HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Wednesday 27th March, 2013 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Ridney (Chair)
Councillor K Finch (Vice-Chair)
Councillors Cowell, Elcock, Harris, Hemingsley, Kettle, Mrs Rogers, Vickers and C Wilson

Officers

Assistant Director of Law and Governance (Lead Officer to the Committee), Head of Service (Private Sector Housing), Head of Service and the Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

Also in Attendance

Councillor Waltho – Cabinet Member for Adult and Community Services
Ms Laura Broster – Head of Communication, Dudley Clinical Commissioning Group
Mr Derek Eaves – Dudley Group of Hospitals NHS Foundation Trust
Ms Mandy Green – Communications Manager (Dudley and Walsall Mental Health Partnership NHS Trust)
Mr Howard Finegan – Primary Care Project Manager
Dr Paul Harrison – Medical Director
Mr Paul Maubach – Dudley Clinical Commissioning Group

37 APOLOGY FOR ABSENCE

An apology for absence was received on behalf of Councillor Roberts.

---

38 MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 26th February 2013 be approved as a correct record and signed.

---

39 PUBLIC FORUM

(a) Kate's Hill Surgery

The Chair referred to a question that had been submitted to the Castle and Priory/ St James's/St Thomas's Community Forum at its last meeting, which had subsequently been referred to this Committee for consideration. The questioner was not in attendance and the Chair reported that the questioner had referred to the decision made on the closure of Kate's Hill Surgery and had commented that it would consequently lead to the dispersal of 1500 residents and had posed the following two questions:-

(1) Has the Health Scrutiny Committee done enough to look after the rights of residents to continuity of care and quality care?

(2) What is the Council doing to specifically defend the health of residents in this very needy ward?

Mr Howard Finegan, Primary Care Project Manager was in attendance and explained that the Practice would close the following day. The list size at the Practice had only reached approximately half the contracted levels and this had resulted in financial difficulties for the Provider following the ending of minimum income guarantees after year two of the contract. The Commissioner and Provider had been in discussions for several months to explore alternatives to an early end to the contract. Any significant change to the original Financial Model Template fell outside what the Commissioner was able to achieve, therefore an alternative to the termination of the contract was not available.

Mr Finegan stated that it was with great regret that the Provider gave notice that they would not be able to continue with the service beyond March 2013 due to financial difficulties. The Commissioner accepted the notice and the parties agreed to work together through a suitable Exit Plan. Talks between the Provider and Commissioner were conducted confidentially until early January 2012 when patients and staff were notified of the closure. Confidentiality was requested by the Provider on the basis that to do otherwise would destabilise the Practice. The Commissioner consulted internally during this period regarding the impact of termination of contract at the end of year three and sought legal advice throughout and due consideration had been made to procurement law and full consideration had been given to the issues around displaced patients.

The small list size at the Practice (1431 at the start of January 2013) meant that it had not been viable to go to the market, a formal tender was therefore not appropriate. This had been based on a number of factors such as the fact that a tender exercise would have been based on a far less favorable Financial Model Template. A proposal to disperse patients had been accepted by the FHS Functions Committee in January 2013 following submission of a report that detailed the options and the capacity of other local Practices. Listed patients had been written to on three separate occasions, explaining the closure and offering further advice and support to patients seeking an alternative listing. There were three other Practices within a very short distance of the Kate's Hill Site, each with capacity and desire for an increase in their own list sizes and these Practices had been consulted over the closure.

Mr Finegan then presented statistical information in that the list size comprised 1431 patients as at 29th January, 2013 and of the 1431 patients, 454 came to the Practice from the three other local Practices over the three years. Less than two thirds (886 or 62%) of the total number of patients came to the Practice from other Dudley Practices (including those from local Practices). The remaining patients (545) on the list came to the Practice from out of the area.

The Commissioner had not conducted any recent analysis of the local / out of area distribution of the patients currently remaining on the list however, previous experience had led to the belief that patient dispersal accelerated in the remaining weeks and days of a contract. As at 21st March, 2013 approximately 500 patients had moved from the Practice. The Commissioner and Provider had liaised closely throughout this process to minimise any identified risks and the Commissioner would continue to provide information and support to those patients who had yet to approach an alternative General Practitioner Practice.

Members expressed concern at the late submission of this item to the Committee and suggested that in future proposals or decisions such as this be submitted to the Committee in sufficient time to allow proper scrutiny to take place. It was also suggested that an update report on this issue be submitted to the next meeting of the Committee. It was requested that the report should detail information on the strategic care of people in that area and statistics to show that their health had not suffered and also show any improvements in their health.

