

SELECT COMMITTEE ON GOOD HEALTH

Tuesday, 28th October, 2003, at 6.00 p.m.

PRESENT:-

Councillor Cody (in the Chair)
Councillor Hanson (Vice-Chair)
Councillors Mrs Ameson, Mrs Aston, Banks, Ms Craigie, Johnson, Mrs Turner and Mrs White, together with the Head of Personnel and Support Services (Lead Officer), Assistant Director – Development and Environmental Protection (Directorate of the Urban Environment), Assistant Director of Social Services (Older People and Physical Disabilities), Ann Parkes – Head of Learning Disability Services, Anne Askew – Head of Physical Disability Services and Clare Howard – Community Equipment Services Manager (all Directorate of Social Services) and Mr J Jablonski (Directorate of Law and Property)

ALSO IN ATTENDANCE

Tony Lunt – Learning Disabilities Project Director and Janice Cunningham – Communications Director – Ridge Hill Site (for agenda item number 5 only).

Rob Bacon – Chief Executive – Dudley Beacon and Castle Primary Care Trust and Paul Maubach – Project Director – Black Country Review (for agenda item number 6 only).

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MINUTES

RESOLVED

That the minutes of the meeting of the Committee held on 23rd September, 2003, be approved as a correct record and signed.

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DECLARATIONS OF INTEREST

Declarations of Personal Interest, in accordance with the Members' Code of Conduct, were made by the following members for the reasons indicated:

Councillor Cody in relation to his employment by West Midlands Ambulance NHS Trust.

Councillor Ms Craigie in any matters relating to ophthalmic work in view of her dealings with Primary Care Trusts in this regard.

Councillor Hanson in relation to the National Health Service by reason of his wife's employment.

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APOLOGIES

Apologies for absence from the meeting were submitted on behalf of Councillors Ali and the Director of Social Services.

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RIDGE HILL CONSULTATION

Tony Lunt – Learning Disabilities Project Manager, Dudley South Primary Care Trust, supported by Janice Cunningham – Communications Director – Ridge Hill site, gave a presentation on the process for the closure of Ridge Hill site. It was stressed that the consultation was not about the closure of the site, which was in line with the position of the National Government, rather it was about the process of that closure.

Having outlined the background to the national position which was that remaining long stay hospitals should be closed, the timetable for closure was outlined. In this regard it was noted that of the thirty-eight persons remaining on the site it was proposed that by December 2005 all such persons would have been resettled elsewhere with full closure of the site programmed for March, 2006. Mr Lunt was confident that this target would be achieved.

Details of the remaining thirty-eight persons on site were given and it was noted that they were mainly elderly and male and would require support in the resettlement given that they had more needs, for example challenging behaviour. The issue was therefore to meet those needs and as part of the consultation consideration had been given to the provision of specialist support services, stakeholder involvement, the gathering of views arising from the consultation process and the views of those relatives who could be contacted. The overall aim was person centred planning which would include aspects of independent advocacy and specialist speech and language therapy.

The implications of the changes both in relation to development of new care provision and in respect of cultural change were also emphasised as was the involvement of the Directorate of Social Services, for example with the Community Learning Disability Team.

In summing up Tony Lunt considered that the Project plan was robust on target in respect of the closure, that it had the support of stakeholders and that the timescale was achievable.

It was noted that a copy of the presentation given would be made available by Tony Lunt and following receipt would be circulated to members of the Committee.

At the conclusion of the presentation a number of questions were asked and comments raised relating in particular to the fact that although the formal consultation process ended on 15th November 2003, the process would be ongoing and that the responses, for example from carers and relations, were forming the plan; that the type and style of accommodation was being influenced as a result of the consultation so that the right accommodation and aid would be available which again would feed into a longer term process; the need to ensure that the wishes of the individual were complied with were this ran counter to those relatives; that the consultation would be ongoing to 2006 and that the plans were fluid and could be changed; that the joint accommodation strategy, by the Learning Disability Partnership Board had now been completed and that copies of that strategy and any other strategy members may wish to see could be circulated to them; that whilst this issue was not related to bed blocking given the proposals on this consultation it was considered that the thirty-eight persons involved would not add to that problem, that it was believed that arrangements were in place so that the movement of the elderly persons involved would not give cause for concern, whilst there will be no further admissions to this site consideration would need to be given in due course to the approximately 7,000 persons nationally in campus accommodation to ascertain the appropriateness of such accommodation; that there was need to ensure that appropriate press coverage be obtained so as to overcome the pre-conceptions of most of the general public; that communications were seen as a major part of the process; that appropriate support would be given to persons in the changed circumstances regarding their financial needs; given that the thirty-eight persons involved were dependant services in the community would need to be provided to support community living and that it should be noted that this group were the remainder of a much larger number of person who were already living in the community; that persons being resettled in the community would not be put in a situation were they would fail and that the challenging behaviour of persons in residential accommodation did diminish once they were out in the community; that the Directorate of Social Services had been working closely in partnership with Health Authorities on this issue and supported the work being done and would be even more involved with the new community role envisaged.

