

## Health and Adult Social Care Scrutiny Committee - 4th July, 2011

## Report of the Lead Officer to the Committee

## Work Programme and Up-dates - 2011/12

## **Purpose of Report**

- 1. The Purpose of this report is to:
  - recommend a work programme to the Committee for the 2011/12 Municipal Year;
  - note the findings emerging from the Committee's Dignity in Care Review;
  - approve proposals to re-appoint the discretionary Joint Dudley Walsall Health Scrutiny Committee
  - seek the extension of Dudley's Local Involvement Network co-opted appointment to the Committee for 2011/12

## Background

## Work plan 2011/12

- 2. Selecting the right topics is crucial to ensure scrutiny adds value to the work of the Council and partners and produce tangible outcomes for communities that result in real service improvements.
- 3. Key stakeholders, including Dudley PCT, Dudley Group of Hospitals and Dudley's Local Involvement Network (LINk) were consulted on the workplan at an early stage to ensure its effective development; this is attached at **Appendix 1** for approval. Amongst traditional items it incorporates health and well-being priorities highlighted by Dudley's Joint Strategic Needs Assessment and considers the on-set of some health service redesigns requiring the attention of the Committee.
- As Members are aware, issues may arise that need to be included in the Work Programme. Similarly, some issues that have been included may be overtaken by events.

## In-depth Review for 2011/12

- 5. In addition to the overview of health issues the Committee may wish to consider implementing a scrutiny review. Previous themes include Access to Maternity Services, Access to Wheel Chair Services and practices to support a Healthy Work Force. Last year HASC agreed to explore Dignity in Hospital settings some of the key findings are presented later in this report.
- 6. Reviews consider the views of Members and Officers to assist with their investigations as well input from experts in a particular field, service users or general public. The findings of which will be reported to a future meeting and the progress against recommendations will tracked and monitored over time.
- 7. As such it is proposed the Committee appoints a project group to look at one the following:
  - Access to Smoking Services Effects of smoking remains a public health priority for Dudley. The review would involve assessing delivery of agencies against the Tobacco Strategy.
  - b) Caring for Carers in Health and Social Care this would assess effectives of practices to support carers in across health and social Care. Dudley LINk are developing a survey on this theme which could bring some valuable user consultation and experience to this piece of work.

#### Dignity in Care Review

- 8. At Novembers meeting members agreed proposals for their 2010/11 review on the theme Dignity for older people. A project group was also appointed to oversee progress and consider stakeholder evidence on practices that support.
- 9. Members wished to encourage a focus on transitions within hospital settings looking at the *dignity challenge* list to assess whether current services provided and future policies and strategies will deliver dignity in care.
- 10. A workshop with nursing practitioners and other hospital staff took place in February in order to attain a deeper understanding of priorities and performance issues; members noted good practice in relation to dignity, respect and nutrition along with challenges and opportunities for improvement.
- 11. Further consultation is envisaged during June and July however key findings to emerge to date include:

- Data items on the NHS Choices web-site relating to dignity indicated that
  patients were treated with dignity and respect most of the time. The overall
  Patient Environment Action Team (PEAT) assessment PEAT score for
  food and privacy and dignity published by the National Patient Safety
  Agency from early 2010 rated DGOH as 'good' for both categories.
- Where appropriate social interaction is encouraged with patients in a variety of ways including dressing in their own clothes, participation in activities such as bingo and use of dining room for meals. Acute confusion colleagues work closely with dementia patients to encourage activities such as e.g. jigsaws, crosswords and walks.
- Members were pleased to learn of a 'red tray' system in-place enabling staff and meal time assistants to easily identify those requiring support.
- Members noted evidence of measures seeking to build a profile of needs and preferences through dialogue with relatives, friends and carers.
   Patients with specific needs i.e. those with confusion or dementia also have a document completed by family/relatives who are familiar with their likes/dislikes and preferences. This is called 'Take the Time' and is used as a basis for that patient's individualised care.
- All staff, including PFI partners, are required to comply with a
   Confidentiality Policy. The number of breaches is low with one in 2009/10
   and two in 2010/11. A quiz is used in Induction to test knowledge of
   practices.
- Consultation on menu options is carried out through the Nutrition Steering Group comprising the catering and dietician manager, Speech and Language Therapist and Quality Project Lead. The Groups look to reconcile catering issues and compliance with targets.
- Members were encouraged to learn about new funding for Nutritional Support Workers. Posts will support the ward staff to assist patients' menu choice, mealtime provision and assistance and completion of food charts & fluid balance charts. They will also supplement the MUST assessment process (Malnutrition Universal Screening Tool score completed for all patients on admission).
- Members noted evidence that food is available between mealtimes and that mealtimes were protected to provide for a peaceful experience.
- Whilst there are a number of trained Volunteers to assist at mealtimes relatives are also encouraged to help with feeding.

