

SELECT COMMITTEE ON GOOD HEALTH

Thursday, 20th November, 2003, at 6.00 p.m.

PRESENT:-

Councillor Cody (in the Chair)
Councillor Hanson (Vice-Chair)
Councillors Ali, Ms Craigie, Johnson, Mrs Turner and Mrs White, together with the Head of Personnel and Support Services (Lead Officer), Director of Social Services, Assistant Director – Development and Environmental Protection (Directorate of the Urban Environment) and Mr B Morris (Directorate of Law and Property)

ALSO IN ATTENDANCE

Rob Bacon – Chief Executive – Dudley Beacon and Castle Primary Care Trust and Liz Ricketts, Podiatry Services Manager, Dudley South Primary Care Trust (for agenda item 5 – Chiropody provision in the Borough) and Sharon Menghini, Assistant Director – Access and Inclusion (Directorate of Education and Lifelong Learning) (for agenda item 6 – Revised Inclusion Strategy).

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MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 28th October, 2003, be approved as a correct record and signed.

Arising on minute 20 (Black Country Review - Better By Design) the Chair indicated that copies of the presentation by Paul Maubach were available for any Members wishing to have one.

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DECLARATIONS OF INTEREST

Declarations of Personal Interest, in accordance with the Members' Code of Conduct, were made by the following Members for the reasons indicated:

Councillor Johnson, as a user of the chiropody service.

Councillor Ms Craigie, as an employee of the Beacon and Castle Primary Care Trust.

Councillor Cody, in relation to his employment by the West Midlands Ambulance Service NHS Trust.

Councillor Hanson, in relation to his wife's employment in the National Health Service.

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APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Ameson and Aston.

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CHIROPODY PROVISION IN THE BOROUGH - OVERVIEW

Liz Ricketts, Podiatry Services Manager, Dudley South Primary Care Trust, gave a presentation on the Podiatry Service, outlining:-

- the individual elements of the service and the number of patients treated
- the staffing of the service
- the key service standards achieved currently
- an analysis of current waiting times for open access clinics, domiciliary treatment, children's clinics, specialist bio-mechanical assessment and podiatric surgery
- proposed further developments of the service in respect of the community diabetic service, foot health promotion, extension of the open access appointment system and equality of access for men and women.

Following the presentation members of the Committee raised the following matters with Ms Ricketts and Mr Bacon :-

- The potentially valuable "preventative" health role of the service if it dealt promptly with high risk groups such as people with diabetes. The response was that the service did see patients from high risk groups quickly. For other groups the aim was to get practice staff in general practitioners' surgeries trained to do first line assessments. Improvement of the service for diabetics was a service development target.
- A perceived lack of publicity about the service. Ms Ricketts responded that most referrals to the service were by health professionals, who were fully aware of the service. The main reason for this was that it was important that referrals came with a full medical history but this method of referral also protected the service from undue pressure. The fact that referrals could not come from social services professionals was not seen by the service as hampering access to it.

- The need for additional funding if the service was to be able to meet its own challenging development targets. The response was that there was a need for additional funding for the PCTs, both to maintain existing service levels next year and to improve on service delivery targets for the future.
- What was the PCT doing about the lack of operating theatre sessions for the service? The response was that the service had to use both the hospital theatre itself and the theatre staff. At present there was currently capacity for only one such session each week but the PCT was looking for additional sessions, particularly once the LIFT facility opened in Brierley Hill. The cost of using private hospitals made that option unachievable.
- The location of the centres used to deliver the service to the ethnic minority communities in the Borough. The response was that the service had carried out consultation as to the original location of the existing service outlets but it was now appropriate for those locations to be reviewed. Ms Ricketts offered to have some work done on that and to report back to the Committee in due course. Rob Bacon added that the service's aim was to reach all the hard to reach groups in the Borough, irrespective of which community they were in.
- Whether there were any staff recruitment or retention issues for the service. The response was that until now, there had been no such problems. In fact, there was a waiting list of locally-trained people and the service had had no need to advertise nationally over recent years. That situation might, however, change due to the closure of the training centre at the University of Central England.
- Whether the service gave advice to school children on foot care. The response was that the service gave a limited number of talks in schools but that it did not have the resources to do that kind of work to any great extent.
- Arrangements for bookings and cancellations of appointments. The response was that bookings were made by a postal system. The service aimed to keep telephone lines free for cancellations or emergency calls rather than for routine bookings.
- Whether there was a clear protocol for referrals for bio-mechanical assessments. The response was that on the whole referrals for bio-mechanical assessments were all appropriate ones.

