

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Monday, 12th November, 2012 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Mrs Ridney (Chair)
Councillor K Finch (Vice-Chair)
Councillors Cowell, Elcock, Harris, Hemingsley, Kettle, Roberts, Mrs Rogers,
Vickers and C Wilson

Officers

Assistant Director of Law and Governance (Lead Officer to the Committee), Director of Corporate Resources, Assistant Director Adult Social Care, Treasurer and the Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

Also in Attendance

Dr David Hegarty – Chair, Dudley Clinical Commissioning Group
Ms Nighat Hussain – Commissioning Manager, Dudley Clinical Commissioning Group
Ms Laura Broster – Head of Communication, Dudley Clinical Commissioning Group
Ms Alison Tennant – Head of Quality, Dudley Clinical Commissioning Group
Mr Mark Walsh – Director, Black Country Cardiovascular/Stroke Network
Dr Ken Fotherby – Lead Clinician for Stroke Services
Dr Ash Banerjee – Lead Clinician for Stroke Services
Ms Tessa Norris – Director, Dudley Group of Hospitals
Mr Richard Beeken – Director of Operations and Transformation
Ms Sally-Anne Osborne, Deputy Director, Dudley Group of Hospitals
Ms Anne Gregory – Stroke Co-ordinator – Dudley Group of Hospitals

23 MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 26th September 2012 be approved as a correct record and signed.

24 PUBLIC FORUM

No issues were raised under this agenda item.

A joint report of the Chief Executive, Treasurer and Director of Adult, Community and Housing Services was submitted on the Revenue Budget Strategy for 2013/14 and the Medium Term Financial Strategy.

In presenting the report submitted, the Treasurer specifically referred to the increased pressures relating to adults with learning disabilities, people with dementia and those with a physical disability and it was indicated that any further pressures would need to be absorbed by demand management. He further stated that figures relating to pressures and savings would be made clearer by including gross figures when submitting the report to Cabinet in February.

Arising from the presentation of the report and Appendix A to the report submitted, Members asked questions and raised concerns as follows:-

- Concern was expressed at the continuation of spending pressures especially those that related to dementia sufferers that would duly increase owing to an aging population, the lack of investment that would be available although the numbers of sufferers were increasing and the impact on those sufferers and the effect on services was queried.
- In referring to the reduction of staff in Mental Health Services it was queried whether it was expected that there would be a reduction in the numbers of sufferers. Information on the current number of mental health patients, including visits undertaken and those attending outpatients' appointments was also requested.
- In relation to older people it was queried how the transfer of hours to the private sector could be provided at a lower cost than the internal home care team as the private sector were more expensive.
- Was there sufficient capacity for those people being transferred to Russell Court given the closure of the two reablement homes.

In responding to Members' questions the following responses were given:-

- The additional figure of £900,000 that was required to maintain services did not only relate to dementia but also to those with a learning difficulty and further details could be provided if necessary. It was pointed out that efficiency and demand management was the key to offset budgetary pressures.
- The decision to reduce staff in Mental Health Services had been taken in consultation with the Mental Health Trust and it was pointed out that the posts referred to were vacant posts and had been covered by agency workers. With regard to a reduction in numbers of mental health patients, it was pointed out that the management and delivery of mental health services, in line with any other service, was being reviewed given the budgetary

constraints. The Assistant Director Adult Social Care undertook to provide a written response to Members of the Committee in relation to figures on the number of mental health patients, as requested.

- It was stated that costs relating to the internal home care team were higher than the Council paid services to external providers.
- The numbers of spaces available at Russell Court were exactly the same as the numbers being transferred from the two homes, and, if there was a shortfall, additional beds would be purchased to ensure that there was no loss in care.

The Chair acknowledged concerns raised in relation to vulnerable groups and stated that budget reductions that had been occurring over the past five years was also of great concern and that services had to be delivered in a more efficient and manageable manner.

RESOLVED

That the Cabinet's Revenue Budget Strategy proposals for 2013/14 and Medium Term Financial Strategy, as set out in the report, and Appendix A to the report submitted, be noted and the Cabinet informed that there were no specific issues that this Committee would wish to raise.

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INTEGRATED LIVING TEAM AND REHABILITATION

A report of the Dudley Group National Health Service (NHS) Foundation Trust was submitted on progress to date on the integration of Integrated Living Team (ILT) and the Community Neurology Team.

Arising from the presentation of the report and in response to a query Ms Osborne undertook to provide to Members with the telephone number to contact the integrated service.

