



Monday, 24 September 2012

HEALTH SCRUTINY BOARD

A meeting of **Health Scrutiny Board** will be held on

Thursday, 4 October 2012

commencing at **5.30 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Committee

Councillor Barnby (Chairman)

Councillor Mills

Councillor Bent

Councillor Davies (Vice-Chair)

Councillor Doggett

Councillor McPhail

Councillor Parrott

Councillor Thomas (J)

Working for a healthy, prosperous and happy Bay

For information relating to this meeting or to request a copy in another format or language please contact:

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HEALTH SCRUTINY BOARD AGENDA

1. **Election of Chairman**

To elect a Chairman of the Board for the ensuing Municipal Year.

2. **Apologies**

To receive apologies for absence, including notifications of any changes to the committee membership.

3. **Appointment of Vice-chairman**

To consider appointing a Vice-chairman of the Board for 2012/2013.

4. **Minutes**

To confirm as correct records the Minutes of the meeting of the Board held on 19 July 2012.

(Pages 1 - 4)

5. **Declarations of interests**

- a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Democratic Services or Legal Services prior to the meeting.)

6. **Urgent items**

To consider any other items that the Chairman decides are urgent.

7. **Dementia Services**

David Somerfield (Medical Director of Devon Partnership NHS Trust) and Ann Redmayne (Mental Health Commissioner for South Devon and Torbay Shadow Clinical Commissioning Group) will be attending to discuss services for patients with dementia in Torbay.

(Pages 5 -
19)

The attached presentation provides background information to the discussion.

- 8. Acquisition of Torbay and Southern Devon Health and Care NHS Trust** (To Follow)
To receive an update on the current position in relation to the acquisition process for Torbay and Southern Devon Health and Care NHS Trust.
- 9. Adult Social Care - Local Account** (To Follow)
To consider the draft Local Account for adult social care in Torbay and make any comments to the Council.
- 10. Work Programme 2012/2013** (Pages 20 - 28)
To agree the Work Programme for the Health Scrutiny Board for 2012/2013.



Minutes of the Health Scrutiny Board

19 July 2012

-: Present :-

Councillor Barnby (In the Chair)

Councillors Bent, Davies, Doggett, Hytche and Parrott

1. Apologies

An apology for absence was received from Councillor Mills.

2. Committee Membership

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Board had been amended to include Councillor Hytche in place of Councillor Thomas (J).

3. Minutes

The minutes of the meeting of the Board held on 14 May 2012 were confirmed as a correct record and signed by the Chairman.

4. Urgent items

The Board considered the item in Minute 9, and not included on the agenda, the Chairman being of the opinion that it was urgent by reason of special circumstances i.e. the matter having arisen since the agenda was prepared and it was unreasonable to delay a decision until the next meeting.

5. Community Hospitals

The Board received a briefing report which outlined the function of Community Hospitals, the services available and how these aligned with, and supported the transition from, acute care.

As from April 2011, Torbay and Southern Devon Health and Care NHS Trust (the Trust) managed eleven Community Hospitals with a total of 196 beds. The two Community Hospitals in Torbay were based in Brixham (with 20 beds) and Paignton (with 28 beds).

It was noted that the hospitals were open 24 hours a day, seven days a week and that they admitted, treated, rehabilitated and discharged patients. They provided a

multi-professional team response which was focussed on maximising the return to independence of patients through a short-stay in-patient admission.

Each of the Community Hospitals in Torbay had a daytime Minor Injuries Unit and operated a wide range of therapy and out-patient services. These services included those provided in-house as well as provided from South Devon Healthcare NHS Foundation Trust (i.e. Torbay Hospital) and Plymouth Hospitals NHS Trust (i.e. Derriford Hospital).

The report went on to give details of the current performance of the Community Hospitals, the interaction with the Community Zone Teams and acute hospitals and the future challenges (such as the ageing population, increasing complexity of needs and increasing community based care).

Representatives of the Leagues of Friends of Paignton and Brixham Hospitals attended the meeting and gave details of the work that they undertook. It was noted that the Brixham League of Friends had raised the funds for improvements to Brixham Hospital and were now at Stage Three of the refurbishment.