- How was the service's concern about the length of waiting lists reflected within the PCTs' financial planning? The response was that the service was continuing to press for the resources it needed to maintain and improve on its service standards.

The Chair thanked Liz Ricketts and Rob Bacon for attending this meeting. He also mentioned that Wolverhampton City Council had produced a report on the podiatry service which this Committee would be invited to consider at a future meeting.

REVISED INCLUSION STRATEGY

Sharon Menghini (Assistant Director, Access and Inclusion) made a presentation on the revised Inclusion Strategy.

She indicated that consultation on the first version of the Strategy had run from October, 2002 to January 2003. 2741 responses had been received, in addition to which notes had been taken at over 30 meetings with a variety of stakeholders.

All the responses had been taken into account in drafting the revised Strategy, for which the consultation period was 1st September to 28th November, 2003. The revised Strategy set out a vision and the planned framework of educational provision to maximise educational and social inclusion.

Ms Menghini's presentation dealt with:-

The outcomes of the consultation and the response to it in terms of the revised Strategy;

The vision and principles for inclusion in Dudley;

The model for inclusion in Dudley, both in terms of area provision and Borough-wide provision;

The Action Plan for implementing the Strategy.

At the conclusion of the presentation, members of the Committee raised the following matters :-

- How would parents actually be involved in the placement process? In response Ms Menghini indicated that the statementing process already involved parents and that their concerns were always taken into account in agreeing a Statement of Educational Needs.

- Given the current shortage of teachers, how would teachers find time for additional training out of the classroom? Ms Menghini replied that a good deal of the extra training envisaged would be “on the job” training, using a large pool of expertise which already existed in Dudley.
- What further consultation would take place on the revised Strategy and what fail-safe mechanisms were envisaged in the event of problems emerging once the Strategy began to be implemented, particularly since key elements of provision were inter-linked? Ms Menghini replied that she hoped the revised Strategy would now receive endorsement. If that turned out not to be the case it would have to be redrawn. However, on the basis that the Strategy would be endorsed, she indicated that the Action Plan for its implementation was very detailed – indeed this was an Ofsted and legal requirement. She accepted the need to keep an eye very closely on its implementation from the outset.
- Asked about the extent of involvement by the Social Services Directorate, the Director of Social Services responded that there had been considerable discussions about the Strategy with her Directorate. One issue that had been discussed in some detail, for example, had been the implications of the Strategy for looked-after children.
- Ms Menghini was asked whether there had been any opposition from members of the public to having new special needs school provision located near to them. She responded that the planning process had not yet reached the stage where specific locations had been identified. She was, however, aware that it was not unusual for proposals for special schools to give rise to initial local concern.

The Chair thanked Ms Menghini for her presentation.

After some further reflection the Committee were of the view that although it had been appropriate for them to receive this presentation, given that they had contributed to the debate on the first version of the Strategy, they were not yet minded to go as far as endorsing the revised Strategy from the Good Health perspective. Instead it was -

RESOLVED

That the Director of Education and Lifelong Learning be asked to report further to the Committee on the position with the revised Strategy in January or February, 2004.

FEEDBACK FROM THE JOINT REGIONAL COMMITTEE MEETING HELD ON 3RD NOVEMBER, 2003

The Chair reported on the outcome of this meeting, namely that :-

- the Committee had agreed a draft protocol of working.
- the Committee had received a report by Wolverhampton City Council on the Chiropody Service.
- Richard Miles of the Strategic Health Authority had given a presentation on partnership working. Arising from this the Strategic Health Authority had asked to be able to see the agendas and minutes for meetings of each of the local authorities' Health Scrutiny Committees. The Head of Personnel and Support Services indicated that he proposed to respond to this request by giving the Strategic Health Authority a link to this Committee's website.

HEALTH MATTERS CONSIDERED BY THE EXECUTIVE

The Vice-Chair drew attention to the fact that reports on the residential care of older and disabled people in Dudley and on a proposed response to the Green Paper 'Every Child Matters' had been considered by the Executive at their meeting on the 19th November, 2003. He asked for those reports to be submitted to this Committee for consideration at the next meeting.

RESOLVED

That the above-mentioned reports be submitted to this Committee at the next meeting and that Councillor Miller, Lead Member for Social Services, be invited to be present on that occasion.

The meeting ended at 8.20 pm.

CHAIR