
Health and Adult Social Care Scrutiny Committee– 28th September 2011

Report of the Lead Officer to the Committee

Annual Report of the Select Committee on Health and Adult Social Care 2010/2011

Purpose of Report

1. To consider the annual report of the Committee summarising its activities during the 2010/11 municipal year enabling Members and others to compare performance year on year.

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 (HASC) has the role of reviewing and scrutinising actions of key health and social care bodies in addressing health inequalities and improving overall health and well-being of Dudley's communities.

Work programme

4. The Committee sets its annual work programme in July following consultation with elected members, the voluntary and community sector and key partners and stakeholders. The 2010/11 work programme comprised:
 - Progress of the Transforming Community Services Programme
 - Implementation of Dudley's Alcohol Strategy
 - West Midlands Ambulance Trust: efficiencies review
 - NHS Quality Accounts
 - Deprivation Of Liberty Safeguards (DoLS)
 - Management of Eating Disorder services for 11-19 year olds
 - Evaluation of Dudley's Obesity Strategy
 - Implementation of Dudley's Dementia Strategy
 - Sexual Health in Dudley
 - Compliance with national cancer outcomes
 - Progress of Dudley's Healthy Town programme
 - Development of Adult Safeguarding services
 - Influenza Pandemic: local learning
 - Preparations for NHS Transformation in Dudley

- Specialist Vascular Surgery Services for Dudley, Wolverhampton and Walsall
 - Mid Staffordshire Hospital Independent Inquiry: Learning and Compliance
 - Long Term Conditions and Planned Care Strategies
 - Dudley's Health Inequalities Strategy 2010-2015
 - Department for Health: A Vision For Adult Social Care: Dudley's response
 - Urgent and Emergency Care In Dudley
 - The Development Of New Health Facilities In Lye and Pensnett
 - Developing a Local HealthWatch and progress of Dudley's Local Involvement Network (LINK)
5. The work plan also incorporates routine items on the Council's Corporate strategy strands as they connect to health and social care; enabling a short and long term assessment of impact across the range of services.
 6. Equality and Diversity issues are monitored through the Annual Review of the Directorate of Adult Community and Housing Services (DACHS) Equality and Diversity Action Plan. Moreover, the Annual Statutory Adults Social Care Complaints and DACHS Quarterly Performance Monitoring reports provide for the evaluation of performance and satisfaction of Adult Social Care provision.

Analysis of Key Issues for 2010/11

Management of Eating Disorder Services (ED) for younger people

7. One aspect of the MH Commissioning Strategy at Cabinet 17th March 2010 generated specific action to facilitate scrutiny of eating disorder services in Dudley to particularly consider: prevalence of eating disorders; waiting lists; recognition of eating disorders and family support links including safeguarding and parenting skills issues.
8. The ED service was working with 64 people who have been diagnosed with ED as the primary diagnosis with 14 being under 18 years old.
9. The Committee was pleased to learn that an emergency referral process was in place for identified ED cases and as a result waiting times were not experienced. Assurances were also given that safeguarding procedures provided for the recognition of ED issues.
10. Members were of the view that health visitors and school health advisors are well placed to provide support around healthy eating during routine contact with children and families.
11. While initially concerned that rightly raising issues of obesity could inadvertently precipitate anorexia type behaviour, the Committee noted with interest a lack of evidence of such a relationship.

