

## **HEALTH SCRUTINY COMMITTEE**

Tuesday 16<sup>th</sup> July, 2013 at 6.00 p.m.  
in Committee Room 2 at the Council House, Dudley

### **PRESENT:-**

Councillor Ridney (Chair)  
Councillor Kettle (Vice-Chair)  
Councillors Billingham, Cotterill, Hemingsley, Islam, Jordan, Ms Nicholls, Roberts,  
Mrs Rogers and Mrs Walker

### **Officers**

Assistant Director of Law and Governance (Lead Officer to the Committee), Director of Public Health, Ms Jackson, Ms Olding and Ms Rai (all Chief Executive's Public Health), Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

### **Also in Attendance**

Ms Mandy Green – Deputy Head of Communications and Patient Experience, Dudley Group National Health Service Foundation Trust  
Mr Richard Cattell – Director of Operations, Dudley Group National Health Service Foundation Trust  
Ms Gillian Goodlad - Dudley Clinical Commissioning Group  
Ms Laura Broster – Head of Communication, Dudley Clinical Commissioning Group  
Dr David Hegarty – Clinical Lead, Dudley Clinical Commissioning Group

---

### **1 APOLOGY FOR ABSENCE**

An apology for absence was received on behalf of Councillor Harris.

---

### **2 APPOINTMENT OF SUBSTITUTE MEMBER**

It was reported that Councillor Islam had been appointed as a substitute member for Councillor Harris for this meeting only.

---

### **3 DECLARATIONS OF INTEREST**

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

---

### **4 MINUTES**

RESOLVED

That the minutes of the meeting of the Health and Adult Social Care Scrutiny Committee held on 27<sup>th</sup> March 2013 be approved as a correct record and signed.

---

5 TERMS OF REFERENCE, ANNUAL SCRUTINY PROGRAMME AND WORK PROGRAMME 2013/14

---

A report of the Lead Officer and Director of Corporate Resources was submitted on the Work Programme and the Terms of Reference of the Committee and the items included in the Annual Scrutiny Programme for detailed consideration by this Scrutiny Committee during 2013/14. Appendix 1 to the report submitted set out the Terms of Reference of the Committee and Appendix 2 gave more detailed information on the topics set out in the Annual Scrutiny Programme for 2013/14, as referred to in paragraph 7 of the report.

Arising from the presentation of the report the Vice-Chair asked that consideration be given to future meetings of the Committee to be scheduled prior to the Council meetings to enable pertinent items from the Committee to be reported in a timely manner. He also expressed concern about the increasing workload and responsibility of the Committee given in-depth scrutiny was vital.

RESOLVED

- (1) That the Terms of Reference of the Committee, as set out in Appendix 1 to the report submitted, be noted.
- (2) That the issues contained in the Annual Scrutiny Programme for 2013/14, as referred to in paragraph 7 and Appendix 2, to the report submitted, be noted.
- (3) That the outline Work Programme of the Committee reflecting key developments across partners and stakeholders for 2013/14 and issues arising from previous scrutiny meetings, as set out in Appendix 3 to the report submitted, be approved.
- (4) That it be noted that an informal development session would be held for Members and Officers at the conclusion of the formal business of this meeting, to discuss how they wished to progress the items for detailed consideration by the Committee during 2013/14.
- (5) That a "Public Forum" session be included as a standing item of business on the agendas for future meetings of the Committee.
- (6) That the Chair of Dudley Healthwatch be appointed as a non-voting co-opted member to this Committee for the remainder of the Municipal Year.

---

6 FORWARD PLAN OF KEY DECISIONS

A report of the Director of Corporate Resources was submitted on the Forward Plan of Key Decisions for the four month period commencing 1<sup>st</sup> June, 2013 and on the recommendation from the Overview and Scrutiny Management Board that this Scrutiny Committee considers whether it wishes to recommend that any items contained in the Appendix to the report submitted, setting out a Schedule of Key Decisions, should be scrutinised.

The Vice-Chair requested that consideration be given to enlarging the font in future reports, as the writing was difficult to read.

