

Meeting of the Council – 13th October, 2008

Annual Report of the Select Committee on Health and Adult Social Care 2007/2008

Purpose of Report

1. To submit to the Council the Annual Report of the Select Committee on Health and Adult Social Care for 2007/2008.

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/or scrutinising decisions made or actions taken in connection with the provision, planning and management of health and social care, including the National Health Service (NHS).
4. During the year under review, the Committee has met on 6 occasions and jointly with Walsall's Health Scrutiny Panel Committee on one occasion and dealt with the following issues:

HEALTH

WEST MIDLANDS AMBULANCE SERVICE (WMAS)

Emergency Operation Centres

5. At its meeting in August 2007, the Committee received a presentation from WMAS on the consultation to Re-configure WMAS Emergency Operations Centres in the West Midlands.
6. The Committee acknowledged that given the reasons detailed in the consultation document, retaining the status quo was not a viable option for WMAS. The Committee broadly supported the Trust's proposals and welcomed a service that would be more resilient, flexible, cost effective, utilising 'best practice' and supported by modern technology.
7. The Committee concluded that from the evidence presented it appeared that the proposals offered a very real opportunity to improve the level of service provision through increased investment in technology. Furthermore, the Committee felt that

the proposals provided the system with greater resilience in terms of region wide incidents and anticipated reduction of implications of staff sickness. However, the Committee felt that the position regarding the financing of the proposals could have been made more clearly; in terms of the sale of the existing Stone Road, which underpinned a significant portion of costs of the development, and any costs that might be incurred through offering voluntary redundancy to existing staff.

8. In its formal response the Committee indicated that it may ask for progress reports from time to time, to ensure that some of the issues raised were being taken into account and being addressed.

WMAS Annual Health Check 2007/08

9. Please refer to para 28 to 34 for details.

DUDLEY GROUP OF HOSPITALS (DGOH)

Maternity Services

10. At its meeting on January 17th 2008, the Committee considered a report from Dudley Group of Hospitals (DGOH) on the progress against recommendations set out in the Committee's Review on Maternity Services in 2006.
11. The Committee noted that following its review the Trust had developed a Maternity Services Action Plan which was significantly informed by the reviews findings. The Committee also noted that many of the recommendations had been acted upon, particularly the allocation of resources for additional Midwives and the appointment of a specialist Midwife with Substance Mis-use expertise in an aim to enhance the service for vulnerable women and families.
12. The Committee agreed to monitor the progress of the implementation of the Maternity Services Action Plan in 2008/09.

DGOH Annual Health Check 2007/08

13. Please refer to para 28 to 34 for details

DUDLEY PRIMARY CARE TRUST (PCT)

Dudley Primary Care Trust – Potential Relocation of Three General Practitioner Surgeries and the Potential Closure of One Surgery

14. At its meeting on July 10th 2007 the Committee considered a report of the PCT on their proposals for the closure of three branch surgeries in the Colley Gate area and potential closure of one surgery in the Woodsetton area.
15. The Committee acknowledged the rationale behind proposals surrounding relocation of the three General Practitioner (GP) surgeries, Cradley Road, Highfield Road and Chapel House Lane. The Committee also noted that the PCT were considering plans to relocate them to a Local Improvement Finance Trust (LIFT) project which would see the creation of a new health centre on

Windmill Hill. Furthermore, the Committee was informed that Sandwell's Health Overview and Scrutiny Committee (HOSC) had been informed as Cradley Road fell within its authority's boundaries.

16. The PCT informed the Committee it expected that most patients would transfer to the new practice on Windmill Hill but added that there were four GP practices in Sandwell close to Cradley Road – Mace Street, Church View, Haden Road and Barrs Road which could provide services to patients from Cradley Road.
17. Following consideration of all options in the report, the Committee favoured the option to close Clifton Street in a planned and orderly way and move the patients to other practices (Woodsetton in Dudley and Woodcross in Wolverhampton being nearest) on the basis that it enabled practice to manage the change and keep patients informed.

Developing a Centralised Community Paediatric Centre for Dudley

18. At its meeting on September 27th 2007 the Committee considered an update on the strategic intent for development of a Community Paediatric Centre for Dudley and progress with interim proposals for clinical facilities and an office base for the paediatric therapy services in preparation for sale of the Ridge Hill site for redevelopment.
19. The Committee noted that discussions had been ongoing on a multi-agency basis between hospital paediatric consultants; community services paediatric teams, GP representatives and the Dudley Council since 2004. The Committee was also informed that a Steering Group had been established to drive forward the consolidation of proposals, consult on the range of services to be co-located, and oversee the design and construction procurement for the Centre. It was acknowledged that given that the timescale for the development is out of synchronisation with the closure and sale of the current base for Paediatric Therapy Clinics at Ridge Hill Hospital, interim facilities were being refurbished to provide a fixed term clinical/office base whilst the Dudley Community Paediatric Centre is designed and built.

Podiatry Services

20. At its meeting on January 17th 2008 the Committees considered a progress Report on Podiatry Services detailing how its operation had changed since criteria of patient access was revised in April 2006.
21. The Committee noted the improvements to the podiatry service in terms of reduced waiting times, improved communication, and stakeholder involvement in the redesign of the service. The Committee also noted the revised criteria applied to all new patient referrals, and the service was undertaking a re-assessment of patients on the caseload to confirm their eligibility against the criteria and discharging patients as appropriate.

Tackling Obesity, A Framework for Action'

22. At its meeting on January 17th 2008 the Committee considered a second annual report of the Director of Public Health on 'Tackling Obesity, A Framework for Action'. The report detailed progress on Year 2 of Dudley's Obesity Strategy and Action Plan.
23. Whilst acknowledging that encouraging children to walk or cycle to school had to be considered under the Safer Routes to School Schemes, the Committee felt more initiatives should be adopted in the Strategy to tackle childhood obesity, whereby children are encouraged to take more exercise and eat healthier. The Committee also agreed that more work needed to be done in deprived neighbourhood areas in relation to alcohol misuse.

