

minutes



Meeting OVERVIEW AND SCRUTINY COMMITTEE

Date Monday, 16th March 2009 (commencing at 10.30 am)

Membership

Persons absent are marked with 'A'

COUNCILLORS

Edward Llewellyn-Jones (Chair)

Jen Cole
Yvonne Davidson (Vice-Chair)
John Knight (Vice-Chair)
Joe Lonergan MBE

Peter D Prebble
Andy Stewart
Chris Winterton (Vice-Chair)
Brian Wombwell

MINUTES

The minutes of the last meeting held on 16th February 2009, having been previously circulated, were confirmed and signed by the Chair, subject to the following amendments:

- Date of meeting – replace 'January' with 'February';
- Minutes – replace '8th December 2008' with '19th January 2009'.

APOLOGIES FOR ABSENCE

No apologies for absence were received.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

No declarations of interests were made.

CHANGE IN ORDER OF BUSINESS

The Chair requested a change in the order of business to enable the Audit Commission representative to be in attendance for the item on Comprehensive Area Assessment.

NOTTINGHAMSHIRE JOINT COMMISSIONING FRAMEWORK

Charlie Keeney, Assistant Chief Executive, NHS Nottinghamshire County and Caroline Baria, Temporary Service Director, Physical Disability and Independent Living, Nottinghamshire County Council attended the meeting as part of the consultation about the new Joint Commissioning Framework.

Mr Keeney explained that relevant contact information from Bassetlaw Primary Care Trust (PCT), NHS Nottinghamshire County and Nottinghamshire County Council had been merged to create a single database, through which a consultation summary document had been distributed to 24,000 groups and individuals. The initial six week consultation period, which had commenced on 16 February 2009, had been extended by a further two weeks, as a result of LINK team contact points receiving the consultation documents relatively late in the process. The consultation process would include discussion groups and in-depth interviews with users and carers, facilitated by Ipsos/MORI. Briefings had been arranged for the Boards of Bassetlaw PCT and NHS Nottinghamshire County and the Council's Cabinet. Feedback on the outcomes of the consultation would be followed by the development of delivery plans and visioning and increased partnership working around infrastructure and resources.

Ms Baria had led on the development of a strategy on services for carers. The Council's Adult Social Care and Health department had developed services to carers over a number of years but this was a new focus for Health colleagues and Central Government funding, with £150m available to PCTs nationally. Access to relevant information and advice would be widened, including through GP practices and hospitals.

Councillor Llewellyn-Jones emphasised the value of the Committee in this area of work, in terms of its overview of different service areas and agencies, which enabled it to highlight any gaps in provision. Councillor Cole raised the potential difficulties in providing cross-boundary services, including access to medical facilities and engagement. Mr Keeney underlined that the Joint Strategic Needs Assessment and the Local Area Agreement had both been produced through partnership working and it was hoped that priorities would match those of Nottingham City and provision would become more aligned and seamless. The Joint Health Select Committee would be involved in work to ensure seamless arrangements.

Councillor Winterton requested further details about the £250m resources available for adults in 2008/09, referred to in the consultation document. Mr Keeney clarified that this funding was available across the three organisations and covered both the City and the County and had been included as a means of demonstrating commitment. Councillor Winterton raised concerns that County residents suffered in terms of the range and availability of services, in comparison to City residents, and stated that by not having a breakdown of funding it was not possible to clarify what level of resources was available to the County. Ms Baria clarified that each Joint Commissioning Strategy would contain a plan detailing the priorities, resources needed and the proposed contributions of each of the partners.

With regard to access to services, Councillor Winterton raised the related issue of transport. Councillor Lonergan stated that he had written to the Chief Executive of NHS Nottinghamshire County about the practical difficulties faced by Newstead Village residents in accessing GP services in Ashfield. This letter also included reference to the problems faced by the local Sure Start Centre in trying to obtain the fortnightly services of a health worker to weigh babies. Councillor Llewellyn-Jones highlighted the availability of GP services at the new Ashfield Health Village complex in Kirkby-in-Ashfield. Mr Keeney added that this initiative was the first response nationally to the issue of under-provision of GP services and offered both registered and walk-in services, from 8am to 11pm. At least 7,000 registered places were still available at the complex and further publicity would be arranged to increase uptake.

