

Health and Adult Social Care Scrutiny Committee – 4th July 2011

Report of the Lead Officer to the Committee

Responses arising from previous Committee

Purpose of Report

1. To update Committee on queries raised at the last Committee meeting held 6th April in connection with the delivery of health and social care.

Background

3. Information requests are received on a regular basis from Members relating to a wide-range of services within health and social care to improve health and wellbeing and tackle health inequalities in Dudley; including public health, community and hospital care and mental health services. Some queries cannot be answered immediately with some prompting further investigation, or consultation, prior to being reported back to Committee.
4. To keep Committee updated, progress reports and responses are included at appendix 1; the resulting proposal is set out at the end of each paragraph.

Finance

5. Where there are financial implications of the actions listed below that impact on Council responsibilities, these will be financed from existing Council resources.

Law

6. Section 111 of the Local Government Act 1972 authorises the Council to do anything which is calculated to facilitate or is conducive or incidental to the exercise of any of its functions.
7. The NHS Act 2006 requires NHS bodies to provide information to Overview and Scrutiny Committees (OSC) and NHS officers to attend meetings of OSCs to answer questions. NHS bodies are also required to respond to recommendations made by OSCs and must consult with relevant OSCs about proposals for substantial service changes.

Equality Impact

8. The work of Dudley's health and social care community can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

9. That the proposals contained at Appendix 1 be approved.

Brendan Cuffard

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LEAD OFFICER TO THE SELECT COMMITTEE ON HEALTH AND ADULT SOCIAL CARE

Contact Officer: Aaron Sangian

Telephone: 01384 814510

Email: aaron.sangian@Dudley.gov.uk

Background documents used in the preparation of this report:-

1. Minutes from 6th April 2011 Committee.

Appendix 1

MATTERS RAISED AT THE COMMITTEE MEETING 6TH APRIL 2011

1. PCT – Community neurology team

Background: Members queried the make-up of the team and intended audience of the emerging Neurology web-site. Provision of information for those without internet access was also queried.

Comments:

The neurology team comprises following:

- Clinical Team Leader (50% physiotherapist and 50% management of the team)
- Physiotherapist
- Pharmacist (p/t)
- Occupational therapist
- Psychologist (p/t)
- Specialist nurse for Multiple Sclerosis
- Specialist nurse for Parkinson's Disease
- Input from speech and language therapist and dietitian
- Administration

The neurology website that was recently launched is an evolving website and further pages will be developed. An information leaflet on the neurology team and services has been produced. A hard copy of information could be made available on request

PCT are planning an event/workshop with service users and carers organized by Dudley CVS in the autumn. This will include people who were involved in the initial workshop and consultation on the Dudley neurology strategy. It will be an opportunity for them to see the progress that we have made and update on our commissioning intentions. This will include showing them the website.

Proposal: That Members note this information

2. PCT: Redesign of diabetes pathway

Background : Members what this involved and reasons for redesign

Comment: The process will be:-

- Health Needs Analysis for diabetes to be undertaken
- Mapping event will baseline the current diabetes end to end pathway and to identify any current gaps, potential areas for redesign and efficiency savings.

- Current service will be benchmarked against the NICE Quality Standard for diabetes
- The pathway will be redesigned and commissioned to delivery cost effective high quality outcomes with a focus on personalised care close to home.

Diabetes Local Enhanced Service has recently been redesigned to deliver more cost effective efficiency savings with a stronger focus on the preventative agenda and intensive management of the poorly controlled. It also introduces personalised care planning which addresses another key deliverable of the Long Term Conditions strategy. First launch event took place successfully last week with another event planned this week.

Proposal: That Members note this information

3. PCT: Consultant to consultant referrals

Background: – members queried the process for urgent referrals e.g. cancer and processes in place to reduce delays experienced by referrals back to the GP?

Comment: draft principles to ensure only routine cases are deferred back to the GP are due for sign-off.

Agreed exceptions are as follows:

Acute providers will reach an agreement with Dudley PCT to ensure that consultants do not refer patients to other consultants except in a defined range of circumstances;

- Referrals for cancer diagnosis or treatment (those subject to the “two week rule”) or where a condition requiring management is clinically urgent and as with cancer referrals, requiring specialist opinion within 2 weeks.
- Where diagnostic and investigation e.g. an endoscopy is required as part of the patient pathway for the original presenting condition.
- Where any Consultant Anaesthetist considers that a patient is not fit for surgery they will have the authority to refer that patient directly to another consultant e.g. cardiologist or chest physician, if they think the patient has a condition that is severe and needs urgent referral.
- Where a short delay might be life threatening or is likely to impact on the long term prognosis
- Where sub-acute tertiary referral is needed, i.e. an inpatient waiting to go on to a specialist unit, the consultant should make the referral.
- Where a referral to a community service is clinically appropriate as part of an agreed patient pathway.

4. DACHS: Equality and Diversity Action Plan 2011/12: Priority 5

Background: Members requested further details on performance indicators used to monitor and evaluate outcomes in relation to the following actions:

1. To ensure that clients requiring adaptations have their needs met in a timely and appropriate manner.
2. To deliver a programme of adaptations in line with resources.

Comment: 'Average length of time waiting for major adaptations from assessment to commencement of work' is used a performance data item for 1. The number of individuals waiting for major adaptations is the key indicator identified for 2.

Proposal: That Members note this information