

## **SELECT COMMITTEE ON HEALTH AND ADULT SOCIAL CARE**

Thursday, 20<sup>th</sup> November, 2008, at 6.00 p.m.  
in Committee Room 2 at the Council House, Dudley

### **PRESENT:-**

Councillor Mrs Ridney (Chairman)  
Councillor Mrs Faulkner (Vice-Chairman)  
Councillors Mrs. Aston, Mrs. Cowell, J.D. Davies, K. Finch, Mrs.  
Harley, Islam, Mrs. Rogers, Tyler and Woodall

### **Officers**

Assistant Director of Adult, Community and Housing Services (Policy, Performance and Resources) (Lead Officer to the Committee), Scrutiny Officer, Group Accountant (Social Services), Directorate of Finance, ICT and Procurement, Assistant Director of the Urban Environment (Culture and Leisure), Ms. Hayward (Community Safety, Chief Executive's Directorate) and Mr. Sanders (Directorate of Law and Property)

### **Also in Attendance**

Mr. P. Farenden - Chief Executive and Mr. D. Eaves - Deputy Director of Nursing (Dudley Group of Hospitals NHS Trust) - for Agenda Item No. 10, Ms. K. Sharpe - Dudley Primary Care Trust  
Mr G Barker – Member of LINK

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30                    **APOLOGIES FOR ABSENCE**

Apologies for absence from the meeting were received on behalf of Councillors Kettle and K. Turner.

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31                    **SUBSTITUTE MEMBERS**

It was reported that Councillors Mrs. Rogers and Woodall were serving in place of Councillors Kettle and K. Turner for this meeting of the Committee only.

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32                    **DECLARATIONS OF INTEREST**

No member made a declaration of interest in accordance with the Members' Code of Conduct in respect of any matter to be considered at this meeting.

33

MINUTES

RESOLVED

That the Minutes of the meeting of the Committee held on the 18<sup>th</sup> September, 2008 be approved as a correct record and signed.

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PUBLIC FORUM

No issues were raised under this item and no members of the public were in attendance.

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ORDER OF BUSINESS

RESOLVED

That, pursuant to Council Procedure Rule 13(c), Item 10 on the Agenda be considered after item number 7.

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36

UPDATE OF THE COUNCIL'S CAPITAL STRATEGY

A report of the Director of Finance was submitted seeking consideration of the Capital Strategy proposed for the period from 2009 to 2014.

In the discussion, concerns were expressed in relation to increased home care charges and information was requested regarding the level of usage of the home care service, in the light of reports having been received of clients discontinuing the use of the service because of the increased cost.

Questions were asked on the facilities available by the public health agencies locally on fitness activity in the context of healthy lifestyle provision. In this regard, reference was made to the inclusion of Dudley by the Government as one of nine local authorities in the Healthy Towns Initiative, which would provide a range of options, including family health clubs. The types of activity that would be made available were discussed, together with the funding arrangements.

Reference was made to the key investment priorities for the provision of additional and renewed cremators at Gornal Wood and Stourbridge Crematoriums. The Assistant Director of the Urban Environment (Culture and Leisure) explained that these were necessary partly because some of the existing cremators were beginning to wear out, but also because some existing cremators were no longer sufficient to accommodate the greater numbers of bodies which were larger in size than in previous generations.

#### RESOLVED

- (1) That no comments in relation to the priorities in the Capital Strategy relating to this Committee be made but that attention be drawn to the concerns regarding the charging policy for home care services.
- (2) That a response on home care charges, to include statistical information regarding differences in the level of service usage relative to increases in charges, and information regarding the impact on charges made to customers of service overheads be submitted to the Committee.

#### GOVERNMENT REVIEW OF HEALTH OVERVIEW AND SCRUTINY

A report of the Lead Officer to the Committee was submitted advising the Committee of the intention of the Department of Health to launch a review to establish how Local Authority Overview and Scrutiny Committees and the NHS could work more effectively together in order to achieve better, safer, modernised Health Services.

The report summarised the issues the review was expected to cover and indicated the arrangements for consultation with interested parties. With regard to consultation, it was noted that the Department of Health were holding a number of regional events, including one in Dudley.

#### RESOLVED

- (1) That the contents of the report be noted.
- (2) That a report on the planned consultation referred to in paragraph 4 of the report be submitted to a future meeting of the Committee.
- (3) That arrangements be made for a seminar to be held on the new Overview and Scrutiny arrangements once these have been determined by the Department of Health.

## INFECTION PREVENTION AND CONTROL

A report of the Dudley Group of Hospitals NHS Trust was submitted setting out the latest information in relation to infection prevention and control, the position of the Trust with regard to Department of Health targets, the work the Trust was undertaking to reduce the risk of infection and the future plans of the Trust in that regard.

Particular reference was made in the report to the infections of Clostridium Difficile (C.DIFF), MRSA Bacteraemia and Norovirus.