Councillor Lonergan underlined the importance of the interface between social care and health services at the point of discharge from hospital, particularly with regard to the increase in the number of older people. He added that this change in demographics also had implications for the numbers and age of carers and felt that the proportion of carers whom had received assessments (3,000 out of 83,000) was too low. Mr Keeney agreed with the points about demographics, which were fully understood by health and social care colleagues and addressed in the Framework, and about the importance of after-care in rehabilitation and independent living, especially with regard to conditions such as strokes. Mr Keeney also highlighted the growth in the number of dementia cases as a result of people living longer, which would be addressed in the Older People's Mental Health Strategy and would require extra resources, both centrally and in localities. With regard to carers' assessments, Mr Keeney reported that new carers' assessment worker posts had been funded from the Carers' Grant, for carers of older people and people with mental health or learning disability needs. These workers' primary role would be to ensure that carers were aware of their entitlement to services in their own right.

In reply to Councillor Lonergan's point that the likely extra demand generated from increased assessments would require additional resources, Mr Keeney stated that the personalisation agenda would involve tailoring services to meet individuals' needs, such as by offering regular and sufficient home care, but would also seek to be creative, in light of limited resources, by offering 'sitting' services and 'mutual support' so that carers could access respite, training and employment. The Joint Health Scrutiny Committee planned to consider carers' issues.

In response to Councillor Lonergan's concerns about access to dentistry, Mr Keeney clarified that there was sufficient capacity in terms of dentistry provision in the County but that accessibility, in terms of location of practices, was an issue.

Councillor Lonergan suggested that the separation of children's and adult social care services, which had been intended to prevent silo working between the two areas, had resulted in a further silo mentality between those staff with experience of education and those from a social care background, as illustrated by the 'Baby P' case.

Councillor Winterton stated that the quality of care packages offered to carers could be dependent upon the awareness of their GP, which resulted in a 'postcode lottery' in terms of both information and services, and therefore greater awareness of available packages of care was needed amongst health colleagues, especially at the point between PCTs and the acute Trusts.

Councillors Winterton and Llewellyn-Jones shared concerns that issues about the accessibility of the Ashfield Health Village raised in consultation had not been addressed, which was reflected by the subsequent low rate of registration. Councillor Winterton also highlighted the high cost of walk-in treatment in comparison to services provided to registered patients. Mr Keeney stated that the complex had been located centrally in an identified area of under-provision and offered to send a Primary Access Strategy briefing to members of the Committee, which would include details of plans to improve access and existing transport links to the complex. Councillor Llewellyn-Jones stated that he had previously written to NHS Nottinghamshire County to highlight that funding had been available to provide improved transport links to the complex, and upon pursuing this issue had been requested to resend this correspondence on three separate occasions. Mr Keeney

agreed to discuss this issue further with Oli Newbold of NHS Nottinghamshire County.

Councillor Cole expressed concerns that the needs of older carers could be missed by GPs, with many people not identified as carers as a result. Mr Keeney replied that older carers were entitled to an assessment in their own right and that information sharing would enable wider access to health and social care services.

It was agreed to consider progress against the Framework, one year after its finalisation.

COMPREHENSIVE AREA ASSESSMENT

Stephen Barnett, Comprehensive Area Assessment Lead – Nottinghamshire County and Nottingham City, the Audit Commission and Pete Elderton, Head of Policy, Partnerships and Performance, Nottinghamshire County Council, attended the meeting to give presentations about the new Comprehensive Area Assessment (CAA), which replaced the Comprehensive Performance Assessment (CPA) system.

Councillor Llewellyn-Jones introduced the item and highlighted that the style of Overview and Scrutiny in Nottinghamshire was particularly suited to the new assessment approach.