HASC's 2010/11 Review: Healthy Workforce

12. The final report on the Committee's Healthy Workforce Review went before the September 2010 meeting.
13. It found even with public sector constraints, investment in a healthy workplace can give a competitive edge by improving employee productivity and motivation. The reality of an ageing workforce also implies a challenge to ensure sustainable improvements are made to protect staff health and well-being (H&WB).
14. It was felt the Council had established an ethos of health promotion taking a role in increasing opportunities for employees to make healthy choices such as stop smoking programmes, promoting healthier journeys to work and other incentives such as discounted gym membership. However, the review found staff might not always be as aware of the variety of programmes in existence as they might be. HASC also noted programmes that are too specific, do not engage all groups and risked being perceived as 'PR exercises' not necessarily addressing underlying health matters.
15. Large organisations appeared to recognise the benefits of a healthy workforce and the benefits of using Occupational Health (OH) Services proactively rather than reactively. Members also recognised the potential benefits of a specialist multi-disciplinary team to achieve a greater scope for pursuing a holistic approach which may be particularly important where there could be multiple reasons leading to absence from work. Members also noted with interest that, in Bolton, Royal Mail was reported to be piloting the offer of health checks not only to employees, but for their families too.
16. During the review it became clear that stress is one of the single highest causes of sickness absence – alongside post operative recovery - in both the Council and NHS. Members found OH referrals were also often engaged in the late stages of disciplinary proceedings or had been absent for long periods; and felt more needed to be done to engage these staff groups early on.
17. Overall it was felt that only once H&WB became embedded within organisation culture and protected in Governance would attitudes shift to practice more comprehensive policy; integrating H&WB within performance frameworks was also seen as an effective way to motivate leaders to address H&WB. Members also expressed that strategy needed to be balanced with individual responsibility: a bottom-up approach which encourages individuals to be responsible for their own H&WB. An approach which is too 'top heavy' could be perceived as paternalistic.
18. Recommendations arising from the Review included the Council and NHS Partners to consider the scope, feasibility and cost benefits of:
 - amending staff surveys to capture more self-reported health measures to supplement data habitually collected on sickness absence in order to attain a more coherent view of H&WB
 - implementing the following with the aim of making sustainable improvements to staff H&WB:
 - developing performance frameworks to include the management of occupational health and H&WB in performance frameworks linking up to relevant health improvement strategies

- introducing/further promoting league table of accidents
 - creation of an award for 'best staff health'
 - inclusion of H&WB issues in managers' appraisals
 - consider Champion role of non-executives and elected members in promoting H&WB
 - developing OH services to include a multi-disciplinary health and social care component to attain a more coherent view of needs
 - facilitating staff focus groups and surveys on stress to attain a deeper understanding of 'stressors' affecting the workforce with the aim of improving the way in which they are identified and managed
 - the establishment of a network of H&WB Champions to consistently promote the aims and objectives of H&WB practice and support staff to lead healthier lives
 - reviewing the success of the Royal Mail pilot in Bolton on expanding the health fairs to include employees' families
19. All recommendations contained in the review will be monitored as appropriate through the future development of the work programme.

Dignity in Care Review

20. Dignity is a prominent theme in emerging health and social care frameworks. It is also recognised that Dudley has a growing older people population expected to increase by 5% over the next 20 years.
21. Mindful of this and in light of the increased profile of dignity, HASC sought to conduct a review on dignity in care for older people. Members agreed to focus on transitions between hospital settings for the purposes of this review.
22. The terms of reference were agreed at the Committee meeting held November 2010:
- Identify how services ensure dignity and respect is embedded in care for older people in hospital settings
 - Explore the issues of medication, training, nutrition and quality of care and other non-clinical practical arrangements to ensure dignity issues are addressed
 - To consider the evidence from health partners on the success of dignity practices and explore best practice
 - Present recommendations for consideration on actions to be implemented for ensuring high standards of dignity and respect
23. The interim findings went before the Committee in April 2011; the final review will be presented in September 2011.

NHS Transformation

24. The Committee has been closely monitoring local and national developments regarding the new commissioning responsibilities set out in the NHS White Paper Liberating the NHS: Equity and Excellence; the proposals represent a significant set of changes for the NHS and the Council.
25. Following a recommendation by the Committee, a seminar for all elected Members was held on 23rd November with a view to raise awareness of the NHS

White Paper, learn more about the proposals and consider the implications for Dudley. The seminar brought together key stakeholders including the Director Public Health and the Chair of Dudley's emerging GP Commissioning Consortium, enabling a 'whole-systems' perspective.

26. The Committee was pleased to note the Dudley GP Consortium achieved 'Pathfinder' status to progress with the new commissioning arrangements and wider health service transformation. Members believe this is an opportunity to build on Dudley's good track record of clinical engagement to develop strong foundations for the new system.

