

Meeting of the Council – 12th October, 2009

Annual Report of the Select Committee on Health and Adult Social Care 2008/2009

Purpose of Report

1. To submit to the Council the Annual Report of the Select Committee on Health and Adult Social Care for 2008/2009.

Background

2. Article 6 of the Council's Constitution requires Select Committees to report annually to the full Council and make recommendations for future work programmes and amended working methods if appropriate.
3. The Select Committee on Health and Adult Social Care has the role of reviewing and scrutinising decisions made or actions taken by the Executive in connection with the provision, planning and management of health and adult social care, including the National Health Service (NHS).
4. The Committee consulted key stakeholders, such as the Primary Care Trust (PCT) and Dudley's Local Involvement Network (LINK) at an early stage on the development of its work plan; a degree of flexibility was built into the system to ensure responsiveness to new developments during the year.

Work programme

5. The Committee agreed its initial 2008/09 work programme in July 2008 which included the following matters:
 - Establishment of Dudley's Local Involvement Network
 - Procurement of Drug Treatment Services
 - Proposed reconfiguration of GP services in the Wollaston area
 - The future of GP services and Primary Care provision in Dudley
 - Deprivation of Liberty Safeguards
 - Treatment Of Age Related Muscular Degeneration
 - Health Care of People with a Learning Disability
 - Development of Dudley's Alcohol strategy
 - Progress of the newly formed Dudley-Walsall Mental Health partnership Trust
 - Quality of End of life care – provision of palliative care
 - Track recommendations in Stroke review working group report
 - Assessment of local Sexual Health provision
 - Annual Health Check Declarations of NHS Trusts

- Learning Disabilities Review
- Deprivation of Liberty Safeguards
- Progression of the 'Healthy Towns' initiative in Dudley

Analysis of Key issues for 2008/09

Findings of the Stroke Review working group

6. At its meeting on July 8th the Committee noted the findings and recommendations of the Stroke Review working group. The aim of the review was to assess service delivery against national standards and identify gaps or weaknesses in the care pathway in order to improve the patient experience.

Key review findings included:

- Practitioners need to consider the following when setting realistic patient centred goals and adjust these appropriately during the management and / or following transfer of care: type of stroke, the psychological impact of the stroke and the motivation of the patient and carers plus the compliance to treatment.
- Intermediate rehabilitation services are based at Corbett Hospital and are used by approximately 35 patients daily. However, this figure is rising due to demand. It is estimated that 90% of all rehabilitation patients have suffered some form of stroke.
- Access to psychological support was very limited - only one appointed psychologist for both inpatients and community patients was identified.
- Most delays with care packages were related to cross-boundary arrangements, which was considered an underlying cause of 'bed blocking'
- Invariably, the full repercussions of the impact of a stroke are only realised once a patient has returned home - more support should be given at this stage.
- Some regular procedures carried out by the specialist Consultant could be undertaken by senior nurses, given suitable training.

7. Key recommendations to emerge included:

- That the Trust develops their services so that when a patient who would benefit from the use of thrombolytic drugs present themselves for treatment, there is an opportunity for these to be given within 3 hours.
- Dudley's Stroke strategy is developed to ensure that all suspected cases of Stroke are diagnosed at the stroke unit at the Hospital.
- To provide additional financial resources, or explore innovative ways to redress the lack of specialist psychological support for both inpatients and community patients.
- Senior Nurses should undergo training to carry out appropriate routine procedures currently undertaken by the Specialist Consultant.
- Funding should be allocated for education programmes on expectation and lifestyle changes after suffering a stroke, for both patients and carers.
- That the Council should make the Exercise on Prescription Scheme available in more of its Leisure Centres in order to improve access for community patients.