Concerns were raised about whether investment at Brixham Hospital would have an adverse effect on Paignton Hospital including its future viability. The Chief Executive of the Trust assured the Board that there were no plans for Paignton Hospital to close.

The Board asked a number of questions of the Chief Executive including in relation to the use of one floor at Paignton Hospital for offices and the better use of the Community Hospitals for oncology treatment, chemotherapy and blood transfusions. It was noted that Paignton Hospital was the base for multi-disciplinary community zone teams.

In response to one of the Board's questions, the Chief Executive advised the Board that safeguarding procedures in relation to vulnerable adults needed to be made more accessible and that the Trust was looking at ways to make information more readily available through "easy read" versions of documents, etc.

The Board heard that the added clinical value of community hospitals was not clear but needed to be quantified in comparison with, for example, nursing homes.

Resolved: (i) that the members of the Leagues of Friends of Brixham and Paignton Hospitals be congratulated for their good work;

(ii) that the Board receive the monthly League of Friends newsletter as part of the Health Digest;

(iii) that, as part of its Work Programme, the Board define and assess the added clinical value of the Community Hospitals in conjunction with Torbay and Southern Devon Health and Care NHS Trust; and

(iv) that the Director of Professional Practice (Torbay and Southern Devon Health and Care NHS Trust) be asked to explore further the

practicalities of using Community Hospitals for delivering other more specialist services.

6. Learning Disabilities Service Update

The Board received an update on the Learning Disabilities Services. The Board was informed that Torbay and Southern Devon Health and Care NHS Trust (the Trust) was continuing to work with the families of the residents of Occombe House to identify an alternative provider who will work with the families and residents to re-develop the site according to the needs of the residents, as identified in the best interest process.

In relation to day services, the number and types of day services provided by the Trust were now focused at Hollacombe Community Resource Centre and Torquay Community Resource Centre with the first phase of these changes being the relocation of services previously provided at Fairwinds. It was noted that a thorough market assessment of day opportunities in Torbay would be completed later in the year to determine the long term future of the remaining two Centres.

The Board was reminded that, as of April 2012, short breaks were not longer provided at Occombe House. Short breaks would continue to be provided at Baytree House. All former clients of the short breaks service at Occombe House now had access to alternatives and are supported by the Community Learning Disabilities Team to ensure that their need continue to be met. The Board requested a view on how the service has changed due to funding cuts.

Resolved: that the Chief Executive of the Trust be requested to produce a report on the volume and length of short breaks in comparison with previous years.

7. Cost Improvement Plan

The Board received an update on the Cost Improvement Plan for 2012/2013. Torbay and Southern Devon Health and Care NHS Trust (the Trust) had identified cost saving programmes for adult social care amounting to £3.2 million.

The Board raised concerns about the delivery of the plans for cost savings in domiciliary care.

It was noted that implementation of the Cost Improvement Plan was discussed informally at the Adults Policy Development Group and the Board raised concern that this was duplicating the work of the Health Scrutiny Board.

Resolved: (i) that the Chief Executive of the Trust continue to provide the Director of Adult Services with an updates of the Cost Improvement Plan including progress on proposed savings for Domiciliary Care; and

(ii) that the Board consider joint working with Adults Policy Development Group were appropriate.

8. Health Scrutiny Work Programme

Consideration of this item was deferred to a future meeting.

9. Local Authority Health Scrutiny - Proposals for Consultation

It was noted that the Department of Health had published for consultation regulations governing local authority health scrutiny. The deadline for submission of a response was 7 September 2012.

Resolved: that members of the Board meet informally to discuss their response to the consultation.

Chairman



NHS Devon
NHS Plymouth
Torbay Care Trust

Dementia: National regional and local perspective

October 2012

What is dementia?

- **‘dementia’** -
 - syndrome which may be caused by a number of illnesses
 - a progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities.
 - may develop Behavioural and psychological symptoms such as depression, psychosis, aggression and wandering.
- **Causes** - not well understood but result in structural and chemical changes in the brain leading to the death of brain tissue.
- **Sub-types of dementia** are: Alzheimer’s disease, vascular dementia, mixtures of these two pathologies (‘mixed dementia’) and rarer types such as Lewy body dementia, dementia in Parkinson’s disease and fronto-temporal dementia.
- **Impact** - devastating impact on those affected and their family carers. Dementias affect all in society irrespective of gender, ethnicity and class. They can affect adults of working age as well as older adults. People with learning disabilities are a group at particular risk
- Dementia is a terminal disorder, although people may live with their dementia for 7 – 12 years after diagnosis.

