

Time commenced : 6.00pm
Time finished : 8.50pm

**SOCIAL CARE AND HEALTH COMMISSION
20 SEPTEMBER 2004**

Present: Councillor Hussain (in the Chair)
Councillors Dhindsa, Hird, Jones, Leeming, Nath, Turner,
Webb and Willitts

Co-opted members – Elaine Jackson and Philip Johnson

14/04 Apologies for Absence

An apology for absence was received from Sir Michael Raymond.

15/04 Late items

In accordance with Section 100(b) (4) of the Local Government Act 1972, the Chair agreed that the following item be admitted as a late item, to enable the Commission to receive factual information from Derby hospitals, following an article in the Derby Evening Telegraph:

Derby Hospitals Baby Unit

16/04 Declarations of Interest

Councillor Webb declared a personal interest in Minute Number 21/04 – Modelling the Cost of Care, as he had been involved in the development.

17/04 Minutes

The minutes of the meetings held on 19 July 2004 were agreed as a correct record and signed by the Chair.

18/04 Call-in

There were no call-ins.

19/04 GP Out of Hours Service Consultation

The Commission received a presentation from Maura Teager - Director of Clinical Quality / Executive Nurse and Andy Magee - Central Derby PCT Out of Hours Project Manager, on the changes to the out of hours GP medical care.

The Commission were advised that the presentation intended to inform and reassure them over the changes to the out of hours GP medical care service which would take place as a result of the new GP contract and the change of responsibility for organising this care. The Commission were advised that GPs had traditionally been responsible for the care of their patients for a 24 hour

period. Most had discharged this responsibility to out of hours co-operatives formed by groups of GPs. In Derby this service had been provided by Derby Medical Services (DMS), which covered all of the Derby City GP practices currently. The new GP contract meant that GPs would no longer be responsible for organising this care and the responsibility would be handed to the Primary Care Trusts (PCTs). The Derby City PCTs had been working with DMS to continue to use their service and expertise in the future and were planning to take over the out of hours care responsibility from 1 October 2004, ahead of the government's target of 31 December 2004. Planning for out of hours services had taken place across Southern Derbyshire jointly and DMS had recently secured the contracts with the other Southern Derbyshire PCTs to provide out of hours services to the whole area. This process would be exactly the same as the current process and there would be no perceptible difference to patients in the service delivery from October 2004. A patient making an out of hours call to the GPs surgery would either be automatically re-directed or given number for Derby Medical Services. As now NHS Direct would initially handle the call and those whose condition dictated would be connected to a Derby Medical Services doctor who would decide with the patient the next course of action.

The PCT were currently developing other forms of provision with health professionals to work along side GPs in this service in the future and were currently training emergency care practitioners who were expected to be in practice from April 2005. This skill mixing would be similar to the use of other health professionals such as nurse practitioners in hours. Further details on this change to service would be communicated to a future meeting.

Another change would be that GP surgeries would only open Monday to Friday. The Saturday morning surgeries operated by some GPs would be handled by the out of hours service through the clinic on Duffield Road. Maura advised that they would be assessing the change to this service for an 8 month period to ascertain whether the DMS or Accident and Emergency received a higher number of patients and calls.

Councillor Webb advised that elderly people were not happy seeing a doctor who they didn't know. Andy Magee responded that many GPs surgeries had operated out of hours services in this way for a number of years. Maura added that the quality of service would be monitored and it was quite right that elderly people did feel vulnerable and this was something that would be looked into.

Councillor Nath stated that the quality and confidence in the service received for of the out of hours care was paramount but surely the health records of patients was equally important. How could doctors give a satisfactory diagnosis if they did not have the patients' medical history available. Andy advised that currently, the DMS would fax the patients' GP before 9am the following morning with all details of treatment and diagnosis so that the doctor could follow up on any necessary treatment. Andy advised that work was going on nationally, looking into electronic patient records which would help to solve this problem. This issue was not going to be solved in the short term.

Councillor Hussain explained that Islam required the deceased to be buried as soon as possible. The changes to the out of hours service would result in the unavailability of a patient's GP to attend deaths during out of hours. This would

create difficulty certifying the cause of death and the issuing of a death certificate and thus delaying the burial. This situation could significantly worsen during public holidays. Maura advised that she would take this back to the PCTs and report back to the Commission.

The Commission asked how patients were being notified of these changes to the Out of Hours Service. They were advised that posters and leaflets have been placed in all practices. A press release had also been issued. Further changes would be publicised in more detail nearer the time.

Councillor Turner commented that the leaflet stated that members of the public should have a well stocked medicine cabinet. The PCTs should provide a list of what should be kept in their medicine cabinets.