Annual Health Check

24. See para 28 to 34 for details.

COMMITTEE REVIEWS

Stroke Services Review

25. In the previous municipal year the Committee commissioned a working group to review of the provision of services for Dudley residents who have suffered a stroke assessing service delivery against National Service Framework for Older People – Standard Five: Stroke. The aim of the review was to cover the areas of prevention, treatment and aftercare and measure the effectiveness of coordination between these stages.
26. It should be noted that at the evidence gathering stage of the HASC review the PCT also commissioned a substantial Multi-agency review of Dudley's stroke service, working in partnership with Dudley Group of Hospitals and other Health and Social Care partners. To avoid duplication of effort and resources the Chair of the Committee, or Health and Adult Social Care (HASC), agreed to de-limit the scope of the review to stakeholder/focus group level and to contribute these to the substantive review **(findings of the working group are attached at appendix 1)**.
27. The PCT review was published together with a Stroke Services Strategy/Action Plan. At its meeting on March 27th 2008 the Committee agreed to receive a report detailing progress on the implementation of this strategy in 2008/09.

ANNUAL HEALTH CHECK 2007/08

28. At its meeting on March 27th 2008 the Committee considered a report informing members of the Healthcare Commission's (HCC) annual health check process, designed to provide a commentary of the performance of NHS bodies against government health standards.
29. The Committee noted that the Annual Health Check provided Health Scrutiny Committees i.e. Select Committee Health and Adult Social Care (HASC) with a further opportunity to scrutinise the performance of local NHS services. The

Committee also noted that involvement would assist in the development of shared understanding between members and local NHS colleagues.

30. The Committee considered presentations by WMAS, DGOH and PCT on their respective compliance against the Commission's standards and comments were invited.
31. With respect to WMAS the Committee noted that all Annual Health Check targets were being met. Following a question regarding cleanliness and the prevention of infections spreading, the Committee also noted that equipment was regularly changed, stretchers were cleaned after every use and that linen was also regularly washed. The Committee were also informed that information was taken on patients using the Patients Transport Service to ascertain the vulnerability of the patient and, if a patient was found to be infectious or susceptible to infections, arrangements would be made to ensure that the patient did not travel with anyone else.
32. With respect to DGOH the Committee noted that the Trust was on track to meet all associated targets with the exception of target for MRSA bacteraemia. The committee was informed that that the target set for the Trust was very low at a rate equivalent to one per month, and of the 19 cases, 10 were classed as 'pre-48 hour' cases i.e. they were admitted to the Trust with the infection. The Committee acknowledged that the trust had been on trajectory of 1 case less per month since October 2007. Following a Member's query regarding the admission process asking if all patients were checked or whether it was only those suspected of having methicillin-resistant Staphylococcus aureus (MRSA), the Trust advised that if admissions were planned all patients were screened and if a patient was found to have MRSA the patient would be treated accordingly and then screened again following treatment. The Committee was also advised that if the patient was an emergency admission, high-risk patients would be screened and if found to have the infection they would be treated in isolation.
33. With respect to PCT the Committee noted that the PCT was declared met for 23 out of the 24 core standards for 2008/09 with the exception of Decontamination of Medical Devices (core standard c4c); the committee noted that this was specifically due to instruments used in dentistry services, and acknowledged that this particular activity of the PCT carried the greatest risk of contamination. The Committee agreed to monitor the standard and receive a further report detailing progress against c4c in 2008/09.
34. In light of it's comments on the highlight reports the Committee agreed to formally submit comments to the Commission on each Trust against the 2007/08 Health Check standards as they related to the work of the Committee (**attached at appendix 2**); commentaries on each Trust were based on the Members comments on the highlight reports and evidence of the Trust's interaction with the work of HASC 2007/08.

ESTABLISHMENT OF A LOCAL INVOLVEMENT NETWORK (LINK) IN DUDLEY.

35. Following the passing of the Local Government and Public involvement Health bill (October 2007) (Section 223) all Local Authorities with Social Services responsibility were required to procure an organisation or "Host" to establish and support a LINK by September 2008. Guidance indicated that the LINK will

promote and support the involvement of people in commissioning, provision and scrutiny of local health and social care.

36. At its meetings the Committee monitored and scrutinised how the LINK contracting process was undertaken and ensured best value was being achieved through scrutinising financial planning information relating to the resources allocated to the Council by DH to set-up the LINK.
37. HASC acknowledged that once established, the Dudley LINK would have a close but independent relationship with the Committee, and as such agreed that a set of guidelines to govern the relationship between the Dudley LINK and HASC be developed for consideration in the following municipal year.

USING HEALTH SCRUTINY TO CLOSE THE GAP BETWEEN THOSE WITH THE BEST AND THE WORST HEALTH IN DUDLEY - ALCOHOL

38. At its meeting on September 27th 2007 the Committee received a presentation on tackling health inequalities in Dudley, to ensure the closure of the gap between those with the best and worst health in Dudley, with a particular focus on alcohol.
39. Members noted that alcohol related diseases and obesity were the two most important trends in health risk factors within Dudley and as such agreed that a local target to reduce the proportion of excessive drinkers in Dudley by 10% by 2009, as measured by lifestyle surveys, be adopted. The Committee also noted that groups living in deprived areas within the Borough had the greatest difficulty in accessing health services, with regard to issues connected to the use of alcohol in Dudley.
40. The Committee endorsed the continuation of the current Neighbourhood Management Scheme given that it undertook work relating alcohol mis-use in deprived neighbourhoods and suggested that resources be allocated for the scheme to continue. The Committee also acknowledged that alcohol use impacted on the public, and specifically families, emergency services, hospitals, licensing laws and the public and that wider consultation needed to be undertaken with these groups in the development of the new strategy.

