HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

WEDNESDAY 26TH SEPTEMBER, 2012

AT 6.00 PM
IN COMMITTEE ROOM 2
AT THE COUNCIL HOUSE
DUDLEY

If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, could you please contact Democratic Services in advance and we will do our best to help you

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Dudley
Metropolitan Borough Council

IMPORTANT NOTICE

MEETINGS IN DUDLEY COUNCIL HOUSE

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Directorate of Corporate Resources

Law and Governance, Council House, Priory Road, Dudley, West Midlands DY1 1HF
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Your Ref:	Our Ref:	Please Ask For:	Telephone No:
	260912/MJ	Mrs M Johal	01384 815267

18th September 2012

Dear Member

Meeting of the Health and Adult Social Care Scrutiny Committee

You are requested to attend a Meeting of the Health and Adult Social Care Scrutiny Committee to be held on Wednesday 26th September, 2012 at 6.00pm, in Committee Room 2 at the Council House, Dudley to consider the business set out in the agenda below.

The agenda and reports for this meeting can be viewed on the Council's website www.dudley.gov.uk. (Follow the links to Council Decision Making and Committee Information)

Yours sincerely,

Director of Corporate Resources

A G E N D A

1 APOLOGIES FOR ABSENCE

To receive apologies for absence from the meeting

2 APPOINTMENT OF SUBSTITUTE MEMBERS

To report the appointment of any substitutes for this meeting of the Committee.

3 DECLARATIONS OF INTEREST

4 MINUTES

To approve as a correct record and sign the minutes of the Meeting of the Committee held on 17th July, 2012.

5 PUBLIC FORUM

To receive questions from members of the public:-

The Public are reminded that it is inappropriate to raise personal cases, individual details or circumstances at this meeting, and that an alternative mechanism for dealing with such issues is available.

Please note that a time limit of 30 minutes will apply to the asking of questions by members of the public. Each speaker will be limited to a maximum of 5 minutes within the 30 minutes.

6 PUBLIC HEALTH TRANSITION – VISION AND STRATEGY (PAGES 1 – 5)

To consider a report of the Chief Executive

7 DRAFT JOINT HEALTH AND WELL BEING STRATEGY (PAGES 6 – 18)

To consider a joint report of the Director of Adult, Community and Housing Services, Acting Director of Children's Services, Director of the Urban Environment, Director of Public Health and the Interim Senior Responsible Officer of the Clinical Commissioning Group

8 UPDATE ON DEVELOPMENT OF THE DUDLEY CLINICAL COMMISSIONING GROUP (PAGES 19 – 21)

To consider a report of the Chief Officer, Clinical Commissioning Group

9 MATERNITY UPDATE (PAGES 22 – 23)

To consider a report of the Dudley Group NHS Foundation Trust

10 ELDERLY CARE TRANSFORMATION (PAGES 24 – 26)

To consider a report of the Dudley Group NHS foundation Trust

11 ANNUAL REPORT (To Follow)

To consider a report of the Lead Officer to the Committee

12 TO ANSWER QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8 (IF ANY) AND QUESTIONS ON INFORMATION ITEMS AVAILABLE ON THE COMMITTEE MANAGEMENT INFORMATION SYSTEM.

Members are asked to e-mail Manjit Johal, at the address shown on the agenda cover, at least three working days before the meeting details of any questions they would wish to raise ON THE INFORMATION ITEMS.

This will enable responses to questions to be circulated prior to the meeting.

Questions on information items raised at the meeting will receive a written response following the meeting.

Information items to this meeting:-

(i) Adults Annual Social Care Complaints Report

To:- All Members of the Health and Adult Social Care Scrutiny Committee, namely

Councillors:-

Cowell	**Elcock**	**K Finch**	**Harris**
Hemingsley	**Kettle**	**Ridney**	**Roberts**
Mrs Rogers	**Vickers**	**C Wilson**	

Ms Angela Hill – LINk Co-optee

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 17th July, 2012 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

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

Officers

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

Also in Attendance

Mr Steve Corton – Head of Community Engagement, Dudley Primary Care Trust
Ms Marsha Ingram – Acting Director of People and Corporate Affairs (Dudley and Walsall Mental Health Partnership NHS Trust)

8 DECLARATION OF INTEREST

Councillor Hemingsley declared a disclosable non-pecuniary interest in accordance with the Members' Code of Conduct in respect of agenda item No 6 (Consultation on the Future of New Bradley Hall), as he had been part of the Action Team to save the home.

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9 MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 19th June 2012 be approved as a correct record and signed.

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10 PUBLIC FORUM

No issues were raised under this agenda item.

11 CONSULTATION ON THE FUTURE OF NEW BRADLEY HALL

A report of the Director of Adult, Community and Housing Services was submitted on the outcome of the formal consultation process regarding the future of New Bradley Hall residential care home.

In presenting the report the Director of Adult, Community and Housing Services highlighted key issues and points contained in the White Paper and Social Care Bill and indicated that an in-depth presentation on issues relevant to Dudley and information on further updates could be presented at the next meeting of the Committee

Arising from the presentation of the report a Member referred to the recommendation as contained in the report that New Bradley Hall would remain open as a residential care home for long term residents and sought clarification on that point and also indicated that there was no mention of respite care. In responding the Chair indicated that the recommendation was part of the original document and that the matter was still under consideration.

A Member indicated that the document should be viewed as an interim paper and that the issue was about long term care for the elderly in the Borough. The Stakeholder Working Group would consider the matter and once the work of the Group was concluded, amendments could be made, if necessary.

In response to a query about the pressures and demands in the service due to the increase of the population in Dudley and the significant percentage of people requiring long term support, the Director of Adult, Community and Housing Services acknowledged the pressures on resources and emphasised the need to ensure that the Council achieved the right balance of care. The Directorate of Adult, Community and Housing Services were building a comprehensive demand management tool to provide a clear framework for establishing that balance and the Director of Adult, Community and Housing Services indicated that a presentation on the system could be made at a future meeting of the Committee.

RESOLVED

(1) That the information contained in the report on the outcome of the formal consultation process regarding the future of New Bradley Hall residential care home, be noted.

(2) That a further in-depth report on issues pertinent to Dudley and information on further updates be submitted to the next meeting of the Committee.

