attend the dentist every two years whilst 10% do not access dentists at all.
- Residents from deprived communities tend to have a lower activity rates than those from more affluent areas.
- There are currently only two dentists in the city accepting NHS fee paying patients
- Dentists are paid against a contract based on specified units of activity. The rates for the unit of activity can vary between contractors as it is based on historical activity and negotiated individually
- All dental practices offering NHS treatment should clearly display details of charges which differentiate between NHS and private treatment

A report was agreed at the March meeting which made a number of recommendations to improve patient access to dental services in the city.

### **Local Involvement Networks - LINKS**

Patient and Public Involvement Forums will be abolished on 31 March 2008 and will be replaced with Local Involvement Networks (LINKS). These new bodies are expected widen and strengthen patient, user and citizen engagement in health and social care as outlined in the Department of Health document, "A stronger local voice".

The primary role of the LINK will be to provide a stronger voice for local people in the planning, design, commissioning and provision of health and social care services. They will be allowed to develop flexibly to take into account local groups and communities. The membership of each LINK will be of individuals, groups and organisations with an interest in their local care services. Every LINK is expected to be inclusive and enable involvement from all sections of the community, especially those who are difficult to involve or seldom heard. To achieve this, the LINK will need to adopt a variety of methods and will need to offer different styles of involvement and time commitment in order to be accessible to all.

The LINK will be accountable to the community and to the Secretary of State for Health and will need to measure and demonstrate how it has performed through an annual report.

Local authorities with Social Services have been given the responsibility for establishing a local LINK co-terminus with their boundary. They are required to

identify and commission a suitable organisation to act as host and provide support for the LINK but cannot manage the LINK themselves.