The challenge - numbers

Estimates	England 2011	Torbay 2011	Torbay 2040
<i>Population >65</i>	10m	31,000	38,000
<i>Population >85</i>	3m	5,000	8,000
<i>Dementia Prevalence</i>	670,000	2,300	5,000
<i>Dementia >65 (%)</i>	5	8	13
<i>Dementia in care homes</i>	225,000	690	1500
<i>Depression</i>	800,000	2480	3000
<i>Depression in care homes</i>	60,750	324	390

The challenge – more facts

- Estimated that 42% population – close friend/family
- 1:3 over 65 will have dementia before they die
- 1/3 receive diagnosis
- 1/3 live in care homes, 2/3 live in own home
- £20 billion pounds (more than cancer, heart disease, stroke)
- Impact across all services
- Impact on the individual and their family

Key themes

Long term condition, life limiting

- Chronic disease progression
- High prevalence in older population (1:4 over 80)
- Reduced ability to look after oneself, pattern of escalation – reliance on health and social care
- Benefits of early diagnosis, regular review and appropriate interventions
- Co-existence of other LTC
- Strain on carers – physical and mental well-being

Key themes

Whole system, partnership working

- Need for a true, effective partnership between health, social care, third sector, individual and carers
- Weakness of one partner – means collapse of whole package, increased unscheduled care, increased distress

Strategic relevance -NHS Operating & Outcomes Frameworks

- National dementia strategy published 2009 (*Living Well with dementia*)
- 2012-13 operating framework requires PCT's to publish their dementia implementation plan
- Good quality early diagnosis and interventions for all
- Improved quality of care in General Hospitals
- Living well with dementia in care homes
- Reduced use of antipsychotic drugs

Torbay Success

- Use of emergency bed days for aged >65 is 2,025 per 1,000 in Torbay compared with an average of 2,778 per 1,000 in the south west as a whole
- Second lowest proportion in the south west of people aged > 65 discharged to residential homes
- One of lowest number of acute psychiatric beds per capita in England
- TCT nationally regarded
- TBH HSJ Acute Trust of the Year
- OPMH model of care highly regarded

S. Devon and Torbay - distance to travel

- **Earlier diagnosis and interventions**
SW PCTs' mean diagnosis rate = 40% → **60%** aspiration
- **Hospitals' recognition and action**
coding for dementia 20% estimated prevalence
SW Hospital Standards – general and community hospitals
- **Better support at home**
flexible support; flexible respite; support throughout duration
- **Care homes**
1/3 care staff report no training
Care homes report insufficient in reach/support
Inappropriate admissions to hospital
- **Tighter prescribing**
Antipsychotics & cholinesterase inhibitors: Antipsychotics – 3%

THE PRIME MINISTER'S DEMENTIA CHALLENGE (March 2012)

How we should meet the dementia challenge:

- Going further and faster on implementing the National Dementia Strategy – ***driving improvements in health and care***
- Increasing awareness of dementia – ***creating dementia friendly communities that understand how to help***
- Accelerating ***research*** into dementia



The prime minister's dementia challenge

Driving improvements in health and care:

- **Increased diagnosis rates** through regular checks for over 65s – from April 2013 quantified ambition
- **Financial rewards for hospitals** offering quality dementia care
- **Innovation Challenge Prize** of £1 million NHS staff – innovation ideas for transforming dementia care
- **A dementia Care and Support Compact signed by leading care home and home care providers**
- **Promoting local information on dementia services**

The prime minister's dementia challenge

Creating dementia friendly communities that understand how to help:

- **Dementia-friendly communities** across the county (up to 20 cities, towns and villages)
- **Support for leading businesses** for the PM's Challenge – raising awareness on Dementia
- **Awareness-raising campaign** – national autumn 2012 – 2015
- Summer – bring together **UK leaders from industry, academia and public sector** to take forward the PM's challenge

The prime minister's dementia challenge

Better research:

- More than **doubling** the funding – **66m**
- **Major investment in brain scanning**

How do we meet the PM's challenge?