12 LOCAL HEALTHWATCH DEVELOPMENT IN DUDLEY

A report of the Director of Adult, Community and Housing Services was submitted on developments to establish a Healthwatch for Dudley and an update on some of the key national or over-arching matters dictating the delivery of Local Healthwatch.

Arising from the presentation of the report the Chair commented that it was important for communities to see that Local Healthwatch were making an impact and offering value for money and it was queried whether evaluations would be undertaken on their effectiveness and whether they were meeting the needs of local people. She also queried if there were any repercussions if it was found that Local Healthwatch did not meet the requirements or standards. In responding the Head of Policy and Performance indicated that Local Healthwatch would be accountable to the Local Authority and that a key difference between Local Healthwatch and Local Involvement Networks (LINks) was that there would be an overarching body, Healthwatch England, that would be setting standards and working with Local Healthwatch to ensure that the views of the public and people who used services were taken into account. The Head of Policy Performance further reported that if it was found that the provider did not meet expectations the Local Authority had the power to withdraw the contract.

In responding to further questions the Head of Policy and Performance reported that it was a legal requirement to have a Local Healthwatch, a representative from Local Healthwatch would be attending meetings of the Committee, the chosen provider would be monitored on their spend, that certain functions would be mandatory for Local Healthwatch and that consideration would be given to shared services.

With regard to the selection and interviewing process for Local Healthwatch a Member indicated that the Panel should not be purely Officer led and suggested that consideration be given to including external people in the selection process.

RESOLVED

(1) That the information contained in the report, and Appendix to the report, submitted on developments to establish a Healthwatch for Dudley, be noted.

(2) That further updates on the development of Healthwatch Dudley be submitted to the Committee in due course.

13 COMMITTEE REVIEW 2011/12 : CARING FOR CARERS

A report of the Lead Officer to the Committee was submitted on the draft 2011/12 Caring for Carers Committee Review.

RESOLVED

(1) That the information contained in the report, and Appendix to the report submitted, on the draft document on the 2011/12 Caring for Carers Review, be approved.

(2) That the emerging recommendations, numbered 1 to 11, as detailed in the Appendix to the report submitted, be approved and monitored through future development of the work plan of the Committee.

The meeting ended at 7.25 p.m.

CHAIR

Agenda Item No. 6

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

26th SEPTEMBER 2012

Report of the Chief Executive

PUBLIC HEALTH TRANSITION – VISION AND STRATEGY

Purpose of Report

1. For the Health and Adult Social Care Committee to consider the vision and strategy for public health transition to the Council.

Background

2. **Vision:** NHS Reform and the transition of public health has been the subject of reports presented to both Cabinet and the Health and Adult Social Care Scrutiny Committee over the last eighteen months.

3. The Council has welcomed public health responsibilities being transferred back to local government because public health was at the heart of modern local government from the 19th century until 1974. To meet the Council's aim of providing the best public health services possible, an Office of Public Health is to be located in the Chief Executive's Directorate with the Director of Public Health reporting directly to the Chief Executive.

4. These developments have been undertaken as a result of the Health and Social Care Act enacted in 2012. The Act gives Dudley Council new responsibilities along with partners in the Dudley Clinical Commissioning Group and others to improve the health and wellbeing of Dudley people through addressing health inequalities and the quality of health services in Dudley. The Council can use the influence that it has through all of its services in education, housing, regeneration, leisure environmental health, adult learning, and social care amongst others to improve the health of Dudley people.

5. The Council is working with partners in the NHS such as the Dudley Clinical Commissioning Group led by Dudley GP's and the NHS Commissioning Board as it develops. These are new bodies so their influence and leadership on Dudley health services will be vital.

6. The new law also requires the Council to establish a Health and Well-Being Board for Dudley. This has already been done in Shadow form. The Board will be a new Committee of the Council, and brings together Elected Members of the Council, the Council's three statutory Directors of Public Health, Children's Services and Adult Social Services together with the Directorate of Urban Environment with partners from the Clinical Commissioning Group and others. Amongst its

purposes, the Board will undertake a Joint Strategic Needs Assessment of the health and wellbeing needs of the Dudley population. It will produce a Joint Health and Well-Being Strategy for Dudley based on this assessment through which it can address health inequalities. The Board will also want to ensure that the voice of people using health and care services and our communities is heard to inform the leadership of the Board. To do this, the Council is procuring a Local Healthwatch for Dudley, a representative of which will sit on the Board.

7. The consequence of NHS Reform and the transition of public health responsibilities to the Council as part of that give the opportunity for public health services in the Council to be seen in the wider context of the Council's current contribution to improving health. This is part of our vision for the Council as a whole with its new responsibilities in mind. There is an opportunity now to work in new and better ways with partners. Also, there is an opportunity to have the skills, knowledge and experience of public health specialists located within the Council to advise and add their contribution to that of the Council as a whole in the new working arrangements brought about by NHS Reform. It is very important that in this way public health services are integrated into the Council so that they are not isolated in any way from other areas of Council activity. It also needs to be ensured that public health services specifically can continue serve the local NHS e.g. through a "Core offer" to the Clinical Commissioning Group.

8. **Strategy:** To manage the overall strategic approach to the transition, plans have been established to manage the process. First, a Public Health Transition Group has been formed, chaired by the Chief Executive. Membership includes:

    - Cllr. Zafar Islam as the Cabinet Member for Health and Well Being and Chair of the Dudley Shadow Health and Well Being Board.
    - Director of Adult, Community and Housing and the Director of Children's Services and a nominee for the Director of the Urban Environment are also members together with officers from a range of resources responsibilities – finance, ICT, accommodation, legal and Human Resources.
    - The Joint Director of Public Health is a Member together with the Deputy Director of Public Health.
    - Dudley Clinical Commissioning Group's Senior Responsible Officer and the Black Country PCT Cluster Director of Operations

9. An Action Plan has been developed and is monitored which covers initial consideration of a vision for public health embraced by all partners as outlined above. Specific public health activity is included in the Plan such as developing the Public Health Business Plan 2012/13, continuing public health quality assurance of Adult screening programmes and establishing working arrangements for delivery of agreed Local Authority Public Health "Core Offer" to the Dudley Clinical Commissioning Group amongst other actions. Actions relating to communications are also included such as the agreement that the Council's October Management Forum will be a specific one on public health. The Action Plan also includes practical issues relating to finance, ICT, accommodation, legal and Human Resources that need to be finalized ahead of April 2013 when the transition needs to be completed. The Committee will want to be reminded that although provided locally here in Dudley, public health services have been part of the wider NHS organization in the local Primary Care Trust. As part of a national

organization, the NHS have wanted to make arrangements that support their employees and the needs of the services they have managed across the country.