In the discussion that ensued, a number of concerns were expressed by members in relation to matters of hygiene at the Russells Hall Hospital. The manner in which the nursing staff were allowed to leave and enter the premises was questioned and the configuration of the hospital, which, some members considered, made it difficult for the Matron or Sisters easily to view what was happening in wards, was criticised. In response, the Chief Executive of the Dudley Group of Hospitals NHS Trust drew attention to the improvement evidenced by statistical information in the report and explained in detail the procedures in place in relation to nurses coming to and leaving work. With regard to the latter, nursing staff were not allowed to leave for home in uniform; neither were they permitted to arrive in uniform but were required to change from their civilian clothes on arrival. The Chief Executive confirmed that a breach of this procedure constituted a disciplinary offence.

The location of the cafe at Russells Hall Hospital and its usage by staff as well as visitors was questioned. In acknowledging that this had been the subject of some concern to the hospital authorities, the Chief Executive of the Trust indicated that, whilst staff were allowed to use the facility, before doing so, they were required to change into their civilian clothes and then change back again before entering the hospital.

The need for the hospital to arrange for improved signage in order to encourage visitors to undertake personal hygiene measures before seeing patients, including such measures as hand washing after toilet use, etc., was raised. An observation was also made that the notices situated at the main entrance of Russells Hall Hospital were so many in number that they were cluttered and the effect was that the public tended not to read or take notice of them. The point was made that signage in relation to important issues such as personal hygiene should be made to stand out so as to alert visitors to the need to take appropriate action. Some concern was also expressed regarding the incidence of infection which might be caused by the practice of allowing patients, visitors and staff to go outside the hospital to smoke and then return.

A question was asked by a member on whether certain strains of disease, including MRSA and C.DIFF were becoming increasingly resistant to anti-biotics and more immune to treatment. In answering the question briefly, indicating that this, indeed, was the case, the Chief Executive of the Trust agreed to submit a comprehensive reply on the issue.

#### RESOLVED

That the report, together with the comments made by members and the answers provided, as recorded above, be noted.

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#### 2007/08 ANNUAL HEALTH CHECK RESULTS FOR DUDLEY PRIMARY CARE TRUST

A report of the Lead Officer to the Committee was submitted setting out the results of the Health Care Commission's 2007/08 Annual Health Check results for the Dudley Primary Care Trust (PCT). The report also provided an update on the PCT's progression against the core health standard relating to the decontamination of medical devices (dental) identified as having scope for improvement by the Select Committee in March, 2008.

The assessment of the Commission related to the performance of the PCT in relation to the Quality of Services and their Use. In relation to the former, the assessment was "fair" and for the latter, "good". The report stated the indicators on which the assessments were based and gave a comparison of Dudley's performance in relation to other Primary Care Trusts and against the Trust's own performance in previous years. It was noted in the report that, whilst the PCT had achieved a "fair" score regarding the quality of services, against a score of "good" in 2007, all the targets of no patient having to wait more than 18 weeks from referral to treatment (this being within the top 40% of Primary Care Trusts), a year on year reduction in MRSA levels and the maintaining of the four hour maximum wait in Accidents and Emergencies from arrival to admission, transfer or discharge, had been achieved.

The specific reviews adopted by the Commission in relation to the focus of its services for 2007/08 were set out, these relating to urgent care, diabetes, substance misuse and hospital services for people with acute mental health.

Also specified in the report were the areas on which the assessment had revealed that the PCT had scope for improvement, these being access to a Primary Care Professional within 24 hours; ensuring people were aware that they had a choice of hospital at a point of referral; maintaining a maximum wait of 13 weeks for an out-patient appointment; and reducing the under 18 conception rate by 2010, as part of a broader strategy to improve sexual health. The report suggested that the areas of under performance were matters that the Select Committee might wish to monitor or scrutinise further in the course of its work.

The Director of Governance of the PCT reported orally that, since the submission of the report, the annual health care results for the Dudley Group of Hospitals Trust and the Ambulance Service had been recorded and were available on the appropriate websites.

In the discussion that followed the presentation of the report, in response to a question, the Director of Governance of the PCT indicated that underperformance on the issue of access to a Primary Care Professional within 24 hours was related mainly to the problem of providing cover in small practices, a significant number of which existed in the area of the PCT. She also confirmed that investigatory work was being carried out on this and on the issue of access to a Primary Care Practitioner within 48 hours.

In relation to the issue of reducing the under 18 conception rate, the point was made that the situation was usually worse in areas of deprivation and the issue of sexual health was an area the Committee were proposing to look at. In this regard it was noted that a report of the PCT would be submitted to a future meeting, and that the report would include the number and nature of sexual health clinics in the Borough. The report would also cover the safeguarding of young persons from cervical cancer and the issuing of contraceptives to girls from the age of 13. It was agreed that the full scope of the topic would be discussed between the Lead Officer to the Committee and the Director of Governance of the PCT outside the meeting.

