

Time commenced – 18:00
Adjourned – 19:59
Reconvened – 20:06
Time finished – 21:50

ADULTS, HEALTH AND HOUSING COMMISSION
14 MARCH 2011

Present: Councillor Skelton (Chair), Councillors Chera, Hussain, (left during item 81/10 c), Leeming, Lowe, Radford and Turner, (arrived during item 81/10 a)

In attendance: Councillor Webb, (arrived during item 81/10 c)

75/10 Apologies for Absence

Apologies for absence were received from Councillors Shanker and Ingall

76/10 Late Items Introduced by the Chair

There were no late items.

77/10 Declarations of Interest

There were no declarations of interest.

78/10 Minutes

The minutes of the meeting held on 24 January 2011 were agreed as a correct record and signed by the Chair.

79/10 Call-in of a Key Decision

There were no items referred to the Commission in relation to call-in of a key decision.

80/10 Councillor Call for Action

There were no matters referred by a member of the Council in relation to a Call for Action.

81/10 Health Scrutiny

a. Response to the Direct Access Services Consultation

The council's Overview and Scrutiny Officer provided an outline of the results of the consultation on which members of the Commission could base any recommendations to the PCT.

Councillor Hussain commented that he was not surprised that the consultation indicated a preference for the open access centre as opposed to the walk-in centre. He said that he personally favoured the open access centre as there is a pharmacy next door which is open the same hours as the centre. There are also approximately 25 car parking spaces available whereas the walk-in centre has limited parking. Councillor Hussain also asked if the out of hours service could be based at the open access centre as their hours are complementary.

Councillor Skelton observed that there are certain items for which a patient would want to see a doctor. She also highlighted the parking difficulties at the walk-in centre. Councillor Skelton continued by highlighting the fact that over 90% of the respondents to the LINKs survey felt that they had had difficulty in making an appointment at their GP practice. In response NHS officers highlighted the fact that there are now approximately 40 free parking places available at the walk-in centre. They also reported that attendance at both the open access centre and walk-in centre were over 35,000 per year.

Councillor Hussain asked whether capacity would need to be increased at the open access centre if the decision were taken to close the walk-in centre.

Councillors Skelton and Chera both highlighted the option of merging both centres onto one site.

Action

The Overview and Scrutiny Officer is to write to the PCT on behalf of the Commission outlining their recommendations and the evidence considered in forming those views.

b. Response to the Direct Access Services Consultation

The Commission received a presentation from the Interim Joint Director of Public Health for NHS Derby City and Derby City Council on the Development

of the Health and Wellbeing Board and the future of Public Health.

Councillor Turner asked who would have authorised procedures of reportedly marginal clinical value. NHS officers replied that such decisions would have been made by individual GP's and consultants acting within a prescribed framework. Councillor Turner continued to ask if the £4 billion highlighted in the report would be allocated to England only. It was confirmed that it was and would be finalised by central government ready for allocation in 2013. Finally Councillor Turner asked about target setting and was informed that this would be decided through the Health and Wellbeing Board allowing the Council to have input into the targets set.

Councillor Hussain asked if the officers present were able to give examples of work to date to enhance wellbeing and what work was anticipated in future. Officers replied that wellbeing was focused on prevention and building social capital and self esteem. Specifically the Decent Homes initiative had helped to reduce numbers of falls and preventable winter deaths. Encouraging children to walk or cycle to school was another example of a wellbeing initiative.

Councillor Leeming asked what had replaced isolation hospitals. Officers replied that these had not been needed for decades due to the availability of effective drug programmes. He also asked about contingency plans were in place in case of any contamination of the city's water supply. He was informed that emergency planning exercises were regularly undertaken and aimed to cover all potential scenarios.

Councillor Chera next asked about the Public Health Responsibility Deal. Officers replied that they were presently awaiting a consultation document.

Councillor Turner observed that in his view a simple structure for management in this case was being replaced with a more complicated one.

c. Update on GP Consortia Developments

The Commission heard that, nationally, some consortia were as small as covering a population of 30,000 whilst the largest covered as many as 500,000. Locally Erewash was looking to form their own consortium with the remaining five locality groups in the area (two in Derby City and three in South Derbyshire) looking to form one consortium together. Local structures would then help to service local community needs. Any final decision on consortia arrangements would need to be authorised by the NHS Commissioning Board.

Councillor Hussain asked and was told that the suggested consortium to include Derby City would incorporate approximately 500,000 people. He asked if there was a danger with such a large consortium that GP's would not be able to be responsive to patients' needs. NHS officers replied that many procedures varied little on a case by case basis, for example hip

replacements. It would be possible to look for commonality across southern Derbyshire and to rely on input from more and smaller localities.

Following the above discussion Councillor Webb asked what protocols would be in place to ensure good information sharing between a large consortium and smaller local groups. He was informed that information sharing strategies were in the process of being developed.