10. This has sometimes been a frustration for localities. For instance, both the Council and the Black Country PCT Cluster have to enter into a period of "due diligence" with regard to the transfer of the staff, budgets, contractual commitments, assets such as computer equipment and liabilities. To support them with this process the Black Country PCT Cluster have appointed the Auditors, KPMG, to represent them in their contact with Councils. This has caused some delays for Councils in acquiring information which they might otherwise have wanted to have at as an early point as possible. Nevertheless, a direction has now been established to carry this work forward.

11. From contact with NHS colleagues, it appears to be increasingly accepted that the consequences of NHS Reform such as public health transition will mean that by October, the Council will be seen to be "in the driving seat" as far as decision-making and ownership of the local public health agenda in Dudley is concerned. With this in mind, the Council is also establishing a Public Health Integration Board which will bring together relevant Cabinet Members and Directors and/or Assistant Directors covering Health & Well-Being, Housing, Adult Social Care, Environmental Health, and Children's services. These are seen as the main service areas where public health issues connect to the Council although there are others, too, such as Emergency Planning. The Board is due to have its first meeting in September.

12. The Public Health Integration Board will consider the challenge and vision for the Council as a body corporate in integrating a new and significant function. It is important to note that the Council has worked in related ways to take on new responsibilities or to share responsibilities with others before. The Council is using learning from these experiences as it approaches public health transition e.g. in taking on former-Connexions staff into the Children's Services; or working in partnership with NHS mental health services.

13. The Council is also participating in relevant regional and national meetings to assist learning about how others are approaching the transition of public health services. In May 2012, the Public Health Transition Group held a successful Learning Event with Directors of Public Health from Wigan and Newham in attendance as a means to generate wider learning from others. This has helped strengthen decisions and direction about specific actions such as developing an initiative called "Making Every Contact Count" – this is an approach of extending public health knowledge across all or most Council employees who in their contacts with the public may be able to give helpful advice about issues connected to improving health. In addition, work is being undertaken to build on approaches developed so far to focus on the health and well-being of the Council's workforce so that the Council leads by example as an employer in the locality.

14. In terms of organisational arrangements, the Committee will recall that the Joint Director of Public Health has attended the Council's Corporate Board for sometime. Arrangements have been made for senior public health staff to meet with Council Directorate Management Teams so that mutual understanding and appreciation of the tasks and challenges begin faced by all concerned can be shared.

15. **Summary / Opportunities:** The transition of public health responsibilities to Dudley Council is an opportunity which is being embraced at a number of levels.

16. First, it is an opportunity which is being embraced in terms of the vision for the Council as a whole taking on new responsibilities for the improvement of the health and wellbeing of Dudley people and addressing health inequalities as outlined above. The Council is reminding itself of all that it does already which contributes to the improvement of people's health but is also mindful that we need to deepen our awareness of our new responsibilities including those that the public health service will bring to the Council as part of their functions such as the role of the Director of Public Health as the chief advisor in health.

17. Secondly, there is the opportunity of working with new partners as the structural shape of NHS Reform beds down:
    - Good relationships with the Dudley Clinical Commissioning Group have already been secured. The Chief Executive of the Council is a member of the Clinical Commissioning Group Board and officers from both organisations take business forward at relevant meetings.
    - The NHS Commissioning Board will be members of the Health and Well Being Board but the area of responsibility which they cover for Birmingham, Solihull and the Black Country will now be a much larger one than first envisaged.
    - At the time of writing, a Chief Officer has been appointed for Public Health England and a relationship will need to be established locally as the shape of this organisation becomes clear.
    - Black Country Directors of Public Health have continued work on how public health services across the Black Country might work more effectively together to address the issues which are shared across the Black Country with regard to obesity, substance misuse or child poverty amongst others.
    - The Health and Well-Being Board will increasingly be the instrument through which whole-Council efforts cutting across the responsibilities of the Director of Public Health, the Director of Children's Services and the Director of Adult, Community and Housing Services working together with local NHS, voluntary sector and patients organisations services through an agreed Joint Health and Well Being Strategy to improve the health of Dudley people and the quality of local health services.

18. Thirdly, through the establishment of an Office of Public Health in the Chief Executives Directorate, the Council has a direction for the integration of a relatively small team and budget in comparison to other Council areas of 80 FTEs with an indicative budget of £16.3m for 2012/13 into the Council. The work of the Public Health Transition Group, the Public Health Integration Board and the presence of the Director of Public Health on the Corporate Board with other Directors is key to ensuring sustainable effective linkage within the Council. It is understood that public health will be a corporate theme for the Council as a whole.

Finance

19. The Department of Health have indicated that a budget of £16.3m for 2012/13 will be transferred to the Council. Final declaration of the Council allocation for public

health services is not expected until December 2012. The grant for public health services will be ring-fenced.

Law

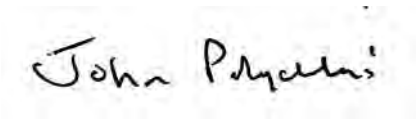
20. The Health and Social Care Act 2012 sets out arrangements for the provision of public health services. This Act is the culmination of a number of White Papers and other publications by the Department of Health which have set direction for the transition of public health to Local Authorities.

Equality Impact

21. The transition of public health to the Council extends the influence which the Council has independently and as a leader in the Shadow Dudley Health and Well-Being Board to work more closely with partners, particularly GP and Clinical Commissioners, to address health inequality issues.

Recommendation

22. That the Health and Adult Social Care Scrutiny Committee note the vision and strategy for the transition of public health responsibilities to Dudley Council.



JOHN POLYCHRONAKIS

Chief Executive

Contact Officer:

Brendan Clifford
Assistant Director

Agenda Item No. 7

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

26TH SEPTEMBER 2012

Joint Report of the Director of Adult, Community and Housing Services, Acting Director of Children's Services, Director of the Urban Environment, the Director of Public Health and the Interim Senior Responsible Officer of the Clinical Commissioning Group

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY

Purpose of Report

1. For the Committee to consider the Shadow Health and Well-Being Board's Draft Joint Health and Well-Being Strategy.

Background

2. In response to NHS reform, the Cabinet established a Shadow Health and Well-Being Board as a new Committee for the Council beginning in the 2011/12 municipal year.