As part of his presentation, Mr Barnett highlighted the key characteristics of the CAA, which concentrated upon assessing outcomes for local communities. The CAA framework would include an area assessment as well as organisational assessments, informed by shared evidence and the National Indicator Set data and reporting. The area assessment would use narrative, rather than scoring, complemented by Red and Green 'flags' to signal significant concerns about future outcomes or exceptional performance, improvement or innovation, respectively. The organisational assessments would involve scoring in the two categories of value for money of use of resources and managing performance. The assessment would be undertaken on a Countywide basis, looking at District issues where relevant. Reporting would take place each November and would focus on the public, primarily through the Audit Commission's website. Prototype webpages were currently published. The new approach would have a strong focus on improvement, rather than process and compliance, and required a major cultural shift.

There was a positive response in the 2008 Nottinghamshire CAA trial to the question about how well local priorities expressed community needs and aspirations, and green flags were used to signal local innovation and excellence in the categories of access to services for older people and use of public transport. A red flag had been included for levels of crime, although this was informed by comparisons, rather than whether overall reductions had been achieved. The trial had also highlighted a number of possible future red flags which could be used to inform the priorities of Overview and Scrutiny. The CAA would link into existing partnerships and mechanisms within the County, with a degree of overlap and connection with the Local Area Agreement (LAA).

Mr Elderton's presentation highlighted the positive qualities of the new system, including the clearer focus on area and outcomes, rather than process, the recognition of partnership working and citizens as the primary audience, the greater potential for flexibility for different areas and the intended reduction in the burden of assessment. Officers' reservations stemmed from the likelihood that the reduction in

burden may not be immediately apparent until the new processes were embedded, the need for members to be fully informed about the change in the system, and the potential for duplication as a result of the involvement of different inspectorates and Government Office East Midlands.

Mr Elderton highlighted that the trial had enabled valuable experience and insights to be gained (including about potential areas of concern) and working relationships to be formed with the Audit Commission. The self-evaluation of use of resources was almost complete, and preparations with partners had commenced. The importance of elected members' role in identifying local communities' priorities was emphasised.

In response to Councillor Llewellyn-Jones, Mr Barnett clarified that concerns flagged in the area assessments would identify the partners responsible for the weaknesses and would include links to the relevant organisational assessments and Nottingham City's area assessment as appropriate.

Councillor Winteron queried the Audit Commission's role in helping organisations to address any weaknesses raised. Mr Barnett reported that the Audit Commission would consider the NI set, LAA targets, qualitative and quantitative data from the Care Quality Commission, Her Majesty's Inspectorate of Constabulary, Her Majesty's Inspectorate of Prisons, Her Majesty's Inspectorate of Probation and Ofsted, and information produced locally by partners to manage performance. The trial had highlighted the need for transparency around the baseline data used.

In reply to Councillor Wombwell, Mr Elderton confirmed that District Councils, as with other partner agencies, had been consulted about the CAA, and possible means of self-evaluation and performance management, through partnership, were being progressed. Mr Elderton added that all partners had a collective interest in the outcomes of the CAA.

Councillors Lonergan and Stewart felt that the CAA would be 'broad brush' and general in focus, thereby struggling to engage the general public, and that, based on the experience within Council departments, self-assessment was a costly and ineffective process. Mr Barnett acknowledged that the focus of the area assessment would be wide but that more specific details would be included within organisational assessments. He added that self-assessment was not built into the formal CAA process but was a matter for local choice by relevant partners. Mr Elderton added that this issue needed further thought, including the role of Overview and Scrutiny within the process. Councillor Llewellyn-Jones felt that it would be easier for the Committee to engage with this process if it was undertaken as a stand-alone activity rather than used as a management tool.