Transforming Community Services

27. At the November meeting it was noted the PCT had been mandated to divest itself of Dudley Community Services by 1 April 2011; as part of a national directive.
28. Assured that front-line services would remain largely unaffected, Members accepted the transfers to preferred providers which included Sandwell Mental Health and Learning Disabilities (LDs) Foundation Trust receiving the LD services from Walsall PCT and Wolverhampton PCT as well as Dudley.
29. Members welcomed Council representation on the programme board and close engagement with local clinicians; and the healthcare forum.
30. They did however take issue with the Dentistry Services proposal which signalled a reduction of fixed site clinics from 9 to 6. Members were assured these provided for 1 or 2 sessions a week and patients would have greater flexibility of appointment times under new arrangements. It was also advised the 3 sites identified were not equipped to the same modern standards as the nearest alternative sites and therefore patients would benefit from better equipped facilities.
31. Members wanted assurance that rationalising the sites would deliver greater efficiencies through better use of resources.
32. The Committee will be exploring how it can monitor the progress of the new 'market entries' through NHS Quality Accounts; which it traditionally uses to identify performance issues and scrutiny topics.

Specialist Vascular Surgery Services For Dudley, Wolverhampton and Walsall

33. In April, the Committee looked at the review of vascular surgery across Dudley, Walsall and Wolverhampton.
34. Evidence was noted indicating that surgical outcomes for patients are significantly increased if surgery is undertaken at a specialist centre serving a population of 800,000 people. The outcome of the review would be to determine which of the three hospital sites would provide this service from April 2012. It was also noted alongside this a screening programme for Abdominal Aortic Aneurysm 'AAA' surgery would be implemented to ensure that the number of emergency procedures will reduce and elective surgery increase. Members were assured procurement would be transparent to ensure fairness in the selection process and with a focus on quality of outcomes for patients.

35. The Committee accepted the rationale for the review and the advantages offered to patients from a single specialist centre.
36. Members wanted assurance in future updates that outpatient and day patient cases will be retained at local sites. Members were concerned to ensure that as the review progresses, this commitment was not diluted.
37. Members also wanted the review to consider surgical outcome performance at the three sites to be taken into account as part of the evaluation and selection process; as Members were concerned to ensure that performance was given the appropriate weighting – please also see paragraph 55.

Mid Staffordshire Hospital Independent Inquiry Francis Report

38. Members were keen to explore local learning emerging from the independent enquiry into care provided by the Mid Staffordshire Hospital launched July 2009.
39. Dudley Group of Hospitals assured Members that action plans had been put in place to address the 18 local and national recommendations arising from the inquiry; progress was being overseen by the Trust's Council of Governors.
40. The Committee will also be interested in the outcome of the Trust's assessment against the recommendations emerging from the secondary inquiry launched in November 2010 Chaired by Robert Francis.

Development of Dudley's Dementia Strategy

41. In November 2010 the Committee commented on the outcomes, objectives and actions to deliver a joint strategy for people with dementia and their carers.
42. Arising from this report, Members supported the proposed model of delivery of Council services for people with dementia and their carers via Dementia Gateways.
43. Members accepted the Gateways would provide a 'one-stop shop' for people with dementia and their carers, enabling their needs to be met through a multi-disciplinary team of professionals recruited from the health, social care and voluntary sector; and play a key role in the pursuit for person centred services.

Sexual Health

44. The Committee received an update on Sexual Health services in November. Arising from this it was noted that Chlamydia remained one of the most prominent issues for Dudley. In addition whilst the rate of Gonorrhoea had fallen since 2001, Members were concerned to note a total year on year increase for other sexually transmitted infections.
45. Members felt more needed to be done to encourage Chlamydia screening and as such recommended the development of service level agreements with the main services (CASH, Brook, primary care, and community pharmacies) to include screening performance targets to attain a higher uptake.

46. The Committee felt engagement within schools remained a priority in raising young people's awareness and the consequences of particular lifestyle choices; whilst also ensuring stereotyping issues are addressed and discrimination is challenged.
47. Members also supported the development of integrated care pathways for teenage pregnancy, sexually transmitted diseases, abortion and sexual health promotion to ensure functional integration of sexual health across the Borough.

