
Meeting of the Council – 8th October, 2012

Annual Report of the Health and Adult Social Care Scrutiny Committee 2011/12

Purpose of Report

1. To consider the annual report of the Committee, summarising the Committee's activities during the 2011/12 municipal year enabling Members and others to compare performance year on year.

Background

2. Article 6 of the Council's Constitution requires Scrutiny Committees to report annually to the full Council and make recommendations for future work programmes and amended working methods if appropriate.
3. The Health and Adult Social Care Scrutiny Committee (HASC) has the responsibility of scrutinising the planning, development and provision of health, care and well-being services in addressing health inequalities; and improving overall well-being across local communities.

Work programme 2011/12

4. HASC's work plan was developed in consultation elected members, the voluntary and community sector and key partners and stakeholders, including Dudley PCT, Dudley Group of Hospitals and Dudley's Local Involvement Network. Matters included:
 - Maternity Capping at Russell's Hall Hospital
 - Progress Report On The Development Of The Black Country Cluster of Primary Care Trusts
 - Update On Care Home Provision
 - Rates of Rescheduled Hospital Appointment Times
 - Local Healthwatch Developments And Update On Dudley Local Involvement Network
 - Improving Trauma Care Across The West Midlands
 - Reconfiguration Of Vascular Services In The Black Country
 - HASC In-depth Review 2010/11: Dignity In Care
 - HASC In-depth Review 2011/12 - Caring For Carers
 - Revenue Budget Strategy 2012/13: Impact on Health and Social Care
 - West Midlands Ambulance Service Transformation
 - Development of Dudley Memory And Dementia Pathways
 - Dudley Pharmaceutical Needs Assessment (PNA)
 - Procedures Of Limited Clinical Value (Plcv) And Aesthetic Policies
 - Update On The Modernisation Of Adult Social Care and Care Home Closure Programme Consultation

- Temporary Overnight Closure Of Accident And Emergency At Stafford Hospital – Local Implications
 - Dudley Walsall Mental Health Trust – Acquiring Foundation Trust Status
 - Rescheduled Outpatient Appointments – 2011/12
 - Housing Adaptations To Private And Public Sector Housing
 - Delivery of agencies against 2010/11 Dudley’s Alcohol Strategy
 - Evaluation of Winter Mortality prevalence in Dudley
 - Quality Accounts For Dudley Group Of Hospitals Foundation Trust And Dudley Walsall Mental Health Partnership Trust
 - Transfer Of Sexual Health Provision from PCT
 - Development of Dudley Clinical Commissioning Group and Patient Engagement activity
 - The Development of New Health Facilities In Lye And Pensnett Future configuration of Public Health service in Dudley and Health Improvement role Of The Local Authority:
 - Annual Report of the Director of Public Health
5. The work plan also comprised the following procedural items :
- Update on Council’s Capital Strategy within the remit of Health and Adult Social Care.
 - Annual Equality and Diversity and Complaints Reports for the Directorate of Adult Community and Housing Services (DACHS).
 - Quarterly Corporate Performance Management Reporting (in relation to DACHS)
 - Annual Review of Equality and Diversity (DACHS)
 - Directorate Of Adult, Community And Housing, Statutory Adults Social Care Complaints Procedures – Annual Report 2010-11

Analysis of Key issues for 2011/12

Dignity in care Review

6. In September 2011 HASC considered findings of its 2010/11 in-depth Review on Dignity In Care for Older People. Whilst the review focused on hospital settings HASC wished to identify learning for key partners with a view to drive up dignity standards consistently across the sector.
7. HASC selected this topic in view of the Borough’s ‘ageing’ population and an increasing profile on dignity issues seen nationally. Evidence was gathered through written submissions and a members workshop held with senior nursing practitioners and other Hospital representatives.
8. Evidence received indicated recognition of the importance of dignity principle issues in organisational culture at Dudley Group of Hospitals. Members were encouraged with the commitment shown by the Trust to embed Dignity issues in service planning and use of innovative practices to safeguard dignity of older people.