The Chair indicated that a written response would be submitted to the questioner.

RESOLVED

(1) That the Scrutiny Officer be requested to provide a written response to the questioner.

(2) That an update report on the strategic care, to include information on whether the health of people in the St Thomas's area had suffered or improved since the closure of the Practice, be submitted to the next meeting of the Committee.

(b) <u>The Future of New Bradley Hall</u>

Mr Mac Scott was in attendance at the meeting and spoke on the future of New Bradley Hall.

He stated that he had previously raised the issue at a meeting of the Council in November, 2011. At the meeting of the Cabinet held in June 2012, the decision was made that New Bradley Hall should remain open as a residential care home for long term residents for the duration of their stay for current residents and for the foreseeable future and that a Stakeholder Working Group comprising Members of

both political groups and other stakeholders be set up to consider the full range of the wider implications for all older people in the Borough. Mr Scott indicated that only one official meeting of that Working Group had been held last year and he asked the Committee what proposals they had considered for the future of New Bradley Hall for the foreseeable future.

In responding the Cabinet Member for Adult and Community Services reported that he had supported the decision for New Bradley Hall to remain open. He referred to the Stakeholder Working Group and indicated that this had been an information gathering exercise and he commented that he had hoped that elderly vulnerable residents would have attended that group to ascertain their views. Following the Stakeholder Working Group meeting the information was considered and discussions had been held with Mr Scott and it had been agreed that a conclusion on the matter be deferred pending consideration of the Council's budget. Since then a Cabinet Advisory Meeting had been held and consideration was being given to a possible range of options. Reference was made to "foreseeable" and the Cabinet Member stated that this would be a couple of years and a guarantee was given that consideration was being given to various options.

---

40 PRESENTATION ON MORTALITY INDICATORS

A presentation regarding the recent announcement by the National Health Service Medical Director to review fourteen Trusts with historically high mortality indicators and mortality indicators appertaining to the Dudley Group was received.

Arising from the presentation of the report Dr Harrison undertook to provide figures on the percentage of patients at Russells Hall from across the Borough with terminal conditions that had died at home.

A Member suggested that the outcomes and recommendations, as contained in Chapter Six of the Francis Report on Mortality Indicators, be included as an agenda item to the next meeting of the Committee.

RESOLVED

That the presentation given on the recent announcement by the National Health Service Medical Director to review fourteen Trusts with historically high mortality indicators and mortality indicators appertaining to the Dudley Group, be noted.

---

41 DIGNITY IN CARE REVIEW – FOLLOW UP

A report of the Lead Officer to the Committee together with information from the Dudley Group National Health Service Foundation Trust was submitted arising from the Committee's 2010/11 review on the theme of Dignity in Care in hospital settings.

RESOLVED

That the information contained in the report, Appendices to the report submitted and presentation given, arising from the Committee's 2010/11 review on the theme Dignity in Care in hospital settings, be noted.

---

42 UPDATE ON SERVICE IMPROVEMENT PLANS FOR PATIENTS WITH DIABETES

A report of the Head of Service Improvement, Dudley Clinical Commissioning was submitted on the role of Clinical Commissioning Groups (CCGs) in ensuring people with diabetes and those at risk of diabetes received the best care and support available.

Arising from the presentation of the report and in responding to Members' questions, it was reported that prevention work was utmost and information was communicated via posters, websites and various booklets. Work was also ongoing with schools to target young people via healthy school projects, School Advisers and exercise groups whereby young people at risk were identified and referred to their General Practitioners for proper testing. With regard to the waiting times from diagnosis it was indicated that there had been no cases in February that had waited for more than six weeks, however, there was an issue with variations across the patch for dieticians and chiropodists and consideration was being given to a service model.

RESOLVED

That the information contained in the report submitted, on the role of Clinical Commissioning Groups in ensuring people with diabetes and those at risk of diabetes received the best care and support available, be noted.

---

43 HOUSING ADAPTATIONS

A report of the Director of Adult, Community and Housing Services was submitted on the current position relating to the provision of adaptations to private and public sector housing in the borough.

Arising from the presentation of the report the Head of Service Private Sector Housing undertook to provide Members with information on how long the Occupational Therapist posts had been vacant.

RESOLVED

That the information contained in the report submitted, on the current position relating to the provision of adaptations to private and public sector housing in the borough, be noted.

The meeting ended at 8.30 p.m.

CHAIR