RESOLVED

That the information contained in the report submitted, on the integration of services and a reassurance that work is being undertaken with stakeholders to provide the most effective client/patient centred possible support for people with a long term condition and that current changes have not impacted on service quality or access, be noted and accepted.

A report of the Network Director, Black Country Cardiovascular Network was submitted on the position of the Midlands and East Strategic Health Authority (SHA) proposals for the review of stroke services and also outlining the process and timeline associated with the review. A copy of the presentation to be made to the Committee had also been circulated with the agenda.

Arising from the report and presentation given and in responding to Members' queries and concerns it was stated that it was imperative for patients who were suspected of having a stroke to receive immediate care in hospital than at home, the scanner would reveal the type of stroke to enable the correct treatment to be administered and that it was important to ensure that the hospital were alerted about patients' condition beforehand so that appropriate preparations could be made. Work was still being undertaken on the analysis of figures and associated costs and discussions were ongoing on how to split tariffs.

The numbers of staff involved in offering after care support to stroke victims were given and it was explained that the management of patients with a Transient Ischemic Attack (TIA) in Dudley was one of the most pioneering as the one stop clinic offered a 24 hour service and best medical management to patients of Dudley.

With regard to consulting with the public to ascertain their views, as there might be concerns as people would need to travel and whether there were any alternatives should people wish to retain localised services, Mr Walsh indicated that Dudley had patient representation on the Sub Groups for the Project Board. He acknowledged that there were challenges and barriers that would be encountered and efforts would be made to focus on collaborative working. He further indicated that should there be any deviation from the proposals a report would be submitted to the Committee with a view to informing Members on the changes.

Dr Hegarty referred to the comment on people having to travel further to access services across the Black Country and pointed out that it was better for people to travel to access better services. He also pointed out that stroke services in Dudley had been commended and received a national award but that work was ongoing to strive to be even better.

Dr Banerjee then gave a presentation detailing information and statistics on the process involved when assessing stroke patients and points made included that quality patient care was a priority, the services of a radiologist was vital, between April to September Dudley achieved 13.5% thrombolysis (national target being 10%), fast access to Computed Tomography (CT) had been agreed with West Midlands Ambulance Service to improve time to CT Scan and direct access and that a third scanner had been approved for implementation from March, 2013.

RESOLVED

- (1) That the information contained in the report, and presentations given, on the position of the Midlands and East Strategic Health Authority on proposals for the review of stroke services, be noted.
- (2) That a report on the consultation plans prior to implementation and any changes to be made be submitted to a future meeting of the Committee.

28 DUDLEY GENERAL PRACTITIONER (GP) OUT OF HOURS UPDATE

A report of the Director of Primary Care (Black Country PCT Cluster) was submitted on the quality review and contract monitoring processes in place for out of hours providers across the Black Country cluster (Dudley, Sandwell, Walsall and Wolverhampton Primary Care Trusts). A copy of the presentation to be made to the Committee had also been circulated with the agenda.

Arising from the report and presentation given Members commented that the Walk in Centre in Dudley had proved to be a great asset given the increase in the numbers attending and also positive feedback received and it was hoped that the service would continue.

In responding to questions Dr Hegarty informed the meeting that the introduction of the Walk in Centre had initially resulted in a decline in people attending the Accident and Emergency department, however numbers had again risen and that the dissemination of communication relating to accessing services was vital, particularly given the introduction of the new National Health Service 111 telephone number. Dr Hegarty noted comments made from a Member with regard to not being aware of the change in the location of the Walk in Centre from Russells Hall to Holly Hall and that when he had visited the Centre he had difficulty in understanding the Doctor due to his accent.

RESOLVED

- (1) That the information contained in the report, and presentation given, on the quality review and contract monitoring processes in place for out of hours providers across the Black Country Cluster, be noted.
- (2) That a report be submitted to a future meeting of the Committee prior to the renewal of the contract relating to the Walk in Centre in Dudley.

29 LIVING WELL WITH DEMENTIA: A DEMENTIA STRATEGY FOR DUDLEY

A report of the Dudley Clinical Commissioning Group was submitted on the Dudley Dementia Strategy. A copy of the draft Dementia Strategy for Dudley had been appended to the report submitted.

RESOLVED

- (1) That the information contained in the report, and the Appendix to the report submitted, on the Dementia Strategy for Dudley, be noted.
- (2) That Members and Officers be requested to submit their comments direct to the Commissioning Engagement Manager prior to the closing date of the consultation.

The meeting ended at 8.45 p.m.

CHAIR