

SELECT COMMITTEE ON GOOD HEALTH

Thursday 17th November 2005 at 6.00 pm
in Committee Room 3, Council House, Dudley

PRESENT:-

Councillor Burt (Chairman)
Councillor Mrs Faulkner (Vice Chairman)
Councillors Ali, Mrs Aston, Boys, Mrs Coulter, Musk, Ms Nicholls,
Rahman and K Turner

OFFICERS:-

The Head of Personnel and Support Services (Lead Officer to the Committee), Scrutiny Officer to the Committee (Good Health), Assistant Director of the Urban Environment (Development and Environmental Protection), Assistant Director of the Urban Environment (Culture and Community Services), Head of Sport and Recreation, Assistant Director of Social Services (Learning Disabilities and Mental Health), Research Officer (Good Health) and Mr J Jablonski (Directorate of Law and Property).

ALSO IN ATTENDANCE:-

Mr P Farenden – Chief Executive – Dudley Group of Hospitals NHS Trust
Mr P Brennan – Director of Operations – Dudley Group of Hospitals NHS Trust
Dr A Collins – Director of Public Health – Dudley South Primary Care Trust
Ms K Jackson – Public Health Specialist – Dudley Primary Care Trusts
Ms D Williams – Head of Strategy and Policy/Head of Mental Health Commissioning – Dudley Primary Care Trusts
Ms V Little – Director of Public Health – Beacon and Castle Primary Care Trust
Mr R Checketts – Head of Communications – Castle and Beacon Primary Care Trust
Mr G Barker – Dudley South Patient and Public Involvement Forum

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MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 28th September 2005, be approved as a correct record and signed.

27

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 Ali, in respect of agenda item 8 – Local Solutions for Complex Needs: Proposals for developing medium secure mental health services for men, in view of his employment in a Primary Care Trust in the Black Country.

Councillor Boys, in any matter on the Agenda relating to his employment as an Account Manager for McKesson and provider to Dudley Trusts of their Child Health, Mental Health, Finance and Payroll Systems (Computing and IT).

Councillor Mrs Coulter, in respect of agenda item 7 – Waiting Times for Diagnostic Services, Cancellation of Surgical Operations and Waits for Medication from the Pharmacy at Russells Hall Hospital, due to personal involvement in these and related matters.

Councillor K Turner, in respect of agenda item 7 – Waiting Times for Diagnostic Services, Cancellation of Surgical Operations and Waits for Medication from the Pharmacy at Russells Hall Hospital, due to personal involvement in these and related matters.

28 APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were submitted on behalf of Councillors Harley and Islam.

29 APPOINTMENT OF SUBSTITUTE FOR THIS MEETING OF THE COMMITTEE

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

30 CHANGE IN ORDER OF BUSINESS

Pursuant to Council Procedure Rule 13(c) it was

RESOLVED

That agenda item 7 – Waiting Times for Diagnostic Services, Cancellation of Surgical Operations and Waits for Medication from the Pharmacy at Russells Hall Hospital – be considered as the next item of business.

WAITING TIMES FOR DIAGNOSTIC SERVICES, CANCELLATION OF SURGICAL OPERATIONS AND WAITS FOR MEDICATION FROM THE PHARMACY AT RUSSELLS HALL HOSPITAL

A report of the Lead Officer to the Committee was submitted on information received about waiting times for scans and for medication from the pharmacy at Russells Hall Hospital and about last minute cancellation of surgical operations.

Mr P Farenden, Chief Executive and Mr P Brennan, Director of Operations of the Dudley Group of Hospitals NHS Trust were in attendance at the meeting to provide members with information about the present situation in respect of these matters.

Mr Brennan, by way of introduction, commented that, as regards cancellation of surgical operations, the Trust had one of the lowest rates of cancellation in Birmingham and the Black Country and that on average 20 operations a month for day surgery were cancelled.

He then outlined the three main reasons why operations were cancelled, in that mainly, they were cancelled by the patient, when it was deemed clinically necessary in that the patient was not fit enough to undertake an operation and those cases in which the Trust cancelled operations. In the latter case this was because there were no beds or there was a problem with staffing. Also, other operations may have gone on longer than anticipated and therefore theatre time was no longer available.

