

## SELECT COMMITTEE ON HEALTH AND ADULT SOCIAL CARE

Wednesday, 6<sup>th</sup> April, 2011 at 6.00 p.m.  
in Committee Room 2 at the Council House, Dudley

### PRESENT:-

Councillor Mrs Ridney (Chairman)  
Councillor J D Davies (Vice-Chairman)  
Councillors Mrs Aston, Barlow, Mrs Harley, Ms Harris, Kettle, Miller, P Woodall and Wright and Mr D Orme

### Officers

Assistant Director of Adult Community and Housing Services (Policy, Performance and Review) (Lead Officer to the Committee), the Safeguarding Interim Head of Adult Services and the Scrutiny Officer (both Directorate of Adult, Community and Housing Services) and Mr Sanders (Directorate of Corporate Resources)

### Also in Attendance

#### Dudley M.B.C.

Dr Ron Sims – Assistant Director of Housing Strategy and Private Sector (for Agenda Item No 8)  
Ms A Harris – Head of Safeguarding, Directorate of Adult, Community and Housing Services (for Agenda Item No 14)  
Ms Kamara Sharpe – Director of Community Engagement and Primary Care, Dudley Primary Care Trust  
Mr Derek Eaves and Ms Yvonne O'Connor - Dudley Hospital National Health Service Trust  
Ms Marsha Ingram – Head of Corporate Affairs, Dudley and Walsall Mental Health Service Trust  
Dr David Hegarty – Chair of the General Practitioner Commissioning Body (for agenda item no 9)  
Mr Richard Topping – Locality Manager, West Midlands Ambulance Service

## 26 APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were received on behalf of Councillors K Finch and Mrs Westwood.

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## 27 APPOINTMENT OF SUBSTITUTE MEMBERS

It was reported that Councillor Wright had been appointed to serve as a substitute member for Councillor Mrs Westwood for this meeting of the Committee only.

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28     DECLARATIONS OF INTEREST

Councillor Mrs Aston declared a personal interest, in accordance with the Member's Code of Conduct, in respect of agenda item number 13 (Quality Accounts 2010/11) in view of the employment of her son by West Midlands Ambulance Service.

Councillor J D Davies declared a personal interest, in accordance with the Member's Code of Conduct, in respect of agenda item number 14 (the Annual Report of the Dudley Safeguarding, Vulnerable Adults Board) in view of his office as a Board Member.

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29     MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 7<sup>th</sup> January 2011 be approved as a correct record and signed, subject to the addition of the name of Councillor Mrs Harley in the list of Members present.

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30     CONSIDERATION OF PETITIONS (IF ANY) REFERRED TO THE COMMITTEE BY THE PETITIONS OFFICER

No petitions had been referred to the Committee.

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31     PUBLIC FORUM

No issues were raised under this agenda item.

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32     CORPORATE PERFORMANCE MANAGEMENT REPORT

A report of the Lead Officer to the Committee was submitted on performance in relation to the third quarter of 2010/11, for the period 1<sup>st</sup> October to 31<sup>st</sup> December, 2010 for the services under the terms of reference of this committee.

A member requested information asked for previously in respect of performance indicators NI141, 145 and 146, in respect of which the Lead Officers of the Committee took to submit the information to the Member within 10 working days.

The Lead Officer to the Committee also indicated that the contextual report on key activities on denoted areas of concern or which required further background information, which had been requested at the previous meeting of the Committee, would be provided routinely with effect from the start of the new municipal year.

RESOLVED

That the information contained in the report, and a copy of the extracted report circulated separately, on performance in relation to the third quarter of 2010/11, for the period October to December, 2010, for the services under the terms of reference of this Committee, be noted.

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33 DIRECTORATE OF ADULT, COMMUNITY AND HOUSING SERVICES EQUALITY AND DIVERSITY ACTION PLAN 2011/12

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A report of the Director of Adult, Community and Housing Services was submitted, under cover of which was set out the Equality and Diversity Action Plan for the Directorate of Adult, Community and Housing Services for 2011/12.

In response to a question from a Member regarding a lack of definition of the performance indicators relevant to the aims of Priority 5, the Assistant Director Housing Strategy and Private Sector undertook to provide details to the Member and to circulate the information to the Committee. In response to further comments from the same Member about the manner in which key issues could be extracted and explored, the Assistant Director outlined his understanding of the discussions currently taking place on the way in which the Council would undertake scrutiny in the future.

In relation to delivery of adaptations and improvements to properties, in response to a consideration expressed by some members of the Committee that these should be reduced further, the Assistant Director drew attention to the significant reduction in waiting times already effected and explained the constraints of the funding arrangements applicable.

RESOLVED

1. That the Equality and Diversity Action Plan for the Directorate of Adult, Community and Housing Services for 2010/11 be received and noted.
2. That a report on the length of time residents are waiting for adaptations and improvements to properties be submitted to a future meeting of the Committee.