Resolved:

- 1. To note the report**
- 2. To request a further report to consider the impact of the changes to out of hours GP medical care service on patients.**

20/04 Derby Hospitals Baby Unit

The Commission received a presentation from Jo Yeaman - Head of Communications and PR at Derby Hospitals, on the future of Derby's baby unit. Jo advised that she wanted to put members' minds at rest regarding the future of Derby's baby unit, explain the Trent Neo Natal Network Review, address recent media coverage and clarify the facts, against the speculation.

Derby's Baby Unit cared for babies born very prematurely or with severe problems requiring life support. The baby unit was based at Derby City General Hospital; it had 24 cots (6 intensive care, 4 high dependency care and 14 special care). From January to December 2003, 301 babies were cared for, 14 babies were transferred out of Derby for capacity related reasons in 2003. Jo explained that the Neo Natal Review was a government driven and funded programme that recognised that:

- services were often developed ad hoc or independently
- nationwide service struggles in areas to meet needs
- families were sometimes unable to receive care locally
- there was a need to implement British Association for Perinatal Standards for Staffing
- Units needed to collaborate more effectively

The Trent Neo Natal Review was made up of Derby Hospital's NHS Foundation Trust, University Hospital, QMC NHS Trust, Nottingham City Hospital NHS Trust, United Lincolnshire Hospitals NHS Trust and Sherwood Forest Hospitals NHS Trust. It had started 6 months ago and the project board had met several times. Only one workstream of five had met to date and decisions were expected to be made in early 2005. The review work was expected to take around two years.

Jo advised that the Trent Review objectives were to address any capacity issues across the region, reduce transfer of patients so more could be treated locally, address transport service issues, strengthen existing partnerships and links, improve outcomes of care for sickest and most premature babies, and to retain quality services which were functioning well.

Each region was expected to establish a lead centre that would co-ordinate, drive and develop best practice and standards throughout the region and undertake research and development. The lead centre would care for some of the youngest and sickest babies. In-order to minimise travelling for the sick babies and their families, it was possible that the lead centre in the Trent region could be based in Nottingham due to its central location, although this had not been decided.

The Commission were advised what the review would mean for Derby. It would increase numbers of babies treated locally and reduce transfers, the baby unit would continue to provide neonatal and intensive care around the clock, new state of the art facilities were planned for the new hospital with the option for more capacity, the demand for Derby's services was likely to increase and there would be better care for all patients in the Trent region. If Nottingham was chosen as the lead centre, this could lead to a possible 8 to 12 babies per year being transferred under 26 weeks old which was less than 4% of the total number treated in 2003 but as explained earlier, this was yet to be decided. Derby's clinicians would not agree to any recommendation or decision that did not result in better patient care or outcome.

Members asked that the draft review be presented to them before it was sent out to the public.

Councillor Webb commented that when looking for a lead centre, the region needed to consider the survival rates of the babies and also the well being of the families involved, as it was extremely traumatic having to move from one centre to another. Members commented that resources should not be diverted from other hospitals to establish the lead centre, as they would suffer as a result. Jo Yeaman advised the Commission that one of the main objectives of the review was to decrease transfers to other hospitals, except in cases of specific conditions that would be treated elsewhere as they are currently.

Resolved:

- 1. To note the presentation**
- 2. To express the Commission's relief and satisfaction that the baby unit was not going to close.**
- 3. To ask the hospital to present the draft review findings to the Commission before they were released to the press and public**

21/04 Modelling the Cost of Care

The Commission considered a report of the Director of Social Services on the progress relating to modelling the cost of care. The report had been considered by the Council Cabinet on 7 September 2004. On 9 September 2003, Council Cabinet had agreed to adopt a process to model the cost of care and to invite the local associations representing residential and nursing care providers to nominate representatives to work with the Council on this matter.

Councillor Leeming stated that the costs were not static and next year they would increase again. Councillor Dhindsa commented that the issue was how much profit was being made by the private owners. The cost for 2005/6 was £873,000 which was a significant jump. Mick Connell confirmed that this was a budget pressure for next year.

Councillor Dhindsa commented whether these increased costs would reduce top up costs. Mick Connell responded that the whole issue of top up cost was important and he had written to care homes stating that the Council expected top up costs to reduce and in most cases disappear, however he recognised that the Council's ability to control top ups was limited.

Councillor Dhindsa also asked whether the discussion on this topic was going to make any difference since Council Cabinet had already discussed it and the decision had been implemented.

It was explained that this was the first meeting of the Commission at which this report could have been presented since Members requested the item. Members were unhappy at not being given the opportunity to contribute to the discussion prior to the decision being taken.