There was an even split regarding the reason for cancellation between these areas. He stated however that the objective was that no operation was cancelled by the Trust. Reference was also made to initiatives whereby there was now an increased time span for pre-assessment, from two weeks to six to eight weeks, so that there was a greater pool of people who had been assessed and who had been asked if they would be willing to come in at short notice.

Regarding scans, it was reported that at the beginning of the year there was a wait of approximately one year for non-urgent CT scans but that now no one should be waiting over twelve weeks for such a scan. For inpatients there should be a wait of no more than 24 hours. By the end of December 2005, the target for non-urgent CT scans was six weeks.

In respect of MRI scans, waits for non-urgent scans was approximately 25 weeks and by the beginning of December 2005, this would reduce to 19 weeks. The target was 16 weeks. These targets meant that the Trust was amongst the best performing in Birmingham and the Black Country.

Regarding prescribed drugs to take out, it was stated that once prescribed the average time to receive medication was 67 minutes. However it was appreciated that this aspect was sometimes perceived by patients as a delay given that there was a time lag between notification of discharge and a doctor prescribing medication and receipt of that medication. Initiatives to improve the service were mentioned including the use of an 'air tube' system to speed receipt of prescriptions and the carrying out of two pilot studies. One, currently being undertaken, involved pharmacists being able to prescribe to take out prescriptions and a pilot in the new year involving such prescribing by nursing and other professional staff.

Following the comments made by Mr Brennan, Mr Farenden reported that on average 500,000 patients were seen each year and that individual experiences would fall outside the timescales reported above.

Arising from the information given the following particular points were made:-

- That individual cases/issues raised were asked to be referred direct to the Trust so that consideration could be given to the points raised.
- Regarding the system of prescribing medication and the pilots referred to, assurances were given, by for example the use of clear protocols, that the more flexible approach would not lead to a reduction in service.
- That the Trust look at the margins of their performance, which they agreed to do.
- That there were currently circumstances whereby, provided a consultant had agreed, and subject to relevant criteria being met, a patient could be discharged by a nurse.
- It was noted in respect of waiting times, that the target from point of referral by a general practitioner to being seen/treated was 18 weeks.
- That the input from PAL's was now welcomed and gave a more proactive understanding of people's concerns. Such input as with all complaints being submitted to Trust Board Meetings.
- That patients notes were secure with protocols in place regarding patient confidentiality
- That the Trust never breached the six month limit for carrying out an operation following the cancellation of an operation.

At the conclusion of questions and comments, the Chairman thanked Mr Farenden and Mr Brennan for their attendance at the meeting and for the information given.

HEALTH IMPACT ASSESSMENT OF THE CLOSURE OF BRIERLEY HILL LEISURE CENTRE

A report of the Director of the Urban Environment was submitted on the findings of the Health Impact Assessment undertaken in respect of the proposed closure of Brierley Hill Leisure Centre requested by this Committee at a special meeting held on 6th October, 2004, to review the decision of the then Executive to recommend the closure of Brierley Hill Leisure Centre. A copy of the work undertaken by an inter agency group containing its findings and recommendations was incorporated in the report attached as Appendix 1 on this matter.

Following a brief introduction by the Assistant Director of the Urban Environment (Culture and Community Services), Karen Jackson – Public Health Specialist – Dudley Primary Care Trusts commented on the content of the Health Impact Assessment report, attached at Appendix 1, together with Dr Tony Collins – Director of Public Health, Dudley South Primary Care Trust.

Ms Jackson referred in particular to the overall aim to be addressed by the Health Impact Assessment which was defined as

‘As a result of the closure of Brierley Hill Leisure Centre, what is the best way to use the freed up resource to maximise the health gain for the local population and minimise negative effects for current users of the Centre’.

She also outlined the process involved and commented in detail on the content of Table 1 of the Appendix – Assessment of Health Impacts of Facility Closure which included reference to mitigation needed/potential for further health gain, Table 3 – a summary of programme details which included reference to the use of resources out of area, for example to provide payments for 4 projects to improve pool and leisure facilities at Halesowen, Dudley and Stourbridge and Table 2 – Investment Plan Summary: Released Investment (5-year rolling programme).

