

## **SELECT COMMITTEE ON GOOD HEALTH**

Thursday, 27<sup>th</sup> January, 2005 at 6.00 p.m.  
In Committee Room 2 at The Council House, Dudley

### **PRESENT:-**

Councillor Burt (Chairman)  
Councillor Mrs Faulkner (Vice-Chairman)  
Councillors Mrs Ameson, Mrs. Aston, Bradney, Harley, Miss Nicholls,  
Ms Partridge and K. Turner.

### **OFFICERS:-**

The Head of Personnel and Support Services (Lead Officer to the Committee), Mr. S. Ward (Scrutiny Officer to the Committee), Director of Finance, Director of Social Services, Assistant Director of Social Services (Adult Services – Older People and Physical Disabilities), Assistant Director of Social Services (Adult Services – Mental Health and Learning Disabilities), Assistant Director of Legal and Democratic Services (Directorate of Law and Property), Mr Sangian (Research Officer – Good Health) and Mr J Jablonski (Directorate of Law and Property).

### **ALSO IN ATTENDANCE**

Mr. G.S. Barker - Patients Forums Representative  
Mr. R. Coverdale - Director of Strategy and Modernisation, Dudley Beacon and Castle Primary Care Trust  
Mr C Knight – Director of Clinical Services – Dudley Group of Hospitals  
Mr K Stride and Mrs B Holder – National Osteoporosis Society – Dudley Support Group  
Ms J Ward – Commissioning Manager and  
Mr S Thompson – Head of Integrated Mental Health and Social Care Service.

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### **MINUTES**

Arising from consideration of the previous Minutes of the Committee and the reference back from Council held on 6<sup>th</sup> December, 2004 in respect of Resolution (2) to Minute 26 of those Minutes, it was

### **RESOLVED**

That, subject to the following amendments, the Minutes of the meeting of the Committee held on 16<sup>th</sup> November, 2004, be approved as a correct record and signed:-

- i Deletion of the word “Birmingham” in the fourth line of Resolution (2) to Minute 26 and the insertion of the words “an independent” therefor; and
- ii Deletion of the heading to Minute 32 and of the word “Osteopaths” in the first line of the Resolution to that Minute and the substitution of the word “Osteoporosis” as the heading to that Minute and insertion of the words “osteoporosis services” in the first line of the Resolution to that Minute accordingly.

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35                    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 Bradney, in respect of Agenda Item 11 – Oral Reports on the Progress made in respect of the Maternity Services Review and Wheelchair Services Review – as his wife is a wheelchair user.

Councillor K Turner – in respect of Agenda Item 7 – Proposed Revenue Budget 2005/06 as his Granddaughter uses the Home to School Transport Service.

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36                    APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were submitted on behalf of Councillors Ali, Boys and Musk and The Head of Public Protection (Directorate of the Urban Environment).

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37                    APPOINTMENT OF SUBSTITUTE FOR THIS MEETING OF THE COMMITTEE

It was reported that Councillor Mrs Ameson has been appointed to serve as a substitute for Councillor Boys for this meeting of the Committee only.

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38                    CHANGE IN ORDER OF BUSINESS

Pursuant to Council Procedure Rule 13 (c) it was

RESOLVED

That Agenda Item Number 6 be considered after Agenda Item Number 9.

PROPOSED REVENUE BUDGET 2005/06

A joint report of the Director of Social Services and the Director of Finance was submitted on the Proposed Revenue Budget and the Council Tax for 2005/06. The Director of Finance in his presentation of the report highlighted in particular increased spending pressures in respect of Social Services; proposals for investment and development to meet those spending pressures in that Directorate and the implications of the budget for services covered by the Terms of Reference of this Select Committee. Paragraph 3.6.1 of the report also set out proposed efficiency and other savings including those proposed to be made by the Directorate of Social Services.