Reconfiguration of GP services provided in Wollaston

8. In July 2008, the Committee were informed that the Three Villages Medical Practice was proposing the relocation of services from its Wollaston practice to a new GP surgery within the Stourbridge Health and Social Care Centre.
9. The practice, which already operated some surgeries at the new Stourbridge Health and Social Care Centre, was proposing that patients who are currently seen at Wollaston would be transferred to the new surgery within the Stourbridge Health and Social Care Centre.
10. Members acknowledged the availability of improved facilities at the new purpose built centre, together with an on-site Pharmacy and healthcare teams.
11. Arising from its consideration the Committee requested that the consultation should consider its concerns for patients dependent on public transport, particularly those in the Kinver and Stourton areas. The areas have a notably limited bus service and there is no direct service to the Centre; patients would need to change bus services in Wollaston in order to access the site.

DGOH Infection control

12. In November 2008 the Committee considered an update on infection control at DGOH following the consideration of its Annual Health Check declaration earlier that year.
13. Members were pleased to note that cases of Clostridium Difficile (Cdiff) had been receding since initial concerns were expressed in March and that the number of cases was now aligned with Government targets. However the Committee surprised to learn of evidence to suggest that a number of MRSA cases, recorded as Hospital acquired may have actually been community acquired.
14. The Committee welcomed pro-active approach being taken by to reduce acquired infection, which involved the: setup of a dedicated isolation Facility; assignment of Infection Control 'Champions'; and introduction of a new 'bare below the elbow' uniform policy. Members also noted improved working with the PCT, particularly with regards to GP prescribing of antibiotics.
15. Members supported the planned appointment of a consultant nurse to head the Infection Control Team as part of the plan to further drive down infection rates. They were particularly pleased with the Hospital's amended uniform policy requiring staff to arrive/exit the main site in civilian clothing only. Members were particularly pleased that this also applied to the use of the main cafeteria at the Russell's Hall site.
16. Arising from consideration of this topic the Committee requested that the Trust arrange for the following to be considered to tackle acquired infection:
 - Improve signage in entrance areas in order to encourage visitors to undertake personal hygiene measures before seeing patients.

- Review the arrangement of support information situated at the main entrance of Russells Hall Hospital in order to improve accessibility and awareness.
 - Consider innovative ways to manage the manual hygiene of on-site smokers
17. The Committee acknowledges the issue of Community acquired infections and will be investigating the measures being taken by community providers to tackle this issue in the near future.

Development of Dudley's Alcohol Strategy

18. The Committee are very concerned with the cross-cutting effects of alcohol misuse both nationally and locally, particularly in relation to young people and anti-social behaviour.
19. In July the Committee considered an update on progress to address the effects of alcohol misuse locally. Members were particularly pleased with how the new Alcohol Strategy for Dudley was evolving through the work Alcohol Strategy Group. It was particularly interested in the outcomes of the stakeholder event and how these would inform the final strategy.
20. As part of its development, the Committee requested that the Group consider its aspiration for a strategy that:
- explicitly considers the views of under-age drinkers as part of its development and that their views were used to inform its priorities
 - works within existing resources and utilises budgets allocated to PCT Public Health services
 - is owned at strategic level by appropriate partner agencies including the Police to ensure a joined up approach to tackling this issue
 - considers ways of working with the Local Authority and partners to reduce the amount of low-cost offers in local shops
 - supports further investment in the Aquarius project in Brierley Hill
 - considers the safety of taxi drivers
 - considers the role of parents in tackling alcohol misuse and associated anti-social behaviour amongst young people
 - considers the implementation of a borough-wide street ban on alcohol together with an educational programme about the dangers of excess drinking, which would be particularly aimed at young people
21. The Committee also requested that the Task group should consider engaging local Youth Parliament representatives in the development of the strategy.
22. The Committee will be assessing the delivery of agencies against the strategy in the near future.

Annual Health Check

23. The Care Quality Commission (formerly Healthcare Commission) requires all NHS Trusts to conduct a self-assessment against core performance standards, known as the Annual Health Check.