Aim	Methods	Benefits
Increased diagnosis rates	GP education/training – community staff Clearer pathways General public – reducing stigma. Dementia alliance Memory clinic– GP, PHCT	Earlier access to support & information delays issues QOF
Financial rewards improved hospital care	Hospital standards – community hosps; CQUIN Screening; improved coding MH Liaison; discharge planning Dementia champions; Training;	Fewer behavioural issues Shorter stays Better outcomes
Home support	Post-diagnosis groups Dementia advisor/support worker, Carer education Person-centred care,	Reduced crises Delayed entry to care home Shorter acute admissions
Care homes	Staff training; Kite marks In reach/liaison	Behavioural management Acute admissions Outcomes
Prescribing	Audit – anti psychotics Protocols – shared carer	Non medical – managing challenging behaviour Safer prescribing
Information	Care pathway booklet, “This is me” National website	Ability to make informed choices Advance planning

Conclusion

- Dementia never been higher on the agenda
- Never had a greater opportunity to deliver real and sustainable change
- We must not waste this opportunity
- We must **all work together** to deliver this change!

Title: **Health Overview and Scrutiny Work Programme 2011/2012**

Public Agenda Item: **Yes**

Wards Affected: **All**

To: **Health Scrutiny Board** On: **4 October 2012**

Key Decision: **No**

Change to Budget: **No** Change to Policy Framework: **No**

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1. What we are trying to achieve and the impact on our customers

1.1 To ensure that the Health Overview and Scrutiny Work Programme for 2012/13 is robust and realistic but also flexible enough to enable emerging issues of concern to be addressed. This will help ensure that overview and scrutiny is both improving and safeguarding health services for the people of Torbay. A successful scrutiny function would also have a positive impact on our customers as the community would be involved in the work being undertaken and the outcomes of that work would be focused on the community's needs.

2. Recommendation(s) for decision

2.1 **That the Health Scrutiny Work Programme for 2012/13 set out in Appendix 1 to this report be approved.**

3. Key points and reasons for recommendations

3.1 The Constitution requires that, early in the Municipal Year, the Overview and Scrutiny Board will co-ordinate the production of a Work Programme for the function as a whole. At its meeting on 20 June 2012 the Overview and Scrutiny Board was advised that a Health Overview and Scrutiny Work Programme would be agreed at the next meeting of the Health Scrutiny Board although the decision was deferred at this meeting.

3.2 In May 2012, a questionnaire was sent to all members of the Council asking them to identify three issues within their wards which they felt should be subject to scrutiny together with three Bay-wide issues. The Mayor, Directors and Executive Heads were also asked for their views on the Bay-wide issues

which should be considered and the Council's health partners were asked to identify issues which may need to be subject to scrutiny. Whilst it was acknowledged that there will not be space within the Work Programme to consider every issue it was hoped that some themes would emerge on the issues which the two scrutiny Boards could investigate to the benefit of the community as a whole.

- 3.3 The document attached as Appendix 1 has been prepared taking account of the suggestions received from the consultation exercise and subsequent informal discussions with the Health Scrutiny Lead, the Director of Adults Services and Torbay and Southern Devon Health and Care NHS Trust.

For more detailed information on this proposal please refer to the supporting information attached.

Mark Bennett
Executive Head (Business Services)

Supporting information

A1. Introduction and history

A1.1 The Work Programme for the Health Scrutiny Board has been developed around two, inter-linked themes – namely, reducing demand on acute services and services for the elderly. Rather than undertaking in-depth reviews, it is suggested that the Health Scrutiny Board will employ similar methods to the Overview and Scrutiny Board such as site visits, consideration of case studies, attendance at health partner events whilst keeping in mind its key lines of enquiry for the year. Time will also need to be allowed for the consideration of any possible substantial variations in services or referrals from the Torbay LINK. Further, the Health Scrutiny Work Programme will be shared with health scrutiny colleagues in neighbouring authorities to avoid duplication and possibly undertake shared work.

