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**Select Committee on Health and Adult Social Care – 6<sup>th</sup> July, 2010**

**Report of the Lead Officer to the Committee**

**Work Programme and Up-dates - 2010/11**

**Purpose of Report**

1. The Purpose of this report is to:
  - recommend a work programme to the Committee for the 2010/11 Municipal Year;
  - note the key messages emerging from the Committee's Healthier Workforce Review;
  - identify nominations for the discretionary Joint Dudley Walsall Health Scrutiny Committee
  - seek approval to re-appoint Dudley's Local Involvement Network Chair as a co-opted member of the Committee

**Background**

2. Health scrutiny is seen as a lever to improve the health of local people, ensuring that their needs are considered as an integral part of the delivery and development of health services.
3. Selecting the right topics is crucial to ensure scrutiny adds value to the work of the Council and partners and produce tangible outcomes for communities that result in real service improvements.
4. Key stakeholders, such as the Dudley Health and Well-Being Partnership<sup>1</sup>, Dudley NHS (formerly Dudley PCT) and Dudley's Local Involvement Network (LINK) have been consulted on the development of this years work plan in order to ensure its effective development – the proposed work plan is attached at **Appendix 1** for approval.
5. As Members are aware, issues may arise that need to be included in the Work Programme. Similarly, some issues that have been included may be overtaken by events.

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<sup>1</sup> This partnership brings together all key health agencies to lead and co-ordinate joint working to improve health and wellbeing and reduce the health inequality in Dudley and feeds into Dudley's Community Strategy.

## **Standing Orders**

6. During the course of 2010/11 the Committee will also be invited to consider the following standing items with a health and social care focus:-
  - Update of the Council's Capital Strategy
  - Equality and Diversity and Complaints Reports for the Directorate of Adult Community and Housing Services.
  - Quarterly Corporate Performance Management Reports
  - Annual Review of Equality and Diversity

## **Theme for Review 2010/11**

7. In addition to the overview of health issues the Committee may wish to consider implementing a scrutiny review: an in-depth investigation of a particular subject in order to recommend proposals for change. Last year HASC explored the theme of Council and NHS workforce health and well-being (see section below), other previous reviews include Wheelchair and Stroke care services.
8. Reviews require the views of Members and Officers to assist with their investigations as well as the opinions of other individuals such as experts in a particular field, service users or members of the general public. The findings of the appointed working-group will be reported to a future Committee meeting and the progress of relevant bodies against recommendations will be tracked over time.
9. It is proposed the Committee considers one of the following themes for in-depth review:
  - The implementation of Dignity of Care: dignity and respect of older people in hospital
  - Caring for carers in the NHS
  - Access to Psychological Services in Dudley

## **Healthy Workforce Review 2009/10**

10. Acknowledging that the health and wellbeing of the workforce makes a major contribution to the delivery of high quality services, HASC at its September 2009 meeting agreed to undertake a review to understand the perception, accessibility and effectiveness of support provided by the Council and local NHS bodies - as model employers – to encourage a healthier workforce.

Approach and methodology

11. A set of key questions were devised to inform the overarching structure of the review and the main evidence base – these are attached at appendix 1. In addition a Focus Group was held in March 2010, with support from Corporate Board to gauge the perception and effectiveness of practices and policies that support; this comprised both staff and managers across Directorates with Human Resources providing expert input enabling Members to build a more rounded view.
  
12. Key findings and messages resulting from the responses to questions and the focus group include:
  - The role of non-executives and elected members in promoting H&WB should be explored. In addition, inclusion of the management of occupational health and H&WB in corporate performance frameworks will engage leaders and management in the H&WB agenda and drive improvements.
  - The approach to H&WB should be overarching and inclusive and the aims of policies need to be measurable; a greater strategic oversight of workforce H&WB would enhance accountability for its success.
  - Consistent management training relating to HW&B will enable managers to identify actual/potential health problems; early intervention would deliver better outcomes for the employer and employees alike.
  - Lack of clarity about what constitutes Health and Well-being can be a barrier. Council and partners need to be clear about what this should look like in Dudley and communicate this effectively in order to best promote the H&WB agenda.
  - The Council's Absence Review should encourage a focus on preventative measures and practices; stress awareness training for managers and flexible working options for staff with caring responsibilities are among a number of areas already being explored.
  - The number of different initiatives (and sometimes their short life span) may act as a disincentive to staff participation and means that interventions do not have time to bed down or to be evaluated e.g. cycling to work initiatives can be seen as 'knee jerk' reactions. In addition programmes that are too specific e.g. just focussing on weight management or exercise will not engage all of the workforce.
  - H&WB Champions are a good medium to promote the agenda across Departments; evidence from the British Heart Foundation suggests this approach improves staff engagement. Corporate Groups can be an effective way to share learning and develop good practice across Departments.
  