Commentary on 2008/09 declarations

24. At its meeting in March, HASC commented positively on the Annual Health Check declarations of each Trust with the exception of Dudley Walsall Mental Health Partnership Trust (DWMHPT) – Members felt that it was too early for the Committee to comment on its performance given its newly established status.
25. HASC submitted commentary on the performance standards that related to specific subjects it had examined during the year along with observations on its working relationship with the Trust; guidance states that the Trust may not alter comments in any way and must be included in the Trust's final declaration to the Commission.

2007/08 Annual Health Check Results

26. Following the consideration of results of the 2007/08 Annual Health Check, which was published by the Healthcare Commission, the Committee identified a number of service areas for improvement with respect to PCT and DGOH services. These included:
- improving Sexual Health services, particularly in relation to reducing under-18 conception rates and Chlamydia screening rates
 - improving decontamination of medical devices (dental)
 - ensuring access to a Primary Care Professional within 24 hours
 - ensuring people were aware that they had a choice of hospital at a point of referral
 - maintaining a maximum wait of 13 weeks for an outpatient appointment
 - reducing the under-18 conception rate by 2010, as part of a broader strategy to improve sexual health
27. Members were surprised to learn that smaller practices were a key factor behind limited access to a Primary Care Professional within 24 hours. The Committee will be interested to see whether access improves with the introduction of the new integrated Health and Social Care Centres, which will subsume a number of smaller practices.
28. Arising from consideration given to this matter the Committee examined the progress of agencies against Dudley's Sexual Health Strategy at its meeting on July 7 2009. Members have expressed a keen interest in shaping the strategy's priorities and will be monitoring its long term progress

Healthy Towns Initiative

29. In March 2009 Members noted the progress of Dudley's Healthy Towns programme. Members were pleased with Dudley's successful bid for a share of £30m funding to be one of nine areas to work towards the aspirational target of being a Health Town. The Committee applauded the team of staff behind the successful bid which included the development of family healthy hubs, based in parks and open spaces.
30. It was noted that there will be at least one hub in each of the five Area Committee areas. Member also acknowledged the programme's importance in contributing to targets within the New Generation Local Area Agreement (NGLAA) particularly NI8 'adult participation in physical activity' and NI56 'halt the year on year rise of childhood obesity'.
31. Members will be keeping a close eye on the scheme's progress in 2009/10 to ensure its accountability and stewardship of public resources.

Call-ins/ pre-implementation scrutiny

32. No decisions were referred to HASC for pre-implementation scrutiny.

Requisite Reports

33. During the year the Committee also considered the following standing items:
 - Update of the Council's Capital Strategy, as it relates to provision 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 Reports (in relation to DACHS)
 - Annual Review of Equality and Diversity 2009 (DACHS)
 - Annual report of Dudley Safeguarding Vulnerable Adults Board, formerly The Adult Protection Committee

Other Developments

Joint Committees

34. During the past year there has been no necessity to establish a joint committee with any neighbouring authorities. However, in the coming year the Committee will need to decide whether to appoint a discretionary Joint Dudley Walsall Health Committee to consider the progress of the DWMHPT since coming into being in October 2008.
35. HASC is also part of the West Midlands Regional Health Scrutiny Group established with the aim of sharing good practice and supporting cross-boundary Scrutiny. The respective Chairmen meet on a regular basis on rotation between Authorities. It will be considering the regional implications of the application by West Midlands Ambulance Services to become a Foundation Trust in 2009/10, which may imply some joint scrutiny.

Relationship with Local Involvement Network

36. The Committee acknowledges LINKs are a key component of locally accountable health and social care. HASC was keen to work with the LINK since its inception and a positive relationship has been established. A memorandum of understanding is now in place to manage their complementary relationship and support joint working. Moreover, the LINK Chair was announced as a formal co-optee in June 2009 and will serve on HASC until at least March 2010; this will help to enable any issues relating to the relationship between both bodies, such as its referrals, to be discussed in a constructive and inclusive way.

