

HEALTH SCRUTINY COMMITTEE

Thursday 7th November, 2013 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Ridley (Chair)
Councillor Kettle (Vice-Chair)
Councillors Cotterill, Harris, Hemingsley, Jordan, Ms Nicholls, Roberts, Mrs Rogers
and Mrs Walker

Officers

Assistant Director of Law and Governance (Lead Officer to the Committee),
Assistant Director Adult Social Care, Assistant Director Planning and Environmental
Health, Assistant Director Quality and Partnership, the Treasurer, Head of
Environmental Health and Trading Standards (Directorate of the Urban
Environment), Head of Accountancy (Directorate of Corporate Resources), Scrutiny
Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal
(Directorate of Corporate Resources)

Also in Attendance

Mr P Maubach – Accountable Officer (Dudley Clinical Commissioning Group)
Ms Nighat Hussain – Commissioning Engagement Manager (Dudley Clinical
Commissioning Group)
Mr Richard Beeken – Director of Operations and Transformation (Dudley Group of
Hospitals Foundation Trust)
Ms Anne Gregory – Stroke Co-ordinator (Dudley Group of Hospitals Foundation
Trust)

19 APOLOGY FOR ABSENCE

An apology for absence from the meeting was received on behalf of Councillor
Billingham.

20 DECLARATIONS OF INTEREST

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

21 MINUTES

The Vice-Chair referred to the Minutes of the previous meeting and expressed concerns in that several queries had been raised at the last meeting which had been unanswered and that there had not been any feedback or responses given.

During the ensuing discussion Members considered that minutes of Council meetings, particularly Scrutiny Committees, should contain a more detailed record to capture the essence of discussions, comments made and questions asked for transparency purposes. It was agreed that the matter should be referred to the Overview and Scrutiny Management Board for consideration.

RESOLVED

- (1) That the minutes of the meeting of the Health Scrutiny Committee held on 25th September 2013 be approved as a correct record and signed.
- (2) That the Overview and Scrutiny Management Board be requested to give consideration to a format for recording minutes of Scrutiny Committees so that detailed information is included of comments made and questions asked to capture the essence of the debate.

22 PUBLIC FORUM

No issues were raised under this agenda item.

23 REVENUE BUDGET STRATEGY 2014-15

A joint report of the Chief Executive, Treasurer and Director of Public Health was submitted on the Revenue Budget Strategy for 2014/15 and the Medium Term Financial Strategy.

Arising from the presentation of the report Members expressed concerns about the ramifications on services arising from the significant budget cuts which would particularly impact on vulnerable adults and children. Dudley was renowned for its quality care services and the onus was on the Council to offer support to families where needed and it should be recognised that services for adults and children were more vital than some other services. It was further commented that the budget cuts would also have an impact on mental health services and on the vast number of carers in the Borough, particularly those that were young people, who gave up their lives to undertake this work.

Reference was made to service relating savings pertaining to the Directorate of the Urban Environment regarding the reduction in the footway reconstruction programme and public right of way maintenance and it was pointed out that consideration should be given to the impact this would have, in particular, on older people that used the footpaths and were prone to trips and falls.

Mr P Maubach – Accountable Officer (Dudley Clinical Commissioning Group) stated that the largest single savings target of £10.4m was linked to social services integration with health; that there was an equivalent level of savings needed in health on the same issue - so the combined total public sector savings on this one issue exceeded £20m and would therefore require unprecedented collaboration between the Council and the CCG.

Members of the Committee, although acknowledging and noting the report, wished their dissatisfaction to be recorded.

RESOLVED

That the Cabinet's Revenue Budget Strategy proposals for 2013/14 and the Medium Term Financial Strategy, as set out in the report, and Appendices to the report, submitted be noted and that the Cabinet be informed of the comments made above.

24 STROKE TRANSFORMATION PROGRAMME

A report of Sandwell and West Birmingham Clinical Commissioning Group was submitted on progress of the Birmingham, Solihull and Black Country Stroke Transformation Programme. Presentation slides on the Stroke Services Reconfiguration Project were also circulated at the meeting.

Arising from the presentation of the report and information contained in the slides Members made the following comments:-

- That the initial twenty minutes of having a stroke was crucial and quick and local access to services was vital as medication needed to be administered as soon as possible.
- Reference was made to figures and percentages given in the slides of patients who received Computerised Tomography (CT) scans within an hour of admission, percentage of patients thrombolysed and percentage of all conscious stroke patients to receive a swallow screen within four hours of admission and it was requested that specific figures relating to the Dudley Group of Hospitals be provided. With relation to the information provided it was also commented that up to date figures should be provided.
- Clarity was also sought on the target of 95% as stated in the slides of patients who received a CT scan within one hour of admission as it was understood that the target was 50% within an hour and 100% within twelve hours.

- There was no room for complacency and given that contracts were for a set number of years, standards and targets should initially be set high if striving for excellence.

Arising from questions from Members the following responses were given:-

- Targets had significantly improved as had access to CT scans and Ms Gregory reported that 100% of CT scans within twenty four hours and 50% within an hour had been undertaken in August of this year. The target in relation to thrombolysis was 10% and DGoH had exceeded and achieved 15% and 100% had also been achieved in screening Transient Ischemic Attack (TIA) patients within 24 hours. There was no complacency as attempts were made to aim higher.
- There had been 680 stroke patients treated last year but it was pointed out that there were a lot of problems that mimicked stroke and therefore the actual figure would be higher.
- The report had not been submitted to the Dudley Health and Well Being Board but social care leads had been written to with a view to submitting nominations to represent the Stroke Project Board Sub-Group. It was pointed out that all the CCG's involved in this review were in the midst of undertaking a scoping exercise with a view to consultation taking place in the future.