3. There are a number of key functions for the Shadow Health and Well Being Board. These include the need to develop a Joint Health and Well-Being Strategy.

4. The Strategy should be built on the analysis of the Joint Strategic Needs Assessment which is a responsibility of the Directors of Children's Services, Adult Social Services and Public Health. This assessment combines analysis of both quantitative and qualitative data. Quantitative data includes issues such as demography; health issues such as substance misuse or obesity; and policy issues such as the number of looked after children or the number of adults receiving direct payments for their care. Qualitative data includes the outcomes of consultation and engagement with Dudley people either formally or informally.

5. The Shadow Board has met in public session as well as to undertake Board Development work. This has included consideration of proposed content of a draft Joint Health and Well-Being Strategy which is included as an Appendix to this Report. The Draft builds on the analysis of our Joint Strategic Needs Assessment.

6. The production of a Joint Health and Well Being Strategy is a key activity of the Shadow Health and Well Being Board. The work associated with such a Strategy supports the duty on Local Authorities and Clinical Commissioning Groups to improve health and the quality of health services.

7. The Shadow Health and Well Being Board has shaped its initial direction for a Joint Health and Well Being Strategy where key considerations have included:

- the need to address the needs of all people "from cradle-to-grave," across the whole life-course including an initial suggestion of the "Top Ten" Key Facts from our Joint Strategic Needs Assessment;
- focus on important principles such as closing the health inequalities an care gap through health improvement and improvement in quality of health services;
- next steps in improving our approach to integrated commissioning and provision between the Council and the Clinical Commissioning Group so that people using services have better pathways to care;
- responding to the content of the discussion by the Shadow Health and Well-Being Board at both its public meetings and Development Sessions to date e.g. what a definition of "Well Being" has meant to the Shadow Board Members;
- that the Strategy should be concise and produced to meet the needs of a range of audiences; and
- that the public should be engaged in the development of the Strategy.
- Knowing that more analysis on the needs of children and young people will be needed in the area.

8. Practically, a Planning / Editorial Group was formed on behalf of the Shadow Board and a First Draft Joint Health and Well Being Strategy was developed. This version was the basis for consultation with the public and stakeholders at the Shadow Board's Engagement Event of 5th July 2012. Connected but targeted arrangements have been made to meet the needs of children and young people for engagement on the draft Strategy. In developing the Draft Strategy, the Shadow Board has also had available to it, the outcomes of a separate but connected engagement event organised by the Clinical Commissioning Group in June 2012 on connected issues linked to their Authorisation Timetable.

9. Nearly 150 people attended the Engagement Event from the public, partner agencies and other stakeholders in a single late afternoon session. A rich volume of material was gained through the Event.

10. Attendees were invited to consider the main facts arising from the Joint Strategic Needs Assessment as included in the Draft Strategy. Some "headline" responses to the Draft Joint Health and Well Being Strategy which have been used to inform the current Draft included:

    - *"better engagement with communities need to allow time to explain and for life experiences to be shared to distil views" …"need to get representative structure right"*
    - *Start with child as that is the future*
    - *"better focus/greater understanding of mental health problems and the impact this can have on communities (particularly dementia)*
    - *"need to have clear links with other local strategies ie. child poverty strategy"*
    - *"promote walking groups, activities"*
    - *"divide in Dudley – look at poor areas what are the problems – can the better areas help the other areas?"*
    - *"pressure on young people, body image"*

- *"smoking/drinking – bigger than Dudley, can create local opportunities but issue wider than here"*
- *"poverty an issue but middle class/ Mr & Mrs Average are actually struggling"*
- *"issues are around pathways of care and lack of communication*"
- *"sandwich people in 50's and 60's age groups caring for young children and elderly parents… stressed unable to work – how do we help them taking on bigger –loads"*
- *"doesn't address unseen needs – people who don't' access healthcare for whatever reasons"*
- *"people with learning difficulties living with older carers – more support to individuals to allow cares to have a break"*
- *"need to give change a chance"*
- *"Missing – is anything about building personal resilience to tackle what life throws at you"*
- *"the doctors appointments do not come through quickly*
- *"changing attitudes and mindsets of users to help themselves e.g. people wait hours for a prescription for aspirin*

11. As follow-up to this Engagement Event, further engagement activity is being undertaken in September the outcome of which is not available at the time of writing.

12. It has been recognised that there is much to learn from the process that has been undertaken for this Draft Joint Health and Well Being Strategy and that we can learn from this with a view to producing an even more developed product during 2013/14. This process has also provided learning for next year which will be incorporated into the Board's engagement strategy / arrangements.

13. The Shadow Health and Well-Being Board very much welcomes the comment and contribution of the Childrens Select Committee and the Health and Adult Care Select Committee on the content of the Draft Joint Health and Well-Being Strategy so that it can influence the direction of the Strategy overall.

Finance

14. Any financial implications arising from the content of this Report will be met from within existing budgets between the agencies.

Law

15. The background to the development of Health and Well Being Boards and the production of Joint Health and Well-Being Strategies lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

Equality Impact

16. The establishment of a Shadow Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board including the development of a Joint Health and

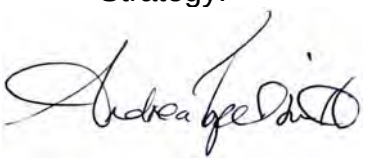
Well Being Strategy. This Strategy will need to be informed by other strategies and principally the Health Inequalities Strategy.

17. Work on an Equality Impact Assessment is being undertaken in respect of the developing Joint Health and Well Being Strategy.

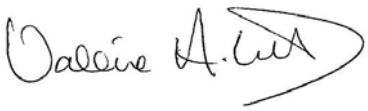
Recommendation

18. That the Committee -

- Comment on the current content of the draft Joint Health and Well-Being Strategy.