DUDLEY'S ALCOHOL STRATEGY AND INITIATIVES AIMED AT REDUCING ALCOHOL MISUSE IN DUDLEY

41. At its meeting on March 27th 2008 the Committee considered a report on the delivery against the current alcohol strategy, initiatives that aim to reduce alcohol misuse and the development of the new alcohol Strategy.
42. The Committee noted that current initiatives in place to reduce alcohol mis-use and felt further work should be done to alert people of the problems that existed with alcohol abuse and its association with anti-social and criminal behaviour. Members added that the opening of further approved off-licences could significantly contribute to a rise in the number of cases and as such suggested that licensing committees give close consideration to health and social impacts to areas when considering such applications.

43. The Committee was informed that an advert on drugs and alcohol problems would be placed in the summer 2008 edition of Dudley Together and funding had also been allocated from the Neighbourhood Renewal Fund to train the off-licence owners on the health implications of alcohol mis-use and under-aged selling.
44. The Committee noted the work being undertaken on developing a new strategy agreed and agreed to receive further report on the draft new Alcohol Strategy in 2008/09.

ADULT SOCIAL CARE

Strategy for Services for Adults with Autism and Asperger's Syndrome in Dudley

45. At its meeting on 10th July 2007 the Committee considered the draft Strategy for Services for people with autism and Asperger's syndrome in Dudley, which was approved by Cabinet on 13th June 2007.
46. The Committee noted that the Strategy set out a vision and direction for the development of services over the period 2007 to 2010 and that it had been developed in consultation with service users and carers.
47. The Committee were particularly enlightened regarding Dudley Autistic Resource Team and Triumph Over Autism Dudley Support projects (DART and TOADS projects, respectively) and the work of the two projects in supporting people with Autism and Asperger's Syndrome. In relation to the DART project, the Committee was informed that it was possible the facility was being constrained from expansion through a lack of available accommodation and as such recommended that members of the Council could assist in identifying appropriate accommodation in their wards. The Assistant Director agreed to pursue this line of enquiry with Members.

Reconfiguration mental health services in Walsall and Dudley

48. At its meeting November 8th 2007, HASC agreed to establish a Joint Overview and Scrutiny Committee with Walsall to consider the consultation document 'A Better Idea' on the future of Mental Health Services in Dudley and Walsall. This followed reports received on 29th March 2006, 12th July 2006 and 22nd March 2007 on Mental Health services In the Black Country.
49. At the meeting the HASC considered a presentation by Assistant Director Mental Health and Learning Disability on 'A Better Idea'. The Committee noted that the proposal was to bring together Mental Health Service for both boroughs into a Dudley-Walsall NHS Partnership Trust by April 2008 and was supported as the preferred option by senior officers in the Local Authorities and PCTs in Walsall and Dudley.
50. The Committee agreed that the proposals in 'A Better Idea' were 'substantial' and as such agreed to respond to the consultation jointly with Walsall on behalf their Communities.

51. The Joint Committee formally convened on December 11th 2007. Members broadly agreed with the proposal to create a single NHS Mental Trust for Dudley and Walsall. From the evidence presented Committee felt that the proposals offered a very real opportunity to improve the level of service provision through further development of specialist care, skills, enhanced knowledge and opportunity for greater autonomy
52. The Committee acknowledged proposals would allow the Trust to apply for Foundation Status enabling it to develop greater freedoms. The Committee also agreed also reduce the likelihood of the acquisition of current services by another Trust which would otherwise inhibit the contribution of local involvement in shaping services. However, the Committee felt the position regarding the financing of the proposals could have been clearer; in terms of the accrued efficiency savings and the residual financial impact on the respective PCTs.
53. The Joint Committee set out it's deliberations in a letter to the West Midlands Strategic Health Authority (**attached at appendix 3**), responsible for developing plans for improving health services in the region, recommending that the Authority allows collaboration across Dudley and Walsall to continue in the planned direction. The letter was referred to the Committee (HASC) on 17th January 2008 and was agreed that a further report detailing developments of the merger be presented to the Committee in 2008/09.

The Mental Health Act 2007

54. At it's meeting in November the Committee considered a report briefing members on key measures of Mental Health Act 2007.
55. Members noted the provisions contained in the act and also informed that whilst parts of the Act became law on 1st October 2007, the main provisions would not be implemented until October 2008.

Joint Commissioning Framework for Health and Social Care in Dudley

56. At it's meeting on January 17th 2008 the Committee considered a joint report of the Director of Adult, Community and Housing Services, the Director of Children's Services and the Chief Executive of Dudley Primary Care Trust on the Commissioning Framework for Health and Social Care in Dudley.
57. Comments were invited to contribute to shaping the Framework and Strategy. The Committee noted that the Joint Framework and Strategy document was the first presentation of the work of the Council with its partners to take forward DACHS commissioning activity in the coming years. The Committee also noted the Strategy was subject to wider consultation in Dudley and the views of the Cabinet on its direction and approach were being welcomed as part of the consultation process

Valuing People Now – Department of Health (DH) Consultation

58. At it's meeting on January 17th 2008 the Committee considered a report on the consultation paper "Valuing People Now", published by the Department of Health in December 2007.

59. The Committee was informed that it built on the vision set out in Valuing People 2001 white paper on learning disability for thirty years - a vision based on the four main principles of rights, independence, choice and inclusion. The Committee also noted the consultation paper agenda was set across issues including health and well-being, housing, employment, education and community inclusion, for people with learning disabilities.
60. Members supported the proposals contained in the document and particularly welcomed those in relation to giving users more choice and control of their services through personalisation and looking at what people did during the day enabling them to undertake paid work where possible.

Resettlement of Ridge Hill Hospital

61. At its meeting on March 27th 2008 the Committee considered a progress report on the welfare of residents resettled from Ridge Hill Hospital.
62. The Committee has previously received regular updates on the resettlement project; the most recent report was received in March 2007, when the last residents left the hospital.
63. The Committee noted the welfare of residents resettled from Ridge Hill Hospital, be noted and agreed that further progress report be submitted to the Committee in March 2009.