Overall, and subject to a number of issues, a Budget Requirement of £349.2 million was indicated implying a Council Tax increase of around 2.9%, for the Council's services, for 2005/06.

Arising from the presentation given Members asked a number of questions and made comments relating in particular to

- i Information regarding the £1.8 million transfer from earmarked reserves and provisions (paragraph 2.4.4 of the report).

The Director of Finance undertook to let Councillor Ms. Partridge have the information requested direct.

- ii Concerns expressed at the savings proposed arising from reviews by Directorates of the support given to voluntary organisations listed in paragraph 3.6.1 of the report submitted.

It was considered that Members would not wish to see a reduction in support of the voluntary sector across the range of services provided. It was reported that any proposals for changing funding would be fully examined in respect of the implications of such changes.

- iii Comments made in respect of the four proposals for savings by the Directorate of Social Services outlined in paragraph 3.6.1 of the report.

Arising from the responses given by Officers in respect of these four proposals, it was considered that further details in respect of the provision of bathing and nail cutting services and house cleaning services should be received.

RESOLVED

1. That the Government's proposals for Revenue Support Grant in 2005/06 and the Cabinet's Budget Proposals for 2005/06 be noted.
2. That the Director of Social Services be requested to arrange for the Chairman and Vice Chairman of this Committee to receive information about the effect of rationalising bathing and nail cutting services and revising the threshold for house cleaning services, including the effectiveness of the current provision, together with proposals for re-provision and the possible provision, over time, of the bathing and nail cutting services, in conjunction with the Health Service, across the Borough, with a view to possibly reporting back to a future meeting of this Committee.

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40            PROTOCOL FOR RELATIONSHIPS BETWEEN MEMBERS AND OFFICERS OF DUDLEY MBC

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A report of the Monitoring Officer was submitted on a draft Protocol for Relationships between Members and Officers of the Council. A copy of the Protocol was attached as Appendix 1 to the report submitted.

RESOLVED

That the content of the draft Protocol for Relationships between Members and Officers of the Council, attached as Appendix 1 to the report submitted, be endorsed.

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41            SCRUTINY PROTOCOL FOR SELECT COMMITTEES

A report of the Director of Law and Property was submitted of a draft Scrutiny Protocol for Select Committees. A copy of the Protocol was attached as Appendix 1 to the report submitted.

RESOLVED

That the content of the draft Scrutiny Protocol for Select Committees, attached as Appendix 1 to the report submitted, be endorsed.

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## BIRMINGHAM, SOLIHULL AND BLACK COUNTRY STRATEGIC HEALTH AUTHORITY: ORTHOPAEDICS PROJECT

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Richard Coverdale – Director of Strategy and Modernisation, Dudley Beacon and Castle Primary Care Trust gave a presentation on the Birmingham, Solihull and Black Country Strategic Health Authority Orthopaedics Project. Chris Knight – Director of Clinical Services, Dudley Group of Hospitals, was also in attendance to answer questions arising from the presentation.

In his presentation, Richard Coverdale reported that attention was being given to Orthopaedics as it was a major cause of waiting list issues, given the increasing range of prosthesis now available and developments in technology.

Given the great increase in demand, arrangements could either be made to control the flow to services or improve the capacity of services to deal with the demand. Dudley was in phase 3 of the project for start in July – September 2005.

In attempting to address the issues, patient choice Primary Care Assessment arrangements were being developed so that, in essence, through the use of a triage centre, increasingly only those benefiting from surgery would move to the patient choice process.

Patient choice, involving planned care, was then outlined, relating to choice and referral. The expectation was that all patients would have a choice of four/five hospitals, to book the appointment, have the necessary information to make an informed choice and receive support from GP's.

It was suggested that a presentation on progress with patient choice and the booking programme could be made to a future meeting of the Committee.

The aim was therefore to ensure that patients were dealt with in the appropriate place and received the appropriate treatment.