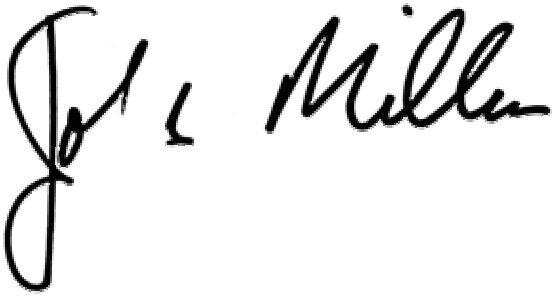


Andrea Pope- Smith
Director – DACHS

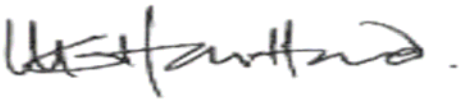


Valerie Little
Director of Public Health

Jane Porter
Director – DCS



John Millar
Director - DUE



Matt Hartland
Interim Senior Responsible Officer
Dudley Clinical Commissioning Group

Contact Officers:

Brendan Clifford
Assistant Director – DMBC DACHS

Ian McGuff
Assistant Director – DMBC DCS

Sue Holmyard
Assistant Director – DMBC DUE

Neill Bucktin
Associate Director –Dudley CCG

Karen Jackson
Public Health Consultant

the Healthy Debate

Dudley Shadow Health and Well Being Board

Draft Joint Health and Well Being Strategy

Dudley Shadow Health and Well Being Board

Draft Joint Health and Well Being Strategy

Introduction

Health and wellbeing boards are at the heart of the Government's plans to transform health and care and achieve better health and wellbeing for local people.

Two core responsibilities of the Boards are:

- Developing a Joint Strategic Needs Assessments
- A joint Health and Wellbeing Strategy.

Today's consultation centres on the joint Health and Wellbeing strategy.

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Question 1 . What should the strategy be called?

The contents of the strategy will always be of the greatest relevance but its title is also of importance in terms of identification with its purpose. We would therefore appreciate your thoughts as to what the strategy should be called.

What should the strategy be called?

Background

Dudley has benefited from and is building upon a strong history of joint working between the public, private and third sectors. This has been managed in the past under the auspices of the Dudley Community Partnership – the Local Strategic Partnership for Dudley.

Dudley was one of the first health and social care economies in the country to produce its Joint Strategic Needs Assessment in 2007. This informed Dudley's Health and Social Care Commissioning Framework 2008/13, "Seeing The Bigger Picture".

A number of partnership bodies operate locally, developing, owning and implementing a series of joint strategies. Details of these joint strategies are set out in Appendix 1.

Terms of Reference for a Dudley Health and Wellbeing Board were first discussed in November 2010 and the Health and Wellbeing Board was established in shadow format as a committee of

Dudley MBC in April 2011. Since that time the Shadow Health and Wellbeing Board has met on 4 occasions and has also held separate development sessions on, inter alia, the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). Dudley CCG has participated in this process throughout and has been represented on the shadow H&WB from the outset.

This Joint Health and Wellbeing Strategy builds on the work which has already taken place in Dudley in recent times. It has been drawn up in the light of discussions which have taken place within the Health and Wellbeing Board.

What do you think ?

A stakeholder engagement event will take place on Thursday 5 July 2012 where we will begin the process of sharing the rationale behind this strategy with patients, carers, members of the public and other key stakeholders.

We want to know what you think and a number of questions feature in this document.

Please let us have your comments either to nick.perks@dudley.gov.uk or by freepost to:

Draft Health & Wellbeing Strategy
Communications
Dudley Council
FREEPOST MID223Q8
DY1 1BR

or hand in at the event on July 5th.

We will arrange another event in September 2012 to obtain further feedback on our priority actions, the strategy will

then be approved by the Shadow Health and Wellbeing Board in October 2012.

Joint Health and Wellbeing Strategies (JHWS) – The National Requirements

JHWSs are intended to be high level and strategic:

"..... we would encourage organisations to develop a JHWS that provides a concise summary of how they will address the health and wellbeing needs of a community and help reduce inequalities in health – rather than a large, technical document. The strategy should provide the overarching framework within which commissioning plans for the NHS, social care, public health and other services... are developed".

(Liberating the NHS: Legislative framework and next stages; 2011, p.96)

We want our Joint Health and Wellbeing Strategy to be short and snappy and as easy to read as possible. Because the Strategy will highlight in an overarching way how we will reduce inequalities in health, much of the detail will be contained in other documents (see Appendix 1).

The priorities set out below will form the main focus for the work of the Health and Well Being Board starting from the development of policy through to implementation and managing performance.

Wellbeing – What is it?

As a first step in developing this strategy, we have discussed the notion of wellbeing and what it means. In 2008, an organisation called the New Economics Foundation (NEF) was commissioned by the Government to understand measure and influence wellbeing.

It was found that despite the exceptional economic prosperity of the last 35 years, individuals and communities did not necessarily feel better. After a certain level of income and material stability, having more money does not have an improved impact on the quality of our lives.

NEF identified five evidence based actions that lead to wellbeing as follows:

- Connect
- Be active
- Take notice
- Keep learning
- Give

NEF Action for Children have undertaken research which shows that the UK currently spends billions attempting to deal with the social problems produced by unhappy and deprived childhoods, such as drug abuse, family breakdown, obesity, mental ill health and crime. NEF has argued that resources can be saved and well being improved by changing to a more preventative system of care services for children and young people.

Members of the Shadow Health and Wellbeing Board have developed their own view of what wellbeing is made of.

Below is a “word cloud” based upon comments made by Board Members.

There are three important considerations that arise from this work:

1. Health and Wellbeing are not separate concepts –. Health is a very important part of wellbeing;

2. The importance of “family” – which draws attention to the “life course” approach (see below) to both the Joint Strategic Needs Assessment and the JHWS;

3. The importance of capturing subjective and practical information from a range of communities and individuals to balance, test and provide insight into the issues arising from the analysis of “objective” hard data.

Question 2. What does Well Being mean to you ?