Overall, Table 3 showed that from the reallocation of the existing funding, 17,441 visits per week could be made available, a potential increase of 13,962 visits and equivalent to 3489 people achieving the recommended weekly exercise levels. This compared with current visits to the leisure centre of 3479. The conclusion reached therefore was that whilst the estimates were rudimentary they did highlight the potential benefits from the recommendations.

During consideration of this matter comments were made in particular on the use of the current facility by local people and people living beyond 1/2 kilometres of the facility, the opportunities for health as outlined in Table 3 of the Appendix and the use of pools in schools as set out in Table 2 of the Appendix – Investment Plan Summary.

Regarding funding, the Assistant Director of the Urban Environment (Culture and Community Services) stated that the investment plan was predicated on the ability to retain the funding.

The Health Impact Assessment had established that the closure of the facility would release £250,000 recurring investment, as a £150,000 capital and £100,000 revenue split which it was proposed should be used both within the Brierley Hill, Brockmoor and Pensnett wards and outside the area of those wards to deliver Table 3 of the Appendix – Summary of programme details.

Members of the Committee did however, whilst generally welcoming the content of the report, also question the timing of the Health Impact Assessment, commenting that like for like provision was not being provided with the result that health inequality would still not be met, questioned the basis of the Assessment and whether other facilities in the Borough were in fact under utilised and available given for example staffing issues.

Regarding the general matter of the use of Health Impact Assessments, Ms Little, Director of Public Health – Beacon and Castle Primary Care Trust suggested that the Committee may wish to recommend that Health Impact Assessments were used in future decision making on a selected basis.

On a proposal being put an amendment was suggested whereby all the monies released were to be spent in the Brierley Hill, Brockmoor and Pensnett wards with the investment required by the other leisure centres being found from elsewhere.

On being put to the vote the amendment was lost.

Councillor Rahman requested that his name be recorded as having voted for the amendment.

Accordingly, it was

RESOLVED

- (1) That the Cabinet be recommended that Health Impact Assessments form an integral part of any future major decision that affects health and well being in the Borough.
- (2) That the Committee endorses the proposals set out in a Health Impact Assessment of the proposed closure of Brierley Hill Leisure Centre attached as Appendix 1 to the report of the Director of the Urban Environment submitted on this matter and that they be recommended to the Cabinet member for Culture and Recreation for implementation.

PRESENTATION ON PROGRESS ON MEETING PUBLIC HEALTH TARGETS SET OUT BY THE DEPARTMENT OF HEALTH IN ITS PAPER 'CHOOSING HEALTH'

A report of the Lead Officer to the Committee was submitted on information about progress made by the NHS in Dudley in meeting the public health targets set out in the paper 'Choosing Health'.

Ms V Little, Director of Public Health – Beacon and Castle Primary Care Trust briefly updated the Committee on this matter indicating the partnership working that had gone on and in so doing circulated a copy of a report submitted to a meeting of the Council's Corporate Board on this matter. The Appendix to that report indicated the Work Stream/Group/Accountability for Action against public health white paper targets and commitments. All Chairmen of the groups involved had also been written to by Ms Little on 1st September 2005, on the work to be undertaken and she commented that there would be a review of this by March, 2006 to ascertain the progress made. She also suggested that the Committee may wish to determine one or two topic areas that they wished to look at so that representatives could be asked to attend future meetings of the Committee to set out the progress made.

RESOLVED

That the information contained in the report, and as given at the meeting, regarding progress on meeting public health targets set out by the Department of Health in its paper 'Choosing Health', be noted and that the Chairman and Vice Chairman, together with the relevant officers, consider the topic areas to be looked at for consideration at future meetings of the Committee.

LOCAL SOLUTIONS FOR COMPLEX NEEDS: PROPOSALS FOR DEVELOPING MEDIUM SECURE MENTAL HEALTH SERVICES FOR MEN

A report of the Lead Officer to the Committee was submitted on the proposed development of an additional medium secure unit to serve Birmingham and the Black Country as set out in a summary of a consultation document on behalf of all primary care trusts in the West Midlands attached as an Appendix to the report submitted.