Councillor Cole expressed concerns that the general focus of the CAA and the use of the website as the primary reporting tool may not achieve the aim of making citizens' views central to the process. Mr Barnett responded that the website would be developed to enable users to 'drill down' to information about local areas and specific topics and services, other means of access would be developed and the focus of the area assessment questioning would ensure that communities' needs and aspirations remained central.

Councillor Knight felt that the Audit Commission needed to not only highlight areas of concern but also offer advice as to how to make improvements. Mr Barnett clarified that the green flags were a way of sharing best practice between areas and although recommendations would be made, these would not be enforced through regulation.

In response to Councillor Prebble's point that influential groups such as Newark Business Club, which had over 800 members, needed to be included in the CAA process, Mr Barnett stated that regular contact would be primarily made with the County Local Strategic Partnership but other bodies could be consulted as appropriate. Mr Elderton added that the Partnership would also link into relevant local organisations to progress the LAA at a local level.

In response to Councillor Stewart, Mr Barnett clarified that assessments were undertaken by staff with a wide range of experience and skills, such as financial auditing and performance management, as well as specialist input being sought from the relevant inspectorates where relevant.

It was agreed that the Committee comment on the self-evaluation, should it be undertaken, and review the Nottinghamshire County Council's organisational assessment at its meeting in February 2010.

DRUG EDUCATION IN SCHOOLS – RESPONSE TO SCRUTINY REVIEW

Anne Trout, PSDI Drugs Advisor, updated the Committee on progress with the Drugs Education Select Committee report of January 2008.

Ms Trout circulated copies of the resource packs for secondary schools, which would be distributed to all schools in Nottingham and Nottinghamshire after Easter 2009, enabling a more consistent and holistic approach, integrating drug education into the wider context of citizenship, community cohesion and community safety, with particular emphasis on alcohol issues. Ms Trout would undertake work with D.A.R.E. for 10 days each year and the Scrutiny review had also encouraged stronger partnership working with the Council's Cohesion Team and the Police, resulting in a Community Cohesion Strategy for schools and a review of the Safer Strategy (via a Home Office funded Countywide conference) respectively. The post of PSDI Drugs Advisor had now been mainstreamed and included responsibility for training teachers. Councillor Llewellyn-Jones clarified that Ed Balls, the Secretary of State, had confirmed in conversation that he had been impressed with the recommendations of this review and would seek to reflect them in subsequent legislation where appropriate. Ms Trout stated that she endeavoured to access available funding but her concerns about the sustainability of this work remained.

It was agreed that the Committee be notified if progress in the implementation of the Drug Education Review Action Plan should begin to falter.

MANAGING THE PROGRAMME OF WORK

Matthew Garrard, Scrutiny Officer, introduced this item and referred to a recent briefing note from NHS Nottinghamshire County regarding a review of services in Newark. The proposals arising from this review could be considered by a future meeting of the Committee.

Mr Garrard also reported that draft Home Office regulations for Scrutiny arrangements arising from the Police and Justice Act 2006 had been published late last week, with written comments required by 25 March 2009 to enable them to be laid before Parliament on 1st April 2009. The regulations, which had particular regard to the Police side of the Crime and Disorder Reduction Partnership (CDRP) were due to be implemented by 30 April 2009 and included proposals for expert witnesses

to be co-opted as members (with voting rights) and about frequency of meetings. Councillor Llewellyn-Jones and Martin Gately, Scrutiny Officer, fed comments in verbally to a recent LGIU workshop about these regulations. Those Councillors who attended the workshop did not support the proposal to extend voting rights to co-optees, on the grounds that it would undermine elected representation. The Home Office also proposed that two Scrutiny meetings each year should be dedicated to CDRP issues, whereas Councillor Llewellyn-Jones favoured scrutinising such issues as appropriate.

It was agreed that Councillor Llewellyn-Jones, on behalf of the Committee, respond formally to the draft regulations consultation, in line with issues discussed at the meeting. The updated programme of work for 2008/09, as set out in the appendix to the report, was also agreed.

The meeting closed at 12.48 pm.

CHAIR

Ref: overview and scrutiny/m_16mar09