Appendix 9

EXTRACTS FROM DRAFT MINUTES OF THE MEETINGS OF THE ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE AND THE HEALTH SCRUTINY COMMITTEE HELD ON 19 MARCH 2008

Draft Resolutions - Adult Social Care and Strategic Housing Scrutiny Committee

That:

- (a) The Committee believes that the recommendations to improve both Mental Health and Physical Disabilities are sound, although it remains concerned that the some of the conclusions are based on data that is far from robust. Herefordshire Council and the Primary Care Trust (PCT) need to ensure that, as a matter of urgency, better systems of data collection and analysis are in place, so that future improvement plans are more securely evidencebased. (The Committee understands that new systems for Herefordshire Council's social care services will be installed in the Autumn, which should greatly improve both assessments and data collection. It is hoped that the PCT will make similar improvements.) The Committee intends to focus on key outcomes, and will therefore require regular reports to the Committee on the success of achieving the reports' recommendations;
- (b) The Committee supports Recommendation B as outlined in the paper before it, but believes that joint commissioning and provision between the Council and the PCT should be strengthened (including, for example, in respect of occupational therapy), with absolute clarity about financial matters. The Committee was glad to note that recruitment to the post of Director of Integrated Commissioning was imminent. It was requested that a progress report should be brought to the Committee once the post-holder had been in position for six months, and thereafter on a regular basis;
- (c) The Committee is uncertain whether the total resources proposed will be adequate to deliver the recommended improved services, especially as their introduction might bring increased demand, particularly if services not currently provided (e.g. for personality disorders) are introduced. This consideration should be taken into account in setting budgets for future years;
- (d) The Committee notes the high dependence on the support of the voluntary sector in the achievement of these improvement plans, and suggests that in order to achieve this the voluntary sector must have the confidence that adequate and secure funding is in place.
- (e) Outside funding sources should be sought as a matter of priority, and internal funding should be made available to support this function;
- (f) A report on action on the workforce improvements necessary to implement the reports' recommendations, including as regards the training, recruitment and retention of staff, should be made to this Committee in three months' time; and
- (g) The importance of the integration of ICT systems between the Council and the PCT be emphasised, and that this matter should therefore be monitored

Appendix 9

to ensure that the work being undertaken delivers the outcomes required. A progress report should be provided to the Committee in six months' time.

Draft Resolutions - Health Scrutiny Committee

RESOLVED:

- That (a) whilst the Committee welcomes the positive changes in mental health provision in recent months, it also recognises that further changes in the way services are delivered are necessary, particularly with regard to residential care levels and improved preventative measures. It therefore supports the general findings of the report;
 - (b) the decision to appoint a Joint Head of Integrated Commissioning for the Primary Care Trust and Herefordshire Council is supported and the Committee requests that the Joint Commissioning Strategy currently being prepared for physical disabilities is presented at the earliest opportunity for the Committee's consideration, together with an updated version of the Joint Commissioning Strategy already in place for mental health services. Thereafter, the Committee asks that implementation progress reports should be made on a regular basis, including as regards the integration of occupational therapists into community teams under common line management and the development of the new ICT system for social care (with effective links to the PCT);
 - (c) the Committee notes the large number of assumptions made within the mental health data and suggests caution over the financial projections which result. It therefore supports better local data collection for service users and that updated actual data is taken into account in future budget setting;
 - (d) the Committee would like the sourcing of outside funds to be a priority and would support the relevant personnel being employed to achieve this aim;
 - (e) a report be made to the Committee on the workforce plan being prepared, which will include training, recruitment and retention issues for the Primary Care Trust, social care and provider organisations in the independent sector; and
 - (f) in addition to emphasising the points above from a health perspective, the recommendations made by the Adult Social Care and Strategic Housing Scrutiny as set out below be endorsed:

That:

(a) The Committee believes that the recommendations to improve both Mental Health and Physical Disabilities are sound, although it remains concerned that the some of the conclusions are based on data that is far from robust. Herefordshire Council and the

Appendix 9

Primary Care Trust (PCT) need to ensure that, as a matter of urgency, better systems of data collection and analysis are in place, so that future improvement plans are more securely evidence-based. (The Committee understands that new systems for Herefordshire Council's social care services will be installed in the Autumn, which should greatly improve both assessments and data collection. It is hoped that the PCT will make similar improvements.) The Committee intends to focus on key outcomes, and will therefore require regular reports to the Committee on the success of achieving the reports' recommendations;

- (b) The Committee supports Recommendation B as outlined in the paper before it, but believes that joint commissioning and provision between the Council and the PCT should be strengthened (including, for example, in respect of occupational therapy), with absolute clarity about financial matters. The Committee was glad to note that recruitment to the post of Director of Integrated Commissioning was imminent. It was requested that a progress report should be brought to the Committee once the post-holder had been in position for six months, and thereafter on a regular basis;
- (c) The Committee is uncertain whether the total resources proposed will be adequate to deliver the recommended improved services, especially as their introduction might bring increased demand, particularly if services not currently provided (e.g. for personality disorders) are introduced. This consideration should be taken into account in setting budgets for future years;
- (d) The Committee notes the high dependence on the support of the voluntary sector in the achievement of these improvement plans, and suggests that in order to achieve this the voluntary sector must have the confidence that adequate and secure funding is in place.
- (e) Outside funding sources should be sought as a matter of priority, and internal funding should be made available to support this function;
- (f) A report on action on the workforce improvements necessary to implement the reports' recommendations, including as regards the training, recruitment and retention of staff, should be made to this Committee in three months' time; and
- (g) The importance of the integration of ICT systems between the Council and the PCT be emphasised, and that this matter should therefore be monitored to ensure that the work being undertaken delivers the outcomes required. A progress report should be provided to the Committee in six months' time.