OTHER MATTERS

CRADLEY HIGH SCHOOL

64. At its meeting on 27th March 2008 the Committee considered a referral by a member of the public regarding the health consequences of the decision to close the Cradley High School prior to and as part of the decision-making process to declare the land surplus to requirements.
65. The Committee was of the opinion that Committee should have an interest in the issue with regard to health facilities and that consideration should be given to establishing whether an assessment was necessary, and if so, a recommendation made to undertake a health impact assessment.
66. In light of the Committee's view it was agreed that the Chair of the Committee write to the Chairman of Halesowen Area Committee and the Director of Children's Services regarding the need for a Health Impact Assessment to be carried out at the Cradley Leisure Centre site prior to and as part of the decision making process to declare the land surplus to requirements. It was also agreed that if the matter was not considered as part of the consultation exercise and future discussions at Halesowen Area Committee, the issue be referred back to the Select Committee for consideration.

OBLIGATORY REPORTS

67. At its meetings throughout 2007/08 the Committee scrutinised the following mandatory reports as prescribed by Director Law and Property :
- Update of the Council's Capital Strategy
 - Equality and Diversity Reports for the Directorate of Adult Community and Housing Services (DACHS).
 - Quarterly Corporate Performance Management Reports
 - Annual Review of Equality and Diversity 2008
 - The annual work programme of the Committee
 - The annual report of the Committee
 - Annual Report, Complaints, Comments & Compliments DACHS

MISCELLANEOUS ACTIVITIES

68. A Health Scrutiny seminar was held in June to provide members with practical advice and guidance and a forum for initial debate on the health overview and scrutiny in Dudley. Its specific aim was to help members understand what health overview and scrutiny is their role and the required skills to carry out their role.
69. Representatives of the HASC have attended meetings of Dudley's Transitional Local Involvement Network facilitated by Dudley Council for Voluntary Service, and continue to attend Board Meetings, of the Health Trusts and meetings of the Regional Health Scrutiny Chairs forum.
70. Press releases containing information on the Committee's role and activities have been issued before its regular meetings in an aim to encourage further public participation in the development and planning of Health Services. It was also agreed that a leaflet detailing how the public can get involved in work of HASC should be developed and that a draft be considered in 2008/09.

Finance

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

Law

72. The requirement for the Committee to make an annual report to the Council is contained in Article 6 of the Constitution.
73. 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.

Equality Impact

74. 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.

Recommendations

75. That the Annual Report of the Select Committee on Health and Adult Social Care for 2007/2008, as set out above, be approved and adopted.

Susan M. Kidney

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Chairman of the Select Committee on Health and Adult Social Care

APPENDIX 1



Stroke Services Review - Main findings and recommendations of the working group established by the HASC to review the integrated stroke service in Dudley

Purpose of Report

- 1.0 For the PCT to consider the recommendations in this report for inclusion on Dudley NHS review of the integrated stroke service.

Background

- 1.1 At previous meetings of the HASC, members had raised concerns regarding the level of effectiveness of care between each stage of the Stroke care pathway and associated public health preventative initiatives.
- 1.2 Following these concerns the HASC commissioned a review of the provision of services for Dudley residents who have suffered a stroke, using the National Service Framework for Older People – Standard Five: Stroke¹ as a benchmark to review work being done by health services towards the prevention of strokes.
- 1.3 The aim of the review was to cover the areas of prevention, treatment and aftercare and measure the effectiveness of coordination between these stages:
- To assess access to diagnostic and the acute treatment services
 - To review current Public Health policies and strategies towards stroke prevention
 - To consider how well the discharge planning process for the return to the community works
 - To review and assess the availability of rehabilitation services within the community
 - To look at arrangements for on-going/long term support including the voluntary sectors.
 - To examine service provision to prevent further strokes
 - To assess the availability of support for carers.
- 1.4 During the evidence gathering stage of the HASC review the PCT also commissioned a review into Dudley's stroke service, working in partnership with Dudley Group of Hospitals and other Health and Social Care partners.
- 1.5 In light of the implementation of the PCT's review, the Chair of the HASC agreed to feed the Committee's findings and recommendations in to the PCT's report, so

¹ Department for Health, National Service Framework Care For Older People, Department of Health 2001

as to avoid duplication of work and make available more resources to pursue other priorities.

Working Group meetings

- 1.6 The Working Group visited current services, heard the views of professionals and gathered information on good practice from the Stroke association and Dudley Group of Hospitals, particularly : Dr Ashim Banerjee; Consultant, Rehabilitation Services; Anne Gregory, Stroke Co-ordinator; Wilma Hosany, Matron, Older People, John Macgowan Therapy Services Manager.

Conclusions and Recommendations of the Project Board

Implications of the PCT review

- 1.7 The circumstances in 1.4 and resolution in 1.5 significantly limited the scope and depth of the HASC review. The project board, therefore, wish it to be noted that their conclusions and recommendations herein are based exclusively on the two working group meetings with DGOH medical professionals and the Dudley Stroke association and some material from the Stroke Review Project Co-ordinator based at the PCT.

Conclusions

- 1.8 The board found evidence of a Stroke Care Strategy that meets the targets of the NSF for Older People (Standard 5), which incorporates a clear patient pathway ensuring that residents have access to:
- Primary Care protocols for prevention and early diagnosis
 - An Acute dedicated Stroke Unit
 - Hospital based intensive rehabilitation
 - Rehabilitation and therapy services in the community
 - Information for patients and carers.
- 1.9 There are strong links between the Stroke Unit and the Dudley Stroke Association. The Association make regular visits to the Stroke Unit offering support to both patients and carers and provide comprehensive information packs.
- 2.0 In some cases the intensity of rehabilitation, whether that be frequent short timeframes of interventions or more prolonged time periods of each treatment session, does not always directly collate to 'successful outcomes' in terms of symptom reduction; improvement in muscle tone and functional independence. All staff need to consider the type of stroke; the psychological impact of the stroke and the motivation of the patient and carers plus the compliance to treatment when setting realistic patient centred goals and adjust these appropriately during the management and / or following transfer of care.
- 2.1 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.