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34 GENERAL PRACTITIONER COMMISSIONING PATHFINDER UPDATE

The Chair of the developing Dudley General Practitioner (GP) Consortia Commissioning Body, Dr David Hegarty, was in attendance and updated the Committee on the current Pathfinder Project on the matter.

In his presentation, Dr Hegarty outlined the historical background at central government level regarding the principle of GP consortia working, commitment in respect of which had remained unchanged through successive administrations although the detail had changed.

Dr Hegarty then went on to describe the governance arrangements proposed for Dudley and the Black Country currently, which would involve Primary Care Trusts (PCTs) becoming clusters. For GPs, while developing provision in the other Black Country local authority areas would be more fragmented, only one cluster was proposed for the Dudley Borough area, a position which Dr Hegarty considered advantageous. Dr Hegarty also confirmed that the concept of GP consortia was broadly attractive to GPs in that they recognised that economies of scale could be achieved in terms of expenditure and staffing. Dr Hegarty then indicated the structural arrangements for the Dudley consortium, which would include the composition of an Executive Board under a Chief Executive. The Executive Board was led by clinical members.

Dr Hegarty then explained the current and proposed future arrangements for financial accountability, which currently vested in the PCT but would transfer to the consortia after the discontinuation of PCTs in 2013. In making the point that the machinery for accountability would be defined by the National Commissioning Board for the consortia after 2013, the point was made that up until the date of discontinuation, consortia were sub-committees of PCTs and were thus subject to their Standing Orders and Financial Regulations.

In the discussion, concern was expressed by a Member on whether a patient would remain able to visit a particular GP under the consortia arrangements and whether GPs would remain able to refer a patient to a specialist on their own volition. The same Member also had concerns about the manner in which a patient would be able to change a GP's decision.

In response, Dr Hegarty referred to the role of the clerical member on the Executive Board. In response to a further question from another Member, Dr Hegarty confirmed that a patient would remain entitled to visit a surgery in another area.

RESOLVED

That the presentation by Dr Hegarty be received and noted.

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35 LONG TERM CONDITIONS AND PLANNED CARE STRATEGIES

A report of the Director of Partnerships and Service Development of the Dudley Primary Care Trust (PCT) was submitted on the two key health strategies of progress and commissioning priorities for services, care and management of people with long term conditions and on progress being made with planned care.

In relation to long term conditions, the report summarised the actions proposed and progress made within the strategy in respect of each condition covered. In relation to Planned Care, the report set out the aims of the strategy, together with the key priorities and goals for 2011/12.

In response to questions asked in relation to the Community Neurological Team, as referred to in paragraph 2.2 of the report, the Director of Partnerships and Service Development confirmed that the Team covered the whole of the Dudley Borough. In response to further questions in relation to the number of staff employed by the Team, the representative of the Dudley Group of Hospitals NHS Trust to establish the information and report back. The Director of Governance agreed to reply to the questioner, Councillor Ms Harris, regarding the number of patients dealt with by the Neurology staff and the means by which patients were able to access relevant websites under the Neurology Plan. The also agreed to respond to Councillor Ms Harris on whether consideration was being given to the impact of late referrals going back to consultants.

In response to question from another Member, the Director confirmed that the Pain Service was still in operation. The Member who raised that issue also drew attention to the regular practice of Russells Hall Hospital in amending appointment dates and expressed the view that these should not be moved more than once. In response, the representative of the NHS Hospital Trust stated that routine appointments were moved for the purpose of accommodating urgent cases. On a view being expressed that the reasons for a cancellation of appointment should be explained to a patient, Mr Orme (LINKs) indicated that this issue was the subject of discussion at meetings between the Patient Strategy Group and the hospital team on a regular basis.

A request for further information was made by the Chairman on the recent redesign of Diabetes Services, in response to which the Director of Governance agreed to report back to the Committee.

#### RESOLVED

That the report, together with the comments made, be noted.

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#### 36 SPECIALIST VASCULAR SURGERY SERVICES FOR DUDLEY, WOLVERHAMPTON AND WALSALL

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A report of the Director of Partnerships and Service Development of the Dudley Primary Care Trust was submitted advising the Committee about early work being undertaken currently on the reconfiguration of Vascular Surgery Services across Dudley, Wolverhampton and Walsall, and specifying the reasons for change.

The report, which defined vascular surgery and gave examples of the types of operations surgery covered, indicated that the the proposals, when they emerged, might constitute a substantial variation of service, in which case formal consultation with the Committee would be required under the relevant legislation. The report suggested further that there might be a need for a joint Overview and Scrutiny Committee between Dudley, Wolverhampton and Walsall.