Call-ins/ pre-implementation scrutiny

48. No pre-implementation scrutiny was carried out.

Areas of Focus For The Year Ahead – Key Issues to be Considered

HASC Review 2011/12: Caring for Carers

49. An ageing population and increased community care policy drivers mean the number of people needing care at home continues to grow with support from family members. Mindful of the increasingly important role of carers, the Committee agreed to carry out a review to look into how they were recognised, engaged supported and valued within the local health community.
50. At the July 2011 meeting, Members agreed the review should explore the following areas:
 - Carers' needs assessment
 - Hospital admission and discharge
 - Identification within health and social care
 - Breaks and leisure
51. A workshop bringing together members and practitioners will be held in November/December in order to attain a deeper understanding of service priorities.

Service Reconfigurations

Improving Trauma Care across the West Midlands

52. The NHS in the West Midlands is proposing to introduce a regional delivery model for Trauma Care; in-line with national guidance.
53. The new system looks to learn from some stronger international systems and concentrate the expertise, specialised services and patients into Major Trauma Centres, supported by Trauma Units and Local Emergency Hospitals.
54. The Committee will be looking at the proposals for the major Trauma Service in 2011/12 in conjunction with regional scrutiny colleagues in order to determine the most responsive model for patients and communities. Proposed options include:

- Three major Trauma Centres - at the Queen Elizabeth Hospital in Birmingham, the University Hospital of North Staffordshire and University Hospital Coventry and Warwickshire
- One major Trauma Centre at the Queen Elizabeth Hospital in Birmingham

Review Specialist Vascular Surgery Services of Vascular services in Dudley, Wolverhampton and Walsall

55. Mentioned earlier, the Committee will need to consider with Wolverhampton and Walsall Scrutiny Committees how best to engage scrutiny in the process. A joint Committee is required if two or more health scrutiny bodies deem the proposals to represent a substantial variation to services.

Transformation of Mental Health Services

56. The Dudley Walsall Mental Health Trust developed a new service model in 2010 which has received commissioner support across both health and social care, including drug and alcohol commissioners. The Committee will be looking at how its three year implementation will impact on communities through established joint scrutiny arrangements with Walsall. The first meeting will be held in September 2011.

External Regulation and inspection

57. During the Committee's Dignity in Care Review, the Care Quality Commission (CQC) visited the Russell's Hall (RHH) and Corbett Hospital sites (January 2011) which resulted in a number of required improvements against the national 'quality and safety' standards; including a number relating to nutrition.
58. The Committee will be looking at monitoring and evaluation arrangements being developed to address identified inequalities and ensure services are meeting expectations.

NHS Transformation

59. The Health and Social Care Bill currently before parliament represents a significant set of changes for the NHS and the Council and the commissioning landscape; the Committee will be monitoring developments closely during its parliamentary passage.
60. The Bill also provides for the development of Local HealthWatch (LHW) organisations which will replace Local Involvement Networks by October 2012. Commissioned by and accountable to Local Authorities they will influence commissioning decisions by representing the views of local stakeholders; the Committee will have a role in ensuring its effective development.

Other developments

61. It is recognised not all queries raised at Committee meetings can be answered immediately with others requiring further investigation or consultation. A more systematic approach to exception reporting and monitoring actions will be developed for 2011/12.

Finance

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

Law

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

64. 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.

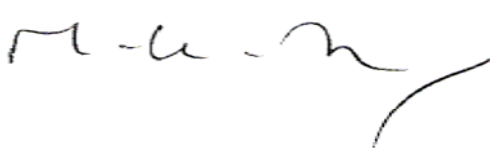
65. The Local Government and Public Involvement in Health Act 2007 provides for democratically accountable oversight of health services provided or commissioned by Local NHS bodies and Local Authorities to ensure they are responsive to local needs.

Equality Impact

66. 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

67. That the annual report of the Health and Adult Social Care Scrutiny Committee as set out above, be approved for consideration by Council.



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Background Papers

Article 6 of the Council’s Constitution.

The Minutes of the Meetings of the Select Committee on Health and Adult Social Care held in the 2010/2011 municipal year and the reports submitted to those meetings.