In respect of capacity plans, reference was made to the provision of a treatment centre at The Royal Orthopaedic Hospital, Birmingham, which would be available for use by patients from Dudley Beacon and Castle Primary Care Trust. This was one reason in obviating the need to further develop orthopaedic services in the Dudley Group of Hospitals.

The G-SUPP Initiative was also referred to relating to developments into the private sector which was again an expansion of capacity. Work done would be provided free of charge to patients.

Regarding Orthopaedic waiting lists for Dudley, the forecast for 31<sup>st</sup> May, 2005, indicated a total waiting list, across all specialities, of 2,262 of which Orthopaedics comprised 1,123, approximately 50%. There was no one waiting over six months for the services with 311 waiting over three months. Generally, waiting lists in the area of the Strategic Health Authority were amongst the best in the whole country.

Arising from the presentation given, Charles Knight then made a number of comments, in particular referring to the principle of triage which was welcomed as the right patients would be referred to the right place for treatment; the development of competition would be an incentive to the provision of a good quality service; that the treatment centre and the role of the Orthopaedic Hospital was welcome as long as it was not a detriment to the local service; that there was still a need for a service to deal with emergencies; that there had been a significant increase in respect of knee and hip replacement surgery over a relatively short period of time and that a local scheme, introduced in January 2004, the Hospital/Home scheme, was making a significant improvement in service and capacity with positive feedback being received from patients.

Arising from the comments made, the Director of Social Services referred to the social care aspect of such provision, referring to the Pathways Project, based at Ladies Walk, Sedgley, which had been cited as innovative practice with reference also being made to the Fall Service; such services being cited as good examples of working together.

Mr Stride of the National Osteoporosis Society – Dudley Support Group – was then invited to speak to the Committee and in his comments he mentioned that one in every two women over fifty and one in every five men were likely to get Osteoporosis. The Society was therefore primarily concerned about prevention, developing methods to survey those at risk. Such preventative measures would save a great deal of money if fully implemented in the future. He also mentioned that the Society were disappointed that the need to survey for Osteoporosis was not included in Standard 6 of the NSF and they were endeavouring to get recognition for the need for this to be included and were looking for support in this regard from the Committee. Mention was also made of a DEXA scanner which was not available in the Dudley area but was available in various surrounding areas. Again, it was stated that the use of this equipment in recording a T score would save millions of pounds over the years. In commenting on the points made, Richard Coverdale reported that relevant information had recently been passed to the Scrutiny Officer to the Committee which could possibly be reported to a future meeting of the Committee. It was also suggested that the views of the National Osteoporosis Society could also be forwarded to the Scrutiny Officer so that all the information received could be considered in consultation with the Chairman and Vice Chairman of the Committee with a view to reporting back either to the March meeting of the Committee or to a future meeting.

A further point was also made regarding the need for patients to be aware of the turnover of staff at hospitals when they were exercising choice. Chris Knight indicated that the comments made would be taken on board.

#### RESOLVED

That the information contained in the presentation, questions and comments made arising from consideration of the Birmingham, Solihull and The Black Country Strategic Health Authority: Orthopaedics Project be noted and that the suggestion made that a further report be submitted to the March or future meeting of this Committee arising from the receipt of information from those concerned, as indicated above, be pursued.

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#### OVERVIEW OF MENTAL HEALTH SERVICES IN DUDLEY JOINT MENTAL HEALTH STRATEGY FOR DUDLEY INTEGRATED MENTAL HEALTH AND SOCIAL CARE SERVICE – STRUCTURE, GOVERNANCE AND FINANCIAL ARRANGEMENTS

