

## **Meeting of the Council – 11<sup>th</sup> October, 2010**

### **Annual Report of the Select Committee on Health and Adult Social Care for 2009/2010**

#### **Purpose of Report**

1. To submit to the Council the annual report of the Committee, summarising the Committee's activities during the 2009/10 municipal 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 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, including Dudley NHS and Dudley's Local Involvement Network, at an early stage on the development of its work plan; a degree of flexibility was built into the system enabling HASC to respond to new developments as they arise.

#### **Work programme**

5. The Committee approved its 2008/09 work programme in July 2008, which included the following matters:
  - Local Involvement Network representation on HASC
  - Progression of Dudley's Alcohol strategy
  - Performance review of Dudley-Walsall Mental Health partnership Trust and establishment of joint health scrutiny arrangements with Walsall
  - Delivery of Dudley's Stroke Strategy
  - Annual Performance Assessment of Dudley NHS Trusts and Health Check Declarations
  - Progress of Dudley's 'Healthy Towns' initiative
  - Annual Report of the Safeguarding Board
  - West Midlands Ambulance Service – Efficiency Review Findings
  - Swine-Flu updates
  - Encouraging a healthier workforce – Council Approaches and theme of HASC's 2009/10 in-depth review
  - Access to Dentistry Services in Dudley

6. The Committee also considered the following standing items:
- Update on Council's Capital Strategy within the remit of Health and Adult Social Care.
  - Annual Equality and Diversity and Complaints Reports for the Directorate of Adult Community and Housing Services (DACHS).
  - Quarterly Corporate Performance Management Reporting (in relation to DACHS)
  - Annual Review of Equality and Diversity (DACHS)

### **Analysis of Key issues for 2009/10**

#### **Response to HASC's 2008/09 review on Stroke Services**

7. At the Committee meeting in January members considered a response to its Review on Stroke Services carried out in 2008/09, which included a number of recommendations to improve patient experience.
8. HASC was pleased to learn Stroke service improvement was a recognised priority within Dudley's health economy, especially with advent of the National Stroke Strategy. It also noted progress against key improvement areas identified by Committee, these included:
- TIA clinics and scanning availability - additional TIA clinics, improved monitoring of scanning, and an action plan in place for improved access to diagnostics.
  - Length of wait for MRIs and CT scans – there is now improved access and a new target of 24 hours, along with enhanced performance monitoring arrangements.
  - Support for patients at home following discharge - Improved support from Community Stroke Rehabilitation Team and Dudley Stroke Association. Also the appointment of a Stroke social worker to identify potential discharge issues/concerns stroke care. An action plan has been developed to address service gaps identified in previous years.
  - Thrombolysis benefit – DGOH is providing thrombolytic care within clinical pathways – new service level agreement in place to improve performance monitoring
  - Stroke/TIA diagnosis - Improved access and monitoring of stroke unit – 90% of time should be spent on a stroke unit for targeted 80% of admissions
9. The Committee was particularly encouraged to note that subsequent to its review a dedicated ward for care of stroke admissions had been identified resulting in reduced risk of 'medical outliers'. Members were also pleased to learn that the exercise on prescription scheme had been extended from one to three leisure centres, improving choice and accessibility for patients.

## **Hospital car park provision**

10. At its meeting on July 7 HASC commissioned a piece of comparative work regarding local hospital car park provision in order to learn from experiences in other areas and identify good practice. This followed a similar request to HASC by Council at its meeting held 27<sup>th</sup> April 2009.
11. In reporting the findings to the September Committee meeting it was noted none of the Trusts serving Dudley's statistical neighbours had reduced or removed charges in the last 10 years; and within the same period none had operated a free parking facility. It was also noted that the fee for parking between 4-24 hours at Russell's Hall, at the time, is lower under the current tariff introduced almost two years ago.
12. It was highlighted that the lack of guidance in this area was the main reason for significant variation in car park management arrangements and tariffs.
13. Members also noted a number of Trusts, including Wirral University Teaching Trust, were pro-active in promoting concessions enabling visitors of long-term patients. Members felt more could be done by DGOH to promote availability of their concessions criteria – which provides for up to 50% discount - in order to enhance the experience and improve access for those visiting long-term patients or outpatients receiving regular treatments..
14. Members were particularly interested to note collaborative working between Doncaster and Bassetlaw Trust and Macmillan Cancer team to provide free parking for those relatives visiting patients during end of life stages of care; HASC was keen for the Trust to review the success of this and explore its feasibility for Dudley.

## **NHS Dentistry Services**

15. HASC received an update at its January meeting on work to improve access to NHS dental services.
16. It was noted in Dudley 186,345 people had seen a dentist in the last 24 months (61% of the population compared to 55.8% nationally).
17. The Community Dental Services (CDS) for Dudley operates from 9 clinics within the Dudley area, providing dental care for vulnerable groups, covering deprived neighbourhoods. Members were interested to note Dental Practitioners also use this service to refer nervous/ anxious patients or those patients who have disabilities/learning difficulties if they are unable to treat them within their normal practice environment.
18. It was highlighted that a Social Marketing programme was in-place, to improve children's' access to services, recognising Dudley sat below national targets in this area. The outcome resulted in the following actions: -
  - Targeting children – birthday cards to be sent to all children turning 3 years of age. The first cards were sent out on January 1st 2010.
  - Advertising Dental Services – dental adverts will be displayed on all GP surgery LCD screens.