- 2.2 For some Transient Ischaemic Attacks² (TIA)/Stroke the treatment location in hospital is arbitrary across the Hospital, due to the occupancy of all 12 acute and 28 rehabilitation beds by patients with other conditions.
- 2.3 A certain proportion of GPs refer patients directly to TIA clinics and go on to manage patients themselves.
- 2.4 The effectiveness of the treatment of TIA patients by the ambulance service has improved significantly over recent years.
- 2.5 There are 3 TIA clinics per week where first line investigations are undertaken including medication checks. Secondary tests, including MRI and CT scans are subject to a further referral process. Only 1 or 2 percent of patients checked at the TIA clinic go on to require acute services.
- 2.6 Patients can wait up to 18 weeks for a MRI scan and outpatients can wait up to 28 days. The target for all CT scans to be carried out for acute admissions patients is 48 hours.
- 2.7 Psychological support in Dudley is clearly under-resourced. There is only one designated psychologist who visits both in-patients and community patients.
- 2.8 Most care packages are allocated within two to three days, however none are allocated on weekends which can lead to 'bed-blocking'.
- 2.9 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.
- 3.0 Some procedures of the Consultant can be undertaken by senior nurses, given suitable training, and would thereby add value to the specialist support available to patients.

² A transient ischaemic attack (TIA) is a set of symptoms that lasts a short time and occurs because of a temporary lack of blood to part of the brain. It is sometimes called a 'mini stroke'. However, unlike a stroke, the symptoms are transient and soon go. (The word 'ischaemic' means a reduced supply of blood and oxygen to a part of the body.) www.patient.co.uk

The HASC would like Dudley residents who suffer from Stroke to be given the best opportunities for recovery, and recommend:

- 3.1 That Dudley Group of Hospitals continue to develop specialist stroke services (in accordance with RCP guidelines³) ensuring:
 - That 100% of CT scans are undertaken within 24 hours
 - That patients receive no less than 5 therapy sessions per week
 - That patients admitted on Fridays or weekends are assessed immediately and receive appropriate therapy straight away.
- 3.2 That the hospitals develop their services, so that when a patient presents who would benefit from the use of thrombolytic drugs, there is an opportunity for these to be given within 3 hours.
- 3.3 Dudley's Stroke strategy is developed to ensure that all suspected cases of TIA/Stroke are diagnosed at the stroke unit at the Hospital.
- 3.4 To provide additional financial resources, or explore innovative ways to redress the lack of specialist psychological support for both in-patients and community patients.
- 3.5 To ensure that intermediate rehabilitation services at Corbett hospital have service provisions in place to manage the rising demand for its services.
- 3.6 Senior Nurses should undergo training to carry out appropriate routine procedures currently undertaken by the Consultant.
- 3.7 That the PCT ensure that longer term rehabilitation in the community is sufficiently resourced to provide patients with more sessions when needed, particularly rehabilitation in patients homes which is known to be where it most needed and effective.
- 3.8 The Hospital should commit resources to the reservation of at least one bed specifically for a stroke admission, such to avoid the associated risks of inaccessibility to the specialist facilities in the Stroke Unit.
- 3.9 Additional funding should be allocated towards the installation of a CAT scan machine at Russell's Hall Hospital to reduce waiting times in-line with RCP standards.
- 4.0 Funding should be allocated for education programmes on expectation and lifestyle changes after suffering a stroke, for both patients and carers.
- 4.1 That the Council should make the Exercise on Prescription Scheme available in at least two of its leisure centres in order to improve access for community patients.

³ National Clinical Guidelines for Stroke concise guide 2004 – 2nd Edition Prepared by the Intercollegiate Stroke Working Party Royal College of Physicians (RCP).



**Select Committee on Health and Adult Social care (HASC)
Annual Health Check statement 2007/8
Dudley Group of Hospitals**

Introduction

The HASC and Dudley Group of Hospitals (DGOH) have a good working relationship. Senior board level officers are in regular contact with the Chair and Vice Chair and answer the Committee's queries promptly. The Committee consults DGOH about the development of its work programme. The Committee had excellent support and cooperation from DGOH while carrying out its review of the integrated Stroke Service in Dudley. The Committee have also had excellent support in tracking the recommendations of the Committee's review into Maternity Services.

DGOH summary report on compliance

In March 2008 the Committee considered a summary report by DGOH highlighting the extent of the Trusts compliance against the core standards. The Committee was informed that the Trust is on track to meet all associated targets with the exception of target for MRSA bacteraemia. The committee noted that that the target set for the Trust was very low at a rate equivalent to one per month, and of the 19 cases, 10 were classed as 'pre-48 hour' cases i.e. they were admitted to the Trust with the infection. The Committee acknowledged that the trust had been on trajectory of 1 case less per month since October 2007.

Arising from the report a HASC Member queried the process when admitting patients and asked if all patients were checked or whether it was only those suspected of having MRSA. In responding, DGOH advised that if admissions were planned all patients were screened and if a patient was found to have MRSA the patient would be treated accordingly and then screened again following treatment. However, if the patient was an emergency admission, high-risk patients would be screened and if found to have the infection they would be treated in isolation.

Commentary on Core Standards

Please Appendix 1

Domain	Core Standard	HASC comment
<p>Clinical and cost effectiveness</p> <p>Domain Outcome:</p> <p>Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes</p>	<p>Core Standard C6</p> <p>Healthcare Organisations co - operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met</p>	<p>The HASC has received evidence to suggest this standard is being met.</p> <p>The HASC is aware through its work on its Review of Integrated Stroke Service that DGOH was represented on the multidisciplinary team of clinicians, managers to review key aspects of the patient pathway and how the provision of care could be improved over the next three years.</p>