On the issue of diabetes services, the criteria on which the assessment of "fair" was made was questioned and the Director of Governance of the PCT agreed to submit a written reply to the Chairman of the Committee on the issue. The point was made in discussion that secondary schools and further education colleges could play a greater role in alerting young people to the causes of the condition in the context of education within the healthy living agenda, with particular regard to obesity issues. The Lead Officer of the Committee indicated that a paper on public health issues, which would include diabetes would be submitted to the Committee in the current municipal year if the workload allowed.

In indicating that an update on the issue of choice within the NHS would be submitted to the next meeting of the Committee, the Director of Governance of the PCT referred to a poster and leaflet campaign that was being conducted to alert patients to the facility. She reported that the facility of choice should have been made available to patients at General Practitioners' surgeries for some months previously.

RESOLVED

That the contents of the report, together with the issues referred to above, and the comments made, be noted.

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QUARTERLY CORPORATE PERFORMANCE MANAGEMENT REPORT

A report of the Director of Adult, Community and Housing Services was submitted indicating progress against performance indicators relating to Adult Social Care in the first quarter of 2008 in relation to issues which had been identified as having scope for improvement.

In relation to the issue of personalisation, the Chairman of the Committee expressed the wish that a pamphlet be produced.

RESOLVED

That the report be noted.

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"HEALTH CARE FOR ALL" REPORT OF THE INDEPENDENT INQUIRY INTO ACCESS FOR HEALTH CARE FOR PEOPLE WITH LEARNING DISABILITIES

A report of the Director of Adult, Community and Housing Services was submitted on the report of the Independent Inquiry into Access for Health Care for People with Learning Disabilities. The report also sought the views of the Committee on the Action Plan of the Dudley Primary Care Trust (PCT) for the local implementation of the recommendations.

The report summarised the origins of the inquiry; the evidence considered; the reasons underlying the serious problems in health care for people with a learning disability which had been investigated and the findings of the inquiry in that regard; the advisory framework in place; the findings in relation to good practice; the recommendations of the inquiry; and the Action Plan for local implementation prepared by the PCT Board. It was noted in the report that the implementation of the local plan would be the subject of further consultation with the Learning Disability Partnership Board.

In response to a question, the complaints procedure was explained by the Lead Officer to the Committee, who made the point that the process was supported under the relevant Human Rights legislation. The Lead Officer indicated, however, that in relation to individual complaints, it was advantageous to all parties for the issue of complaint to be discussed with relevant agencies before engaging in the formal complaints procedure.

In the discussion on the report, the need for multi-disciplinary training in relation to the Health Care Services for persons with learning disabilities was recognised.

#### RESOLVED

That the report, together with the Action Plan of the PCT, be noted.

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#### DEVELOPMENT OF DUDLEY'S ALCOHOL STRATEGY UPDATE

A report of the Interim Chief Executive was submitted, advising the Committee of progress in respect of the development of the New Alcohol Strategy.

It was indicated in the report that, since the initial report to the Committee in March, 2008, the development of the New Alcohol Strategy for the Borough had continued through the Alcohol Strategy Group. The work undertaken by the Group was summarised in the report, together with targets needed to be taken into account and proposals for the way forward.

In the discussion, reference was made to the need for young people to be involved, given the current problems with under-age drinking. In response, Ms. Hayward of the Chief Executive's Directorate confirmed that young people were being engaged via work being undertaken closely with Liaison Nurses in Accident and Emergencies and with peer mentors. While children and young people were not members of the Strategy Group, the Group had access to them.

In reply to a question, regarding the financing of the Strategy, Ms. Hayward confirmed that the Group was working within existing budgets and that finance had been made available from the PCT for alcohol intervention. Ms. Hayward also confirmed that financial investment was being made into the Aquarius Project in Brierley Hill.

A comment was made that partnership working would help to alleviate the situation. The member who raised this issue advocated contact with Members of Parliament with a view to securing a reduction in low cost alcohol offers in shops and the involvement of taxi drivers and the Police in establishing the extent and nature of the problem from their perspective. A comment was made by another member that families needed to be targeted in order to reach children but that it appeared that a significant number of families did not have much idea about the activities young people were engaging in when they were out of the house. A comment was made by another member supporting the introduction of a Borough-wide street alcohol ban. The need for persons of all ages, but particularly young people, to be educated about the dangers of alcohol abuse was emphasised.

#### RESOLVED

- (1) That the progress which has been made in respect of the development of the New Strategy, be noted.
- (2) That, in formulating the priorities, targets and service developments, which have been included in the New Strategy, the comments made at the meeting, as recorded above, be taken into account.
- (3) That a further report be submitted on the Alcohol Strategy when it is complete, together with an Action Plan for implementation.

The meeting ended at 8.15 p.m.

CHAIRMAN