Dawn Williams, Head of Strategy and Policy/Head of Mental Health Commissioning – Dudley Primary Care Trusts was in attendance at the meeting and outlined the proposals for developing a medium secure mental health facility for men on the site of the former Yardley Green Hospital, Birmingham.

In considering this matter, members considered that the specific issues on which views would be welcomed should be put in the context of the benefits local people would receive and specifically in respect of

Issue 9 – Site visit. It was considered that it was important to involve the community from the outset so as to give an ownership of the facility

In respect of question 11 – Community Links. That engagement with the community was important.

In respect of question 5 – Design. It was important that carers were involved in the process and that the facility ought to be designed with a view to the environment being sustainable involving patients in recycling so as to make their lives more sustainable.

RESOLVED

That the content of the consultation document "Local Solutions for Complex Needs: Proposals for developing medium secure mental health services for men", be endorsed in that the proposals are seen as a step forward to be welcomed with the development of the facility at Yardley Green, Birmingham and that the Scrutiny Officer to the Committee convey the above comments to the Chief Executive, Heart of Birmingham Teaching Primary Care Trust as this Committees response to the consultation on this matter.

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MERGER OF WOLVERHAMPTON AND WALSALL HOSPITALS

The Scrutiny Officer to the Committee reported that the proposed merger of Wolverhampton and Walsall Hospitals, as reported at the last meeting of the Committee, had now been withdrawn. Should there be any further developments these would be reported to the Committee.

RESOLVED

That the above information be noted.

36

UPDATE ON WHEEL CHAIR SERVICES REVIEW

The Scrutiny Officer reported on the current position in respect of the Wheelchair Services review in that the Local Research Ethics Committee had now informed the Council that the questionnaire that had been submitted and the work it was proposed to do did not require ethical approval. Access to the database required was also now available. The questionnaire had been reformatted by Information Technology Services to enable responses to be scanned which will make analysis quicker and easier. The questionnaires would be sent out shortly.

Meetings had also been held with representatives of users' groups and carers groups and in the meantime the scrutiny officers had conducted two focus groups with wheel chair users and four one to one in depth interviews.

Members of the project board and officers had also arranged meetings with representatives of Dudley Council Directorates, local NHS and local transport providers to gather information about services for people who use wheelchairs. Everyone spoken to had been very interested in what was being done and were very keen to assist.

As many wheelchair users stated that to understand what it is like to use a wheelchair you needed to spend time in one, it was considered to be a good idea to make a short 'day in the life' video to accompany the report. Investigations were currently being held into how this could be achieved.

Finally, it was agreed that thanks be recorded to staff and users at the Queens Cross Centre, the Council for Voluntary Service and Christine Rowley, Carers Co-ordinator, for all the support given.

RESOLVED

That the information reported at the meeting, on the current position regarding the wheelchair services review, be noted.

37

EYE CARE SERVICES

The Chairman reported on concerns being expressed by opticians on proposed changes to sight tests and the way in which eye tests were to be paid for.

RESOLVED

That further consideration be given to proposed changes to eye tests at a future meeting of the Committee following further consideration of this matter by the Chairman, Vice Chairman and relevant officers.

EXCLUSION OF THE PUBLIC

RESOLVED

That, under Section 100A(4) of the Local Government Act, 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information, as defined in Schedule 12A to that Act, in particular the paragraphs of Part I of that Schedule indicated below:-

<u>Description of Item</u>	<u>Relevant Paragraphs of Part I of Schedule 12A</u>
Resettlement of Ridge Hill Hospital	7 and 8

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RESETTLEMENT OF RIDGE HILL HOSPITAL

A report of the Director of Adult, Community and Housing Services was submitted updating the Committee on progress with the resettlement of Ridge Hill Hospital.

Richard Carter, Assistant Director of Social Services (Learning Disabilities and Mental Health) was in attendance at the meeting and responded to questions asked by members on the content of the report.

RESOLVED

That the information contained in the report submitted, on progress with the resettlement of Ridge Hill Hospital, be noted and that the Director of Adult, Community and Housing Services be requested to write to members of the Committee regarding the issue of liability raised at the meeting.

The meeting ended at 8.40pm

CHAIRMAN