RESOLVED

- (1) That the information contained in the report, and the Appendix to the report submitted, be noted.
- (2) That the Overview and Scrutiny Management Board be requested to give consideration to detailed scrutiny being undertaken on decision number 0591 on the 20mph zone priorities, in particular with regard to safety of children and decision number 0582 on exceptions to the Council's Housing Allocations Scheme (Special Cases) and in particular to its implications.

---

7 CHANGE IN ORDER OF BUSINESS

RESOLVED

That, pursuant to Council Procedure Rule 13c, agenda item number 8 be considered as the next item of business.

---

8 MATERNITY UPDATE

A report of the Dudley Group National Health Service Foundation Trust was submitted on the Trust's progress to manage maternity demand.

Arising from the presentation of the report Mr Cattell undertook to provide Members with figures on national averages and figures for neighbouring Trust's to enable comparisons to be made.

In response to a query about the current position and figures on teenage pregnancies, the Director of Public Health undertook to circulate to Members a briefing that had been produced on teenage conception.

RESOLVED

- (1) That the information contained in the report on the Trust's progress to manage maternity demand, be noted.
  - (2) That a further update report be submitted to a future meeting of the Committee.
- 

## 9 DUDLEY CLINICAL COMMISSIONING GROUP PRIMARY CARE DEVELOPMENT STRATEGY

---

A report of the Dudley Clinical Commissioning Group was submitted on the final draft of the Group's Primary Care Development Strategy. The Strategy was attached as an Appendix to the report submitted.

Arising from the presentation of the report the Chair queried whether Patient Panels had increased since April as she was of the view that patient consultation was still lacking. In responding Ms Broster indicated that there were forty-nine practices in the Borough of which thirty-two practices had engaged in active patient consultation, a further ten were in the midst and work was being undertaken with a view to engaging the remaining practices. The Chair requested that information on the locations of the practices and whether there was any correlation in a lack of engagement in deprived areas be circulated to Members.

In responding to queries from Members, Dr Hegarty informed the meeting that National Health Service (NHS) England were responsible for some of the issues raised and that efforts were being made to work with them to enable local determination, that there were contractual requirements for practices to comply with to ensure General Practitioners were offering a quality service, however, there were variations in service as some practices had more financial resources and may be able to afford additional staff. It was reported that a representative of NHS England was a Member on the Health and Well Being Board. It was suggested that the Director, the Cabinet Member for Health and Well-Being and the representative of NHS England be informed that this Committee were concerned about the lack of communication and consultation with the local community on changes that affected them. The Director of Public Health undertook to convey the concerns of the Committee to the NHS England representative and the relevant Cabinet Member and to report back to a future meeting.

A Member suggested that investment in Information Technology was vital for the Trust and in particular commented that it would be beneficial if the public were able to order repeat prescriptions via telephone or email instead of having to make a visit to the surgery.

The Chair requested that a further report detailing the Action Plan, outcomes and information on targets and their attainments be submitted to a future meeting of the Committee. The Vice-Chair also requested that the quality of reports be improved and coloured copies of appendices be made available to Members by the relevant authors of reports.

RESOLVED

- (1) That the information contained in the report and the Appendix to the report submitted on the final draft of the Primary Care Development Strategy, be noted.
  - (2) That a further report to include the Action Plan and detailing outcomes, information on targets and their attainments be submitted to a future meeting of the Committee.
- 

## 10 MORTALITY RATES – UPDATE

A verbal report of the Dudley Group National Health Service Foundation Trust on mortality rates was given by Mr Richard Cattell, Director of Operations.

In presenting the report, Mr Cattell referred to the publication of Sir Bruce Keogh's report into the fourteen failing hospital trusts of which Dudley had been named and then read out a statement from the Chief Executive on actions being taken to improve the situation.

The Chair requested that a further report to include the Action Plan and its implementation be submitted to the meeting of the Committee to be held in September.

### RESOLVED

- (1) That the information contained in the verbal report on mortality rates and on the Action Plan, as stated above, be noted.
- (2) That a further report to include information on the Action Plan and progress on its implementation be submitted to the next meeting of the Committee.

The meeting ended at 7.55 p.m.

CHAIR