At the conclusion of comments and questions the Chair indicated that he would hope that Mr Lunt would come back in approximately two years time to give a similar presentation to the Committee on how the resettlement had actually gone.

In response Mr Lunt indicated that newsletters had been and would continue to be produced on the progress on the resettlement and copies of those newsletters would be sent to the Chair. Articles would also appear in newspapers as matters progressed.

At the conclusion of this item the Chair thanked Tony Lunt and Janice Cunningham for the information presented in the presentation given.

RESOLVED

That the information contained in the presentation given and as reported arising from the presentation, be received and noted.

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BLACK COUNTRY REVIEW – BETTER BY DESIGN

Rob Bacon, Chief Executive of Dudley Beacon and Castle Primary Care Trust gave a brief introduction to this review and introduced Paul Maubach, Project Director who would be giving the presentation on this review. Rob Bacon indicated that he was supporting Paul's presentation and stated that the Project Board of which Paul was the Project Director had strong representation from the Dudley Area both from Health Authorities and Local Authorities and users.

Paul Maubach in the introduction to his presentation indicated that details of the presentation would be made available for members of the Committee and that if there were any issues on which they would like further information this could be supplied on request to his email address.

Initial comments were made on the purpose of the review which was to look at the long term way in which health services should be designed to best serve the needs of the Black Country Population. It was noted that for this purpose the Black Country comprised the Boroughs of Dudley, Walsall and Wolverhampton and that this was part of an ongoing process for the next seven to fifteen years.

The scope of the review was also outlined in that it was intended to look at the interface between hospitals and community/Primary Care Trust services and that given the proposed level of investment over the next four to seven year there was a huge opportunity to consider significant changes.

Particular consideration was given to the review process involving at Stage one information gathering and analysis; the introduction of five service review groups for older people and intermediate care, specialised services, planned care and diagnostics, emergency services and children's and maternity services. The review groups would review the information available and develop key questions. In addition a Mori Poll had been commissioned and the interim report could be shared with the Committee. Further three public meetings had been held.

Stage two, which occurred in September, 2003, involved the service review groups for each area generating ideas at a meeting held on a day in the same week for each service. This involved a whole range of persons involved in the health economy and the outputs were posted on the website. Currently the process was at Stage three which was the application of the ideas and development of models. Further work was ongoing on this with a view to holding three further public meetings at the end of November.

Stage four would hopefully see the production of a report by Christmas setting out models, scale and the continuing process.

Consideration was then given to various issues in connection with current planning assumptions for example significantly different planning assumptions were used between the three areas which would lead to an investigation to see whether there was a need for greater consistency; concerns about affordability and issues in respect of mortality rates which illustrated that for a number of services people in the Black Country were not being treated or identified early enough. Furthermore there was an issue about treatment in the community and a current high admission rates to hospitals. The implication of this was that there was a need for better community care and the identification of illness earlier.

Arising from questions asked by the public it was found that they wished to see improved communication, improved education and prevention and more services locally in the community and at GP surgeries.

From this it was noted that change must be sustainable and there must be change if the health of the population was to improve. There was therefore a need to address the issue of a move from services based around organisations, for example, hospitals, to services based on the patient. In this respect the provision of services for older people involving chronic disease management was cited involving proper care management in the community with better diagnostic facilities and the use of community teams so that care management for the elderly would be community based rather than based in hospitals. The need for joined up emergency services was also cited and the various routes involving for example general practitioners and those services needed to be rationalised so that there was a single approach available 24 hours 7 days a week with one route into services.

Issues arising from the seminars held were then considered including the point made that the health of the Black Country was poor and that to make a difference radical changes were needed to the organisation of health generally; that improvements needed to be made to ensure patient centred care; there was a need for high quality specialist services and a rationalisation of services; the need for a balance between hospital/community based provision; better transport provision; genuine community 24 hours 7 days a week services and services 24 hours 7 days a week to ensure that the sickest were treated first. Furthermore there was a need for high quality care with the development of community services in which information technology would have a part to play and the need for patient and public involvement throughout the review process.