Reports of the Director of Social Services were submitted on

- (A) An overview of Mental Health Services in Dudley outlining recent developments and advising the Committee on the outcome of the Autumn Assessment of Mental Health Services by the Strategic Health Authority. A further copy of the performance against targets in respect of Autumn Assessment was circulated at the meeting and it was noted that overall the reaction was positive with the further improvements made being a good platform on which to build.
- (B) Joint Mental Health Strategy for Dudley an Executive Summary of which was attached to the report submitted. It was noted that the two main aspects of the Strategy were outlined in paragraphs 2.4 and 2.5 of the report submitted, relating to the strengthening of Primary Care and Community Mental Health Services and the movement of resources from secondary care to primary care; and
- (C) Integrated Mental Health and Social Care Service – Structure, Governance and Financial Arrangements. Attached as Appendices to the report were a copy of the Partnership Agreement between Dudley South Primary Care Trust, Dudley Beacon and Castle Primary Care Trust and the Council in respect of mental health services and a copy of the draft Secondment Agreement in respect of the arrangements for secondments of Council staff who work in Mental Health Services to the Integrated Mental Health and Social Care Service.

It was noted that the joint mental health strategy for Dudley was being implemented by the Integrated Mental Health and Social Care Service and by service re-design. Particular comments were also made in respect of the proposals for the reporting arrangements referred to in paragraph 3.1 of the report submitted.

The foregoing reports were briefly introduced by the Director of Social Services and expanded upon by Richard Carter, Assistant Director of Social Services – Learning Disability and Mental Health with comments being made by Simon Thompson, the Head of the Integrated Mental Health and Social Care Service, and Judith Warner, the Commissioning Manager.

Arising from the initial comments made, Officers responded to comments made regarding the provision for new mothers who suffered from post-natal depression and in this connection it was reported that whilst there was no specialist mother and baby service, there were existing in-patient services available. It was also commented upon that specialist out of area provision may be expensive for the level of need, however this issue could be raised with the Mental Health Board for further consideration and analysis. Reference was also made to preventative work which focused on the pre-delivery stage in that models were being developed to identify potential mothers at risk with the first port of call probably being the midwife.

#### RESOLVED

1. That the information contained in the report submitted on an Overview of Mental Health Services in Dudley and on the Autumn Assessment be noted.
2. That the information contained in the report, and Appendix to the report, submitted in respect of the Joint Mental Health Strategy for Dudley, be received and endorsed.
3. That the information contained in the report submitted, in respect of Structure, Governance and Financial Arrangements for the Integrated Mental Health and Social Care Service, be noted and that the reporting arrangements to Cabinet and this Committee outlined in paragraphs 3.1.1 to 3.1.6; the draft Partnership Agreement, the draft Secondment Agreement and the financial arrangements underpinning the Integrated Mental Health and Social Care Service, as indicated in the report, and Appendices to the report, submitted be endorsed.

## ORAL REPORTS ON THE PROGRESS MADE IN RESPECT OF THE MATERNITY SERVICES REVIEW AND WHEELCHAIR SERVICES REVIEW

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Councillor Mrs Faulkner informed the Committee that the Maternity Services review was well in hand and that, following the hearing of evidence and joint meetings of the Project Board and Project Team, to date approximately thirty two recommendations for the National Health Service to consider had been framed. From the information gathered to date, it was reported that Dudley Maternity Services did seem to be better than the picture painted nationally.

Councillor Mrs Faulkner also reported that it was hoped to finalise the report by the end of February, 2005, with a view to reporting to the March, 2005, meeting of this Committee. She also wished to place on record thanks to the Project Team members involved for their efforts and to the witnesses who gave up their time.

In respect of the Wheelchair Services Review, Councillor Mrs Aston reported that the Project Board and Project Team had both met twice and that a draft scoping report had been produced for consideration by both bodies. Once the scoping report had been amended and agreed by the Project Board and Project Team, a copy would be submitted to Members of the Committee. Currently a questionnaire to gather views of users of the service was being drafted and it was also intended that a series of Focus Groups be held with users and that the Project Team would recommend which groups of users to contact. Given the current position of the review and its potential complexity, it had been agreed that the date for completion be put back from June, 2005, to September/October, 2005.

The meeting ended at 8.10 p.m.

CHAIRMAN