- Dignity outcomes are monitored through a Nursing Care Indicator set reported quarterly to the Board of Directors and Council of Governors.
- Other good practice observations noted include:
  - We love your skin campaign (raising awareness of pressure ulcers)
  - breast screening leaflet for patients with learning disabilities
  - introduction of patient comfort packs for emergency admissions
  - hydration practice strengthened through 'red-tray' learning
- 12. Members should be advised the final report will go before the **September Committee** meeting for approval; this will include a number of practical recommendations to further improve experiences of patients and their families.

## LINk appointment for 2011/12

- 13. LINks are seen as a key component of locally accountable health and social care. As such HASC will have an interest in its effective development and embedding a close relationship to attain a better understanding of community priorities.
- 14. The Council's constitution allows scrutiny committees to co-opt additional non-voting members where considered helpful. The Committee initially acknowledged the potential to assist in strengthening relationships at its meeting in July 2008 and agreed to co-opt the LINk Chair in July 2009. As such it is proposed to extend this appointment until March 2011/12 marking the replacement of LINks by Local HealthWatch.
- 15. Against this background it is proposed the LINk Chair is re-appointed onto HASC for the remainder of the municipal year demonstrating its continued commitment to work with the LINk to improve services for Dudley's communities.

## Joint Dudley Walsall Health Scrutiny Committee 2011/12

- 16. Dudley and Walsall Committees established joint arrangements in September 2009 to evaluate the progress of the Dudley Walsall Mental Health Trust (DWMHPT) created in September 2008 (agreed terms of reference are attached at **Appendix 2**).
- 17. The first Joint meeting was held at the Walsall Council House on March 2010. Members noted performance against key national and local indicators and other service developments in order to assess performance

and quality of services. Authorities were unable to agree a date in 2010/11 as such it was agreed to defer the meeting to the following municipal year (2011/12). Members should be advised that Walsall's Committee have indicated that it wishes to hold a meeting to complement the Foundation Trust consultation process.

- 18. The Joint Committee would consist of five elected Members from each Council, ten in total, as specified in the terms of reference.
- 19. The membership of each authority shall generally reflect the political make up of full Council. It is suggested that the Dudley appointed group of Members should comprise three Conservative and two Labour, to include the Chair of the Select Committee.

## Proposals

- 20. It is proposed the committee approves the:
  - work programme at appendix 1
  - he co-option of the Dudley LINk's Chair for 2011/12
  - terms of reference at appendix 2 to re-appoint the Dudley Walsall discretionary joint committee

## **Finance**

21. There are no significant cost implications arising from this report

#### Law

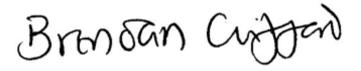
- Section 111 of the Local Government Act, 1972, enables the Council to do anything, which is calculated to facilitate or is conducive or incidental to the discharge of its functions.
- 23. The Local Government and Public Involvement in Health Act 2007 provides for Health Overview and Scrutiny Committees to review and scrutinise the actions of key health and social care providers.
- 24. Some proposed work items are subject to the parliamentary passage of the Health and Social Bill; therefore what is outlined may be subject to change and local interpretation.

## **Equality Impact**

25. The work of the Committee can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

## **Recommendation**

26. It is recommended that the Committee approve the proposals at paragraph 20.



**Brendan Clifford** 

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## **List of Background Papers**

Select Committee on Health and Adult Social Care: Work programme 2010/11. Report of the Lead Officer HASC July 2010.

Select Committee on Health and Adult Social Care: Joint Scrutiny arrangements with Walsall MBC: Dudley Walsall Mental Health Trust. Report of the Lead Officer HASC November 2009.

Select Committee on Health and Adult Social Care: Co-option of the Chair of Dudley's LINk onto the Committee. Report of the Lead Officer HASC July 2009.

## Appendix 1

The following work programme for 2011/12 is proposed:-

Date of meeting July	<ul> <li>PCT: Pharmaceutical Needs Assessment</li> <li>PCT:Vascular service reconfiguration – update</li> <li>PCT: Preparing for the new NHS system in Dudley: Update on PCT Clusters</li> <li>Work programme and other updates</li> <li>DGH: Maternity Capping</li> </ul>
September	<ul> <li>LA: Southern Cross Care Homes Update</li> <li>PCT: Management of Diabetes Services and delivery against obesity strategy</li> <li>WMSCT: Proposals for the future of trauma care</li> </ul>
	<ul> <li>DWMHT: Mental Health Redesign</li> <li>PCT/LA: Preparing for the new NHS system in Dudley</li> </ul>
November	<ul> <li>HASC: Dignity in Care Review – Final Report</li> <li>DGH: Patient experience strategy</li> <li>Language Interpretation in GP Surgeries</li> <li>NHS White Paper Update: HealthWatch</li> </ul>
January	<ul> <li>DGH: Sexual health service integration</li> <li>PCT/LA: Preparing for the new NHS system in Dudley</li> <li>PCT: Smoking Cessation: Delivery against Tobacco Strategy</li> </ul>
	<ul> <li>Quality Accounts - follow up of 2010/11 priorities</li> <li>LA: Delivery of agencies against Alcohol Strategy</li> <li>New NHS system: Update</li> </ul>
March	<ul> <li>LA: Adult Safeguarding :Outcomes and experiences of services</li> <li>Quality Accounts – Draft provider accounts and 2012/13 priorities for new providers</li> <li>PCT: Transforming Community Services – one year on and future monitoring</li> <li>New NHS system: Update</li> </ul>

#### **APPENDIX 2**

# <u>Joint Health Scrutiny Committee to oversee the progress of the Dudley</u> and Walsall Mental Health Partnership NHS Trust (DWMHPT)

Terms of Reference for a Joint Overview and Scrutiny Committee for Dudley and Walsall Councils.