It was considered that to make the system work there was a need for a joined up planning approach with provision in the community but with a recognition that this was expensive together with issues regarding staffing and the need for increasing value for money.

From the seminars held the only real concern expressed was whether there were enough beds in the borough. The response to this was that of the three areas only Dudley were looking for a reduction in beds which was in line with national trends but that those involved needed to be aware of the risks of this.

In conclusion it was noted so far that a whole systems approach had been adopted as a way of looking at the systems of the future.

At the conclusion of the presentation a number of comments were raised and questions asked relating in particular to the lottery of postcode provision in response to which it was noted that this was a national issue not connected with this review but that the Primary Care Trust do have the information available on individual practices and did review and advise the work of general practitioners so that best practice was promoted with monitoring and reports given to change to that best practice; the need for such reviews to actually bring about change given the fact that there had been a number of previous reviews, possibly leading to public apathy. In response it was stated that there was a need for a debate and that services locally based were wanted and therefore there was a need to show that they could be delivered in the community and not in hospital. It was furthermore considered that the approach of the Dudley area was right but that there was a need to get the message across that health was not being jeopardised that improvements in technology had led to the need for less beds for example in relation to the treatment of heart disease and that the process was ongoing and that it was the job of Health Authorities to deliver. Furthermore this review was different from previous reviews in that significant amounts of money would be available and that an emphasis on information and the availability of new information, that specialised services were not available in all areas but that the issue was access to such services wherever they were located.

In conclusion, it was noted that the production of the report in December was not the end of the process and that the plan was being evolved. Rather the report would provide the framework to an ongoing process and the Committee's input and support to the process would be welcomed.

At the conclusion of comments and questions Mr Maubach was thanked for the presentation given.

RESOLVED

That the information given in the presentation, and as reported at the meeting, be received and noted.

COMMUNITY EQUIPMENT SERVICE REVIEW

A report of the Director of Social Services was submitted on an overview of the Community Equipment Service and clarification of any further information required by the Committee.

Val Beint – Assistant Director of Social Services (Older People and Physically Disabilities), commented on and expanded upon the points contained in the report submitted. Arising from the comments made members asked a number of questions and made comments relating in particular to the non-inclusion of the Wheel Chair Service provided by Health within the Community Equipment Service; the integration within the Community Equipment Service in due course of provision for the hard of hearing and those visually impaired and the position regarding the wait for assessment to be undertaken which was more the case with the provision of adaptations rather than equipment. Members were asked to refer any such cases on which they had concerns direct to the Directorate of Social Services

RESOLVED

- (1) That the information contained in the report submitted on an overview Community Equipment Service be noted.
- (2) That the Lead Officer be requested to arrange for a report to be submitted to a future meeting of the Committee by the Dudley Group of Hospitals Wheel Chair Service so that a full appraisal of this service might be obtained with a view to possibly making recommendations for change.

INEQUALITIES IN THE ACCESS TO MATERNITY SERVICES –
UPDATE REPORT

The Lead Officer reported on the further consideration given to this matter, arising from the last meeting of the Committee, by a group of members comprising the Chair and Councillors Ms Craigie, Mrs Turner and Mrs White who had started the review process on this topic.

A meeting of some of the members involved had been held that afternoon and information obtained by Councillors Ms Craigie and Mrs White had been considered together with consideration as to how to carryout the review. It was envisaged that all aspects of maternity services would be mapped out and a decision made as to which parts of the service should be looked at in detail.

The Lead Officer also commented that the Research Officer for the Committee was unlikely to be in post until the new year and so it was envisaged that work on this review would be commissioned and carried out by an outside organisation such as CHART.

A date for a further meeting of the members involved has been arranged and subsequent outcomes would be put on the web pages and there would be a report back to the Committee.

RESOLVED

That the information as now reported on regarding the commencement of the review of the topic of Inequalities in the Access to Maternity Services be noted and that support be given for the commissioning of work by an outside organisation to support the work to be carried out on this matter.

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SPECIAL MEETING OF THE COMMITTEE

It was noted that a special meeting of the Committee would be held at 6pm on Thursday, 20th November 2003, to consider issues including an overview of chiropody provision in the borough.

The meeting ended at 8.30pm

CHAIR