9. On patient engagement, it was felt there should be an even greater focus on listening to the views of older people and their families/carers when developing services. In terms of good practice, members noted some innovative practice however evidence indicated this may not be implemented consistently across services – this should be explored. Other findings included:
- The development of the Patient Experience Strategy presents the opportunity to work with older people to further embed dignity issues in organisational culture and maximise long-term success of dignity principle practices through greater ownership from leadership downwards. This may also enable dignity issues to be systematically addressed across Hospital services.
 - Members were pleased to see mechanisms enabling relatives to support patients at meal-times but evidence received indicated this was not widely recognised by families.
 - It was recognised a great deal of work is needed to tackle negative attitudes towards older people, to bring about a culture change. Members found there may not be a consistent approach to workforce training on dignity principles resulting in variations in the way people, who deliver services, approach dignity issues. Developing existing training programmes to incorporate dignity type issues - identified in consultation with older people groups - would assist in harmonizing approaches across services and drive up standards to better meet expectations
10. The review arrived at a number of recommendations which were framed in a joint action plan developed with the Trust to ensure effective monitoring of priorities and proposed improvements.

Maternity Capping

11. In July HASC considered an update on discussions between Dudley Group of Hospitals (DGH) and its stakeholders to restrict the number of births in its Maternity Unit to maintain safe operating levels.
12. HASC noted with interest that bookings and deliveries were rising not only for Dudley women but also women from bordering boroughs, highlighting DGH Maternity Service to be the 'Hospital of Choice' for a growing section of the local population.
13. Evidence considered by HASC indicated the main causal factor regarding the rise in bookings at Russells Hall Hospital (RHH) Maternity Unit was the closure of Sandwell Maternity Unit. Members were concerned that difficulties remained in managing increased bookings impacting on patient safety.
14. The Committee felt the most viable option to contain a safe level of activity – impacting Dudley women least- was to restrict bookings based on geographical boundary. In addition, HASC called-for :

- continued discussions to take place with stakeholders (commissioners, GPs and local providers, Dudley Maternity Management Team)
 - a local strategy and supporting action with neighbouring provider units is developed
 - approval of a communication strategy to ensure women aware of alternative choice of units within vicinity– e.g City Hospital proactively marketed available service capacity
15. HASC also sought assurance that costs of births from outside of the Borough were reclaimed on a case by case basis and mothers electing for a home birth were supported in this, if it was their wish.

Modernisation Of Adult Social Care (ASC) : Care Home Closure Programme

16. In September 2011 the Committee evaluated progress of the re-provision of residential care homes programme; and emerging consultation process regarding the planned closure of New Bradley Hall (NBH).
17. It was noted that the three homes closures since 2007 relating to the ASC modernisation were well managed as a result of great care, sensitivity and attention, and resulted in a successful transition of care for all concerned – members were assured residents who were moved have been reviewed and the outcome monitored.
18. With respect to NBH HASC noted experienced social workers were working closely with residents and families, focussing on their individual needs; and received evidence to indicate all work was being undertaken in line with the national good practice guidance provided by Association of Directors of Adult Social Care (ADASS).
19. HASC felt families should be free to explore the options open to them during this difficult period and were assured families and carers of residents would be consulted and engaged closely throughout the process with every effort going into assisting all concerned to look at the options available in order to meet individual needs. Evidence considered also indicated residents will be supported to move to alternative homes that offer similar or better standards of care than that which is being provided by NBH.
20. In January 2012 HASC was pleased to learn that Age UK had been appointed to carry out an extended consultation exercise as it demonstrated a clear commitment to a fair, reasonable and unbiased process to be undertaken.

Transfer of Sexual Health Services to Acute Trust

21. In March 2012 HASC looked at the progress of the integration of The Dudley Group of Hospitals (DGH) Genitourinary Medicine Department (GUM) and the Community Contraception & Sexual Health (CASH) teams following the transfer of Community Services (TCS) into the Acute Trust.