13. The final review will include a series of practical recommendations to improve staff health and wellbeing based on the analysis of evidence collated. This will be reported to the **September Committee** meeting following stakeholder consultation.

### **Co-option of a LINK representative**

14. Defined in the Local Government and Public Health Act 2007, LINKs are made up of individuals and community groups designed with the purpose of giving the public a stronger voice in the way their health and social care services are delivered. To enhance their autonomy, LINKs must be hosted by an independent body – Shaw Trust hosts Dudley's LINK.
15. LINKs are seen as a key component of locally accountable health and social care and so HASC will have a general interest in ensuring arrangements for LINK activities are effective in Dudley. In addition, embedding relationships with the LINK will enable HASC to attain a better understanding of community priorities.
16. The Council's constitution allows scrutiny committees to co-opt additional non-voting members where considered helpful. The Committee initially acknowledged the potential to assist in developing connections with the LINK at its meeting in July 2008 and subsequently approved the co-option of the LINK Chair onto HASC in July 2009; a revised version of the HASC LINK protocol was also approved at this meeting.
17. Against this background it is proposed the LINK Chair is re-appointed onto HASC for the remainder of the municipal year demonstrating its continued commitment to work with the LINK to improve services for Dudley's communities.

### **Re-appointment of the Joint Dudley Walsall Health Scrutiny Committee 2010/11**

18. Both Dudley and Walsall Committees were keen to put in-place effective arrangements to jointly evaluate the progress of the Dudley Walsall Mental Health Trust (DWMHPT) since its inception in September 2008 as a provider for Boroughs. This was prompted by concerns that centralising services may affect quality of service experienced by service users.
19. Against this background, HASC approved proposals to establish a discretionary Joint Overview and Scrutiny Committee with Walsall to oversee progress of the DWMHPT at its Committee meeting in September 2009 (agreed terms of reference are attached at **Appendix 3**).
20. Subsequently, the first Joint meeting was held at the Walsall Council House on March 2010. Members noted performance against key national and local indicators and other service developments enabling them to assess impact on service delivery users and added value. In addition, the Committee agreed to convene at six-monthly intervals.

## Proposals

21. It is proposed to re-appoint the discretionary Joint Overview and Scrutiny Committee with Walsall to oversee progress of the DWMHPT in accordance with the terms of reference attached at **appendix 3** and Section 7 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.
22. The Joint Committee will consist of five elected Members from each Council, ten in total, as specified in the terms of reference.
23. The membership of each authority shall generally reflect the political make up of full Council. It is suggested that the Dudley appointed group of Members should comprise three Conservative and two Labour, to include the Chair of the Select Committee.

## LINK Referrals

24. The Dudley Local Involvement Network (LINK) may refer health and social care matters for consideration by the Committee.

## Terms of Reference

25. The Committee's terms of reference are attached at **appendix 2**. This needs to be viewed in the context of a number of Bills currently before parliament aimed at strengthening local accountability, which may imply changes to local scrutiny arrangements.

## **Supporting documents**

### **Guide**

26. A guide to Health Scrutiny has been developed for elected Members and was distributed to HASC Members prior to this meeting; a copy has also been made available in the Members Library.

### **Glossary**

27. A glossary of useful Health and Adult Social Care terms can found in all agenda papers.

### **Watching brief**

28. A 'Policy Update' will be circulated at regular intervals during the course of the year. This will comprise key health and social care developments - nationally and across the borough – arising during the course of the year allowing the Committee to keep a 'watching brief' on wider health issues.