Member support

37. A Members guide to Health Scrutiny was published and circulated to Members at the beginning of the year. It provides both an outline to the legislative framework within Scrutiny operates in Dudley and sets out the principles which make the overall management and operation of Health Scrutiny more effective.
38. A glossary of terms commonly used in Committee reports was presented to the Committee in September. This is now a permanent feature in agenda packs.

Outstanding items

39. It was agreed that the following matters should roll over to the 2009/10 workplan:
- Assessment of service delivery against the sexual health strategy.
 - Tracking recommendations emerging from the Stroke Review working group report.
 - Progress of Dudley Walsall Mental Health Trust – this will now consider progress one year on.

Any Areas/ Opportunities for Improvement

Reviews

40. The Committee continues to recognise the value of having separate working groups to undertake detailed analysis health matters, such as investigating what action Dudley Council is taking as an employer to encourage a healthier workforce.

Supporting meetings

41. The Committee acknowledges keeping abreast of the way in which health services are delivered is a particular challenge in a constantly evolving NHS. In 2009/10 Members will receive a regular 'digest' capturing new health policy, publications and other local and national developments to help tackle this. It is hoped that the update will complement both Members' knowledge and understanding of the health economy and the manageability of Committee meetings.

Public participation

42. The Committee is keen to encourage further public participation in its work. The Committee will be working closely with the Dudley LINK, created with the purpose of strengthening the local voice in the delivery of Health Care, to engage the public in its work during 2009/10. The Committee is also hopeful that the new co-opted LINK representative will play a full and active part in the course of its work.

Joint Committees

43. HASC recognises the disproportionate amount of time and resources involved with reconvening Joint Committees. The Committee will be exploring ways to tackle this in 2009/10.

Areas of Focus for the Year ahead – Key Issues to be Considered

44. The Committee recognises its important role as a 'critical friend' and in ensuring that the voice of local people is heard and acted upon in the provision of Healthcare and in 2009/10 will be focusing on:
- The development of PCT services to ensure alignment with national Chlamydia screening and Dentistry visiting rates are aligned with national standards.
 - The work being undertaken by the Council to encourage a healthier workforce; this topic is likely to be the Committee's choice for an in-depth scrutiny review steered by an appointed Working Group.
 - The reappointment of the Joint Health Committee with Walsall to monitor Dudley Walsall Mental Health Trust developments; Walsall have indicated that its HOSC expressed a keen interest in its reappointment following an annual update from the Trust. In addition, the Partnership Trust plans on consulting on its application for Foundation Trust status in early 2009/10 may imply a requirement for joint scrutiny.
 - The debate to reform the statutory Health Scrutiny function established in 2001. The outcomes of this consultation hold significant implications for HASC, as Dudley's assigned Health Scrutiny body. Proposals to amend existing policy and guidance are anticipated in the autumn of 2009.
 - The development of a Health and Social Care Centre in Lye, which is likely to subsume a number of GP surgeries. The Committee will also be scrutinising whether other LIFT primary care developments – such as the Brierley Hill Health and Social Care Centre - are delivering stated objectives in relation to better joined-up service provision and contributing to reduced health inequalities.

Finance

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

Law

46. The requirement for the Committee to make an annual report to the Council is contained in Article 6 of the Constitution.

47. 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.

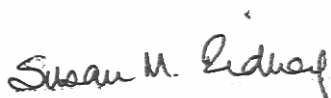
48. The Local Government and Public Involvement in Health Act 2007 gives statutory provision to Authorities with Social Services responsibilities to review and scrutinise, through an appointed Select Committee, health services provided or commissioned by Local Authorities and local NHS bodies.

Equality Impact

49. This report complies with the Council's equality and diversity policy. Moreover, 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.

Recommendation

50. That the annual report of the Select Committee on Health and Adult Social Care 2008/2009, as set out above, be noted.



.....

Chairman of the Select Committee on Health and Adult Social Care