<p>Patient Focus</p> <p>Domain Outcome:</p> <p>Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well being.</p>	<p>Core Standard C14</p> <p>Healthcare organisations have systems in place to ensure that patients, their relatives and carers</p> <p>a) have suitable and accessible information about, and clear access to , procedures to register formal complaints and feedback on the quality of services</p>	<p>The HASC is aware, through its Review of Stroke Services, of processes allowing patients carers or relatives to register formal complaints directly with the Matron or Ward/Department Manager. Alternatively Individuals can contact the Trust's PALS service (based at the largest site) in person, by free-phone or email. The service is promoted in a variety of means across the hospital and other health networks. .</p>
<p>As above</p>	<p>Core Standard C16</p> <p>Healthcare organisations make information available to patients and the public on their services, provide patients with suitable accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.</p>	<p>The HASC has received evidence to suggest this standard is being met.</p> <p>The HASC is aware through its Review of Stroke Services that prior to discharge relevant professionals discuss the social services resources and potential arrangements with patients, as required. On discharge patients are given a stroke pack and contact number of the community rehabilitation team. The pack includes information on how to reduce the risk of another stroke as well as contacts and further information.</p>
<p>Accessible and responsive care</p> <p>Domain outcome:</p> <p>Patients receive services as promptly as possible, have choice in access to services and treatments and do not experience unnecessary</p>	<p>Core Standard 17</p> <p>The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p>	<p>The HASC has received evidence to suggest that this standard is being met.</p> <p>The HASC is aware through its Review of Stroke services that the Trust invites patients within the Acute Rehabilitation ward, and their families, to participate in their care reviews..</p>

<p>delay at any stage of service delivery or the care pathway.</p>		<p>The HASC is also aware as a result of its Stroke Review that the patient experience is enhanced by a facilitator employed by Dudley Stroke Association.</p>
<p>Public Health</p> <p>Domain Outcome:</p> <p>Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.</p>	<p>Core Standard C 22</p> <p>Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) co-operating with each other and with local authorities and other organisations</p>	<p>The HASC considers that there is evidence within its work that DGOH is collaborating with the Council and partner organisations.</p> <p>In January 2008 the HASC considered a progress report on recommendations set out in its Review of Maternity Services conducted in 2006/07, together with an action plan, informed by HASCs findings. It was noted that some actions required multi-disciplinary development and inter-agency working and, therefore, other agencies involved had been forwarded a copy of this action plan and invited to comment by updating their individual identified action. It was particularly noted that as a direct result of the recommendations in the review, the Specialist Midwife on substance misuse and vulnerable women has enhanced service provision for these women and has enabled cooperative interagency care to improve outcomes.</p>
<p>As above</p>	<p>Core Standard C24</p> <p>Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.</p>	<p>The Dudley HASC has received evidence to indicate that this standard is being met</p> <p>The HHASC is aware through its work on Public Health Contingency and Emergency Planning noted that the PCT along with the Council and other NHS partners was involved in a multi agency Pandemic Flu emergency planning group. The Group carried out an exercise to test the preparedness of multi-agency partner organisations across the Dudley Borough in regard to pandemic influenza. It took place at</p>

As above	As above	<p>Himley Hall, Dudley on Monday 19th March 2007. It was organised by the PCTs Public Health Department and facilitated by West Midlands Ambulance Service Regional Emergency Preparedness Department. Thirty-eight delegates attended including: Dudley PCT (15) - Dudley Group of Hospitals (8) - West Midlands Police (3) - Dudley MBC (12). The exercise presented an opportunity to review preparedness at all levels across the public sector organisations, looking at medical aspects, business continuity issues and response. Following an initial presentation, the scenario was developed over a number of injects and challenges with multi-agency discussion encouraged by facilitators</p>
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**Select Committee on Health and Adult Social care (HASC)
Annual Health Check statement 2007/8
Dudley Primary Care Trust (PCT)**

Introduction

The HASC has a good working relationship with Dudley Primary Care Trust, which was formed on October 1st 2006, following the merger of Dudley, Beacon & Castle Primary Care Trust and Dudley South Primary Care Trust. The HASC is invited to PCT board meetings and conversely the PCT is invited to regular meetings of the HASC through the Director of Governance and Community Engagement. Moreover, the HASC consults the PCT about the development of its work programme and the PCT consults at an early stage about service developments. The PCT has given us excellent support throughout the HASC's review of Dudley's integrated stroke service.

PCT summary report on compliance

In March 2008 the Committee considered a summary report outlining the extent of compliance on all core standards. The Committee was informed that the PCT will be declared met for 23 out of the 24 core standards for 2008/09 with the exception of Decontamination of Medical Devices (core standard c4c); the committee noted that this was specifically due to instruments used in dentistry services, and acknowledged that this particular activity of the PCT carried the greatest risk of contamination.

Commentary on standards

Please see Appendix 1.

**Annual Health Check
Dudley Primary Care Trust**

Domain	Core Standard	Comment
<p><u>Clinical and cost effectiveness</u></p> <p>Outcome:</p> <p>Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes</p>	<p>Core Standard C6</p> <p>Healthcare Organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met</p>	<p>The HASC has received evidence to suggest this standard is being met.</p> <p>The HASC is aware through its work on its Review of Integrated Stroke Service that the PCT was represented on the multidisciplinary team of clinicians, managers to review key aspects of the patient pathway and how the provision of care could be improved over the next three years.</p> <p>In January the HASC considered a progress report by the Director of Public Health relating to the implementation of the Multi-Agency Strategy to tackle Obesity that the PCT is working (in partnership with the Council) through the Dudley Health and Well being partnership and the Local Area Agreement to ensure local people's health needs are met.</p>

Accessible and responsive care

Core Standard 17

Outcome:

Patients receive services as promptly as possible, have choice in access to services and treatments and do not experience unnecessary delay at any stage of service delivery or the care pathway.

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

The HASC has received evidence to suggest that this standard is being met.

The HASC considered a report on the operation of the PCTs Podiatry service since the change in criteria for patient access to the Podiatry service in April 2006. It was noted that the Trust's Podiatry service became a needs based service rather than following age related criteria as had previously been the case. The change in the access to the service followed a period of wide consultation during 2005 which included all GP practices in Dudley, both the Dudley South PCT Professional Executive Committee and the Dudley Beacon and Castle PCT Professional Executive Committee, Patient Forums and the HASC. The Podiatry Service was, prior to 2006, open to all women over the age of 60 years and men over 65 regardless of whether there was any medical need. This however, was not sustainable and waiting times for appointments were increasing to a level where the service was potentially not adequately meeting the needs of the patients. The service had a caseload of over 23,000 patients to which was being added approximately another 500 new referrals each month. After wide consultation, it was agreed that the Podiatry Service should direct its resources at those patients with medical and foot conditions putting them at most risk. This brought the service into line with most other Podiatry services across the country.