## **Finance**

29. There are no significant cost implications arising from this report

## **Law**

30. Section 111 of the Local Government Act, 1972, enables the Council to do anything, which is calculated to facilitate or is conducive or incidental to the discharge of its functions.
31. The Local Government and Public Involvement in Health Act 2007 provides powers for Health Overview and Scrutiny Committees to review and scrutinise the actions of key health and social care providers.

## **Equality Impact**

32. The work of the Committee can be seen as contributing to the equality agenda in its 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**

33. It is recommended that the Committee note the content of this report and the work programme at appendix 1 and:

- agree a theme for in-depth review
- approve the proposal to co-opt the LINK Chair onto the Committee;
- approve proposals to re-appoint the Committee set out in paragraphs 21-23

Brendan Clifford

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**Brendan Clifford**  
**Lead Officer to the Select Committee on Health and Adult Social Care**

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### **List of Background Papers**

Select Committee on Health and Adult Social Care: Work programme 2009/10. Report of the Lead Officer HASC July 2009.

Select Committee on Health and Adult Social Care: Joint Scrutiny arrangements with Walsall MBC: Dudley Walsall Mental Health Trust. Report of the Lead Officer HASC November 2009.

Select Committee on Health and Adult Social Care: Co-option of the Chair of Dudley's LINK onto the Committee. Report of the Lead Officer HASC July 2009.

## Appendix 1

The following work programme for 2010/11 is proposed:-

*N.B There may be a need to re-structure the programme from time to time due to external developments. As such, the schedule presented below is subject to change.*

<u>Date of Meeting</u>	<u>Item</u>
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July	
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	<b>Appointment of LINK representative to HASC</b>
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	Consider co-opting the LINK Chair onto HASC in order to help ensure matters affecting both bodies are dealt with in an open and positive way.
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	<i>Report of the Lead Officer to the Committee</i>
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	<b>Transforming Community Services Programme</b>
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	The DH Next Stage Review sets out a vision for primary and community care where people shape services. The aim of TCS is to improve community services so that they can provide modern personalised and responsive care of a consistently high standard. The department has made £4m available in 2009/10 to support the programme.
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	Members may wish to explore the progress in delivering this programme in Dudley and key implications for its communities.
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	<i>Report of Dudley NHS</i>
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	<b>Implementation of Dudley's Alcohol strategy</b>
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	Alcohol mis-use remains a key public health priority in Dudley.
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	The Committee commented on the development of the new strategy launched earlier this year drawing on identified gaps and weaknesses noted in the past.
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	The presentation will allow members to examine the delivery of agencies against the new strategy and performance against key national drivers. Members may wish to note the preliminary findings from the Audit Commission's performance review on alcohol mis-use in Dudley.
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*Report of the Chief Executive*

September

**Encouraging a Healthy Workforce**

To receive a full feed-back on HASCs review of health and well-being practices undertaken by the Council and NHS partners to encourage a healthier workforce.

*Report of the Lead Officer to the Committee*

**West Midlands Ambulance Trust: Application for Foundation Trust Status and update against progress against the Lightfoot efficiencies review NHS Quality Accounts**

HASC was noted key issues emerging from the Lightfoot efficiency review which included inadequate skill mix of staff placing burden on A&E referrals and demand exceeding contracted levels.

*Report of WMAS*

**Management of Eating Disorder Services for 11-19 year olds**

One aspect of the MH Commissioning Strategy at Cabinet 17<sup>th</sup> March generated specific action to facilitate scrutiny of eating disorder services in Dudley to particularly consider :

- prevalence of eating disorders in Dudley
- support waiting lists
- Recognition of eating disorders in primary care settings, GP responsibilities etc.
- Family support links including Safeguarding and parenting skills issues
- CAMHS

In addition, Elected Members have expressed that in rightly addressing issues of obesity, this does not inadvertently precipitate anorexia type behaviour as a result.

This item will help support discussions, with Partners on approaches to eating disorder in Dudley.

November

### **Obesity – Measuring the success of Dudley’s ‘multi-pronged’ approach**

Dudley’s Sustainable Community Strategy highlights obesity as key public health problem in Dudley.