In conclusion it was requested that the scoping document be submitted to the Dudley Health and Well Being Board, Regional Scrutiny Chairs and that a further report be submitted to the Health Scrutiny Committee prior to consultation taking place.

RESOLVED

- (1) That the information contained in the report on the scope and approach of the Stroke Reconfiguration Programme and key project milestones be noted and that a further report be submitted to the Committee prior to consultation taking place.
- (2) That the Dudley Clinical Commissioning Group be requested to submit the scoping document to the Dudley Health and Well Being Board, the Regional Scrutiny Chairs and the Sandwell Clinical Commissioning Group, as the lead CCG in this review.

A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group (CCG) was submitted on public consultation on urgent care in Dudley currently being carried out by the CCG.

In presenting the report Mr Maubach provided feedback from the consultation exercise and some of the points mentioned were that there had been limited views on the out of hours service, the public wanted access to the "111 service", people wanted to see improvements to General Practitioners (GP's) service, in particular to access and that there were mixed views about the walk in centre in that some people preferred it whilst others preferred their GP's. There were also mixed views in relocating the walk in centre to Russells Hall as some had concerns about parking whilst others felt the bus service to Russells Hall was better. With regard to the consultation exercise there had been two areas of criticism, firstly it had been suggested that the CCG should include as part of the consultation a presentation to Members of the Council and, secondly, that the drop in sessions had only been scheduled in the day and some people could not attend due to work commitments. In response to those criticisms, Mr Maubach confirmed that the CCG would be advertising and holding evening drop-in sessions during the second half of the consultation period and would also attend a Council meeting if asked to do so.

Arising from the presentation of the report members commented that there should be consistency in services provided across the Borough, very few Councillors had seen the consultation document, some Members had not known of the dates of the drop in sessions in their Wards, GP's and their staff were not aware of meetings and there was no literature at surgeries or pharmacies. The consultation aspect of the document was also queried as it was considered that the document was misleading and biased given the statement on the front page by Dr Mann (Clinical Executive for Acute and Community) which seemed to suggest that it was better for the public to access their own GP's as it was best for their health needs.

A member commented that the public were confused as to what they were being consulted on due to varying issues such as the "111 service", the closure of the walk in centre and the out of hours service and it was requested that consideration be given to separating them and clarifying what was being consulted on. With regard to the "111 Service" it was pointed out that whilst the previous provider, NHS Direct, covered the whole of the West Midlands, this had now been broken down into several areas and it was requested that a report be submitted from the West Midlands Ambulance Service on feedback and progress made since they had taken over the service for Dudley.

In responding to comments made Mr Maubach stated that although information had not been submitted to Chemists on the consultation, press advertisements on the consultation had taken place and he further stated that GP's would be encouraged to make leaflets on the consultation more available. With regard to the consultation document being biased, Mr Maubach stated that initially proposals had been submitted to all GP practices and that all GP's had responded by saying that, in their clinical opinion, the combined service that would be achieved by closing the walk in centre and relocating to Russells Hall would be safer and better and that it would further relieve pressure from the Accident and Emergency Department. He stated that it would be wrong not to portray the GPs' opinions however public views would also be considered. Regarding the concern raised about possible confusion over what was being consulted on, Mr Maubach confirmed that there were two main

elements to the consultation, firstly the proposal to close the walk-in-centre and out-of-hours service and relocate them to Russell's Hall to create a new urgent care centre and secondly the proposal to not reopen the weekday, in-hours part of the walk-in service and instead use this resource to improve GP access. On comments made about preference to see consistency of GP access it was confirmed that it was the CCG's intention but that there were 49 practices of different sizes with different staff and patients with different needs so it would probably require 49 different solutions to achieve the consistency of service.

With regard to submitting a report on the "111 service" provided by the West Midlands Ambulance Service, Mr Maubach undertook to liaise with the Sandwell and Birmingham Clinical Commissioning Group as they were the responsible body.

RESOLVED

- (1) That the information contained in the report submitted, on urgent care public consultation, be noted and that the Clinical Commissioning Group be requested take into account the views expressed at this meeting as part of the consultation exercise.
- (2) That the Accountable Officer (Dudley Clinical Commissioning Group) be requested to liaise with Sandwell and Birmingham Clinical Commissioning Group with a view to submitting a report to the Committee on feedback and progress made since the West Midlands Ambulance Service overtook the "111 Service".

26 TOBACCO REVIEW UPDATE

A verbal report was given by the Scrutiny Officer on meetings held in relation to the Tobacco Review.

The Scrutiny Officer informed the meeting that two recent meetings had been held in relation to the Tobacco Review and that evidence had been received from varying partners and organisations. A report on the key findings was currently being drafted and would be circulated to Members for information with a view to a report being submitted to the January meeting of the Committee.

RESOLVED

That the verbal report given on the Tobacco Review, be noted.

The meeting ended at 8.25 p.m.

CHAIR

HSC/15