In December Dudley and Walsall MBC established a Joint Overview and Scrutiny Committee to consider proposals to re-configure Mental Health Services in Dudley and Walsall as part of the on-going Dudley and Walsall PCTs consultation process. In addition to the proposals set out in the consultation document '*A better idea*', it was noted that a joint consultation and communications plan had been

As above	As above	implemented. Activity included: a media launch via local press; development and launch dedicated interactive web-site allowing users to post their responses; Distribution of 2000 hard copies and 800 e-mailed copies of ' <i>A better idea</i> ' to stakeholders to express their views ; public meetings in each borough which included a presentation on proposals; and posters displayed in GP practices and surgeries to encourage awareness and reply. The committee also noted that the Project Director had attended a number of meetings of community, voluntary, service user and carer groups to discuss proposals, and that a service user and carer reference group had been set up to inform the development of the new trust.
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<p>As above</p>	<p>Core Standard C18</p> <p>Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>	<p>The HASC has received evidence to indicate that this standard is being met.</p> <p>When considering the future re-configuration of mental health services the Joint Dudley Walsall HASC learnt that the PCT was putting forward a business case to the Strategic Health Authority to create a single mental health organisation focusing entirely on mental health, and that this would be generating a whole range of benefits for service users, carers and staff.</p> <p>The Committee was informed that under the proposals, services delivered by the new Trust would include:</p> <ul style="list-style-type: none"> • All community and inpatient mental health services for adults of working age and older people. • All existing NHS-provided Child and Adolescent Mental Health Services (CAMHS). • Substance Misuse services. • The medical component of Learning Disability services. • Psychology services for people with mental health problems. • Mental Health Social Care services which are managed by the PCTs on behalf of the Local Authorities via either formal or informal partnership agreements. <p>It was also noted that proposals would mean that services would be provided by an organisation which is solely focused on mental health, holds expertise and shares best practice, and has the potential to develop more specialist care in the Black Country, meaning that fewer patients would have to travel elsewhere for certain types of treatment. The committee was advised that one of the primary motives for the business case to the SHA was to make peoples' access to services easier.</p>

<p>Public Health</p> <p>Domain Outcome:</p> <p>Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.</p>	<p>Core Standard C 22</p> <p>Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) co-operating with each other and with local authorities and other organisations c)making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships</p>	<p>The HASC considers that there is evidence within its work that the PCT is collaborating with the Council and other partner organisations through the Health and Well being partnership.</p> <p>The HASC in January 2006 considered its annual review of progress of Dudley's Obesity Strategy and Action Plan and learnt that the PCT working with the Council's Directorate of Urban Environment to develop interventions to reduce levels of obesity across the borough. For instance, it was noted that six parks were firmly established as activity centres with summer programmes, marked walks and other activities. The Committee acknowledged that good progress had been made across the majority of the 2006 and 2007 targets with 9 of the 14 2006 targets either completed or on target to be completed in the near future and 3 out of 4 2007 targets making good progress.</p> <p>In March 2008 the HASC considered the Council's delivery against the current alcohol strategy and initiatives that aim to reduce alcohol misuse and were advised on the development of the new alcohol Strategy. It was noted that links were being developed with Dudley PCT Health Promotions Advisor (Alcohol) to assist the development of the new strategy</p>
<p>As above</p> <p>As above</p>	<p>Core Standard C24</p> <p>Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.</p> <p>As above</p>	<p>The Dudley HASC has received evidence to indicate that this standard is being met</p> <p>The HASC is aware, through a briefing on Public Health Contingency and Emergency Planning, that the PCT along with the Council and other NHS partners was involved in a multi agency Pandemic Flu emergency planning group. The Group carried out an exercise to test the preparedness of multi-agency partner organisations across the Dudley Borough in regard to pandemic influenza. It took place at Himley Hall, Dudley on Monday 19th</p>

		<p>March 2007. It was organised by the PCTs Public Health Department and facilitated by West Midlands Ambulance Service Regional Emergency Preparedness Department. Thirty-eight delegates attended including: Dudley PCT (15) - Dudley Group of Hospitals (8) - West Midlands Police (3) - Dudley MBC (12). The exercise presented an opportunity to review preparedness at all levels across the public sector organisations, looking at medical aspects, business continuity issues and response. Following an initial presentation, the scenario was developed over a number of injects and challenges with multi-agency discussion encouraged by facilitators.</p>
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**Select Committee on Health and Adult Social care (HASC)
Annual Health Check statement 2007/8
West Midlands Ambulance Service**

Introduction

The HASC and West Midlands Ambulance Service (WMAS) have a good working relationship. The Regional Head of Risk and Governance and Director of Corporate Services are in regular contact with the Chair and Vice-Chair and answer the Committee's queries promptly. The HASC is invited to WMAS board meetings and conversely the WMAS is invited to regular meetings of the HASC. The HASC consults the WMAS about the development of its work programme and the WMAS consults at an early stage about service developments.

DGOH summary report on compliance

In March 2008 the Committee considered a summary report by WMAS highlighting the extent of the Trusts compliance against the core standards. The Committee was informed that all associated targets were currently being met.

Arising from the report a HASC member posed questions regarding cleanliness and the prevention of infections spreading. WMAS reported that equipment was regularly changed, stretchers were cleaned after every use and that linen was also regularly washed. The Committee also noted that information was taken on patients using the Patients Transport Service to ascertain the vulnerability of the patient and, if a patient was found to be infectious or susceptible to infections, arrangements would be made to ensure that the patient did not travel with anyone else.