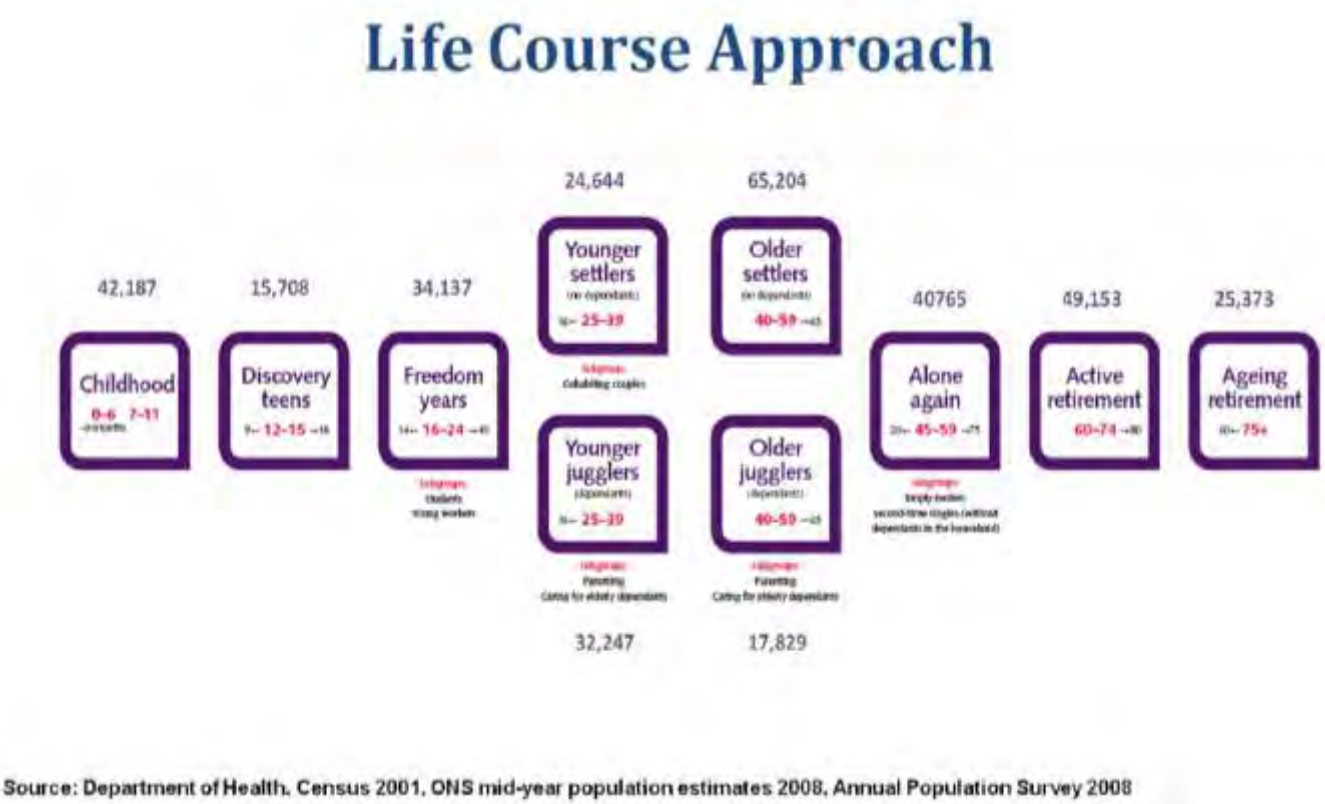
The Life Course approach

Professor Sir Michael Marmot conducted a review of health inequalities in England and published a report “Fair Society, Healthy Lives”, in February 2010.

This report showed the link between economic status, health and wellbeing. Socio-economic status is an important determinant for health outcomes. Marmot has previously argued that being in control of one’s life is related to your socio-economic position and that society can be made more participatory and inclusive in order to increase overall public health.

In this sense, examining issues across the “life course” or different life stages is important. The role of public policy should be to intervene at appropriate points in order to create the type of individual autonomy required to deliver a better outcome.

The Dudley approach to life course is illustrated in the diagram below



Source: Department of Health, Census 2001, ONS mid-year population estimates 2008, Annual Population Survey 2008

This strategy will take a “life course” approach to health and wellbeing. In this context, early intervention will be an important principle in tackling inequalities across the generations.

Joint Strategic Needs Assessment

The Dudley JSNA is a live web based compendium of data and documentation which can be accessed at www.dudleylsp.org/jsna/

It reports on the needs of local people.

The Shadow Health and Wellbeing Board has considered this and identified ‘10 key facts’.

In addition, it has identified other areas (in italics below) it believes to be worthy of further attention and space is provided for your comments about these areas:-

Health Inequality Issues

Inequality of Outcome

1. Though life expectancy has increased in Dudley, men from the most deprived areas still live 9 years less than those from the most affluent fifth.

Lifestyles

2. Excessive consumption of alcohol. 65,000 adult heavy drinkers with 1 in 20 14 to 15 year olds drinking 15 units last week.

3. Obesity- 55,000 obese adults and 763 year 6 children are obese.

4. Smoking: 45,000 adults in Dudley smoke and 1 in 7 fifteen year olds smoke

Detection of ill Health

5. Blood pressure. Currently 1/3 of people with high blood pressure remain undetected.

Mental Health and Emotional Wellbeing

6. 1 in 4 people will experience a mental health problem at some point in their life; 1 in 6 adults have a mental health problem at any one time; and 1 in 10 children between 5-16 years of age have a mental health problem which will most probably continue into adulthood.

7. Suicide rates reflect the mental health of the of the community a whole.

Trends in Premature Deaths

8. Cardiovascular disease (CVD) and cancer remains the biggest killer.

9. Whilst premature mortality is decreasing for CVD and cancer, it is increasing for accidents and respiratory diseases probably continue into adulthood.

Social Determinants

10. Unemployment: This has impacted on all age groups but has hit 16 –24 year olds the hardest

Question 3. These are the needs we think are important.

Do you agree?

Have we missed any?

Priorities for action

On the basis of these key facts, the Shadow Health and Wellbeing Board will identify priority areas for action.

The CCG is committed to ensuring that these priorities are reflected in its Commissioning Plan and Intentions.

Question 4. What do you think should be our 'priorities for action'?

Integration

The local health and social care economy already makes use of mechanisms to promote integration across health and social care. In particular, Agreements under Section 75 of the Health Act 2006 exist for:-

- lead commissioning arrangements for learning disability services
- pooled budget for Falls Service
- pooled budget for Acquired Brain Injury Service
- pooled budget for Community Equipment Service
- pooled budget for the placement of children under 17 with disabilities outside Dudley

Our approach to integration will be outcome driven as follows:-

- we will identify those pathways where we believe a more integrated approach can deliver a better outcome;
- we will agree a revised pathway;
- we will identify the resources from commissioners supporting the pathways
- we will examine how resources may be better utilised – through pooled budgets, joint teams, joint posts.