22. HASC were advised following a review looking at the configuration of existing clinics and patient numbers DGH were able to design a more consolidate and consistent service delivery approach; amounting to 45.5hrs of community open access for people using Contraception and Sexual Health Services in various community settings.
23. HASC was assured consultation with patients attending the existing clinics indicated overall support for the proposed changes with an appreciation that the services, although delivered at alternative locations, would be readily accessible due to the extended opening hours.
24. HASC has previously commended the work of young person clinics in the borough particularly as they offer good coverage in areas of largest numbers of teenage pregnancy rates of Brierley Hill and Netherton – members were pleased to learn this service will continue in the new format.
25. Assurances were also given that a Saturday Contraception Clinic service would be part of the new service template, based at the Russells Hall Unit.
26. HASC was also encouraged by the addition of two teenage pregnancy outreach nurses, working in collaboration with the Respect Yourself Team as it helped reach patients who would not normally present to clinics.
27. Sexual Health will remain a priority for HASC and it will be monitoring how the new service template delivers and impacts on sexual health priorities identified in Dudley's Public Health Report 2010 along with key national targets, compared to previous years.

Improving Trauma Care Across The West Midlands

28. The Committee invited the Strategic Health Authority to the January Committee to attain a deeper understanding of a new delivery model for Trauma Care across the region.
29. HASC were advised all regions should be moving trauma service provision into regional trauma systems which look to improve clinical outcomes by concentrating expertise, specialised services and patients into Major Trauma Centres (MTCs) - supported by Hospitals who receive Trauma patients (Trauma Units), Local Emergency Hospitals and rehabilitation services.
30. Members were assured Local Emergency Hospitals will still offer a full Accident and Emergency service however patients assessed with major trauma injuries would not be taken to the local emergency hospital but taken directly to the appropriate specialist centre for treatment.
31. HASC noted the preferred template for regional trauma care system is for three trauma care networks, with a major trauma centre at the heart of each network:

The hospitals that will become major trauma centres for adult patients are:

- Queen Elizabeth Hospital, Birmingham
- University Hospital of North Staffordshire
- University Hospital, Coventry and Warwickshire.

32. Members were assured this model saw the greatest proportion (93%) of patients able to access a Major Trauma Centre within 45 minutes; and that no parts of Dudley would have an access time of greater than 45 minutes – the 45 minute standard access time is one that is set nationally and is regarded as clinically acceptable.
33. It was agreed NHS West Midlands should continue to engage with key stakeholders on shaping the preferred model.

Call-ins/pre-implementation scrutiny

34. A Special meeting of the Committee was held 5th April to scrutinise the Cabinet approval of a number proposals regards arrangements configuration of the Public Health function within the Local Authority as per new health reforms:
 - Public Health to be located in DACHS - delivered on corporate basis
 - Establishment of a panel to determine whether there should be joint or single appointment (with Sandwell MBC) of the Director of Public Health (DPH)
35. The 'call-in' followed a number of observations by members including:
 - Populations in Dudley and Sandwell were not seen as comparative
 - A joint post holder would have to work with 2 different Chief Executives Cabinets and also 2 Health and Wellbeing Boards to advise and engage with potentially 2 different sets of key partners including different CCG's which may result in more complex decision-making processes
 - The complexity and nature of the services that the public health agenda will bring to the council is very different from any of the current services provided or commissioned. Public Health is cross-cutting in nature and therefore may operate more effectively from the centre.
 - Chief Executive of the Black Country Primary Care Trust Cluster and the Regional Director of Public Health recommend Local Authorities should have their own Director of Public Health.
36. HASC noted careful consideration had been given to the number of staff expected to transfer to the Local Authority together with the indicative budget and it had been considered that there was no justification in there being a stand alone Directorate. and that it had been deemed appropriate and correct for Public Health to be placed in the Directorate of Adult, Community and Housing Services.
37. HASC also received evidence indicating all processes had been undertaken in-line with Public Health Guidance that sets out the model and appointment process.
38. Overall HASC agreed to uphold Cabinet's decision with the proviso that:
 - a seminar/workshop for all Council members be held in the near future to attain a deeper understanding of the implications of PH integration
 - a minority report be published highlighting issues and concerns raised by members not reaching the same conclusions of the majority.