Commentary on standards

Please Appendix 1

Domain	Core Standard	HASC comment
<p>Accessible and responsive care</p> <p>Domain outcome:</p> <p>Patients receive services as promptly as possible, have choice in access to services and treatments and do not experience unnecessary delay at any stage of service delivery or the care pathway.</p>	<p>Core Standard 17</p> <p>The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p>	<p>The HASC has received evidence to suggest this standard is being met.</p> <p>In July 2007 The HASC considered a presentation on behalf of the West Midlands Ambulance Service NHS Trust, on the consultation to reconfigure the West Midlands Ambulance Service Emergency Operations Centres (EOCs).</p> <p>The Committee noted that there were five EOCs across the Service and none worked interactively and used a variety of incompatible IT systems. It was also noted that under the proposals favoured by WMAS two EOCs would be shut-down and the three remaining EOCs would be linked to a virtual control room.</p> <p>It was further noted that the rationale behind changes were as follows:</p> <ul style="list-style-type: none"> • to improve patient care across the Service through the use of more Clinicians such as Doctors in the Control Rooms • To standardise the operation of computer, radio and telephone systems to ensure that 95% of all calls answered in five minutes. • Fewer Control Rooms supporting one another would provide better back up

		<ul style="list-style-type: none">• The cost of standardising existing systems in the two other sites would be cost prohibitive and any savings could be reinvested into local front line services. <p>The Committee acknowledged that retaining the status quo was not a viable option.</p> <p>The HASC supported the Trust's proposals and welcomed a service that was resilient, flexible, cost effective, utilised 'best practice' and supported by modern technology.</p> <p>In its response to the Consultation, the HASC concluded that the proposals appeared to offer a real opportunity to improve the level of service provision through increased investment in technology.</p>
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APPENDIX 3



Walsall Council

Joint Dudley and Walsall Health Overview & Scrutiny Committee

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Our Ref: KS/AS

21st December, 2007

Marsha Ingram
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Cc: - Cynthia Bower (Chief Executive Officer)
West Midlands Strategic Health Authority

Response to the proposed re-configuration of Mental Health Services in Dudley and Walsall

1. Introduction

- 1.1 This letter sets out the response from the joint Dudley and Walsall Health Overview and Scrutiny Committee regarding the proposals to create a new NHS organisation to provide mental health services for the boroughs of Walsall and Dudley.
- 1.2 Under Section 242 of the National Health Service (NHS) Act 2006; NHS bodies are obliged to consult with the relevant overview and scrutiny committee when considering any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation or development in the provision of such service. Under Section 245 of the NHS Act 2006, two or more Councils may appoint a joint overview and scrutiny committee of those authorities.
- 1.3 Dudley MBC and Walsall MBC have recently worked together to appoint a Joint Overview and Scrutiny Committee and held its joint meeting on 11th December 2007.

1.4 At this meeting the Joint Committee considered the consultation document ‘**A better idea**’ and the reconfiguration business case prepared by the Walsall/Dudley Mental Health Partnership. To support this documentation a presentation was given by the interim Chief Executive and Project Lead. This presentation was very informative and was presented in a straightforward and uncomplicated manner; members would like to congratulate the Officers concerned.

2. Issues and Concerns

2.1. Given the reasons detailed in the consultation document, it is clear that retaining the status quo risks the acquisition of current services by another Trust and will therefore compromise the ability to influence and shape services by local involvement. Moreover, neither Dudley nor Walsall services are large enough to become a Foundation Trust independently. The Committee supports the proposals for creating a single Trust and would welcome a service that is able to increase involvement of service users, is cost effective, and is able to share and utilise ‘best practice’ and yet retain and develop local links and partnerships.

2.2 The Committee acknowledged that the proposed reconfiguration is one of management structure and not service change. The Committee welcomes the commitment that management costs associated with the merger would not detract from front-line services. In addition, the Committee hopes that the proposals would signal greater consistency in the remuneration of staff and would not result in any redundancies.

2.4 The Committee is concerned that Walsall’s performance against the targets in connection with Crisis Resolution, StaR workers and Personality Disorder were indicated as poor in last autumn’s assessment. The Committee hopes that the provision of such services would improve under the joint arrangements.

2.5 The Committee sought assurance that Child and Adolescent Mental Health Services would benefit from the proposed locality management structure, and were satisfied that there was a commitment by the PCTs to work closely with agencies to ensure that this happened.

2.6 The Project Manager informed Members that the risk assessment undertaken as part of the Business Plan had now been updated, but a copy was not available as evidence to the Meeting. The Committee were concerned that they had not been provided with this evidence

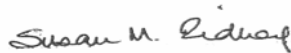
2.7 The Committee acknowledges that a number of service users need to travel to neighbouring areas and in some cases across the country to receive specialist treatment which is unavailable locally. The committee hopes that under the joint arrangements fewer service users would have to travel outside their local area and that the Trust would investigate further opportunities in reducing such cases

2.8 The Committee is concerned that the Strategic Health Authority (SHA) might, in the end, be reluctant to approve the Dudley-Walsall Partnership, thus resulting in a further change of direction for Mental Health services. The Committee feels that this would be detrimental to collaboration across the Black Country.

3. Conclusion

- 3.1 The Committee agrees with the proposal to create a single NHS Mental Trust for Dudley and Walsall. From the evidence presented to the Committee, it would appear that the proposals offer a very real opportunity to improve the level of service provision through further development of specialist care, skills, enhanced knowledge and opportunity for greater autonomy.
- 3.2 The proposals would allow the Trust to apply for Foundation Status enabling it to develop greater freedoms. This would also reduce the likelihood of the acquisition of current services by another Trust which would otherwise inhibit the contribution of local involvement in shaping services.
- 3.3 The Committee felt that the position regarding the financing of these proposals could have been clearer; in terms of the accrued efficiency savings and the residual financial impact on the respective PCTs.
- 3.4 The Committee hopes that the SHA is supportive of the new NHS organisation and that it allows collaboration across Dudley and Walsall to continue in the planned direction.

Yours sincerely



Councillor S Ridney
(Dudley OSC Chair)
Joint Committee Vice-Chair



Councillor V Woodruff
(Walsall OSC Chair)
Joint Committee Chair