Final thoughts

If you have any further thoughts about the strategy which you have not been able to record in the boxes above, please add them here: -

Health and Adult Social Care Scrutiny Committee

Report of the Chief Officer, Dudley Clinical Commissioning Group

Update on Development of the Dudley Clinical Commissioning Group

Purpose of Report

1. This report sets out progress to date on the development of the Dudley Clinical Commissioning Group. In particular, it covers:-

    - The Authorisation Process
    - The Development of the Commissioning Support Unit
    - Implementation of Any Qualified Provider

Background

2. The Committee will recall that the Dudley CCG was established on the 1 April 2011 as a sub committee of Dudley PCT, with a delegated budget and a number of PCT staff assigned to provide managerial support.

3. Since that time significant work has taken place to ensure that the CCG:-

    - has appropriate governance arrangements
    - has appropriate organisational arrangements
    - is fulfilling its commissioning responsibilities
    - has taken appropriate steps to meet the requirements for formal authorisation as an NHS body

4. These issues are dealt with below.

Governance arrangements

5. The current formal status of the CCG is that of a sub committee of the PCT. The CCG is, effectively, a membership based organisation constituted by the 52 GP Practices in Dudley.

6. The CCG Board is, subject to final appointments in one or two cases, now fully established and consists of the following members:-

    - 10 GP Members
    - 1 Co-Opted GP member
    - 1 Appointed Nurse Member
    - 1 Appointed Secondary Care Doctor
    - Chief Executive of Dudley MBC
    - Lay Member – Governance and Audit
    - Lay Member – Champion for Patient and Public Engagement
    - Chief Officer
    - Chief Finance Officer

Organisational Arrangements

7. Each clinical member of the CCG Board has responsibility for managing, in conjunction with appropriate managerial staff, a portfolio covering a particular clinical area.

8. The CCG itself has a relatively small number of staff providing direct management support under the leadership of the Chief Officer. These staff deal with the following responsibilities:-

    - Commissioning
    - Financial Management
    - Quality & Safety
    - Community Involvement and Engagement
    - Performance Management

Authorisation

9. The CCG submitted its authorisation application in June 2012. At the time of preparing this report initial feedback on the authorisation application is awaited. And the next stage in the authorisation process is a formal visit to Dudley by the Authorisation Team on Tuesday, 25th September 2012. An update on this visit will be made at the meeting.

Commissioning Support Unit

10. A number of support services to the CCG will be delivered by a Commissioning Support Unit covering Birmingham, Solihull and the Black Country. At the time of preparing this report negotiations are taking place with the CSU on the precise range of services to be delivered. It is anticipated that the services involved will be as follows:-

    - Contracting and Procurement
    - Information Technology
    - Financial Services
    - Communications and Engagement
    - Human Resources
    - Regional Capacity Management
    - Governance
    - Commissioning Intelligence
    - Equality, Diversity and Human Rights
    - Quality, Safety and Patient Experience

11. A further update on the arrangements for these services will be given to the meeting.

Any Qualified Provider (AQP)

12. The committee will be aware that part of the governments commitment to extend patient choice, it specifically committed to extending patient choice through the use of the Any Qualified Provider (AQP) for appropriate services.

13. This means that when patients are referred by their GP, they should be able to choose from a list of qualified providers who meet quality requirements, price requirements and normal contractual obligations. This already applies in terms of the existing 'choose and book' service for acute hospital procedures.

14. The following principles are expected to apply:-

    - providers qualify and register to provide services via an assurance process that tests the fitness of a provider to offer NHS funded services
    - commissioners set local pathways and protocols which providers must accept
    - referring clinicians offer the patients a choice of qualified provider

- providers are paid a fixed price based on a national or local tariff and competition is based on quality not price

15. The original timetable was for PCTs to make three community or mental health services available through the AQP route from October 2012. The West Midlands PCT Clusters agreed to adopt a common approach to implementation wherever possible. The three services adopted were:-

    - adult hearing
    - podiatry
    - wheelchairs

16. At the time of writing, the qualification process is proceeding for both the adult hearing and the podiatry services. Implementation of AQP for wheelchair services has been delayed nationally pending some further work around the development of prices and the procurement process for wheelchairs. It is anticipated that this will be completed in early 2013.

Finance

17. There are no financial implications arising directly from this report.

Law

18. The Clinical Commissioning Group is being established under the provisions of the Health and Social Care Act 2012.

Quality Impact Assessment

19. There are no quality issues arising directly from this report. Quality Impact Assessments have been undertaken for each individual AQP service identified above.

Recommendation

20. The Health Overview and Scrutiny Committee is asked to note this report.

Neill Bucktin
Dudley Clinical Commissioning Group

Neill.Bucktin@dudley.nhs.uk

The Dudley Group NHS
NHS Foundation Trust

Agenda Item No 9

Dudley Health and Adult Social Care Scrutiny Committee – 26 September 2012

The Dudley Group NHS Foundation Trust
Maternity Update

1.0 Purpose of Report

To update the Committee on the Trust's progress to manage maternity demand.

2.0 Background

As per previous papers which laid out the requirement to restrict our maternity bookings to ensure we continue to provide safe, effective care for women and their babies.

3.0 Update

3.1 Following discussions with the Black Country Commissioning Cluster, restrictions were placed upon bookings from a specified number of GP practices in Sandwell which are closer to City Hospital than Russells Hall Hospital (RHH).

Following the restrictions implemented in December 2011, there has been a clear drop in births per month at RHH for Sandwell women, not surprisingly City Hospital report an increase in their births. Dudley GP practices were not restricted and no complaints were received from Dudley women.

Unfortunately, the capping has not had the full impact desired as Dudley births have fluctuated in recent months but with an overall upwards trend.

A maternity strategy business case has been drafted for submission to our Trust Board (scheduled for October 2012) outlining options ranging from maintaining restrictions on bookings to the expansion of services to accommodate predicted maximum potential activity. This has involved significant planning and balancing optimum service capacity, choice and quality with realistic financial requirements has taken detailed research and analysis. As would be expected all proposals in the business case indicate significant financial implications to address maternity activity long term.

It is the desire of The Dudley Group to maintain the excellent reputation it has for high quality maternity services and to continue to meet the choices of women who wish to deliver here. Therefore the emerging preferred option outlined in the business case is for the maternity unit to expand into part of a neighbouring ward space, increasing the bed capacity by 12 beds.