## **Function of the Joint Committee**

A statutory joint committee between Dudley and Walsall was formed in 2007/08 to respond to proposals to create a single NHS Mental Health Trust to serve both Boroughs.

This Joint Health Overview and Scrutiny Committee will undertake the functions of a discretionary joint health overview and scrutiny committee in accordance with Regulation 7 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 to oversee the progress of DWMHPT since its establishment in October 2008.

In performing this role, the Joint Committee shall exercise the following functions:

- To consider developments in connection with the provision, planning and management of Mental Health Services provided by DWMHPT
- To consider its progress against key performance indicators including Annual Health Check core standards, results of Care Quality Commission Provider Reviews (this review will take the place of the Annual Health Check in 2010), and national indicators for local government which apply to Mental Health.
- To determine whether statutory consultation on any proposed service variation is required
- Require the DWMHPT to provide information about service provision or proposals for service change
- To require officer(s) of the NHS to attend before it under Regulation 6
  of the Regulations to answer such questions as required in relation to
  the discharge of its functions
- Such other functions ancillary to those listed above as the Joint Committee considers necessary and appropriate in order fully to perform its role

In undertaking its role of reviewing progress, the Joint Committee should do so from the perspective of all those affected or potentially affected by developments.

Health Overview and Scrutiny Committees operate independently of local authority Executives and the views of individual local authorities expressed by their Executives will be submitted separately to the DWMHPT Trust, or by the PCT as a commissioner.

## **Appointment**

The Committee shall be appointed at the beginning of each municipal year in accordance with the conventions for joint arrangements in place at the constituent councils.

The Committee will be appointed until such time as one of the constituent Councils holds its Annual meeting or at any such time the Committee or its appointing bodies wish to decide otherwise.

## Membership

Membership of the Committee will comprise 10 Members with 5 from each Authority's Health Scrutiny Committee reflecting the political balance of Dudley and Walsall. A political proportionate ratio for Dudley would be 3 Conservative to 2 Labour. A political proportionate ratio for Walsall would be 3 Conservative, 1 Labour and 1 Liberal Democrat.

Members will be appointed in accordance with the conventions for nomination of their own council.

In accordance with Section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.

## **Co-optees**

The Joint Committee shall be entitled to co-opt non-voting representatives to provide expert advice and consultation.

## Attendance by others

The Committee will be open to members of the public to attend unless it is necessary to discuss any exempt or confidential information as set out in the Local Government Act 1972.

The Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions.

The Joint Committee shall permit representatives of any other authority or organisation to attend meetings as an observer. This could include elected Members from either Authority.

## **Working Groups**

Working groups shall only be appointed by a statutory committee.

#### Quorum

To be one third of the membership, with at least one member from each authority.

#### **Substitutions**

Substitution shall be permitted according to the individual arrangements in place within each local authority and provided that the relevant support officer is notified prior to the commencement of the meeting.

## Chair

The Committee will be chaired by the respective Health Scrutiny Chairman from the local authority hosting the meeting.

If the Chairman is not present, the remaining members of the Joint Committee shall elect a Chairman for that meeting.

## Meetings

Meetings will be hosted on an alternate basis between Dudley MBC and Walsall MBC.

Dates of future meetings shall be agreed at the end of each meeting. However the Committee can convene between scheduled meetings as required, subject to approval of both Dudley and Walsall Health Scrutiny Committee Chairs.

#### Support

The Committee will be supported by the Hosting Authority in terms of clerking, administrative, advisory and research support. Respective local authority Mental Health leads may have a role in facilitating meetings and will therefore need autonomy to act between meetings as appropriate.

## **Conduct of Meetings**

The conduct of Joint Committee meetings shall be regulated by the Chairman in accordance with the general principles and conventions in connection with the conduct of local authority committee meetings.

Members of the Joint Committee will be bound by the Code of Conduct applicable to Councillors under the Local Government Act 2000.

#### Formal consultation

If the discretionary joint committee feel that there is a need for statutory consultation and the constituent Authorities believe the variation or development in services to be substantial it will form a statutory joint committee to scrutinise proposals. It merits noting that those local authorities that do not believe that the proposed change is a substantial variation or development in service are not required to participate in the statutory joint committee; if they do not, they lose their right to be consulted on and respond to proposals, which would be a loss of democratic influence on strategic direction .