Study’s suggest that a multi-pronged approach tackling all influences on behaviour including the environment social and family culture and behavioural change is the most successful strategy. It is understood Dudley has adopted a similar strategy which involves collaborative working across agencies.

The Committee will have the opportunity to evaluate progress made since it last visited the topic as strategic priority over two years ago.

*Joint Report Dudley NHS and DUE*

### **Dementia Services**

Whilst there is no understanding of or cure for Dementia, people with the condition can often have a good quality of life for a number of years.

This presentation is influenced by the National Dementia Strategy – a five year plan to improve health and social care services – and follows a rise in public awareness campaigns.

Alongside implementation of the national strategy HASC could explore the following areas:

- identification and early intervention
- living well with dementia
- acute care
- end-of-life care

Joint Report with DWMHPT

January

### **Dudley’s Healthy Town Initiative**

The Healthy Towns Programme is jointly funded by the Department of Health (DoH) and the Department for Children and Family Services (DCFS). Dudley was one of nine towns that successfully bid for a share of the £30 million to work towards the vision of becoming a healthy town.

At its Committee meeting in March 2009 HASC requested six monthly updates to assess the delivery of agencies against the project's health and well-being outcomes

### **Quality Accounts**

From April 2010, all providers of acute, mental health, learning disability and ambulance services will be required to produce a Quality Account; this can be seen as replacement for the Annual Health Check element of the annual performance assessment of NHS Trusts.

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

Unlike for the Annual Health Check, Scrutiny Committee's can submit commentaries on quality of NHS services throughout the year.

April

### **Implementation of the Dudley's Sexual health strategy**

The Committee resolved to follow-up the delivery of agencies against the Sexual Health strategy in 2010-11. Sexual Health, including teenage pregnancy rates remain a public health priority in Dudley.

*Report of the Dudley NHS*

### **Adult Safeguarding**

The Committee will explore the following areas :

- Outcomes for and the experiences of people experiencing safeguarding services
- Strategy and commissioning
- Service delivery and practice
- Working in partnership e.g. Police Authority
- Prevention and awareness

Safeguarding is a complex and sensitive area of public service which involves a multi-agency and collaborative approach to delivery. A joint presentation may be required in order to provide a

more rounded view of provision, contributors may include: Adult Social Care, Community Safety and Police Authority (there are provisions to request evidence from non Health agencies that impact on health and well-being)

### **Findings of HASC's in-depth review working group**

To consider findings of the in-depth review selected by the HASC in July. This will include specific recommendations to shape future policy to improve services for Dudley's citizens.

*Report of the working-group/Lead Officer*

### **Future Developments**

In the course of the year there will be new health matters arising which will require the attention of the Committee, so there is a need to keep some slack in the system.

## Appendix 2

The Terms of Reference of the Committee provide for the Committee to fulfil All of the overview and scrutiny functions as they relate to:-

- the improvement of local health and adult social/health care services, as a contribution to the Council's community leadership role.
- to create an annual Scrutiny Plan.
- to make reports and recommendations to local National Health Service (NHS) bodies and to the Council on any matter reviewed or scrutinised which explain the matter reviewed, summarise the evidence considered, provides a list of participants in the scrutiny exercise, and makes any recommendations on the matter reviewed as appropriate.
- to proactively receive information within given timescales, with some exceptions set out in Government Guidance, requested from local NHS bodies.
- to be consulted by and respond to (as appropriate) NHS bodies in connection with the rationale behind any proposal and options for change to local health services made by the NHS.
- to ensure the involvement of local stakeholders, e.g. by co-opting individuals, as appropriate, to facilitate the work of the Committee.
- to consider referrals from the Local Involvement Network
- to act in accordance with Government Guidance relating to Health and Scrutiny.

## **APPENDIX 3**

### **Joint Health Scrutiny Committee to oversee the progress of the Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT)**

#### **Terms of Reference for a Joint Overview and Scrutiny Committee for Dudley and Walsall Councils.**

#### **Function of the Joint Committee**

A statutory joint committee between Dudley and Walsall was formed in 2007/08 to respond to proposals to create a single NHS Mental Health Trust to serve both Boroughs.