It was reported that this will help attract patients who have not attended a dentist for over 2 years with the focus being placed on oral health.

### **Healthier Workforce**

19. Dudley MBC is one of the largest employers in Dudley and HASC wanted to understand what work they were doing to encourage a healthy workforce.
20. An update was presented to HASC's September meeting on the facilities in place to support Council employees' health and wellbeing. Members noted the Council have procedures in place that:
  - help both managers and employees facilitate a healthy return to work through the use of Occupational Health and phased returns,
  - keep people at work by encouraging a healthy workforce and by having a culture that not only allows but also accepts flexible working,
  - supports the wellbeing of the workforce through manager and employee training and flexible benefits.
  - support employees when too sick to attend work through the occupational sick pay scheme and welfare visits.
21. HASC felt that DMBC 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
22. Influenced by objectives in Dame Black's 'Working for a Healthier Tomorrow' and the Boorman Review, HASC undertook an in-depth review on the theme 'healthy workforce' extending its scope to local NHS bodies as large employers in the Borough. This looked at what early intervention services were in-place to deliver better outcomes related to ill health in the early stages of absence and preventative measures through H&WB practice enabling Members to test the effectiveness of services against support required.
23. The findings and recommendations of this review will be reported to the September Committee meeting.

### **West Midlands Ambulance Trust (WMAS)**

24. At the January Committee meeting HASC considered feed-back from an independent efficiency review of WMAS
25. Members were troubled to note that demand consistently exceeded operational service capacity across the region by an average of 4.5% (4% in Dudley). The review also found the Paramedic skill mix stood at 52%, meaning paramedics could not be on every call-out. Members were concerned this may imply greater pressure on Dudley's A&E services though insufficient use of alternative pathways; it was noted the WMAS would need to increase the number of paramedics up to 70% of workforce to enable a paramedic on every ambulance.
26. Members noted that a major increase in training and development of the existing workforce was required to address these problems and the lack of front line staff was largely due to WMAS being unable to complete mandatory training updates.

27. Members were assured however that performance was still improving despite high demand and the service was reaching more life threatening calls within 8 minutes than last year
28. Progress against priorities identified by the review will be reported to the Committee meeting in September 2010

### **Call-ins/ pre-implementation scrutiny**

29. No decisions were called-in by HASC for pre-implementation scrutiny.

### **Other Developments**

#### **Joint Committees**

30. Walsall and Dudley Health Scrutiny Committees agreed to appoint to a discretionary Joint Health Scrutiny Committee to oversee the progress of the Dudley and Walsall Mental Health Trust. Joint Committee convened once in March 2010 to assess performance against NHS 'Vital Signs' targets and delivery against CQC Annual Assessment priorities. The delivery of agencies against the Mental Health Strategy was also considered. It was agreed meetings should take place every 6 months on an alternate basis between Local Authorities.

#### **West Midlands Regional Scrutiny Chairs' Group**

31. HASC is represented on the West Midlands Regional Health Scrutiny Chairs Group. It continues to exist as an informal body with the aim of sharing good practice and discussing cross-boundary issues openly and constructively.

#### **Dudley's Local Involvement Network**

32. The Committee acknowledges Local Involvement Networks (LINKs) are a key component of locally accountable health and social care. As such, the LINK Chair was co-opted onto the Committee in July 2009 with the aim of enabling issues relating to both bodies to be discussed in a constructive and inclusive way; this represents HASCs commitment to work closely with LINK enabling members to attain a better understanding of community priorities.

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

33. After the Comprehensive Spending Review in October 2010, and in advance of profound legislative changes to how the public sector operates, HASC and indeed all those involved in local accountability will need to understand what new changes are likely to mean for them and Dudley.
34. The Committee will also be interested in keeping a watching brief on Governments Health White Paper, 'Equity and Excellence: liberating the NHS'. This represents a major restructuring, not just of health services but also of councils' responsibilities in relation to health improvement, and coordination of health and social care. Proposals include replacing LINKs with HealthWatch and transferring Health Scrutiny powers to Councils - Members will have an interest in how this impacts on democratic oversight of health services so as to make sure it is responsive to its communities.

35. The Committee continues to recognise the value of in-depth scrutiny reviews in influencing policy review and development. Members will be interested in tracking recommendations arising from its 2009/10 healthy workforce review to be reported to the September 2010 Committee meeting. Another priority is HASC's 2010/11 review on the theme: Dignity in Care in the NHS. The findings will be reported to the Committee meeting in March 2011.

### **Finance**

36. There are no direct/specific financial implications, any work progressed would need to be met within existing resources. Any specific changes to services provided by the authority as a result of the findings/recommendations referred to this report would require further explanation and financial implications scrutinised.

### **Law**

37. The requirement for the Committee to make an annual report to the Council is contained in Article 6 of the Constitution.
38. The relevant statutory provisions regarding the Council's Constitution are contained in Part II of the Local Government Act, 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.
39. 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**

40. 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**

41. That the annual report of the Select Committee on Health and Adult Social Care for 2009/2010, as set out above, be noted.

*Susan M. Ridgway*

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**Chairman of the Select Committee on Health and Adult Social Care**