A2. Risk assessment of preferred option

A2.1 Outline of significant key risks

A2.1.1A critical success factor will be members' commitment to the work programme. Members need to be sure that these issues are matters which can help improve and safeguard health services for the people of Torbay. Members need to be willing to commit time and energy into identifying key questions, meeting and discussing issues with other members, officers and consultees, reading and challenging the information presented to them, and drawing conclusions, considering options appraisals and risk assessments, and formulating recommendations.

A2.1.2Health Scrutiny Board members need to receive information and support from local NHS bodies; however, local NHS bodies are under a statutory duty to provide overview and scrutiny with any information about the planning, provision and operation of health services as it may reasonably require to undertake effective scrutiny.

A2.1.3The changing national political arena may lead to initiatives and changed priorities during the year and the work programme may need to be amended as a result. Members are reminded that the work programme must have sufficient capacity to respond to requests from the NHS to consider service change proposals.

A2.1.4If members are not committed to the Health Overview and Scrutiny Work Programme and to making overview and scrutiny a worthwhile mechanism to improve the lives of the community of Torbay (and if they do not receive adequate support from officers or information from local NHS bodies), then there is a risk that positive outcomes cannot be shown to have been achieved by Overview and Scrutiny.

A2.2 Remaining risks

A2.2.1There are none at the time of writing.

A3. Other Options

A3.1 Members may wish to add to, or delete, or change any of the items within the work programme set out in Appendix 1.

A4. Summary of resource implications

A4.1 The proposed Work Programme can be delivered within the resources available provided that members are willing to give their time and energy.

A5. What impact will there be on equalities, environmental sustainability and crime and disorder?

A5.1 Each review will take account of these issues.

A6. Consultation and Customer Focus

A6.1 The draft Work Programme has been prepared taking account of the views expressed by the Overview and Scrutiny Co-ordinator, Scrutiny Lead Members, the Mayor and all other Members of the Council, senior Council officers, and health partner organisations.

A6.2 Each review will aim to involve the community through consultation and possible co-option.

A7. Are there any implications for other Business Units?

A7.1 The relevant Executive Heads will be involved in the work of overview and scrutiny especially at the scoping, options appraisal, and risk assessment stages as well as providing information to members as part of each review.

Appendices

Appendix 1 Health Overview and Scrutiny Work Programme for 2012/2013

Documents available in members' rooms

None

Background Papers:

None

Health Scrutiny Work Programme 2012/2013

1. Background

- 1.1 All members of the Council, senior officers and representatives from the NHS organisations that work with the Health Scrutiny Board were asked for their views on the topics or issues which should be the subject to review over the course of the year.
- 1.2 The topics put forward are set out in the Appendix to this report.
- 1.3 This report makes suggestions for the Work Programme for the Health Scrutiny Board for the forthcoming Municipal Year.

2. Methods of Working

- 2.1 There are a range of options open to the members of the Health Scrutiny Board to carry out their work:

- Health Scrutiny Board
- Health Scrutiny Liaison Group
- Site Visits
- Attendance at NHS Trust/provider/partnership meetings and events
- Adults Policy Development Group
- Councillor Policy Briefings

- 2.2 Not all members of the Health Scrutiny Board need to attend every meeting and/or event. However, members will need to provide feedback to other members of the Board so that the information they receive can help inform the work of the Board overall.

3. Themes for the Year

- 3.1 Members will recall that the theme that ran throughout the Quality Accounts that the Board received at the final meeting of the last Municipal Year was reducing pressure on acute services.
- 3.2 In looking at the topics which were put forward for consideration during the Work Programme consultation, many fitted into the category of "care for the elderly".
- 3.3 It is suggested that these two, interlinked issues provide the overarching theme for the work of the Health Scrutiny Board for 2012/2013. Rather than undertaking specific, stand-alone reviews, topics will be considered throughout the year (in the forums listed in 2.1) and the findings and views of the Board will be amalgamated into a report towards the end of the year.

4. Scope, Key Lines of Enquiry and Timetable

- 4.1 A draft scope (including key lines of enquiry) which will form the basis of the work of the Health Scrutiny Board is attached for discussion. A draft timetable for the year is also attached.

Services for the elderly

Reducing demand on acute services

SCOPE AND KEY LINES OF ENQUIRY

To gain an understanding of the demographics of Torbay and who is responsible for commissioning and delivering services.