This Joint Health Overview and Scrutiny Committee will undertake the functions of a discretionary joint health overview and scrutiny committee in accordance with Regulation 7 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 to oversee the progress of DWMHPT since its establishment in October 2008.

In performing this role, the Joint Committee shall exercise the following functions:

- To consider developments in connection with the provision, planning and management of Mental Health Services provided by DWMHPT
- To consider its progress against key performance indicators including Annual Health Check core standards, results of Care Quality Commission Provider Reviews (this review will take the place of the Annual Health Check in 2010), and national indicators for local government which apply to Mental Health.
- To determine whether statutory consultation on any proposed service variation is required
- Require the DWMHPT to provide information about service provision or proposals for service change
- To require officer(s) of the NHS to attend before it under Regulation 6 of the Regulations to answer such questions as required in relation to the discharge of its functions
- Such other functions ancillary to those listed above as the Joint Committee considers necessary and appropriate in order fully to perform its role

In undertaking its role of reviewing progress, the Joint Committee should do so from the perspective of all those affected or potentially affected by developments.

Health Overview and Scrutiny Committees operate independently of local authority Executives and the views of individual local authorities expressed by their Executives will be submitted separately to the DWMHPT Trust, or by the PCT as a commissioner.

## **Appointment**

The Committee shall be appointed at the beginning of each municipal year in accordance with the conventions for joint arrangements in place at the constituent councils.

The Committee will be appointed until such time as one of the constituent Councils holds its Annual meeting or at any such time the Committee or its appointing bodies wish to decide otherwise.

## **Membership**

Membership of the Committee will comprise 10 Members with 5 from each Authority's Health Scrutiny Committee reflecting the political balance of Dudley and Walsall. A political proportionate ratio for Dudley would be 3 Conservative to 2 Labour. A political proportionate ratio for Walsall would be 3 Conservative, 1 Labour and 1 Liberal Democrat.

Members will be appointed in accordance with the conventions for nomination of their own council.

In accordance with Section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.

## **Co-optees**

The Joint Committee shall be entitled to co-opt non-voting representatives to provide expert advice and consultation.

## **Attendance by others**

The Committee will be open to members of the public to attend unless it is necessary to discuss any exempt or confidential information as set out in the Local Government Act 1972.

The Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions.

The Joint Committee shall permit representatives of any other authority or organisation to attend meetings as an observer. This could include elected Members from either Authority.

## **Working Groups**

Working groups shall only be appointed by a statutory committee.

## **Quorum**

To be one third of the membership, with at least one member from each authority.

## **Substitutions**

Substitution shall be permitted according to the individual arrangements in place within each local authority and provided that the relevant support officer is notified prior to the commencement of the meeting.

## **Chair**

The Committee will be chaired by the respective Health Scrutiny Chairman from the local authority hosting the meeting.

If the Chairman is not present, the remaining members of the Joint Committee shall elect a Chairman for that meeting.

## **Meetings**

Meetings will be hosted on an alternate basis between Dudley MBC and Walsall MBC.

Dates of future meetings shall be agreed at the end of each meeting. However the Committee can convene between scheduled meetings as required, subject to approval of both Dudley and Walsall Health Scrutiny Committee Chairs.

## **Support**

The Committee will be supported by the Hosting Authority in terms of clerking, administrative, advisory and research support. Respective local authority Mental Health leads may have a role in facilitating meetings and will therefore need autonomy to act between meetings as appropriate.

## **Conduct of Meetings**

The conduct of Joint Committee meetings shall be regulated by the Chairman in accordance with the general principles and conventions in connection with the conduct of local authority committee meetings.

Members of the Joint Committee will be bound by the Code of Conduct applicable to Councillors under the Local Government Act 2000.



## **Formal consultation**

If the discretionary joint committee feel that there is a need for statutory consultation and the constituent Authorities believe the variation or development in services to be substantial it will form a statutory joint committee to scrutinise proposals. It merits noting that those local authorities that do not believe that the proposed change is a substantial variation or development in service are not required to participate in the statutory joint committee; if they do not, they lose their right to be consulted on and respond to proposals, which would be a loss of democratic influence on strategic direction .