Councillor Turner asked how many GP's there are in Derby. He was informed that there is approximately one GP per 2000 people. He further asked what rights and responsibilities GP consortia will have. NHS officers replied that they will manage the local budget for care and be tasked with delivering the highest quality care available. The Consortium would be held to account through the Health and Wellbeing Board. Decisions were still needed as to the most appropriate channel for any dissatisfied customers to use to register complaints.

Councillor Turner proceeded to ask how outcomes would be measured. He was informed that key public health outcomes included life expectancy and narrowing the gap between the best and the worst outcomes. In Derby the gap in life expectancy is currently 12½ years for men and 9½ years for women.

Returning to the aim of commonality discussed earlier Councillor Leeming asked if that meant that the same drugs and drug treatment programmes would be available in southern Derbyshire as were available in North Derbyshire. Officers replied that that was the aim, to avoid a so called postcode lottery and establish a common approach. Councillor Leeming also asked if plans would result in any change in the current system of referral from GP to consultant to hospital. He was told that any variation would only be considered if it would be of benefit to the patient.

Meeting adjourned for a brief rest break (19:59-20:06)

d. PALS Quarter 3 report

The PALS Quarter 3 report was noted for information.

e. Transforming Community Services

The report on Transforming Community Services was noted for information.

82/10 Children's Paediatric Cardiac Review

A report was given to the Commission outlining options to be considered to

replace the current system of paediatric cardiac care across England which had been identified as unsustainable.

Having received the report Councillor Leeming asked if there was any evidence of geographical trends in children suffering from cardiac disease. NHS officers replied that nationally approximately 8 in every 1000 births showed evidence of cardiac disease and that this frequency was uniform across the country. It was observed, however, that resources needed to be focused in areas where the highest numbers of people of child bearing age were located.

Councillor Webb asked if option A, to include Glenfield Hospital in Leicester was to be considered the preferred option. Officers replied that they were presenting all four options for the Commission to consider and decide on their preferred option. Councillor Webb asked if outcomes varied from one hospital to another. He was told that all units services are safe and of a consistent quality.

Councillor Leeming asked if funds were available to build another hospital. The presenting officers replied that a review of provision had been brought about due to the fact that there were too many paediatric cardiac hospitals at present. To reach the optimum patient threshold of 400 the plan was to retain either 6 or 7 centres nationally as outlined in the four options presented.

Recommendation

The Commission expressed their preference for specialist paediatric cardiac surgery as Option A – Freeman Hospital, Newcastle, Alder Hey Hospital, Liverpool, Glenfield Hospital, Leicester, Birmingham Children’s Hospital, Bristol Royal Hospital for Children and 2x London Hospitals as presented. The Commission delegated the responsibility for a formal response to this effect to the Chair and Overview and Scrutiny Officer.

83/10 Improving Outcomes across the East Midlands for Children and Young People with Cancer

The Commission received a presentation on the proposal for dedicated cancer care facilities for children and young people in the East Midlands.

Councillor Radford asked why two units had been proposed in Nottingham and one unit in Leicester. She was informed by the officer making the presentation that under NICE guidance there was a requirement to develop a principal treatment centre and that combined treatment centres for adults and children already existed at the locations given in Nottingham and Leicester. Further to this reply Councillor Radford asked if it would not be better to have a single location in Nottingham. She was told that current facilities for children aged 13-18 were based at the Queen’s Medical Centre and for young people aged 19-25 at the City Hospital. In Leicester the children’s unit was adjacent

to the teenage and adult cancer care unit. Councillor Leeming asked how the number of beds required was determined. He was told in reply that historical data for the East Midlands had been used as a basis for decision making. He proceeded to ask if projections of requirements for the next 20 years had been made and was told that there was no evidence to suggest any variation from historical data as used. On further questioning the Interim Joint Director of Public Health confirmed his confidence in the robustness of data used in planning the units.

84/10 Housing Allocations Policy

A presentation was made to the Commission on the need for change in the Council's current Housing Allocations Policy. This presentation also outlined the basis for consultation, proposed changes and the reasoning behind the proposals and plans for subsequent implementation.

Councillor Chera began by asking for clarification on the reason that 16-17 year olds would not be allowed to apply for housing. He was informed by officers that in law under 18's were not allowed to hold a secure tenancy. He then asked what provision would be made for the housing of any pregnant women under the age of 18 and was told that they would be housed, as required, through the Council's homelessness policy.

The Director of Housing and Advice Services concluded by saying that a report was due to be presented to Council Cabinet in April which would allow any further comments and submissions to be made.

85/10 Supporting People Strategy and Savings

The report of Supporting People Strategy and Savings was noted. It had previously been discussed at the Commission's meeting in October 2010.

86/10 Retrospective Scrutiny

No items were identified for retrospective scrutiny.

87/10 Council Cabinet Forward Plan

No items were identified for scrutiny from the Council Cabinet Forward Plan.

88/10 Matters referred to the Commission by Council Cabinet

No matters had been referred to the Commission by Council Cabinet.

The Commission closed the meeting by extending their thanks to the Director of Housing and Advice Services at the last meeting he would be attending.

MINUTES END