On the issue of reason for change, the report indicated that, from evidence based practice, patients treated at specialist centres had a significantly reduced chance of dying or having a complication as a result of their operation, however, Black Country residents did not currently have a local specialist centre available. In addition, vascular surgery was now being recognised as specialised in its own right. The current configuration of provision in the Black Country, which was by single units in a number of different hospital locations, did not enable any of those units to fulfil the quality standards required for treating vascular illnesses.

Under the arrangements proposed, specialist centres for vascular surgery would be established. Access to outpatient, day case and rehabilitation services was likely to be unaffected, although the quality of those services would be improved.

The report summarised the work being undertaken, noting that this was currently at an early stage, but needed to be progressed speedily. The proposed programme and timescale was set out in the appendix to the report.

In the discussion, the representative of the Dudley NHS Hospital Trust agreed to report back to a questioner and the Committee on the manner in which it was proposed AAA screening would be targeted. In response to a further question, the representative of the NHS Hospital Trust acknowledged that alternative proposals for the reconfiguration of vascular surgery provision might yet emerge from the work currently being undertaken.

Arising from discussion on this matter, reference was made to the means by which answers to questions asked at meetings of this Committee were reported back.

#### RESOLVED

1. That the report be noted and that the Committee be kept informed of progress on the reconfiguration of specialist vascular surgery services as the work develops, but that no action yet be taken on the issue of a joint overview and scrutiny committee with Wolverhampton and Walsall pending further progress on reconfiguration.
2. That the Scrutiny Officer enquire into and report back on the issues which are likely to be pertinent to a joint overview and scrutiny committee.
3. That the Scrutiny Officer arrange for a report to be submitted to each future meeting of the Committee containing the answers provided to questions asked at the preceding meeting.

A report of the Acting Director of the Dudley Group of Hospitals NHS Foundation Trust setting out the response of the Trust to the recommendations of the Independent Inquiry led by Robert Francis, QC, into the Mid Staffordshire Hospital Inquiry, was submitted.

In response to attention being drawn to the recommendation of the Inquiry in relation to the manner in which complaints were dealt with by Mid Staffordshire Hospital, it was confirmed that the computer systems in Dudley facilitated the cross-referencing of complaints and incidents.

RESOLVED

That the report and action plan now submitted be received and noted.

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38 QUALITY ACCOUNTS 2010/11

A report of the Lead Officer to the Committee was submitted, under cover of which were set out summaries of their Quality Accounts by NHS providers for 2010/11, as required by law. The summaries submitted comprised those of the Dudley Group of Hospitals NHS Trust, the West Midlands Ambulance Service and Dudley and Walsall Mental Health Partnership Trust.

In relation to the Dudley Group of Hospitals NHS Foundation Trust and the Dudley and Walsall Mental Health Partnership Trust, it was noted that their Quality Account documents had yet to be finalised. It was also noted that the Quality Account of the Dudley Primary Care Trust had still to be submitted.

In the discussion on the Quality Account of the Ambulance Service, particular reference was made to the issue of stroke care. The representative of the Ambulance Service indicated that, while the service had not seen an increase in calls for stroke cases, there had been an increase in home diagnosis/incidents, as a result of the recent television advertisement campaign.

RESOLVED

- 1 That the Quality Accounts submitted with the report of the Lead Officer be received and noted.
  - 2 That the finalised Quality Accounts of the Hospital Trust and the Mental Health Trust and the Quality Account of the Dudley Primary Care Trust, be referred to the Committee when they are available.
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39 ANNUAL REPORT OF THE DUDLEY SAFEGUARDING VULNERABLE ADULT BOARD

A report of the Director of Adult, Community and Housing Services was submitted, under cover of which was set out the Executive Summary of the Dudley Safeguarding Vulnerable Adults Board 2010 and the Business Plan for the Board for 2011. The full Annual Report had been made available for inspection and scrutiny in the Member's Library and on the Council's website.

RESOLVED

That the Annual Report and Business Plan be received and noted.

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PROVISIONAL WORK PROGRAMME FOR 2011/12

A report of the Lead Officer to the Committee was submitted seeking consideration of the provisional work programme of the Committee for the 2011/12 municipal year and which also requested that Members of the Committee consider any additions or alterations they wished to make.

In presenting the report, the Lead Officer referred to the revised scrutiny arrangements currently being considered within the Council and which would impact on this Committee. In relation to issues additional to those referred to in the Appendix to the report, the representative of the Dudley and Walsall NHS Mental Health Partnership Trust indicated that the issues of the Foundation status of the Trust and a services transformation event involving the Trust would be the subject of reports to the Committee.

One Member of the Committee drew attention to the lack of reference within the proposed work plan to the issue of Midland Heart.

**RESOLVED**

That the outline work plan for 2011/12, as appended to the report now submitted be noted, together with the additional issues referred to by the representative of the Dudley and Walsall NHS Mental Health Trust and the outline information by the Lead Officer on the Council's proposals for revised scrutiny arrangements, be noted.

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The meeting ended at 8.45 p.m.

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CHAIRMAN