Councillor Hussain asked for the average cost of residential home places and nursing home places. Mick advised that we were well behind Derbyshire levels currently but this increase would bring us back up to this benchmark. He did have comparative information and would make it available to the Commission. Mick advised that Social Services would be looking at other approaches in the future such as Commissioning and block contracting.

The Commission felt that there was a significant gap between what the independent sector providers considered to be a fair rate of return to the capital employed and the Councils position on the capital value of a bed. However, the Commission supported the rate of return on capital determined by the Cabinet at around 8% as reasonable.

Councillor Leeming raised concern over the standards of care. Mick responded that the Council only contracted with homes accredited to the Commission for Social Care Inspection (CSCI). Councillor Dhindsa asked if the Commission could receive copies of reports giving an overview of the standards of all care homes in the city. Mick stated that this request would have to be put before the CSCI for them to consider. Councillor Dhindsa asked if certain levels of breach of contract were reported to the Council by the Commission and maybe this was something the Commission could look into. Mick advised that if the Council received information regarding poor standards in care homes, Care Managers would be sent out to investigate and if necessary the Council would stop using that home.

Councillor Leeming commented that he was not happy with the standards of care homes and the reporting of inspections. The Commission should be able to inspect and comment on the findings of individual care / nursing homes.

Councillor Dhindsa suggested that the Commission invite a representative from the CSCI to address the Commission.

Resolved:

- 1. To note the report.**
- 2. To invite a representative of the CSCI to address the Commission regarding inspections of Care Homes.**
- 3. The Commission supported the rate of return on capital determined by the Cabinet at around 8% as reasonable in the current market**

22/04 Alternative Day Services for Disabled People in Derby, Day Service and Short Break Service for Disabled People with High Level Needs

The Commission considered a report from the Director of Social Services on the provision of a dedicated day care, short break service for disabled people with high level needs. This report was considered by Council Cabinet on 20 July 2004.

The Commission were advised that the Winged Fellowship Trust (WFT) would provide the day care service and short break service to disabled people with high level needs. This was an integral part of the reprovision of day services and the implementation of recommendations resulting from adult services day care and residential best value reviews. The service would be implemented on a phased basis and the day service would be based at Rycote and the short break service at WFTs existing respite care facility in Nottingham - Sky Lark. The development of this working partnership with WFT would secure their continued interest in developing their services in Derby and provide a solid base from which to work towards the long term goal of a purpose built unit offering a short break service for four people and day care provision for 12 people daily, operating flexibility, seven days a week, 16 hours a day. External funding would be sought for the new base for this service.

This dedicated quality service would support disabled people with high level needs to continue to live independent and meaningful lives and reduce the incidents of carer stress, and family and home situation breakdowns; factors which could result in premature, unnecessary and costly admissions to long term residential placements. Investment in this preventative service should result in containing and or reducing long term placement costs.

Lack of provision in this area had led to people using extensive placements out of Derby, receiving care in older peoples' homes or disabled people and their carers not receiving a service they have been assessed as needing. Consultation with

Social Service workers, health colleagues and other interested parties had confirmed the need for a dedicated day care and short break provision for people with high level needs. Up to 79 people were identified as potential users of this service. This would include approximately 20 current Rycote Centre users.

Councillor Hussain commented that the unit cost for day care and the respite care centres were significantly higher than the cost for places at residential care homes and wanted clarification as to the reason for this. Mick Connell advised that there were different needs in adult groups as opposed to older people and Sky Lark's were providing a wide range of services. There was no facility of this kind in Derby and older peoples' homes did not provide the high levels of service required. The Commission commented that there was a discrepancy between long and short term placements and how much the Council was prepared to spend on these. It seemed that the Council was creating a two tier system. The Commission asked Social Services to present a further report which examined the differences in the quality of service against unit costs and the the Council Cabinet to examine its strategy for commissioning services.

Councillor Webb asked that the unit costs be examined at the completion of the contract in two years time to determine whether this provision was meeting the needs of the service users and delivering value for money.

Resolved:

- 1. To note the report**
- 2. To request a report on the differentials in the quality of service and costs associated with short term and long term placements to see if a two tier system was being created.**
- 3. To request that the Council Cabinet examine its commissioning strategy from the independent sector taking in to account user needs and the cost of provision**

(Councillor Webb requested that his vote against recommendation two be recorded).

23/04 Matters referred to the Commission by the Council Cabinet

There were no items.

24/04 Responses of the Council Cabinet to any reports of the Commission

There were no items.

25/04 Council Cabinet Forward Plan

There were no items.

MINUTES END