- What does the Joint Strategic Needs Assessment tell us about the demographics of Torbay?
 - How skewed is the population towards older people?
 - What are their health and social care needs?
 - How are these needs being met?
 - What will be the needs of the next generation of older people?
- What are the emerging priorities of the Health and Wellbeing Board?
 - How does the Health and Wellbeing Strategy fit with the Community Plan?
 - What consultation will be undertaken?
 - How are all partners ensuring that the priorities for Torbay are articulated coherently within their own plans?
- Where does the responsibility lie for commissioning and providing services for the elderly?

To review the range of work that is underway within Torbay (including within the Third Sector) to reduce the demand on acute services.

- What preventative work is being undertaken to reduce demand on acute services?
 - How are partners working together to reduce demand?
 - What's the evidence of this work having an effect on demand?
 - What work is being undertaken within the Third Sector to reduce demand?
 - What further support is needed in the Third Sector?
 - What's the impact of public sector spending cuts?

To consider a number of case studies in relation to services for the elderly.

- Residential care homes
 - What is the make up of the residential care homes sector in Torbay? How does this compare with other similar authorities?
 - How is care within these homes commissioned?

- What is the relationship between the care homes sector, the Council and Torbay and Southern Devon Health and Care NHS Trust?
- What levels of care should the elderly expect within these homes? How is this monitored? Where does the responsibility lie?
- What methods are used to bring homes up to standard? What is the timescale for this improvement? What happens if they don't improve?
- What is the measurable impact of reducing public sector funding?
- Community Hospitals
 - What role do the community hospitals in Torbay play? How are elderly people rehabilitated after an acute hospital stay?
 - What services are provided?
 - How do they help prevent pressure on acute services? What value can be placed on the role of community hospitals in Torbay? How is this recognised by partners?
 - What is the role of the League of Friends?
 - How sustainable are the community hospitals?
 - What measures are being taken to reduce wastage within the community hospitals (e.g. unused medicines/dressings, missed appointments)?
- Falls Prevention
 - Why is falls prevention an important issue?
 - How are agencies working together to reduce the number of falls?
 - How well are we doing at reducing falls? What impact is this having?
- Dementia Services
 - What is dementia? What are its impacts – on patients? on carers? on the wider community?
 - What services are provided in Torbay for people with dementia?
 - How do we compare – regionally? nationally?
 - How are services linked together? How effectively is this working? The Dementia Challenge
 - How do we create dementia friendly communities?
 - How could health and care for people with dementia and their carers be improved?

	Health Scrutiny Board	Liaison Group	Site Visits/Meetings	Health and Wellbeing Board
July	<u>19 July 2012</u> Cost Improvement Plan Learning Disabilities Service Update Community Hospitals Community Hospitals – League of Friends	-	<u>5 July 2012</u> Chairman to meet CE of St Kilda's	<u>5 July 2012</u>
August	-	-		
September	-	<u>4 September 2012</u> Agenda Planning (October) Longer Term View for Adult Social Care	<u>26 September 2012</u> Right Care Open Day (SWAST)	<u>20 September 2012</u>
October	<u>4 October 2012</u> Dementia Services Acquisition Process – TSDHCT Adult Social Care Local Account	-	<u>16 October 2012</u> Visit to SWAST Headquarters	
November	<u>tbc</u> Care Home Provision	-		<u>22 November 2012</u>
December	-	<u>20 December 2012</u> Agenda Planning (February)		
January	-	-		<u>17 January 2013</u>
February	<u>21 February 2012</u> Falls Prevention Care Homes - Contract management/quality training	-		
March				<u>21 March 2013</u>
April		<u>4 April 2012</u> Agenda Planning (May)		
May	<u>8 May 2012</u> Quality Accounts x 4 Health Scrutiny Board's Report			

Topics suggested through consultation process

Drugs

Foundation Trust status

Deprivation

Future services for the elderly – what should they expect/what do they deserve

Care home provision/fees

Priorities of the Health and Wellbeing Board

How to reduce demand for high cost adult social care

Transition of children to adults services

Impact of cost reduction plans

Alcohol and supermarket licensing

Impact of welfare reform > On individuals > On services

Changes to adoption standards

Cost and efficiency of children's and adults services

How to reduce demand for high cost children's services