

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 26 July 2012 at 9:30am.

Present

Councillors Peter Eddis (Chair)
Margaret Adair
David Horne (Vice Chair)
Mike Park
Phil Smith

Co-opted Members

Councillors Dorothy Denston
Peter Edgar, Gosport Borough Council
Mike Read, Winchester City Council

Also in Attendance

Jane Muir, Portsmouth Local Involvement Network

SHIP PCT Cluster.

Claire Pond, Engagement Manager, Commissioning Support South.
Sara Tiller, Director of Communications and Engagement.

Portsmouth City Council.

Rob Watt, Head of Adult Social Care.

45. **Welcome, Membership and Apologies for Absence (AI 1)**

Apologies were received from:

Gwen Blackett, Havant Borough Council.
Councillor Jacqui Hancock, Portsmouth City Council.
Councillor Margaret Foster, Portsmouth City Council.

46. **Disclosable Pecuniary Interests (AI 2).**

The Chair explained that the Council's rules regarding declarations of interest had changed regarding disclosable pecuniary interests; the guidance was circulated with the agenda. He informed the panel that members from other authorities who have been co-opted on to this panel are bound by Portsmouth City Council's code of conduct.

RESOLVED that the Council's rules regarding disclosable pecuniary interests be noted.

47. **Minutes From the Meeting Held on 28 June 2012 (AI 3).**

RESOLVED that the minutes of the meeting held on 28 June 2012 be agreed as a correct record.

48 Adult Social Care Update.

Rob Watt, Head of Adult Social Care presented his report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

Solent NHS Trust will be the lead for the integration of city wide rehabilitation services.

The team formerly known as Health Improvement and Development Service (HIDS) has been split between Public Health and Adult Social Care.

Adult Social Care will lead regarding learning disability.

Extra care is part of the answer to the issue of dealing with the needs of a growing elderly population; however there will remain a need for some residential care where appropriate e.g. people with dementia. Service users and their carers are very keen for extra care which facilitates independent living.

There has been a reduction in demand for residential care.

Following the review of adult social care, clients are assessed much earlier in the process by the Finance and Benefits Team. This means the council will receive income sooner.

It may be that some people delay going into residential care, because they want to retain their assets.

One of the Dilnot review's recommendations was that the client's contribution to residential care be capped at £35,000; however this has not been implemented.

The Vanguard Centre used to be known as the Horizon Centre and has been used by both Portsmouth and Hampshire residents for over 30 years. People were placed there more readily than they are now. The first step in the assessment is to find out what matters to the client rather than lead them to a particular service. Often community services are preferred rather than day care.

A decision regarding the relocation of Cosham Health Centre has not yet been taken. The surgery that is in front of that health centre currently will not be moved.

The Local Account, which has yet to be developed, will give the council more flexibility to measure rehabilitation outcomes. There is a need to ensure that all services make a difference to people's lives and provide value for money. Domiciliary care expenditure should decrease.

If the client chooses not to manage their own budget, the council can do that for them, in negotiation with them.

Inevitably the types of services the council provides will change and a

balance must be struck between the council resources given to the clients and what is invested in buildings.

There is a difference in attitude in Northern Europe and Mediterranean towards caring for older relatives; with more reliance on local authorities in the former. It is important to get support for carers right and this might enable more relatives to be involved.

The council arranges for Occupational Therapists to assess homes and to advise on any adaptations that may be required to make it easier for people to stay there.

Personal budgets are less open to abuse than direct payments as it the council that manages them. Payments and spending are reviewed regularly to ensure that the money is being used for what is intended for. However the it is important that the client has the flexibility to manage their own services so that they suit their needs.

The Carers Centre in Southsea is staffed by PCC staff and funded from the Government's carers grant and the Primary Care Trust. Health also funds breaks for carers.

There are 11 private domiciliary care providers on the council's preferred providers list. Most clients have the same carer, so there is continuity. Direct payments will give clients more control over the service they receive as they will pay themselves. The council monitors the reliability and consistency of the care received. Turnover in agencies is high; the low wages are likely to be a factor.

The amount that a carer receives is determined using a Resource Allocation System.

RESOLVED that the Adult Social Care update be noted.

49 Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts Cluster's Portsmouth Update.

Sara Tiller, Director of Communications and Engagement introduced the letter which was circulated with the agenda and in response to questions from the panel clarified the following points:

Members were offered a visit to the Carers' Centre in Southsea.

The NHS 111 service is managed locally by South Central Ambulance Service. Callers will come through to a local centre even if they are calling from a mobile.

Councillors Edgar and Read informed the panel that they had attended the NHS 111 service workshop earlier that week. It seemed an excellent and efficient system. They expressed concern regarding possible confusion in this area between the NHS 111 number and Hampshire Constabulary's non-urgent number 101.

A national media campaign will be launched six weeks prior to it going live. It will also be incorporated in the Choose Well campaign.

The panel noted that it would be useful to have a national number so that people in a different area will be able to access local services more easily.

With reference to the Fracture Liaison Service members questioned how compliance of medication was sought in general practice.

Community pharmacies provide a medicine use review service, part of which is to work with selected patients and support them to take their medicine correctly. In addition, the PCT Cluster teams of medicine management advisors work with GP practices to support safe and effective use of medicine.

RESOLVED that:

- 1. The SHIP PCT Cluster update be noted.**
- 2. A visit to the Carers' Centre in Southsea be arranged for members.**
- 3. A report on the launch of NHS 111 service be brought to a future meeting.**

The meeting concluded at 10:45am.