Areas of Focus for the Year ahead – Key Considerations

Committee Reviews

39. In 2010/11 HASC undertook an in-depth review on the theme: 'healthy workforce' looking at the role of Authority and NHS partners in promoting staff health and well-being. The review encouraged a focus on intervention services to deliver better outcomes related to ill health in the early stages of absence; and preventative measures to promote a healthier workforce. HASC will be tracking recommendations arising from the review in 2012/13 whilst keeping an eye on progress with the joint health and social care workforce strategy in relation to staff health and well-being.
40. In addition, HASC will looking review recommendations arising from its 2011/12 Dignity In Care Review. This work will be guided by the joint action plan developed with DGH mentioned at para 10.
41. The final version of the Committee Review Caring for Carers was considered July 2012. HASC will be developing an action plan based on the review recommendations in conjunction with the Carers Strategy Group and other stakeholders in order to ensure priorities are addressed.

Committee Meetings

42. This year the Committee will be trying a new format where 30-40 minutes will be allocated to a substantive item at each meeting to allow for more detailed discussion and questions and answers; the Chair's agenda-setting meetings will also be used to indicate more clearly the line of questioning. Other items will be heard as usual (Presentation/report and Q&A) but with an expectation that reports will be more succinct and focused, and that the officers attending are well briefed and can deal with most questions at the meeting.

Health reforms and emerging relationships

43. It will be important to further embed the relationship between HASC and the HWWB and align the health scrutiny programme appropriately with the HWWB's planning cycle. HASC will also wish to testing the ambition of the HWBB in the year ahead ensuring all commissioners and providers are working together to tackle inequalities, to achieve agreed outcomes. HASC will also be working closely with the emerging local HealthWatch to provide a reality check on whether patient and users of services experiences actually are improving in the reformed system.
44. HASC will build on its working relationship with DPH during the 'bedding-down' of PH within the Authority in the year ahead; and will look to extend this to other senior public health specialists who will be transferring to the authority in the coming months.

Care and Support Bill

45. In July 2012 the Government published its long-awaited Care and Support White Paper as well as a draft Care and Support Bill that will consolidate adult care laws into a single statute. The Committee will be keeping a watching brief on parliamentary passage of the Bill which signals significant changes for Adult Social Care and its partners. HASC will have an interest ensuring effective arrangements are in-place to deliver the Government actions locally. These currently include:

Stroke Care

46. The Committee will be keeping a watching brief on submissions by stroke networks for 'step-change' improvement in stroke care across region as part of wider national programme designed to enhance patient pathways.
47. HASC has previously undertaken an in-depth review looking at the effectiveness of local stroke services which identified a number of challenges and key areas for improvement in Dudley. As such HASC will be keen to identify how best to engage scrutiny in the process with the aim of ensuring the best possible outcomes for Dudley people.

Information sharing

48. HASC remains represented on the West Midlands Health Scrutiny Chairs Group which meets on a quarterly basis. This continues to be a useful information sharing forum allowing open and constructive discussion on cross-boundary issues.
49. This report was submitted to the Scrutiny Committee at its meeting on 26th September, 2012. Any updates will be reported at the Council meeting.

Finance

50. There are no direct financial implications arising from this report at this stage.

Law

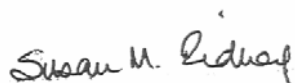
51. The requirement for the Committee to make an annual report to the Council is contained in Article 6 of the Constitution.
52. The relevant statutory provisions regarding the Council's Constitution are contained in Part 11 of the Local Government Act, 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.
53. The Health and Social Care Act 2012 provides for democratically accountable oversight of health, care and well-being services by elected members of Local Authorities.

Equality Impact

- 54. The work of the Committee is an important way for the representatives of local people to ensure that the voice of local people is heard and acted upon in the provision of statutory health and social care services. It also implies a challenge to ensure services meet the needs of all Dudley's communities.

Recommendation

- 55. That the annual report of the Health and Adult Social Care Scrutiny Committee be noted.



Susan M. Ridway

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Chair of the Health and Adult Social Care Scrutiny Committee