Predicting longer term activity levels and therefore workforce requirements has not been a clear process. Sub-regional projections suggest that between 2009 and 2016, the number of births in Birmingham and Arden will continue to grow (by +4% and +3% respectively) whilst there will be reductions in the Black Country (by -1%), Staffordshire (by -2%) and most notably in West Mercia (by -6%) (NHS West Midlands, May 2011).

A further report released September 2011, by Dr Angela Moss, Senior Public Health Intelligence Specialist states that the ONS birth projections for Dudley show a static level of births to 2020, which is lower than the level of births now reported in 2010. This piece of work looks at a range of scenarios to estimate birth projections and concludes that it would seem live births in Dudley may continue between 3700 and 3800 for the next few years.

Based on the above regional predictions and the available facilities/capacity of local competitors, it is not clear that RHH will be required to meet any higher demand than it was experiencing at its peak in 2011/12, in fact predictions are that births in this area will likely drop over the next four years. It is for this reason that the business case outlines options that will be able to safely manage activity levels to a maximum of 5,300 deliveries per year.

4.0 Guidelines

4.1 Safer Childbirth guidelines

5.0 Equality Impact

5.1 Once set the Maternity Strategy will be clear and will apply equally. An Equality Impact Assessment is being carried out.

6.0 Recommendation

6.1 For information
6.2 Reassurance that we are working with stakeholders to provide the safest possible care for Dudley women.
6.3 Reassurance that current pressures have not impacted on service quality

Richard Beeken
Director of Operations and Transformation
The Dudley Group NHS Foundation Trust

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The Dudley Group NHS
NHS Foundation Trust

Agenda Item 10

Dudley Health and Adult Social Care Scrutiny Committee – 26th September 2012

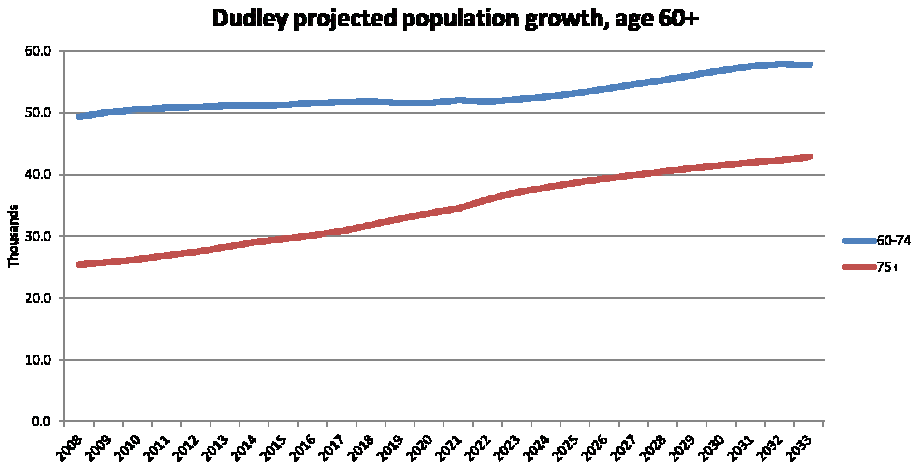
The Dudley Group NHS Foundation Trust
Elderly Care transformation

1.0 Purpose of Report

This document is presented to the Dudley Health and Adult Social Care Scrutiny Committee. It sets out to inform the Committee on progress with recent improvements to Elderly Care services at The Dudley Group NHS Foundation Trust, and further planned improvements.

2.0 Background

Approximately 2/3 of inpatients in hospital are older people (aged 65 and above). There is a growing elderly population in Dudley. In particular, the number of people aged 75 and over is expected to rise by over 65% in the next 20-25 years[1].



A significant number of reports in recent years have highlighted the need to improve the quality of care for older people[2-14]. The Dudley Group has been working on a number of initiatives outlined below, and is developing further proposals to improve the quality of care for older people too.

3.0 Developments

Recent initiatives have been developed following a Transformation Lean Action Week involving cross-discipline representation from Elderly Care services to identify where improvements can be made. Following the week, action plans were drawn up which has resulted in the following:

- Consultant-led Geriatric Medicine input to the Acute Medical Unit, to get specialist expertise to the patient as early as possible in their admission (2011)
- Multi-Disciplinary Team approach; recognising that many older people have complex needs (2011)
- Routine patient/relatives meetings and case conferences, to involve relatives in jointly planning care for their loved one (2011). This also provides an opportunity to gather feedback from patients and relatives to help improve our services.
- Rapid-access domiciliary visits (<24/48hrs), to provide urgent specialist opinion and advice to GP colleagues (2011).

Further recent initiatives:

- Collaboration between Geriatric Medicine and Orthopaedics to provide the Ortho-Geriatric unit, which has recently (2011) been rated as one of the top performing units in the region[15]
- Introduction of nutritional support workers, recognising the crucial importance of maintaining good nutritional intake (2011)

Future Plans:

- Maintain the high standards in Ortho-Geriatrics
- Consolidate and refine Geriatric Medicine input into the Acute Medical Unit
- Introduce Geriatric Medicine input for older people undergoing surgery
- Screen all emergency admissions that are aged 75 and above for Dementia, and conduct a full assessment on those that are screened at risk.
- Continue to actively participate in the development of the Dudley Dementia Strategy, led by Dudley Clinical Commissioning Group.
- Develop a dedicated Dementia unit for the most complex Dementia patients, to provide the best environment possible for this patient group
- Introduce a 24/7 Mental Health service based at Russells Hall Hospital

A presentation on Elderly Care services was made to our Council of Governors Strategy Committee in July 2012 to update that Committee on the above.

4.0 Guidelines

Recent initiatives and future plans take into account the wide range of literature and guidance on the care of older people. Please see the references section below for some relevant publications.

5.0 Equality Impact

Our Elderly Care services specialise in the treatment of frail patients with multiple, and often complex, co-morbidities. They treat patients on the basis of need, not age. There is no age restriction on access to Elderly Care services.

6.0 Recommendation

6.1 For information
6.2 Reassurance that we are working on improving the current system

Richard Beeken
Director of Operations and Transformation
The Dudley Group NHS Foundation Trust

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Email: mandy.green@dgh.nhs.uk

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